

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0007	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 13:25

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
HOWARD REGIONAL HEALTH SYSTEM 15-0007
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 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: 5/27/2011 TIME 13:25

OEdCqjlnac8YshswItAK4wbt:IoGn0
QeHZY0P88rhSwywd:n9Vp8tImzR8NH
pfpq1hwxCq0LS.hm

PI ENCRYPTION INFORMATION
DATE: 5/27/2011 TIME 13:25

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HFngD0BE1ubtIko61TjqHK5ZAAZou:
uqMz9vyHWE08NYd:

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	1,279,904	266,707	762,540
2	SUBPROVIDER	0	2,083	0	-355,291
5	HOSPITAL-BASED SNF	0	0	0	0
100	TOTAL	0	1,281,987	266,707	407,249

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

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

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FORM APPROVED
OMB NO. 0938-0050

WORKSHEET 5
PARTS I & II

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COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0007	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 13:24

PART I - CERTIFICATION

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HOWARD REGIONAL HEALTH SYSTEM 15-0007
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1 HOSPITAL	0	1,279,904	266,707	762,540	
2 SUBPROVIDER	0	2,083	0	-355,291	
5 HOSPITAL-BASED SNF	0	0	0	0	
100 TOTAL	0	1,281,987	266,707	407,249	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3500 S. LAFOUNTAIN
 1.01 CITY: KOKOMO P.O. BOX:
 STATE: IN ZIP CODE: 46902- COUNTY: HOWARD

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

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

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

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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 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. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

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

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
28.02	100	0.8986	0.8986	
	0.00	1	15	

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

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

	%	Y/N
28.03 STAFFING	84.00%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
1 2 3
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y 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). Y

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

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

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

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

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

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

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEEES 4
56.01		N	0.00		0
56.02			0.00		0
56.03			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y

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

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

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

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN 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
62.00					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 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	103	37,585				8,168	1,446
2 HMO						316	1,866
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	103	37,585				8,168	1,446
6 INTENSIVE CARE UNIT	8	2,920				1,437	
11 NURSERY							
12 TOTAL	111	40,505				9,605	1,446
13 RPCH VISITS							
14 SUBPROVIDER	24	8,760				1,029	
15 SKILLED NURSING FACILITY	8	2,920				1,281	
25 TOTAL	143						
26 OBSERVATION BED DAYS							1,080
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						5,799	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							332

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			13,682				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			13,682				
6 INTENSIVE CARE UNIT			2,499				
11 NURSERY			1,058				
12 TOTAL			17,239				
13 RPCH VISITS							
14 SUBPROVIDER			4,006				
15 SKILLED NURSING FACILITY			1,585				
25 TOTAL							
26 OBSERVATION BED DAYS			3,909				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			297				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			488				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,189	324	3,880
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		907.23			2,189	324	3,880
13 RPCH VISITS							
14 SUBPROVIDER		27.38			173	116	776
15 SKILLED NURSING FACILITY		10.01					
25 TOTAL		944.62					
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							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	52,947,368		52,947,368	1,934,196.00	27.37	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
5.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
6 PHYSICIAN - PART B						
6.01 NON-PHYSICIAN - PART B						
7 INTERNS & RESIDENTS (APPRVD)						
8.01 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL						
8 SNF	506,671		506,671	19,865.00	25.51	
8.01 EXCLUDED AREA SALARIES	5,777,741		5,777,741	212,908.00	27.14	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:						
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
9.04 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	10,316,762		10,316,762			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	1,263,686		1,263,686			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
19 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	383,141		383,141	43,076.00	8.89	
23 ADMINISTRATIVE & GENERAL	6,860,241	-72,826	6,787,415	260,115.00	26.09	
22.01 A & G UNDER CONTRACT	150,685		150,685	1,003.00	150.23	
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	1,261,220		1,261,220	55,014.00	22.93	
26 LAUNDRY & LINEN SERVICE	24,359		24,359	2,105.00	11.57	
27 HOUSEKEEPING	569,821		569,821	49,773.00	11.45	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	776,613	-244,211	532,402	33,217.00	16.03	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		244,211	244,211	14,923.00	16.36	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	897,807		897,807	23,980.00	37.44	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	808,104		808,104	42,024.00	19.23	
34 SOCIAL SERVICE		120,902	120,902	5,479.00	22.07	
35 OTHER GENERAL SERVICE	557,459		557,459	43,714.00	12.75	

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	53,098,053		53,098,053	1,935,199.00	27.44	
2 EXCLUDED AREA SALARIES	6,284,412		6,284,412	232,773.00	27.00	
3 SUBTOTAL SALARIES	46,813,641		46,813,641	1,702,426.00	27.50	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	10,316,762		10,316,762		22.04	
6 TOTAL	57,130,403		57,130,403	1,702,426.00	33.56	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0007 I FROM 1/ 1/2010 I WORKSHEET S-7
I I TO 12/31/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB						
6	RVA		11				
6	.01 RVX						
6	.02 RVL		13				
7	RHC		42				
8	RHB		187				
9	RHA		74				
9	.01 RHX						
9	.02 RHL						
10	RMC		18				
11	RMB		56				
12	RMA		42				
12	.01 RMX		142				
12	.02 RML		486				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		70				
16	SE2		47				
17	SE1						
18	SSC						
19	SSB						
20	SSA		93				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45	.01 ES3						
45	.02 ES2						
45	.03 ES1						
45	.04 HE2						
45	.05 HE1						
45	.06 HD2						
45	.07 HD1						
45	.08 HC2						
45	.09 HC1						
45	.10 HB2						
45	.11 HB1						
45	.12 LE2						
45	.13 LE1						
45	.14 LD2						
45	.15 LD1						
45	.16 LC2						
45	.17 LC1						
45	.18 LB2						
45	.19 LB1						
45	.20 CE2						
45	.21 CE1						
45	.22 CD2						
45	.23 CD1						
46	TOTAL		1,281				

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

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01
					4.02
					4.03

agree with the days reported on wkst S-3, Part I column 4, line 3.

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

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0007 I FROM 1/ 1/2010 I WORKSHEET S-7
I I TO 12/31/2010 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
45 .16	LC2			
45 .17	LC1			
45 .18	LB2			
45 .19	LB1			
45 .20	CE2			
45 .21	CE1			
45 .22	CD2			
45 .23	CD1			
46	TOTAL			

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

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

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

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

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 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) .355631
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET A
 I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT		8,649,947	8,649,947	-5,737,493	2,912,454
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT				389,948	389,948
3 0300	NEW CAP REL COSTS-BLDG & FIXT		3,084,440	3,084,440	8,472,353	11,556,793
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT				19,809	19,809
3.02 0302	NEW CAP REL COSTS-BLDG & FIXT					
3.03 0303	NEW CAP REL COSTS-BLDG & FIXT					
5 0500	EMPLOYEE BENEFITS	383,141	6,574,440	6,957,581	38,904	38,904
6 0600	ADMINISTRATIVE & GENERAL	6,860,241	15,056,113	21,916,354	-38,873	6,918,708
8 0800	OPERATION OF PLANT	1,261,220	3,015,093	4,276,313	-1,076,295	20,840,059
9 0900	LAUNDRY & LINEN SERVICE	24,359	318,551	342,910	-148,362	4,127,951
10 1000	HOUSEKEEPING	569,821	266,772	836,593	-41	342,869
11 1100	DIETARY	776,613	674,922	1,451,535	-8,395	828,198
12 1200	CAFETERIA				-491,979	959,556
14 1400	NURSING ADMINISTRATION	897,807	185,025	1,082,832	456,444	456,444
15 1500	CENTRAL SERVICES & SUPPLY				-4,314	1,078,518
16 1600	PHARMACY					
17 1700	MEDICAL RECORDS & LIBRARY	808,104	464,427	1,272,531	-7,200	1,265,331
18 1800	SOCIAL SERVICE				120,902	120,902
19 1950	PSYCH ADMIN	557,459	393,900	951,359	-3,942	947,417
24 2400	PARAMED ED PRGM	244,378	49,030	293,408	-20	293,388
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	6,467,852	1,727,151	8,195,003	-1,426,325	6,768,678
26 2600	INTENSIVE CARE UNIT	1,751,629	523,239	2,274,868	-220,526	2,054,342
31 3100	SUBPROVIDER	1,418,478	352,121	1,770,599	-6,945	1,763,654
33 3300	NURSERY				282,388	282,388
34 3400	SKILLED NURSING FACILITY	506,671	243,309	749,980	-33,455	716,525
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	2,182,145	5,745,572	7,927,717	-5,090,604	2,837,113
39 3900	DELIVERY ROOM & LABOR ROOM				698,333	698,333
40 4000	ANESTHESIOLOGY		748,331	748,331	-138,620	609,711
41 4100	RADIOLOGY-DIAGNOSTIC	1,664,970	1,298,025	2,962,995	-344,789	2,618,206
41.02 3430	MAGNETIC RESONANCE IMAGING (MRI)	62,973	629,891	692,864	-260,026	432,838
41.03 4101	LITHOTRIPSY				64,675	64,675
41.04 3121	CARDIAC CATHETERIZATION LABORATORY	1,303,732	5,343,255	6,646,987	-4,324,400	2,322,587
41.05 4103	ONCOLOGY	1,214,090	935,374	2,149,464	-199,278	1,950,186
44 4400	LABORATORY	1,487,109	2,506,646	3,993,755	-1,354,348	2,639,407
47 4700	BLOOD STORING, PROCESSING & TRANS.					
49 4900	RESPIRATORY THERAPY	1,593,016	929,670	2,522,686	-597,067	1,925,619
50 5000	PHYSICAL THERAPY		554,259	554,259		554,259
53 5300	ELECTROCARDIOLOGY	46,090	68,852	114,942	-6,219	108,723
54 5400	ELECTROENCEPHALOGRAPHY		57,778	57,778	-1,083	56,695
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,377	1,398,882	1,518,259	3,914,680	5,432,939
55.30 5530	IMPL. DEV. CHARGED TO PATIENT				7,949,701	7,949,701
56 5600	DRUGS CHARGED TO PATIENTS	1,538,262	9,595,508	11,133,770	605,975	11,739,745
57 5700	RENAL DIALYSIS		132,140	132,140	-10,195	121,945
58 5800	ASC (NON-DISTINCT PART)					
58.01 5801	WOUND CARE	211,185	158,954	370,139	-71,855	298,284
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	2,023,989	1,553,411	3,577,400	-378,766	3,198,634
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
62.01 6201	OBSERVATION BEDS (DISTINCT PART)	173,606	26,510	200,116	-3,462	196,654
63 4950	OTHER OUTPATIENT SERVICE					
63.01 4040	GENESIS	746,815	110,838	857,653	-4,370	853,283
63.02 4041	WOMENS CENTER	398,336	162,911	561,247	-53,758	507,489
63.03 4042	RES HOMES	558,503	201,257	759,760	-24,166	735,594
63.04 4043	DR. STEELE		1,302	1,302	-981	321
63.05 4044						
63.06 4045	FAMILY PRACTICE					
63.07 4046	DIABETIC EDUCATION	53,080	8,753	61,833	-308	61,525
63.08 4047	NEW CHOICES					
63.09 4048	OB/GYN					
63.10 4049	HOWARD CO CLINIC					
63.11 4050	HOWARD CO CSS	398,127	64,151	462,278	-2,411	459,867
63.12 4051	CLINTON COUNTY	412,827	171,709	584,536	-78,777	505,759
63.13 4052	TELEMEDICINE					
63.14 4053	TELEMEDICINE					
63.15 4054	HOWARD DIABETES	543,333	84,591	627,924	-7,943	619,981
63.16 4055	DR AROUTINOVA		16,200	16,200		16,200
63.17 4056	OB/GYN GREER	26	-305	-279		-279
63.18 4057	ONCOLOGY-BECHAR	747,896	53,025	800,921	-19	800,902
63.19 4058	CRITICAL CARE PHYSICIANS	1,108,809	236,069	1,344,878	-85,052	1,259,826
63.20 4059	PSYCH DR STEINER					
63.21 4951	PSYCH GOOD HOPE					
63.22 4952	PSYCH DR ERIKA	213,745	24,353	238,098		238,098
63.23 4953	PSYCH DR HASAN	84,738	13,493	98,231		98,231
63.24 4954	PSYCH DR DEB	254,347	25,121	279,468		279,468
63.25 4955	PSYCH DR M SHEI					
63.26 4956	N CENTRAL PED	1,919,845	906,153	2,825,998	-638,133	2,187,865
63.27 4957	CFHC	413,882	269,567	683,449	-35,360	648,089
63.28 4958	PSYCH MEDICATION	212,920	27,674	240,594	-115	240,479
63.29 4959	PSYCH PHD CLINIC					
63.30 4960	RUSSIAVILLE OFFICE		28,250	28,250	-7,510	20,740
63.31 4961	ORTHO	31,154	12,691	43,845	-15	43,830
63.32 4962	DR JERRY GREER	690	8,214	8,904	-3,097	5,807

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-0007
I

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

I PREPARED 5/27/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OUTPAT SERVICE COST CNTRS					
63.33 4963	DR KOESTER					
63.34 4964	OPEN HEART		345	345		345
63.35 4965	DR B. FOGELSON	754,968	128,004	882,972	-2,934	880,038
63.36 4966	ONCOLOGY MOORE	576,575	33,824	610,399		610,399
63.37 4967	HRHS INTERNAL MEDICINE	411,586	138,477	550,063	-41,802	508,261
63.38 4968	DR. MOUALLA		375	375		375
63.39 4969	DR. SEDAGHAT	485,503	207,378	692,881	-88,354	604,527
63.40 4970	COM OB/GYN	832,444	176,787	1,009,231	-80,684	928,547
63.41 4971	B.HEALTH TIPTON		1,443	1,443	-1,443	
63.42 4972	DR. SCHILT	210,436	25,591	236,027		236,027
63.43 4973	B.HEALTH PH MEDICAL PHYS		244,958	244,958		244,958
63.44 4974	OTHER OUTPATIENT SERVICE COST CENTER					
63.45 4975	DR PETER KLIM	496,389	55,182	551,571	-26,615	524,956
63.46 4976	HOSPITALISTS		445,441	445,441	-4	445,437
63.47 4977	DR. NEKOOMARAM	672,680	77,675	750,355	-2,409	747,946
63.48 4978	DR. CARL		61,199	61,199	-4,960	56,239
63.49 4979	DR. ANITA	144,512	8,682	153,194		153,194
	OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES	481,917	124,426	606,343	-25,594	580,749
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE					
95	SUBTOTALS	49,314,400	77,417,342	126,731,742	-187,579	126,544,163
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01 9601	FOUNDATION	44,063	4,932	48,995	-40	48,955
98 9800	PHYSICIANS' PRIVATE OFFICES		116,525	116,525		116,525
100 7950	HEALTHY CHILDREN	383,918	188,389	572,307	-59,750	512,557
100.01 7951	OTHER NONREIMBURSABLE COST CENTERS					
100.02 7952	OTHER NONREIMBURSABLE COST CENTERS					
100.03 7953	RESIDENTIAL HOMES					
100.04 7954	OTHER NONREIMBURSABLE COST CENTERS					
100.05 7955	WEST CAMPUS				566,529	566,529
100.06 7956	HCH ONCOLOGY BERK		-52	-52	52	
100.07 7957	HCH DR. T. GATEWOOD	239,397	64,754	304,151	-7,477	296,674
100.08 7958	HCH DR. CHEN	589,587	58,943	648,530	-2,028	646,502
100.09 7959	HCH DR. SALTER-ONCOLOGY	470,797	33,594	504,391		504,391
100.10 7960	N. CENTRAL IN INTERNAL	456,962	103,172	560,134	-9,811	550,323
100.11 7961	HCH DR. UNDERWOOD	501,385	130,807	632,192		632,192
100.12 7962	HCH MEDICAL SURGICAL PRACTICE	766,062	411,499	1,177,561	-209,343	968,218
100.13 7963	SOUTH BERKLEY		9,494	9,494	-2,156	7,338
100.14 7964	MOBILE CLINIC	809	2,269	3,078	-2,161	917
100.15 7965	PLASTIC SURGERY	179,988	155,451	335,439	-86,236	249,203
100.16 7966	OTHER		154,459	154,459		154,459
101	TOTAL	52,947,368	78,851,578	131,798,946	-0-	131,798,946

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0007 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-10,143	2,902,311
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT	-27,140	362,808
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-764,519	10,792,274
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT		19,809
3.02 0302	NEW CAP REL COSTS-BLDG & FIXT		
3.03 0303	NEW CAP REL COSTS-BLDG & FIXT		38,904
5 0500	EMPLOYEE BENEFITS	-3,337,070	3,581,638
6 0600	ADMINISTRATIVE & GENERAL	-8,078,843	12,761,216
8 0800	OPERATION OF PLANT	-2,728	4,125,223
9 0900	LAUNDRY & LINEN SERVICE	9,921	352,790
10 1000	HOUSEKEEPING		828,198
11 1100	DIETARY		959,556
12 1200	CAFETERIA	-337,544	118,900
14 1400	NURSING ADMINISTRATION		1,078,518
15 1500	CENTRAL SERVICES & SUPPLY		
16 1600	PHARMACY		
17 1700	MEDICAL RECORDS & LIBRARY	-121,538	1,143,793
18 1800	SOCIAL SERVICE		120,902
19 1950	PSYCH ADMIN		947,417
24 2400	PARAMED ED PRGM	-2,014	291,374
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		6,768,678
26 2600	INTENSIVE CARE UNIT	-500	2,053,842
31 3100	SUBPROVIDER	-27,182	1,736,472
33 3300	NURSERY		282,388
34 3400	SKILLED NURSING FACILITY	-13,750	702,775
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		2,837,113
39 3900	DELIVERY ROOM & LABOR ROOM		698,333
40 4000	ANESTHESIOLOGY	-609,710	1
41 4100	RADIOLOGY-DIAGNOSTIC	-306,493	2,311,713
41.02 3430	MAGNETIC RESONANCE IMAGING (MRI)	-168,983	263,855
41.03 4101	LITHOTRIPSY		64,675
41.04 3121	CARDIAC CATHETERIZATION LABORATORY		2,322,587
41.05 4103	ONCOLOGY	-35,060	1,915,126
44 4400	LABORATORY	-1,186,827	1,452,580
47 4700	BLOOD STORING, PROCESSING & TRANS.		
49 4900	RESPIRATORY THERAPY	-148,918	1,776,701
50 5000	PHYSICAL THERAPY	-3,234	551,025
53 5300	ELECTROCARDIOLOGY	-60,956	47,767
54 5400	ELECTROENCEPHALOGRAPHY	-56,038	657
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-14,835	5,418,104
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		7,949,701
56 5600	DRUGS CHARGED TO PATIENTS	-24,092	11,715,653
57 5700	RENAL DIALYSIS		121,945
58 5800	ASC (NON-DISTINCT PART)		
58.01 5801	WOUND CARE	-36,469	261,815
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-731,905	2,466,729
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
62.01 6201	OBSERVATION BEDS (DISTINCT PART)		196,654
63 4950	OTHER OUTPATIENT SERVICE		
63.01 4040	GENESIS	-45,369	807,914
63.02 4041	WOMENS CENTER	-53,405	454,084
63.03 4042	RES HOMES	-77,701	657,893
63.04 4043	DR. STEELE		321
63.05 4044			
63.06 4045	FAMILY PRACTICE		
63.07 4046	DIABETIC EDUCATION		61,525
63.08 4047	NEW CHOICES		
63.09 4048	OB/GYN		
63.10 4049	HOWARD CO CLINIC		
63.11 4050	HOWARD CO CSS	-5,185	454,682
63.12 4051	CLINTON COUNTY	-47,510	458,249
63.13 4052	TELEMEDICINE		
63.14 4053	TELEMEDICINE		
63.15 4054	HOWARD DIABETES	-385,336	234,645
63.16 4055	DR AROUTINOVA		16,200
63.17 4056	OB/GYN GREER		-279
63.18 4057	ONCOLOGY-BECHAR	-626,715	174,187
63.19 4058	CRITICAL CARE PHYSICIANS	-938,214	321,612
63.20 4059	PSYCH DR STEINER		
63.21 4951	PSYCH GOOD HOPE		
63.22 4952	PSYCH DR ERIKA	-213,745	24,353
63.23 4953	PSYCH DR HASAN	-84,738	13,493
63.24 4954	PSYCH DR DEB		279,468
63.25 4955	PSYCH DR M SHEI		
63.26 4956	N CENTRAL PED	-1,070,053	1,117,812
63.27 4957	CFHC	-345,384	302,705
63.28 4958	PSYCH MEDICATION		240,479
63.29 4959	PSYCH PHD CLINIC		
63.30 4960	RUSSIAVILLE OFFICE	-20,740	
63.31 4961	ORTHO	-31,154	12,676
63.32 4962	DR JERRY GREER	-528	5,279

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-0007	I FROM 1/ 1/2010	I 5/27/2011
I	I TO 12/31/2010	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OUTPAT SERVICE COST CNTRS		
63.33 4963	DR KOESTER		345
63.34 4964	OPEN HEART		
63.35 4965	DR B. FOGELSON	-565,137	314,901
63.36 4966	ONCOLOGY MOORE	-576,575	33,824
63.37 4967	HRHS INTERNAL MEDICINE	-228,612	279,649
63.38 4968	DR. MOUALLA		375
63.39 4969	DR. SEDAGHAT	-331,071	273,456
63.40 4970	COM OB/GYN	-658,971	269,576
63.41 4971	B.HEALTH TIPTON		
63.42 4972	DR. SCHILT	-210,247	25,780
63.43 4973	B.HEALTH PH MEDICAL PHYS	-244,958	
63.44 4974	OTHER OUTPATIENT SERVICE COST CENTER		
63.45 4975	DR PETER KLIM	-401,104	123,852
63.46 4976	HOSPITALISTS	-424,540	20,897
63.47 4977	DR. NEKOOMARAM	-616,617	131,329
63.48 4978	DR. CARL		56,239
63.49 4979	DR. ANITA	-146,436	6,758
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-1,622	579,127
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-24,448,237	102,095,926
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01 9601	FOUNDATION		48,955
98 9800	PHYSICIANS' PRIVATE OFFICES		116,525
100 7950	HEALTHY CHILDREN		512,557
100.01 7951	OTHER NONREIMBURSABLE COST CENTERS		
100.02 7952	OTHER NONREIMBURSABLE COST CENTERS		
100.03 7953	RESIDENTIAL HOMES		
100.04 7954	OTHER NONREIMBURSABLE COST CENTERS		
100.05 7955	WEST CAMPUS		566,529
100.06 7956	HCH ONCOLOGY BERK		
100.07 7957	HCH DR. T. GATEWOOD		296,674
100.08 7958	HCH DR. CHEN		646,502
100.09 7959	HCH DR. SALTER-ONCOLOGY		504,391
100.10 7960	N. CENTRAL IN INTERNAL		550,323
100.11 7961	HCH DR. UNDERWOOD		632,192
100.12 7962	HCH MEDICAL SURGICAL PRACTICE		968,218
100.13 7963	SOUTH BERKLEY		7,338
100.14 7964	MOBILE CLINIC		917
100.15 7965	PLASTIC SURGERY		249,203
100.16 7966	OTHER		154,459
101	TOTAL	-24,448,237	107,350,709

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-BLDG & FIXT	0303	NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PSYCH ADMIN	1950	
24	PARAMED ED PRGM	2400	OTHER GENERAL SERVICE COST CENTERS
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	LITHOTRIPSY	4101	RADIOLOGY-DIAGNOSTIC
41.04	CARDIAC CATHETERIZATION LABORATORY	3121	CARDIAC CATHETERIZATION LABORATORY
41.05	ONCOLOGY	4103	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	WOUND CARE	5801	ASC (NON-DISTINCT PART)
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
63	OTHER OUTPATIENT SERVICE	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	GENESIS	4040	FAMILY PRACTICE
63.02	WOMENS CENTER	4041	FAMILY PRACTICE
63.03	RES HOMES	4042	FAMILY PRACTICE
63.04	DR. STEELE	4043	FAMILY PRACTICE
63.05		4044	FAMILY PRACTICE
63.06	FAMILY PRACTICE	4045	FAMILY PRACTICE
63.07	DIABETIC EDUCATION	4046	FAMILY PRACTICE
63.08	NEW CHOICES	4047	FAMILY PRACTICE
63.09	OB/GYN	4048	FAMILY PRACTICE
63.10	HOWARD CO CLINIC	4049	FAMILY PRACTICE
63.11	HOWARD CO CSS	4050	TELEMEDICINE
63.12	CLINTON COUNTY	4051	TELEMEDICINE
63.13	TELEMEDICINE	4052	TELEMEDICINE
63.14	TELEMEDICINE	4053	TELEMEDICINE
63.15	HOWARD DIABETES	4054	TELEMEDICINE
63.16	DR AROUTINOVA	4055	TELEMEDICINE
63.17	OB/GYN GREER	4056	TELEMEDICINE
63.18	ONCOLOGY-BECHAR	4057	TELEMEDICINE
63.19	CRITICAL CARE PHYSICIANS	4058	TELEMEDICINE
63.20	PSYCH DR STEINER	4059	TELEMEDICINE
63.21	PSYCH GOOD HOPE	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.22	PSYCH DR ERIKA	4952	OTHER OUTPATIENT SERVICE COST CENTER
63.23	PSYCH DR HASAN	4953	OTHER OUTPATIENT SERVICE COST CENTER
63.24	PSYCH DR DEB	4954	OTHER OUTPATIENT SERVICE COST CENTER
63.25	PSYCH DR M SHEI	4955	OTHER OUTPATIENT SERVICE COST CENTER
63.26	N CENTRAL PED	4956	OTHER OUTPATIENT SERVICE COST CENTER
63.27	CFHC	4957	OTHER OUTPATIENT SERVICE COST CENTER
63.28	PSYCH MEDICATION	4958	OTHER OUTPATIENT SERVICE COST CENTER
63.29	PSYCH PHD CLINIC	4959	OTHER OUTPATIENT SERVICE COST CENTER
63.30	RUSSIAVILLE OFFICE	4960	OTHER OUTPATIENT SERVICE COST CENTER
63.31	ORTHO	4961	OTHER OUTPATIENT SERVICE COST CENTER
63.32	DR JERRY GREER	4962	OTHER OUTPATIENT SERVICE COST CENTER
63.33	DR KOESTER	4963	OTHER OUTPATIENT SERVICE COST CENTER

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
63.34	OPEN HEART	4964	OTHER OUTPATIENT SERVICE COST CENTER
63.35	DR B. FOGELSON	4965	OTHER OUTPATIENT SERVICE COST CENTER
63.36	ONCOLOGY MOORE	4966	OTHER OUTPATIENT SERVICE COST CENTER
63.37	HRHS INTERNAL MEDICINE	4967	OTHER OUTPATIENT SERVICE COST CENTER
63.38	DR. MOUALLA	4968	OTHER OUTPATIENT SERVICE COST CENTER
63.39	DR. SEDAGHAT	4969	OTHER OUTPATIENT SERVICE COST CENTER
63.40	COM OB/GYN	4970	OTHER OUTPATIENT SERVICE COST CENTER
63.41	B.HEALTH TIPTON	4971	OTHER OUTPATIENT SERVICE COST CENTER
63.42	DR. SCHILT	4972	OTHER OUTPATIENT SERVICE COST CENTER
63.43	B.HEALTH PH MEDICAL PHYS	4973	OTHER OUTPATIENT SERVICE COST CENTER
63.44	OTHER OUTPATIENT SERVICE COST CENTER	4974	OTHER OUTPATIENT SERVICE COST CENTER
63.45	DR PETER KLIM	4975	OTHER OUTPATIENT SERVICE COST CENTER
63.46	HOSPITALISTS	4976	OTHER OUTPATIENT SERVICE COST CENTER
63.47	DR. NEKOOMARAM	4977	OTHER OUTPATIENT SERVICE COST CENTER
63.48	DR. CARL	4978	OTHER OUTPATIENT SERVICE COST CENTER
63.49	DR. ANITA	4979	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	FOUNDATION	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	HEALTHY CHILDREN	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RESIDENTIAL HOMES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WEST CAMPUS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	HCH ONCOLOGY BERK	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	HCH DR. T. GATEWOOD	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	HCH DR. CHEN	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	HCH DR. SALTER-ONCOLOGY	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	N. CENTRAL IN INTERNAL	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	HCH DR. UNDERWOOD	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	HCH MEDICAL SURGICAL PRACTICE	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	SOUTH BERKLEY	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	MOBILE CLINIC	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	PLASTIC SURGERY	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	OTHER	7966	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 150007	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/27/2011 WORKSHEET A-6
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----- INCREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
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1 DEPRECIATION RECLASS	A	OLD CAP REL COSTS-BLDG & FIXT	1.01		389,948
2		NEW CAP REL COSTS-BLDG & FIXT	3		5,288,832
3		NEW CAP REL COSTS-BLDG & FIXT	3.01		19,809
4		NEW CAP REL COSTS-BLDG & FIXT	3.03		38,904
5 CAFETERIA RECLASS	B	CAFETERIA	12	244,211	212,233
6 INSURANCE RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		109,616
7 BUILDING LEASE EXPENSE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		547,665
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 EQUIPMENT LEASE RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		2,526,240
21					
22					
23					
24					
25					
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27					
28					
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30					
31					
32					
33					
34					
35					

1 EQUIPMENT LEASE RECLASS	E				
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3					
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10					
11					
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15					
16					
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18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 LITHOTRIPTY RECLASS	F	LITHOTRIPTY	41.03	10,525	54,150
29 NURSERY RECLASS	G	NURSERY	33	238,578	43,810
30 LABOR AND DELIVERY RECLASS	H	DELIVERY ROOM & LABOR ROOM	39	589,992	108,341
31 MEDICAL SUPPLIES RECLASS	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		13,153,892
32		HCH ONCOLOGY BERK	100.06		52
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		CONTD

----- INCREASE -----

CODE	(1) COST CENTER	LINE NO	SALARY	OTHER
1	2	3	4	5

1 MEDICAL SUPPLIES RECLASS
 2
 3
 4
 5
 6
 7
 8
 9
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1 MEDICAL SUPPLIES RECLASS
 2
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 4
 5
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 11
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 13
 14
 15
 16

I

17 DRUG RECLASS
 18
 19
 20
 21
 22
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 30
 31
 32
 33
 34
 35

J DRUGS CHARGED TO PATIENTS

56

1,052,920

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 DRUG RECLASS	J	2	3	4	5
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 SOCIAL WORKER RECLASS	K	SOCIAL SERVICE	18	120,902	
13					
14 SPECIALTY HOSPITAL RECLASS	L	WEST CAMPUS	100.05		566,529
15					
16					
17 IMPLANTABLE SUPPLIES	M	IMPL. DEV. CHARGED TO PATIENT	55.30		7,949,701
36 TOTAL RECLASSIFICATIONS				1,204,208	32,062,642

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6

----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE	LINE	SALARY	OTHER	A-7 REF 10
	(1) 1 COST CENTER 6				
1 DEPRECIATION RECLASS	A	1		5,737,493	9
2					9
3					9
4					9
5 CAFETERIA RECLASS	B	11	244,211	212,233	
6 INSURANCE RECLASS	C	6		109,616	12
7 BUILDING LEASE EXPENSE RECLASS	D	8		122,964	10
8		41.05		1,440	
9		58.01		28,320	
10		63.03		22,142	
11		63.12		77,160	
12		63.26		26,434	
13		63.27		1,115	
14		63.30		7,510	
15		63.39		48,300	
16		100		27,315	
17		100.12		112,938	
18		100.13		2,156	
19		100.15		69,871	
20 EQUIPMENT LEASE RECLASS	E	5		2,827	10
21		6		402,821	
22		8		24,493	
23		10		8,348	
24		11		2	
25		14		3,837	
26		17		7,192	
27		19		3,669	
28		25		44,031	
29		26		65,872	
30		31		1,991	
31		34		17,330	
32		37		8,281	
33		41		164,448	
34		41.02		233,864	
35		41.04		68,974	
1 EQUIPMENT LEASE RECLASS	E	41.05		2,117	
2		44		223,663	
3		49		471,857	
4		55		320,120	
5		56		367,149	
6		58.01		1,039	
7		61		4,489	
8		63.01		4,370	
9		63.02		827	
10		63.03		1,643	
11		63.04		981	
12		63.11		2,294	
13		63.12		1,401	
14		63.19		2,809	
15		63.26		8,006	
16		63.27		7,918	
17		63.32		1,219	
18		63.35		1,905	
19		63.39		3,227	
20		63.40		3,631	
21		63.41		1,443	
22		100		1,870	
23		100.07		1,540	
24		100.08		1,353	
25		100.10		292	
26		100.12		28,847	
27		100.15		2,250	
28 LITHOTRIPSY RECLASS	F	37	10,525	54,150	
29 NURSERY RECLASS	G	25	238,578	43,810	
30 LABOR AND DELIVERY RECLASS	H	25	589,992	108,341	
31 MEDICAL SUPPLIES RECLASS	I	5		6,533	
32		6		1,442	
33		8		905	
34		9		41	
35		10		47	

RECLASSIFICATIONS

PROVIDER NO: 150007	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/27/2011 WORKSHEET A-6 CONTD
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----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE	COST CENTER	LINE	SALARY	OTHER	A-7 REF 10
	(1)		NO			
	1	6	7	8	9	
1 MEDICAL SUPPLIES RECLASS	I	DIETARY	11		35,533	
2		NURSING ADMINISTRATION	14		477	
3		MEDICAL RECORDS & LIBRARY	17		8	
4		PSYCH ADMIN	19		264	
5		PARAMED ED PRGM	24		20	
6		ADULTS & PEDIATRICS	25		401,573	
7		INTENSIVE CARE UNIT	26		154,654	
8		SUBPROVIDER	31		4,954	
9		SKILLED NURSING FACILITY	34		16,125	
10		OPERATING ROOM	37		5,017,648	
11		ANESTHESIOLOGY	40		31,899	
12		RADIOLOGY-DIAGNOSTIC	41		180,235	
13		MAGNETIC RESONANCE IMAGING (MRI)	41.02		2,502	
14		CARDIAC CATHETERIZATION LABORATORY	41.04		4,255,426	
15		ONCOLOGY	41.05		147,645	
16		LABORATORY	44		1,058,356	
17		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		969,391	
18		RESPIRATORY THERAPY	49		125,177	
19		ELECTROCARDIOLOGY	53		1,592	
20		ELECTROENCEPHALOGRAPHY	54		1,083	
21		DRUGS CHARGED TO PATIENTS	56		79,796	
22		RENAL DIALYSIS	57		9,997	
23		WOUND CARE	58.01		38,798	
24		EMERGENCY	61		374,277	
25		OBSERVATION BEDS (DISTINCT PART)	62.01		3,462	
26		WOMENS CENTER	63.02		52,774	
27		RES HOMES	63.03		381	
28		DIABETIC EDUCATION	63.07		308	
29		CLINTON COUNTY	63.12		216	
30		HOWARD DIABETES	63.15		5,484	
31		ONCOLOGY-BECHAR	63.18		19	
32		CRITICAL CARE PHYSICIANS	63.19		6,342	
33		N CENTRAL PED	63.26		18,200	
34		CFHC	63.27		4,234	
35		PSYCH MEDICATION	63.28		115	
1 MEDICAL SUPPLIES RECLASS	I	HRHS INTERNAL MEDICINE	63.37		28,252	
2		DR. SEDAGHAT	63.39		5,667	
3		COM OB/GYN	63.40		4,213	
4		DR PETER KLIM	63.45		984	
5		HOSPITALISTS	63.46		4	
6		DR. NEKOOMARAM	63.47		1,744	
7		DR. CARL	63.48		4,960	
8		AMBULANCE SERVICES	65		25,594	
9		FOUNDATION	96.01		40	
10		HEALTHY CHILDREN	100		7,378	
11		HCH DR. T. GATEWOOD	100.07		780	
12		HCH DR. CHEN	100.08		346	
13		N. CENTRAL IN INTERNAL	100.10		1,904	
14		HCH MEDICAL SURGICAL PRACTICE	100.12		49,329	
15		PLASTIC SURGERY	100.15		13,796	
16		DR B. FOGELSON	63.35		1,020	
17 DRUG RECLASS	J	EMPLOYEE BENEFITS	5		29,513	
18		PSYCH ADMIN	19		9	
19		ANESTHESIOLOGY	40		106,721	
20		RADIOLOGY-DIAGNOSTIC	41		106	
21		MAGNETIC RESONANCE IMAGING (MRI)	41.02		23,660	
22		LABORATORY	44		17	
23		RESPIRATORY THERAPY	49		33	
24		RENAL DIALYSIS	57		198	
25		WOUND CARE	58.01		3,698	
26		WOMENS CENTER	63.02		157	
27		HOWARD CO CSS	63.11		117	
28		HOWARD DIABETES	63.15		2,459	
29		CRITICAL CARE PHYSICIANS	63.19		75,901	
30		N CENTRAL PED	63.26		585,493	
31		CFHC	63.27		22,093	
32		DR JERRY GREER	63.32		1,878	
33		DR B. FOGELSON	63.35		9	
34		HRHS INTERNAL MEDICINE	63.37		13,550	
35		DR. SEDAGHAT	63.39		31,160	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 DRUG RECLASS	J	COM OB/GYN	63.40		72,840	
2		DR PETER KLIM	63.45		25,631	
3		DR. NEKOOMARAM	63.47		665	
4		ORTHO	63.31		15	
5		HEALTHY CHILDREN	100		23,187	
6		HCH DR. T. GATEWOOD	100.07		5,157	
7		HCH DR. CHEN	100.08		329	
8		N. CENTRAL IN INTERNAL	100.10		7,615	
9		HCH MEDICAL SURGICAL PRACTICE	100.12		18,229	
10		MOBILE CLINIC	100.14		2,161	
11		PLASTIC SURGERY	100.15		319	
12 SOCIAL WORKER RECLASS	K	ADMINISTRATIVE & GENERAL	6	72,826		
13		ONCOLOGY	41.05	48,076		
14 SPECIALTY HOSPITAL RECLASS	L	ADMINISTRATIVE & GENERAL	6		489,590	
15		LABORATORY	44		72,312	
16		ELECTROCARDIOLOGY	53		4,627	
17 IMPLANTABLE SUPPLIES	M	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,949,701	
36 TOTAL RECLASSIFICATIONS				1,204,208	32,062,642	

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DEPRECIATION RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1.01	389,948	OLD CAP REL COSTS-BLDG & FIXT	1	5,737,493	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,288,832			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	19,809			0	
4.00	NEW CAP REL COSTS-BLDG & FIXT	3.03	38,904			0	
TOTAL RECLASSIFICATIONS FOR CODE A			5,737,493				5,737,493

RECLASS CODE: B
EXPLANATION : CAFETERIA RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	456,444	DIETARY	11	456,444	
TOTAL RECLASSIFICATIONS FOR CODE B			456,444				456,444

RECLASS CODE: C
EXPLANATION : INSURANCE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	109,616	ADMINISTRATIVE & GENERAL	6	109,616	
TOTAL RECLASSIFICATIONS FOR CODE C			109,616				109,616

RECLASS CODE: D
EXPLANATION : BUILDING LEASE EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	547,665	OPERATION OF PLANT	8	122,964	
2.00			0	ONCOLOGY	41.05	1,440	
3.00			0	WOUND CARE	58.01	28,320	
4.00			0	RES HOMES	63.03	22,142	
5.00			0	CLINTON COUNTY	63.12	77,160	
6.00			0	N CENTRAL PED	63.26	26,434	
7.00			0	CFHC	63.27	1,115	
8.00			0	RUSSIAVILLE OFFICE	63.30	7,510	
9.00			0	DR. SEDAGHAT	63.39	48,300	
10.00			0	HEALTHY CHILDREN	100	27,315	
11.00			0	HCH MEDICAL SURGICAL PRACTICE	100.12	112,938	
12.00			0	SOUTH BERKLEY	100.13	2,156	
13.00			0	PLASTIC SURGERY	100.15	69,871	
TOTAL RECLASSIFICATIONS FOR CODE D			547,665				547,665

RECLASS CODE: E
EXPLANATION : EQUIPMENT LEASE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,526,240	EMPLOYEE BENEFITS	5	2,827	
2.00			0	ADMINISTRATIVE & GENERAL	6	402,821	
3.00			0	OPERATION OF PLANT	8	24,493	
4.00			0	HOUSEKEEPING	10	8,348	
5.00			0	DIETARY	11	2	
6.00			0	NURSING ADMINISTRATION	14	3,837	
7.00			0	MEDICAL RECORDS & LIBRARY	17	7,192	
8.00			0	PSYCH ADMIN	19	3,669	
9.00			0	ADULTS & PEDIATRICS	25	44,031	
10.00			0	INTENSIVE CARE UNIT	26	65,872	
11.00			0	SUBPROVIDER	31	1,991	
12.00			0	SKILLED NURSING FACILITY	34	17,330	
13.00			0	OPERATING ROOM	37	8,281	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	164,448	
15.00			0	MAGNETIC RESONANCE IMAGING (MR	41.02	233,864	
16.00			0	CARDIAC CATHETERIZATION LABORA	41.04	68,974	
17.00			0	ONCOLOGY	41.05	2,117	
18.00			0	LABORATORY	44	223,663	
19.00			0	RESPIRATORY THERAPY	49	471,857	
20.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	320,120	
21.00			0	DRUGS CHARGED TO PATIENTS	56	367,149	
22.00			0	WOUND CARE	58.01	1,039	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: E
 EXPLANATION : EQUIPMENT LEASE RECLASS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
23.00			0	EMERGENCY	61	4,489		
24.00			0	GENESIS	63.01	4,370		
25.00			0	WOMENS CENTER	63.02	827		
26.00			0	RES HOMES	63.03	1,643		
27.00			0	DR. STEELE	63.04	981		
28.00			0	HOWARD CO CSS	63.11	2,294		
29.00			0	CLINTON COUNTY	63.12	1,401		
30.00			0	CRITICAL CARE PHYSICIANS	63.19	2,809		
31.00			0	N CENTRAL PED	63.26	8,006		
32.00			0	CFHC	63.27	7,918		
33.00			0	DR JERRY GREER	63.32	1,219		
34.00			0	DR B. FOGELSON	63.35	1,905		
35.00			0	DR. SEDAGHAT	63.39	3,227		
36.00			0	COM OB/GYN	63.40	3,631		
37.00			0	B.HEALTH TIPTON	63.41	1,443		
38.00			0	HEALTHY CHILDREN	100	1,870		
39.00			0	HCH DR. T. GATEWOOD	100.07	1,540		
40.00			0	HCH DR. CHEN	100.08	1,353		
41.00			0	N. CENTRAL IN INTERNAL	100.10	292		
42.00			0	HCH MEDICAL SURGICAL PRACTICE	100.12	28,847		
43.00			0	PLASTIC SURGERY	100.15	2,250		
TOTAL RECLASSIFICATIONS FOR CODE E			2,526,240					2,526,240

RECLASS CODE: F
 EXPLANATION : LITHOTRIPSY RECLASS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	LITHOTRIPSY	41.03	64,675	OPERATING ROOM	37	64,675		
TOTAL RECLASSIFICATIONS FOR CODE F			64,675					64,675

RECLASS CODE: G
 EXPLANATION : NURSERY RECLASS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NURSERY	33	282,388	ADULTS & PEDIATRICS	25	282,388		
TOTAL RECLASSIFICATIONS FOR CODE G			282,388					282,388

RECLASS CODE: H
 EXPLANATION : LABOR AND DELIVERY RECLASS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	DELIVERY ROOM & LABOR ROOM	39	698,333	ADULTS & PEDIATRICS	25	698,333		
TOTAL RECLASSIFICATIONS FOR CODE H			698,333					698,333

RECLASS CODE: I
 EXPLANATION : MEDICAL SUPPLIES RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	13,153,892	EMPLOYEE BENEFITS	5	6,533	
2.00	HCH ONCOLOGY BERK	100.06	52	ADMINISTRATIVE & GENERAL	6	1,442	
3.00			0	OPERATION OF PLANT	8	905	
4.00			0	LAUNDRY & LINEN SERVICE	9	41	
5.00			0	HOUSEKEEPING	10	47	
6.00			0	DIETARY	11	35,533	
7.00			0	NURSING ADMINISTRATION	14	477	
8.00			0	MEDICAL RECORDS & LIBRARY	17	8	
9.00			0	PSYCH ADMIN	19	264	
10.00			0	PARAMED ED PRGM	24	20	
11.00			0	ADULTS & PEDIATRICS	25	401,573	
12.00			0	INTENSIVE CARE UNIT	26	154,654	
13.00			0	SUBPROVIDER	31	4,954	
14.00			0	SKILLED NURSING FACILITY	34	16,125	
15.00			0	OPERATING ROOM	37	5,017,648	
16.00			0	ANESTHESIOLOGY	40	31,899	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	180,235	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: I
 EXPLANATION : MEDICAL SUPPLIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
18.00			0	MAGNETIC RESONANCE IMAGING (MR	41.02	2,502	
19.00			0	CARDIAC CATHETERIZATION LABORA	41.04	4,255,426	
20.00			0	ONCOLOGY	41.05	147,645	
21.00			0	LABORATORY	44	1,058,356	
22.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	969,391	
23.00			0	RESPIRATORY THERAPY	49	125,177	
24.00			0	ELECTROCARDIOLOGY	53	1,592	
25.00			0	ELECTROENCEPHALOGRAPHY	54	1,083	
26.00			0	DRUGS CHARGED TO PATIENTS	56	79,796	
27.00			0	RENAL DIALYSIS	57	9,997	
28.00			0	WOUND CARE	58.01	38,798	
29.00			0	EMERGENCY	61	374,277	
30.00			0	OBSERVATION BEDS (DISTINCT PAR	62.01	3,462	
31.00			0	WOMENS CENTER	63.02	52,774	
32.00			0	RES HOMES	63.03	381	
33.00			0	DIABETIC EDUCATION	63.07	308	
34.00			0	CLINTON COUNTY	63.12	216	
35.00			0	HOWARD DIABETES	63.15	5,484	
36.00			0	ONCOLOGY-BECHAR	63.18	19	
37.00			0	CRITICAL CARE PHYSICIANS	63.19	6,342	
38.00			0	N CENTRAL PED	63.26	18,200	
39.00			0	CFHC	63.27	4,234	
40.00			0	PSYCH MEDICATION	63.28	115	
41.00			0	HRHS INTERNAL MEDICINE	63.37	28,252	
42.00			0	DR. SEDAGHAT	63.39	5,667	
43.00			0	COM OB/GYN	63.40	4,213	
44.00			0	DR PETER KLIM	63.45	984	
45.00			0	HOSPITALISTS	63.46	4	
46.00			0	DR. NEKOOMARAM	63.47	1,744	
47.00			0	DR. CARL	63.48	4,960	
48.00			0	AMBULANCE SERVICES	65	25,594	
49.00			0	FOUNDATION	96.01	40	
50.00			0	HEALTHY CHILDREN	100	7,378	
51.00			0	HCH DR. T. GATEWOOD	100.07	780	
52.00			0	HCH DR. CHEN	100.08	346	
53.00			0	N. CENTRAL IN INTERNAL	100.10	1,904	
54.00			0	HCH MEDICAL SURGICAL PRACTICE	100.12	49,329	
55.00			0	PLASTIC SURGERY	100.15	13,796	
56.00			0	DR B. FOGELSON	63.35	1,020	
TOTAL RECLASSIFICATIONS FOR CODE I			13,153,944			13,153,944	

RECLASS CODE: J
 EXPLANATION : DRUG RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,052,920	EMPLOYEE BENEFITS	5	29,513	
2.00			0	PSYCH ADMIN	19	9	
3.00			0	ANESTHESIOLOGY	40	106,721	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	106	
5.00			0	MAGNETIC RESONANCE IMAGING (MR	41.02	23,660	
6.00			0	LABORATORY	44	17	
7.00			0	RESPIRATORY THERAPY	49	33	
8.00			0	RENAL DIALYSIS	57	198	
9.00			0	WOUND CARE	58.01	3,698	
10.00			0	WOMENS CENTER	63.02	157	
11.00			0	HOWARD CO CSS	63.11	117	
12.00			0	HOWARD DIABETES	63.15	2,459	
13.00			0	CRITICAL CARE PHYSICIANS	63.19	75,901	
14.00			0	N CENTRAL PED	63.26	585,493	
15.00			0	CFHC	63.27	22,093	
16.00			0	DR JERRY GREER	63.32	1,878	
17.00			0	DR B. FOGELSON	63.35	9	
18.00			0	HRHS INTERNAL MEDICINE	63.37	13,550	
19.00			0	DR. SEDAGHAT	63.39	31,160	
20.00			0	COM OB/GYN	63.40	72,840	
21.00			0	DR PETER KLIM	63.45	25,631	
22.00			0	DR. NEKOOMARAM	63.47	665	
23.00			0	ORTHO	63.31	15	
24.00			0	HEALTHY CHILDREN	100	23,187	
25.00			0	HCH DR. T. GATEWOOD	100.07	5,157	
26.00			0	HCH DR. CHEN	100.08	329	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150007	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : DRUG RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
27.00			0	N. CENTRAL IN INTERNAL	100.10	7,615	
28.00			0	HCH MEDICAL SURGICAL PRACTICE	100.12	18,229	
29.00			0	MOBILE CLINIC	100.14	2,161	
30.00			0	PLASTIC SURGERY	100.15	319	
TOTAL RECLASSIFICATIONS FOR CODE J			1,052,920				1,052,920

RECLASS CODE: K
EXPLANATION : SOCIAL WORKER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	120,902	ADMINISTRATIVE & GENERAL	6	72,826	
2.00			0	ONCOLOGY	41.05	48,076	
TOTAL RECLASSIFICATIONS FOR CODE K			120,902				120,902

RECLASS CODE: L
EXPLANATION : SPECIALTY HOSPITAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WEST CAMPUS	100.05	566,529	ADMINISTRATIVE & GENERAL	6	489,590	
2.00			0	LABORATORY	44	72,312	
3.00			0	ELECTROCARDIOLOGY	53	4,627	
TOTAL RECLASSIFICATIONS FOR CODE L			566,529				566,529

RECLASS CODE: M
EXPLANATION : IMPLANTABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	7,949,701	MEDICAL SUPPLIES CHARGED TO PA	55	7,949,701	
TOTAL RECLASSIFICATIONS FOR CODE M			7,949,701				7,949,701

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	565,187						565,187	
2	LAND IMPROVEMENTS	6,509,983	50,533			50,533	46,719	6,513,797	
3	BUILDINGS & FIXTURE	94,559,433	11,976,612			11,976,612	2,381,290	104,154,755	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT	8,952,973	213,549			213,549	290,476	8,876,046	
6	MOVABLE EQUIPMENT	44,893,764					736,040	44,157,724	
7	SUBTOTAL	155,481,340	12,240,694			12,240,694	3,454,525	164,267,509	
8	RECONCILING ITEMS								
9	TOTAL	155,481,340	12,240,694			12,240,694	3,454,525	164,267,509	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
* 1 OLD CAP REL COSTS-BL	2,902,311						2,902,311	
1 01 OLD CAP REL COSTS-BL	362,808						362,808	
3 NEW CAP REL COSTS-BL	8,399,649	3,073,905	-790,896	109,616			10,792,274	
3 01 NEW CAP REL COSTS-BL	19,809						19,809	
3 02 NEW CAP REL COSTS-BL								
3 03 NEW CAP REL COSTS-BL	38,904						38,904	
5 TOTAL	11,723,481	3,073,905	-790,896	109,616			14,116,106	

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 14	TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
* 1 OLD CAP REL COSTS-BL	8,649,947						8,649,947	
1 01 OLD CAP REL COSTS-BL								
3 NEW CAP REL COSTS-BL	3,084,440						3,084,440	
3 01 NEW CAP REL COSTS-BL								
3 02 NEW CAP REL COSTS-BL								
3 03 NEW CAP REL COSTS-BL								
5 TOTAL	11,734,387						11,734,387	

* 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

I PROVIDER NO:
I 15-0007
I

I PERIOD: I PREPARED 5/27/2011
I FROM 1/ 1/2010 I WORKSHEET A-8
I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,853,857			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-130,980			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 GENERAL ACCT MISC REV	B	-42,703	ADMINISTRATIVE & GENERAL	6	
38 HUMAN RESOURCES MISC REV	B	-8,306	ADMINISTRATIVE & GENERAL	6	
39 OTHER OPER MISC REV	B	-758	ADMINISTRATIVE & GENERAL	6	
40 MED STAFF MISC REV	B	-16,974	ADMINISTRATIVE & GENERAL	6	
41 HRHS/REHAB JV MISC REV	B	-659,496	ADMINISTRATIVE & GENERAL	6	
42 PASTORAL CARE MISC REV	B	-2,014	PARAMED ED PRGM	24	
43 PSYCH IP PROG MISC REV	B	-193	SUBPROVIDER	31	
44 RADIOLOGY OTHER OP REV	B	-44,795	RADIOLOGY-DIAGNOSTIC	41	
45 NUCLEAR MED OTHER OP REV	B	-14,048	RADIOLOGY-DIAGNOSTIC	41	
46 ONCOLOGY MISC REV	B	-60	ONCOLOGY	41.05	
47 LAB OTHER OPER REV	B	-1,070,271	LABORATORY	44	
48 BLOOD BANK OTHER OP REV	B	-13,088	MEDICAL SUPPLIES CHARGED	55	
49 RESPIRATORY OTHER OP REV	B	-929	RESPIRATORY THERAPY	49	
49.01 CARDIOVASCULAR MISC REV	B	-83,581	RESPIRATORY THERAPY	49	
49.02 SPEECH OTHER OP REV	B	-3,234	PHYSICAL THERAPY	50	
49.03 MED SUPPLIES SOLD	B	-1,747	MEDICAL SUPPLIES CHARGED	55	
49.04 DRUGS OTHER OP REV	B	-1,239	DRUGS CHARGED TO PATIENTS	56	
49.05 DRUGS TO NONPT MISC REV	B	-7,327	DRUGS CHARGED TO PATIENTS	56	
49.06 OTC DRUG PROG MISC REV	B	-15,526	DRUGS CHARGED TO PATIENTS	56	
49.07 GENESIS ADULT MISC REV	B	-45,369	GENESIS	63.01	
49.08 WOMEN'S CENTER OTHER OP REV	B	-52,827	WOMENS CENTER	63.02	
49.09 FRANCES SGL MISC REV	B	-8,272	RES HOMES	63.03	
49.10 WALNUT SGL MISC REV	B	-33,931	RES HOMES	63.03	
49.11 RESIDE APART MISC REV	B	-2,000	RES HOMES	63.03	
49.12 RES-CLUBHOUSE MISC REV	B	-33,498	RES HOMES	63.03	
49.13 HOWARD CO CSS MISC REV	B	-5,185	HOWARD CO CSS	63.11	
49.14 CLINTON CO MISC REV	B	-47,510	CLINTON COUNTY	63.12	
49.15 RUSSIAVILLE OFF MISC REV	B	-20,740	RUSSIAVILLE OFFICE	63.30	
49.16 AML MISC REV	B	-1,622	AMBULANCE SERVICES	65	
49.17 PSYCH DR. SCHILT	B	189	DR. SCHILT	63.42	
49.18 DR. SEDAGHAT OTHER REV	B	-600	DR. SEDAGHAT	63.39	
49.19 MRI MOBILE OTHER REV	B	-1,705	MAGNETIC RESONANCE IMAGIN	41.02	
49.20 SALES TAX ALLOW	B	-21	ADMINISTRATIVE & GENERAL	6	
49.21 DR. ANITA GLASS OTHER REV	B	-1,924	DR. ANITA	63.49	
49.22 GUEST MEAL COST OFFSET	A	-26,324	CAFETERIA	12	
49.23 PHONE EQUIPMENT	A	-4,011	OLD CAP REL COSTS-BLDG &	1	9
49.24 PHONE DEPRECIATION	A	-6,079	OLD CAP REL COSTS-BLDG &	1	9
49.25 PHONE SAL & BENEFITS	A	-23,352	ADMINISTRATIVE & GENERAL	6	
49.26 MED REC SALES COST OFFSET	A	-121,538	MEDICAL RECORDS & LIBRARY	17	
49.27 ADVERTISING	A	-28,602	EMPLOYEE BENEFITS	5	
49.28 ADVERTISING	A	-720,739	ADMINISTRATIVE & GENERAL	6	
49.29 ADVERTISING	A	-62	DR. SEDAGHAT	63.39	
49.30 ADVERTISING	A	-4,540	HOSPITALISTS	63.46	
49.31 AHA LOBBYING	A	-6,478	ADMINISTRATIVE & GENERAL	6	
49.32 IHHA LOBBYING	B	-3,350	ADMINISTRATIVE & GENERAL	6	
49.33 NONPATIENT FOOD SALES	B	-311,220	CAFETERIA	12	
49.34 SELF INSURANCE	A	-3,308,468	EMPLOYEE BENEFITS	5	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0007
I

I PERIOD: I PREPARED 5/27/2011
I FROM 1/ 1/2010 I WORKSHEET A-8
I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	5
49.35 PHYSICIAN RECRUITING	A	-35,299	ADMINISTRATIVE & GENERAL	6	
49.36 PHYSICIAN GUARANTEE	A	-219,987	ADMINISTRATIVE & GENERAL	6	
49.37 VENDING MACHINE	A	-3,797	OLD CAP REL COSTS-BLDG &	1	9
49.38 VENDING MACHINE	A	-2,728	OPERATION OF PLANT	8	
49.39 INTEREST INCOME	B	-790,896	NEW CAP REL COSTS-BLDG &	3	11
49.40 CHARITABLE DONATIONS	B	-64,205	ADMINISTRATIVE & GENERAL	6	
49.41 1990 DEPRECIATION ADJUSTMENT	A	1,578	OLD CAP REL COSTS-BLDG &	1	9
49.42 1985 DEPRECIATION ADJUSTMENT	A	2,166	OLD CAP REL COSTS-BLDG &	1	9
49.43 1985 DEPRECIATION ADJUSTMENT	A	-27,140	OLD CAP REL COSTS-BLDG &	1.01	9
49.44 KSC MGMT FEE	B	-18,000	ADMINISTRATIVE & GENERAL	6	
49.45 BANK FEES	A	194,993	ADMINISTRATIVE & GENERAL	6	
49.46 PHO ADVANTAGE CLAIM EXPENSE	A	-6,454,168	ADMINISTRATIVE & GENERAL	6	
49.47 CT OTHER OP REV	B	-239,850	RADIOLOGY-DIAGNOSTIC	41	
50 TOTAL (SUM OF LINES 1 THRU 49)		-24,448,237			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & LAUNDRY	26,377		26,377	
2	9	LAUNDRY & LINEN SERVICE LAUNDRY	352,831	342,910	9,921	
3	41	2 MAGNETIC RESONANCE IMAGIN IMAGING	192,167	359,445	-167,278	
4						
5		TOTALS	571,375	702,355	-130,980	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	NORTH CENT IN LINEN SVC		33.00	0.00
2	C	IMAGING CTR OF NC IN		50.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 26	ICU	500	500					
2 31	PSYCH UNIT	26,989	26,989					
3 34	SNF UNIT	13,750	13,750					
4 40	ANESTHESIA	609,710	609,710					
5 41	RADIOLOGY	7,800	7,800					
6 41 5	ONCOLOGY	35,000	35,000					
7 44	LAB	116,556	116,556					
8 49	RESPIRATORY	64,408	64,408					
9 53	CARDIOLOGY	60,956	60,956					
10 54	EEG	56,038	56,038					
11 58 1	WOUND CARE	36,469	36,469					
12 61	EMERGENCY ROOM	731,905	731,905					
13 63 2	WOMEN'S CENTER	578	578					
14 63 15	HOWARD DIABETES	385,336	385,336					
15 63 18	BECHAR-ONCOLOGY	626,715	626,715					
16 63 19	CRITICAL CARE	938,214	938,214					
17 63 22	PSYCH-DR ERIKA	213,745	213,745					
18 63 23	PSYCH-DR HASAN	84,738	84,738					
19 63 26 N	CENTRAL PED	1,070,053	1,070,053					
20 63 27	CFHC	345,384	345,384					
21 63 32	DR. JERRY GREER	528	528					
22 63 35	DR. B FOGELSON	565,137	565,137					
23 63 36	ONCOLOGY-MOORE PHYSICIANS	576,575	576,575					
24 63 37	HRHS INTERNAL MED	228,612	228,612					
25 63 39	DR SEDAGHAT	330,409	330,409					
26 63 40	COM OB/GYN	658,971	658,971					
27 63 42	PSYCH DR SCHILT	210,436	210,436					
28 63 43	BH CONTRACT	244,958	244,958					
29 63 45	DR PETER KLIM	401,104	401,104					
30 63 46	HOSPITALISTS	420,000	420,000					
31 63 47	DR. NEKOOMARAM	616,617	616,617					
32 63 49	DR. ANNITA GLASS	144,512	144,512					
33 63 31	HRHS ORTHOPAEDIC	31,154	31,154					
101	TOTAL	9,853,857	9,853,857					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT 18
10	11	12	13	14	15	16	17	18
1	26	ICU						500
2	31	PSYCH UNIT						26,989
3	34	SNF UNIT						13,750
4	40	ANESTHESIA						609,710
5	41	RADIOLOGY						7,800
6	41	5 ONCOLOGY						35,000
7	44	LAB						116,556
8	49	RESPIRATORY						64,408
9	53	CARDIOLOGY						60,956
10	54	EEG						56,038
11	58	1 WOUND CARE						36,469
12	61	EMERGENCY ROOM						731,905
13	63	2 WOMEN'S CENTER						578
14	63	15 HOWARD DIABETES						385,336
15	63	18 BECHAR-ONCOLOGY						626,715
16	63	19 CRITICAL CARE						938,214
17	63	22 PSYCH-DR ERIKA						213,745
18	63	23 PSYCH-DR HASAN						84,738
19	63	26 N CENTRAL PED						1,070,053
20	63	27 CFHC						345,384
21	63	32 DR. JERRY GREER						528
22	63	35 DR. B FOGELSON						565,137
23	63	36 ONCOLOGY-MOORE PHYSICIANS						576,575
24	63	37 HRHS INTERNAL MED						228,612
25	63	39 DR SEDAGHAT						330,409
26	63	40 COM OB/GYN						658,971
27	63	42 PSYCH DR SCHILT						210,436
28	63	43 BH CONTRACT						244,958
29	63	45 DR PETER KLIM						401,104
30	63	46 HOSPITALISTS						420,000
31	63	47 DR. NEKOOMARAM						616,617
32	63	49 DR. ANNITA GLASS						144,512
33	63	31 HRHS ORTHOPAEDIC						31,154
101		TOTAL						9,853,857

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTES	ENTERED
14	NURSING ADMINISTRATION	12	FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS.	ENTERED
16	PHARMACY	14	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	NOT ENTERED
18	SOCIAL SERVICE	16	TIME SPENT	ENTERED
19	PSYCH ADMIN	17	PATIENT REVENUE	ENTERED
24	PARAMED ED PRGM	18	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &			
	0	1	1.01	3	3.01	3.02	3.03
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	2,902,311	2,902,311					
001 01 OLD CAP REL COSTS-BLDG &	362,808		362,808				
003 NEW CAP REL COSTS-BLDG &	10,792,274			10,792,274			
003 01 NEW CAP REL COSTS-BLDG &	19,809				19,809		
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &	38,904						38,904
005 EMPLOYEE BENEFITS	3,581,638						
006 ADMINISTRATIVE & GENERAL	12,761,216	406,397		1,511,197			
008 OPERATION OF PLANT	4,125,223	319,480	13,633	1,187,989	744		
009 LAUNDRY & LINEN SERVICE	352,790	16,342		60,769			
010 HOUSEKEEPING	828,198	17,654	373	65,646	20		
011 DIETARY	959,556	47,187		175,467			
012 CAFETERIA	118,900	35,933		133,618			
014 NURSING ADMINISTRATION	1,078,518	5,480		20,378			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,143,793	18,611		69,206			
018 SOCIAL SERVICE	120,902	3,814		14,183			
019 PSYCH ADMIN	947,417	739		2,747			
024 PARAMED ED PRGM	291,374	6,513		24,218			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,768,678	397,015		1,476,304			
026 INTENSIVE CARE UNIT	2,053,842	39,386		146,456			
031 SUBPROVIDER	1,736,472	30,001	80,676	111,559	4,405		
033 NURSERY	282,388	9,950		36,999			
034 SKILLED NURSING FACILITY	702,775	107,430		399,481			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,837,113	131,997		490,831			
039 DELIVERY ROOM & LABOR ROO	698,333	47,549		176,812			
040 ANESTHESIOLOGY	1	920		3,420			
041 RADIOLOGY-DIAGNOSTIC	2,311,713	89,829	2,041	334,032	111		
041 02 MAGNETIC RESONANCE IMAGIN	263,855						
041 03 LITHOTRIPSY	64,675						
041 04 CARDIAC CATHETERIZATION L	2,322,587	16,350		60,797			
041 05 ONCOLOGY	1,915,126	154,784		575,565			
044 LABORATORY	1,452,580	36,974	3,368	137,486	184		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	1,776,701	33,122		123,163			
050 PHYSICAL THERAPY	551,025	16,561		61,582			
053 ELECTROCARDIOLOGY	47,767	784		2,915			
054 ELECTROENCEPHALOGRAPHY	657	2,405		8,942			
055 MEDICAL SUPPLIES CHARGED	5,418,104	25,147		93,508			
055 30 IMPL. DEV. CHARGED TO PAT	7,949,701						
056 DRUGS CHARGED TO PATIENTS	11,715,653	11,360		42,241			
057 RENAL DIALYSIS	121,945						
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	261,815	15,573		57,910			
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,466,729	176,862		657,664			
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	196,654	9,234		34,337			
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	807,914	289,720		1,077,327			38,904
063 02 WOMENS CENTER	454,084	19,478		72,429			
063 03 RES HOMES	657,893	89,279		331,985			
063 04 DR. STEELE	321						
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	61,525						
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC		90,455		336,358			
063 11 HOWARD CO CSS	454,682	76,962		286,185			
063 12 CLINTON COUNTY	458,249						
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES	234,645						
063 16 DR AROUTINOVA	16,200						
063 17 OB/GYN GREER	-279						
063 18 ONCOLOGY-BECHAR	174,187						
063 19 CRITICAL CARE PHYSICIANS	321,612						
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA	24,353						
063 23 PSYCH DR HASAN	13,493						
063 24 PSYCH DR DEB	279,468						
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED	1,117,812						
063 27 CFHC	302,705	76,962		286,185			
063 28 PSYCH MEDICATION	240,479						
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO	12,676						

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	1.01	3	3.01	3.02	3.03
063 32 DR JERRY GREER	5,279							
063 33 DR KOESTER	345							
063 34 OPEN HEART								
063 35 DR B. FOGELSON	314,901							
063 36 ONCOLOGY MOORE	33,824							
063 37 HRHS INTERNAL MEDICINE	279,649							
063 38 DR. MOUALLA	375							
063 39 DR. SEDAGHAT	273,456							
063 40 COM OB/GYN	269,576							
063 41 B.HEALTH TIPTON								
063 42 DR. SCHILT	25,780							
063 43 B.HEALTH PH MEDICAL PHYS								
063 44 OTHER OUTPATIENT SERVICE								
063 45 DR PETER KLIM	123,852							
063 46 HOSPITALISTS	20,897							
063 47 DR. NEKOOMARAM	131,329							
063 48 DR. CARL	56,239							
063 49 DR. ANITA	6,758							
065 OTHER REIMBURS COST CNTRS								
AMBULANCE SERVICES	579,127		13,041		48,492			
SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	102,095,926	2,887,280	100,091	10,736,383	5,464		38,904	
096 01 FOUNDATION	48,955		12,385		46,053			
098 PHYSICIANS' PRIVATE OFFIC	116,525		2,646		9,838			
100 HEALTHY CHILDREN	512,557			262,717		14,345		
100 01 OTHER NONREIMBURSABLE COS								
100 02 OTHER NONREIMBURSABLE COS								
100 03 RESIDENTIAL HOMES								
100 04 OTHER NONREIMBURSABLE COS								
100 05 WEST CAMPUS	566,529							
100 06 HCH ONCOLOGY BERK								
100 07 HCH DR. T. GATEWOOD	296,674							
100 08 HCH DR. CHEN	646,502							
100 09 HCH DR. SALTER-ONCOLOGY	504,391							
100 10 N. CENTRAL IN INTERNAL	550,323							
100 11 HCH DR. UNDERWOOD	632,192							
100 12 HCH MEDICAL SURGICAL PRAC	968,218							
100 13 SOUTH BERKLEY	7,338							
100 14 MOBILE CLINIC	917							
100 15 PLASTIC SURGERY	249,203							
100 16 OTHER	154,459							
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	107,350,709	2,902,311	362,808	10,792,274	19,809		38,904	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	5a.00	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS	3,581,638						
006 ADMINISTRATIVE & GENERAL	462,498	15,141,308	15,141,308				
008 OPERATION OF PLANT	85,937	5,733,006	941,388	6,674,394			
009 LAUNDRY & LINEN SERVICE	1,660	431,561	70,864	55,859	558,284		
010 HOUSEKEEPING	38,826	950,717	156,112	60,342		1,167,171	
011 DIETARY	36,277	1,218,487	200,082	161,290	7,462	9,496	1,596,817
012 CAFETERIA	16,640	305,091	50,097	122,823		8,419	
014 NURSING ADMINISTRATION	61,175	1,165,551	191,389	18,731		34,120	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	55,063	1,286,673	211,278	63,614			
018 SOCIAL SERVICE	8,238	147,137	24,161	13,037			
019 PSYCH ADMIN	37,984	988,887	162,380	2,525		125	
024 PARAMED ED PRGM	16,651	338,756	55,625	22,261			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	384,249	9,026,246	1,482,155	820,492	199,281	353,072	1,020,159
026 INTENSIVE CARE UNIT	119,352	2,359,036	387,366	134,623	51,243	47,594	176,976
031 SUBPROVIDER	96,652	2,059,765	338,224	102,545	24,312	209,292	285,922
033 NURSERY	16,256	345,593	56,748	34,010			
034 SKILLED NURSING FACILITY	34,524	1,244,210	204,306	367,205	15,779	81,608	113,760
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	147,970	3,607,911	592,437	451,174	87,834	88,240	
039 DELIVERY ROOM & LABOR ROO	40,201	962,895	158,112	162,527			
040 ANESTHESIOLOGY		4,341	713	3,143			
041 RADIOLOGY-DIAGNOSTIC	113,448	2,851,174	468,177	307,044	19,768	97,017	
041 02 MAGNETIC RESONANCE IMAGIN	4,291	268,146	44,031		1,207		
041 03 LITHOTRIPSY	717	65,392	10,738			11,118	
041 04 CARDIAC CATHETERIZATION L	88,834	2,488,568	408,635	55,885	24,020	36,176	
041 05 ONCOLOGY	79,450	2,724,925	447,446	300,783	13,051	1,706	
044 LABORATORY	101,329	1,731,921	284,390	126,378	309	23,932	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	108,545	2,041,531	335,230	113,212		6,632	
050 PHYSICAL THERAPY		629,168	103,313	56,606			
053 ELECTROCARDIOLOGY	3,140	54,606	8,967	2,680	20,662		
054 ELECTROENCEPHALOGRAPHY		12,004	1,971	8,219			
055 MEDICAL SUPPLIES CHARGED	8,134	5,544,893	910,499	85,953	1,319	4,205	
055 30 IMPL. DEV. CHARGED TO PAT		7,949,701	1,305,381				
056 DRUGS CHARGED TO PATIENTS	104,814	11,874,068	1,949,796	38,828		8,025	
057 RENAL DIALYSIS		121,945	20,024				
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	14,390	349,688	57,421	53,231	667	250	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	137,911	3,439,166	564,728	604,529	69,036	52,640	
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	11,829	252,054	41,389	31,562			
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	50,886	2,264,751	371,883	990,285		36,371	
063 02 WOMENS CENTER	27,142	573,133	94,111	66,577	7,499	21,539	
063 03 RES HOMES	38,055	1,117,212	183,452				
063 04 DR. STEELE		321	53				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	3,617	65,142	10,697				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC		426,813	70,085	309,182			
063 11 HOWARD CO CSS	27,128	844,957	138,746	263,063			
063 12 CLINTON COUNTY	28,129	486,378	79,866				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES	37,022	271,667	44,609				
063 16 DR AROUTINOVA		16,200	2,660				
063 17 OB/GYN GREER	2	-277					
063 18 ONCOLOGY-BECHAR	50,960	225,147	36,970				
063 19 CRITICAL CARE PHYSICIANS	75,552	397,164	65,216				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA	14,564	38,917	6,390				
063 23 PSYCH DR HASAN	5,774	19,267	3,164				
063 24 PSYCH DR DEB	17,331	296,799	48,736				
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED	130,814	1,248,626	205,031				
063 27 CFHC	28,201	694,053	113,967	263,063		35,371	
063 28 PSYCH MEDICATION	14,508	254,987	41,870				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO	2,123	14,799	2,430				

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5	5a.00	6	8	9	10	11
OUTPAT SERVICE COST CNTRS								
063	32 DR JERRY GREER	47	5,326	875				
063	33 DR KOESTER		345	57				
063	34 OPEN HEART							
063	35 DR B. FOGELSON	51,442	366,343	60,155				
063	36 ONCOLOGY MOORE	39,287	73,111	12,005				
063	37 HRHS INTERNAL MEDICINE	28,045	307,694	50,525				
063	38 DR. MOUALLA		375	62				
063	39 DR. SEDAGHAT	33,081	306,537	50,335				
063	40 COM OB/GYN	56,721	326,297	53,580				
063	41 B.HEALTH TIPTON							
063	42 DR. SCHILT	14,339	40,119	6,588				
063	43 B.HEALTH PH MEDICAL PHYS							
063	44 OTHER OUTPATIENT SERVICE							
063	45 DR PETER KLIM	33,823	157,675	25,891				
063	46 HOSPITALISTS		20,897	3,431				
063	47 DR. NEKOMARAM	45,835	177,164	29,091				
063	48 DR. CARL		56,239	9,235				
063	49 DR. ANITA	9,847	16,605	2,727				
OTHER REIMBURS COST CNTRS								
065	AMBULANCE SERVICES	32,837	673,497	110,592	44,574	14,835		
SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	3,334,097	101,500,401	14,180,658	6,317,855	558,284	1,166,948	1,596,817
NONREIMBURS COST CENTERS								
GIFT, FLOWER, COFFEE SHOP			58,438	9,596	42,332		223	
096	01 FOUNDATION	3,002	64,441	10,582	9,044			
098	PHYSICIANS' PRIVATE OFFIC		393,587	64,629				
100	HEALTHY CHILDREN	26,159	538,716	88,460				
100	01 OTHER NONREIMBURSABLE COS							
100	02 OTHER NONREIMBURSABLE COS							
100	03 RESIDENTIAL HOMES				305,163			
100	04 OTHER NONREIMBURSABLE COS							
100	05 WEST CAMPUS		566,529	93,027				
100	06 HCH ONCOLOGY BERK							
100	07 HCH DR. T. GATEWOOD	16,312	312,986	51,394				
100	08 HCH DR. CHEN	40,173	686,675	112,755				
100	09 HCH DR. SALTER-ONCOLOGY	32,079	536,470	88,091				
100	10 N. CENTRAL IN INTERNAL	31,136	581,459	95,478				
100	11 HCH DR. UNDERWOOD	34,163	666,355	109,419				
100	12 HCH MEDICAL SURGICAL PRAC	52,198	1,020,416	167,557				
100	13 SOUTH BERKLEY		7,338	1,205				
100	14 MOBILE CLINIC	55	972	160				
100	15 PLASTIC SURGERY	12,264	261,467	42,934				
100	16 OTHER		154,459	25,363				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,581,638	107,350,709	15,141,308	6,674,394	558,284	1,167,171	1,596,817

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	486,430						
014 NURSING ADMINISTRATION	10,406	1,420,197					
015 CENTRAL SERVICES & SUPPLY			2,992				
016 PHARMACY	16,903			16,903			
017 MEDICAL RECORDS & LIBRARY	18,394				1,579,959		
018 SOCIAL SERVICE	2,363					186,698	
019 PSYCH ADMIN	13,883						1,167,800
024 PARAMED ED PRGM	5,526						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	103,357	602,416			77,870	124,458	
026 INTENSIVE CARE UNIT	25,125	146,440			23,029	30,482	
031 SUBPROVIDER	24,604	143,402			25,757		
033 NURSERY	3,442	20,060			3,601		
034 SKILLED NURSING FACILITY	8,995	52,427			2,571		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32,943	192,006			93,242		
039 DELIVERY ROOM & LABOR ROO	8,501				8,906		
040 ANESTHESIOLOGY					16,197		
041 RADIOLOGY-DIAGNOSTIC	25,349				238,541		
041 02 MAGNETIC RESONANCE IMAGIN	10,774				15,500		
041 03 LITHOTRIPSY	171				4,470		
041 04 CARDIAC CATHETERIZATION L	16,633				182,455		
041 05 ONCOLOGY	18,942				61,666		
044 LABORATORY	25,098				231,083		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	23,274				89,252		
050 PHYSICAL THERAPY					8,504		
053 ELECTROCARDIOLOGY	584				10,101		
054 ELECTROENCEPHALOGRAPHY					2,146		
055 MEDICAL SUPPLIES CHARGED			2,992		86,056		
055 30 IMPL. DEV. CHARGED TO PAT					64,603		
056 DRUGS CHARGED TO PATIENTS				16,903	148,525		
057 RENAL DIALYSIS					1,481		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	3,514				7,242		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	32,547	189,702			102,416	31,758	
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC					2,156		
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	13,811				19,555		729,261
063 02 WOMENS CENTER	6,533				11,223		
063 03 RES HOMES					12,520		
063 04 DR. STEELE							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	818				241		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					5,854		216,641
063 12 CLINTON COUNTY					6,057		221,898
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					1,513		
063 23 PSYCH DR HASAN					345		
063 24 PSYCH DR DEB					1,252		
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					2,902		
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
063 32 DR JERRY GREER							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 HRHS INTERNAL MEDICINE							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 COM OB/GYN							
063 41 B.HEALTH TIPTON							
063 42 DR. SCHILT					2,767		
063 43 B.HEALTH PH MEDICAL PHYS					1,836		
063 44 OTHER OUTPATIENT SERVICE							
063 45 DR PETER KLIM							
063 46 HOSPITALISTS							
063 47 DR. NEKOOMARAM							
063 48 DR. CARL							
063 49 DR. ANITA						152	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	12,652	73,744			6,372		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	468,134	1,420,197	2,992	16,903	1,579,959	186,698	1,167,800
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 FOUNDATION	1,546						
100 PHYSICIANS' PRIVATE OFFIC							
100 HEALTHY CHILDREN							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES							
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS							
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD							
100 08 HCH DR. CHEN							
100 09 HCH DR. SALTER-ONCOLOGY							
100 10 N. CENTRAL IN INTERNAL							
100 11 HCH DR. UNDERWOOD							
100 12 HCH MEDICAL SURGICAL PRAC	12,140						
100 13 SOUTH BERKLEY							
100 14 MOBILE CLINIC							
100 15 PLASTIC SURGERY	4,610						
100 16 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	486,430	1,420,197	2,992	16,903	1,579,959	186,698	1,167,800

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PARAMED ED PR SUBTOTAL		I&R COST POST STEP-DOWN ADJ	TOTAL
	GM			
	24	25	26	27
GENERAL SERVICE COST CNTR				
001 OLD CAP REL COSTS-BLDG &				
001 01 OLD CAP REL COSTS-BLDG &				
003 NEW CAP REL COSTS-BLDG &				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-BLDG &				
003 03 NEW CAP REL COSTS-BLDG &				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 PSYCH ADMIN				
024 PARAMED ED PRGM	422,168			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	422,168	14,231,674		14,231,674
026 INTENSIVE CARE UNIT		3,381,914		3,381,914
031 SUBPROVIDER		3,213,823		3,213,823
033 NURSERY		463,454		463,454
034 SKILLED NURSING FACILITY		2,090,861		2,090,861
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		5,145,787		5,145,787
039 DELIVERY ROOM & LABOR ROO		1,300,941		1,300,941
040 ANESTHESIOLOGY		24,394		24,394
041 RADIOLOGY-DIAGNOSTIC		4,007,070		4,007,070
041 02 MAGNETIC RESONANCE IMAGIN		339,658		339,658
041 03 LITHOTRIPSY		91,889		91,889
041 04 CARDIAC CATHETERIZATION L		3,212,372		3,212,372
041 05 ONCOLOGY		3,568,519		3,568,519
044 LABORATORY		2,423,111		2,423,111
047 BLOOD STORING, PROCESSING				
049 RESPIRATORY THERAPY		2,609,131		2,609,131
050 PHYSICAL THERAPY		797,591		797,591
053 ELECTROCARDIOLOGY		97,600		97,600
054 ELECTROENCEPHALOGRAPHY		24,340		24,340
055 MEDICAL SUPPLIES CHARGED		6,635,917		6,635,917
055 30 IMPL. DEV. CHARGED TO PAT		9,319,685		9,319,685
056 DRUGS CHARGED TO PATIENTS		14,036,145		14,036,145
057 RENAL DIALYSIS		143,450		143,450
058 ASC (NON-DISTINCT PART)				
058 01 WOUND CARE		472,013		472,013
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		5,086,522		5,086,522
062 OBSERVATION BEDS (NON-DIS				
062 01 OBSERVATION BEDS (DISTINC		327,161		327,161
063 OTHER OUTPATIENT SERVICE				
063 01 GENESIS		4,425,917		4,425,917
063 02 WOMENS CENTER		780,615		780,615
063 03 RES HOMES		1,313,184		1,313,184
063 04 DR. STEELE		374		374
063 05				
063 06 FAMILY PRACTICE				
063 07 DIABETIC EDUCATION		76,898		76,898
063 08 NEW CHOICES				
063 09 OB/GYN				
063 10 HOWARD CO CLINIC		806,080		806,080
063 11 HOWARD CO CSS		1,469,261		1,469,261
063 12 CLINTON COUNTY		794,199		794,199
063 13 TELEMEDICINE				
063 14 TELEMEDICINE				
063 15 HOWARD DIABETES		316,276		316,276
063 16 DR AROUTINOVA		18,860		18,860
063 17 OB/GYN GREER		-277		-277
063 18 ONCOLOGY-BECHAR		262,117		262,117
063 19 CRITICAL CARE PHYSICIANS		462,380		462,380
063 20 PSYCH DR STEINER				
063 21 PSYCH GOOD HOPE				
063 22 PSYCH DR ERIKA		46,820		46,820
063 23 PSYCH DR HASAN		22,776		22,776
063 24 PSYCH DR DEB		346,787		346,787
063 25 PSYCH DR M SHEI				
063 26 N CENTRAL PED		1,453,657		1,453,657
063 27 CFHC		1,106,454		1,106,454
063 28 PSYCH MEDICATION		299,759		299,759
063 29 PSYCH PHD CLINIC				
063 30 RUSSIAVILLE OFFICE				
063 31 ORTHO		17,229		17,229

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PARAMED ED PR SUBTOTAL		I&R COST POST STEP-DOWN ADJ	TOTAL
	GM			
	24	25	26	27
063 32 DR JERRY GREER		6,201		6,201
063 33 DR KOESTER		402		402
063 34 OPEN HEART				
063 35 DR B. FOGELSON		426,498		426,498
063 36 ONCOLOGY MOORE		85,116		85,116
063 37 HRHS INTERNAL MEDICINE		358,219		358,219
063 38 DR. MOUALLA		437		437
063 39 DR. SEDAGHAT		356,872		356,872
063 40 COM OB/GYN		379,877		379,877
063 41 B.HEALTH TIPTON				
063 42 DR. SCHILT		49,474		49,474
063 43 B.HEALTH PH MEDICAL PHYS		1,836		1,836
063 44 OTHER OUTPATIENT SERVICE				
063 45 DR PETER KLIM		183,566		183,566
063 46 HOSPITALISTS		24,328		24,328
063 47 DR. NEKOOMARAM		206,255		206,255
063 48 DR. CARL		65,474		65,474
063 49 DR. ANITA		19,484		19,484
065 OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		936,266		936,266
065 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	422,168	100,164,693		100,164,693
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		110,589		110,589
098 01 FOUNDATION		85,613		85,613
100 PHYSICIANS' PRIVATE OFFIC		458,216		458,216
100 HEALTHY CHILDREN		627,176		627,176
100 01 OTHER NONREIMBURSABLE COS				
100 02 OTHER NONREIMBURSABLE COS				
100 03 RESIDENTIAL HOMES		305,163		305,163
100 04 OTHER NONREIMBURSABLE COS				
100 05 WEST CAMPUS		659,556		659,556
100 06 HCH ONCOLOGY BERK				
100 07 HCH DR. T. GATEWOOD		364,380		364,380
100 08 HCH DR. CHEN		799,430		799,430
100 09 HCH DR. SALTER-ONCOLOGY		624,561		624,561
100 10 N. CENTRAL IN INTERNAL		676,937		676,937
100 11 HCH DR. UNDERWOOD		775,774		775,774
100 12 HCH MEDICAL SURGICAL PRAC		1,200,113		1,200,113
100 13 SOUTH BERKLEY		8,543		8,543
100 14 MOBILE CLINIC		1,132		1,132
100 15 PLASTIC SURGERY		309,011		309,011
100 16 OTHER		179,822		179,822
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	422,168	107,350,709		107,350,709

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02	NEW CAP REL C OSTS-BLDG & 3.03
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL		406,397					
008 OPERATION OF PLANT		319,480	13,633				
009 LAUNDRY & LINEN SERVICE		16,342					
010 HOUSEKEEPING		17,654	373				
011 DIETARY		47,187					
012 CAFETERIA		35,933					
014 NURSING ADMINISTRATION		5,480					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		18,611					
018 SOCIAL SERVICE		3,814					
019 PSYCH ADMIN		739					
024 PARAMED ED PRGM		6,513					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		397,015					
026 INTENSIVE CARE UNIT		39,386					
031 SUBPROVIDER		30,001	80,676				
033 NURSERY		9,950					
034 SKILLED NURSING FACILITY		107,430					
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		131,997					
040 DELIVERY ROOM & LABOR ROO		47,549					
041 ANESTHESIOLOGY		920					
041 RADIOLOGY-DIAGNOSTIC		89,829	2,041				
041 02 MAGNETIC RESONANCE IMAGIN							
041 03 LITHOTRIPSY							
041 04 CARDIAC CATHETERIZATION L		16,350					
041 05 ONCOLOGY		154,784					
044 LABORATORY		36,974	3,368				
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY		33,122					
050 PHYSICAL THERAPY		16,561					
053 ELECTROCARDIOLOGY		784					
054 ELECTROENCEPHALOGRAPHY		2,405					
055 MEDICAL SUPPLIES CHARGED		25,147					
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS		11,360					
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE		15,573					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		176,862					
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC		9,234					
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS		289,720					
063 02 WOMENS CENTER		19,478					
063 03 RES HOMES		89,279					
063 04 DR. STEELE							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION							
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC		90,455					
063 11 HOWARD CO CSS		76,962					
063 12 CLINTON COUNTY							
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA							
063 23 PSYCH DR HASAN							
063 24 PSYCH DR DEB							
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC		76,962					
063 28 PSYCH MEDICATION							
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO							

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02	NEW CAP REL C OSTS-BLDG & 3.03
063 32 DR JERRY GREER							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 HRHS INTERNAL MEDICINE							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 COM OB/GYN							
063 41 B.HEALTH TIPTON							
063 42 DR. SCHILT							
063 43 B.HEALTH PH MEDICAL PHYS							
063 44 OTHER OUTPATIENT SERVICE							
063 45 DR PETER KLIM							
063 46 HOSPITALISTS							
063 47 DR. NEKOOMARAM							
063 48 DR. CARL							
063 49 DR. ANITA							
065 OTHER REIMBURS COST CNTRS							
AMBULANCE SERVICES		13,041					
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,887,280	100,091				
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		12,385					
096 01 FOUNDATION		2,646					
098 PHYSICIANS' PRIVATE OFFIC			262,717				
100 HEALTHY CHILDREN							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES							
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS							
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD							
100 08 HCH DR. CHEN							
100 09 HCH DR. SALTER-ONCOLOGY							
100 10 N. CENTRAL IN INTERNAL							
100 11 HCH DR. UNDERWOOD							
100 12 HCH MEDICAL SURGICAL PRAC							
100 13 SOUTH BERKLEY							
100 14 MOBILE CLINIC							
100 15 PLASTIC SURGERY							
100 16 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,902,311	362,808				

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	406,397		406,397				
008 OPERATION OF PLANT	333,113		25,265	358,378			
009 LAUNDRY & LINEN SERVICE	16,342		1,902	2,999	21,243		
010 HOUSEKEEPING	18,027		4,190	3,240		25,457	
011 DIETARY	47,187		5,370	8,660	284	207	61,708
012 CAFETERIA	35,933		1,345	6,595		184	
014 NURSING ADMINISTRATION	5,480		5,137	1,006		744	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	18,611		5,670	3,416			
018 SOCIAL SERVICE	3,814		648	700			
019 PSYCH ADMIN	739		4,358	136		3	
024 PARAMED ED PRGM	6,513		1,493	1,195			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	397,015		39,779	44,056	7,584	7,701	39,424
026 INTENSIVE CARE UNIT	39,386		10,396	7,229	1,950	1,038	6,839
031 SUBPROVIDER	110,677		9,077	5,506	925	4,565	11,049
033 NURSERY	9,950		1,523	1,826			
034 SKILLED NURSING FACILITY	107,430		5,483	19,717	600	1,780	4,396
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	131,997		15,900	24,226	3,342	1,925	
039 DELIVERY ROOM & LABOR ROO	47,549		4,243	8,727			
040 ANESTHESIOLOGY	920		19	169			
041 RADIOLOGY-DIAGNOSTIC	91,870		12,565	16,487	752	2,116	
041 02 MAGNETIC RESONANCE IMAGIN			1,182		46		
041 03 LITHOTRIPSY			288			242	
041 04 CARDIAC CATHETERIZATION L	16,350		10,967	3,001	914	789	
041 05 ONCOLOGY	154,784		12,009	16,150	497	37	
044 LABORATORY	40,342		7,633	6,786	12	522	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	33,122		8,997	6,079		145	
050 PHYSICAL THERAPY	16,561		2,773	3,039			
053 ELECTROCARDIOLOGY	784		241	144	786		
054 ELECTROENCEPHALOGRAPHY	2,405		53	441			
055 MEDICAL SUPPLIES CHARGED	25,147		24,436	4,615	50	92	
055 30 IMPL. DEV. CHARGED TO PAT			35,034				
056 DRUGS CHARGED TO PATIENTS	11,360		52,359	2,085		175	
057 RENAL DIALYSIS			537				
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	15,573		1,541	2,858	25	5	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	176,862		15,156	32,460	2,627	1,148	
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	9,234		1,111	1,695			
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	289,720		9,981	53,171		793	
063 02 WOMENS CENTER	19,478		2,526	3,575	285	470	
063 03 RES HOMES	89,279		4,924				
063 04 DR. STEELE			1				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION			287				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC	90,455		1,881	16,601			
063 11 HOWARD CO CSS	76,962		3,724	14,125			
063 12 CLINTON COUNTY			2,143				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES			1,197				
063 16 DR AROUTINOVA			71				
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR			992				
063 19 CRITICAL CARE PHYSICIANS			1,750				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA			172				
063 23 PSYCH DR HASAN			85				
063 24 PSYCH DR DEB			1,308				
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED			5,503				
063 27 CFHC			3,059	14,125		771	
063 28 PSYCH MEDICATION	76,962		1,124				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO			65				

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
063 32 DR JERRY GREER			23				
063 33 DR KOESTER			2				
063 34 OPEN HEART							
063 35 DR B. FOGELSON			1,614				
063 36 ONCOLOGY MOORE			322				
063 37 HRHS INTERNAL MEDICINE			1,356				
063 38 DR. MOUALLA			2				
063 39 DR. SEDAGHAT			1,351				
063 40 COM OB/GYN			1,438				
063 41 B.HEALTH TIPTON							
063 42 DR. SCHILT			177				
063 43 B. HEALTH PH MEDICAL PHYS							
063 44 OTHER OUTPATIENT SERVICE							
063 45 DR PETER KLIM			695				
063 46 HOSPITALISTS			92				
063 47 DR. NEKOOMARAM			781				
063 48 DR. CARL			248				
063 49 DR. ANITA			73				
065 OTHER REIMBURS COST CNTRS							
AMBULANCE SERVICES	13,041		2,968	2,393	564		
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,987,371		380,615	339,233	21,243	25,452	61,708
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP	12,385		258	2,273		5	
096 01 FOUNDATION	2,646		284	486			
098 PHYSICIANS' PRIVATE OFFIC	262,717		1,735				
100 HEALTHY CHILDREN			2,374				
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES				16,386			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS			2,497				
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD			1,379				
100 08 HCH DR. CHEN			3,026				
100 09 HCH DR. SALTER-ONCOLOGY			2,364				
100 10 N. CENTRAL IN INTERNAL			2,562				
100 11 HCH DR. UNDERWOOD			2,937				
100 12 HCH MEDICAL SURGICAL PRAC			4,497				
100 13 SOUTH BERKLEY			32				
100 14 MOBILE CLINIC			4				
100 15 PLASTIC SURGERY			1,152				
100 16 OTHER			681				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,265,119		406,397	358,378	21,243	25,457	61,708

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	44,057						
014 NURSING ADMINISTRATION	942	13,309					
015 CENTRAL SERVICES & SUPPLY			271				
016 PHARMACY	1,531			1,531			
017 MEDICAL RECORDS & LIBRARY	1,666				29,363		
018 SOCIAL SERVICE	214					5,376	
019 PSYCH ADMIN	1,257						6,493
024 PARAMED ED PRGM	501						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,360	5,646			1,444	3,584	
026 INTENSIVE CARE UNIT	2,276	1,372			427	878	
031 SUBPROVIDER	2,228	1,344			477		
033 NURSERY	312	188			67		
034 SKILLED NURSING FACILITY	815	491			48		
037 OPERATING ROOM	2,984	1,799			1,729		
039 DELIVERY ROOM & LABOR ROO	770				165		
040 ANESTHESIOLOGY					300		
041 RADIOLOGY-DIAGNOSTIC	2,296				4,496		
041 02 MAGNETIC RESONANCE IMAGIN	976				287		
041 03 LITHOTRIPSY	15				83		
041 04 CARDIAC CATHETERIZATION L	1,506				3,382		
041 05 ONCOLOGY	1,716				1,143		
044 LABORATORY	2,273				4,284		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	2,108				1,655		
050 PHYSICAL THERAPY					158		
053 ELECTROCARDIOLOGY	53				187		
054 ELECTROENCEPHALOGRAPHY					40		
055 MEDICAL SUPPLIES CHARGED			271		1,595		
055 30 IMPL. DEV. CHARGED TO PAT					1,198		
056 DRUGS CHARGED TO PATIENTS				1,531	2,753		
057 RENAL DIALYSIS					27		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	318				134		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,948	1,778			1,899	914	
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC					40		
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	1,251				363		4,056
063 02 WOMENS CENTER	592				208		
063 03 RES HOMES					232		
063 04 DR. STEELE							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	74				4		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					109		1,204
063 12 CLINTON COUNTY					112		1,233
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					28		
063 23 PSYCH DR HASAN					6		
063 24 PSYCH DR DEB					23		
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					54		
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO							

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
OUTPAT SERVICE COST CNTRS							
063 32 DR JERRY GREER							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 HRHS INTERNAL MEDICINE							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 COM OB/GYN							
063 41 B.HEALTH TIPTON							
063 42 DR. SCHILT						51	
063 43 B.HEALTH PH MEDICAL PHYS						34	
063 44 OTHER OUTPATIENT SERVICE							
063 45 DR PETER KLIM							
063 46 HOSPITALISTS							
063 47 DR. NEKOOMARAM							
063 48 DR. CARL							
063 49 DR. ANITA						3	
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,146	691			118		
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	42,399	13,309	271	1,531	29,363	5,376	6,493
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
096 01 FOUNDATION	140						
098 PHYSICIANS' PRIVATE OFFIC							
100 HEALTHY CHILDREN							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES							
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS							
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD							
100 08 HCH DR. CHEN							
100 09 HCH DR. SALTER-ONCOLOGY							
100 10 N. CENTRAL IN INTERNAL							
100 11 HCH DR. UNDERWOOD							
100 12 HCH MEDICAL SURGICAL PRAC	1,100						
100 13 SOUTH BERKLEY							
100 14 MOBILE CLINIC							
100 15 PLASTIC SURGERY	418						
100 16 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	44,057	13,309	271	1,531	29,363	5,376	6,493

I PROVIDER NO:
I 15-0007
I

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

I PREPARED 5/27/2011
I WORKSHEET B
I PART II

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
GENERAL SERVICE COST CNTR				
001	OLD CAP REL COSTS-BLDG &			
001 01	OLD CAP REL COSTS-BLDG &			
003	NEW CAP REL COSTS-BLDG &			
003 01	NEW CAP REL COSTS-BLDG &			
003 02	NEW CAP REL COSTS-BLDG &			
003 03	NEW CAP REL COSTS-BLDG &			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
019	PSYCH ADMIN			
024	PARAMED ED PRGM	9,702		
INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS	555,593		555,593
026	INTENSIVE CARE UNIT	71,791		71,791
031	SUBPROVIDER	145,848		145,848
033	NURSERY	13,866		13,866
034	SKILLED NURSING FACILITY	140,760		140,760
ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM	183,902		183,902
039	DELIVERY ROOM & LABOR ROO	61,454		61,454
040	ANESTHESIOLOGY	1,408		1,408
041	RADIOLOGY-DIAGNOSTIC	130,582		130,582
041 02	MAGNETIC RESONANCE IMAGIN	2,491		2,491
041 03	LITHOTRIPSY	628		628
041 04	CARDIAC CATHETERIZATION L	36,909		36,909
041 05	ONCOLOGY	186,336		186,336
044	LABORATORY	61,852		61,852
047	BLOOD STORING, PROCESSING			
049	RESPIRATORY THERAPY	52,106		52,106
050	PHYSICAL THERAPY	22,531		22,531
053	ELECTROCARDIOLOGY	2,195		2,195
054	ELECTROENCEPHALOGRAPHY	2,939		2,939
055	MEDICAL SUPPLIES CHARGED	56,206		56,206
055 30	IMPL. DEV. CHARGED TO PAT	36,232		36,232
056	DRUGS CHARGED TO PATIENTS	70,263		70,263
057	RENAL DIALYSIS	564		564
058	ASC (NON-DISTINCT PART)			
058 01	WOUND CARE	20,454		20,454
OUTPAT SERVICE COST CNTRS				
061	EMERGENCY	235,792		235,792
062	OBSERVATION BEDS (NON-DIS			
062 01	OBSERVATION BEDS (DISTINC	12,080		12,080
063	OTHER OUTPATIENT SERVICE			
063 01	GENESIS	359,335		359,335
063 02	WOMENS CENTER	27,134		27,134
063 03	RES HOMES	94,435		94,435
063 04	DR. STEELE	1		1
063 05				
063 06	FAMILY PRACTICE			
063 07	DIABETIC EDUCATION	365		365
063 08	NEW CHOICES			
063 09	OB/GYN			
063 10	HOWARD CO CLINIC	108,937		108,937
063 11	HOWARD CO CSS	96,124		96,124
063 12	CLINTON COUNTY	3,488		3,488
063 13	TELEMEDICINE			
063 14	TELEMEDICINE			
063 15	HOWARD DIABETES	1,197		1,197
063 16	DR AROUTINOVA	71		71
063 17	OB/GYN GREER			
063 18	ONCOLOGY-BECHAR	992		992
063 19	CRITICAL CARE PHYSICIANS	1,750		1,750
063 20	PSYCH DR STEINER			
063 21	PSYCH GOOD HOPE			
063 22	PSYCH DR ERIKA	200		200
063 23	PSYCH DR HASAN	91		91
063 24	PSYCH DR DEB	1,331		1,331
063 25	PSYCH DR M SHEI			
063 26	N CENTRAL PED	5,503		5,503
063 27	CFHC	94,917		94,917
063 28	PSYCH MEDICATION	1,178		1,178
063 29	PSYCH PHD CLINIC			
063 30	RUSSELLVILLE OFFICE			
063 31	ORTHO	65		65

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
OUTPAT SERVICE COST CNTRS				
063	32 DR JERRY GREER	23		23
063	33 DR KOESTER	2		2
063	34 OPEN HEART			
063	35 DR B. FOGELSON	1,614		1,614
063	36 ONCOLOGY MOORE	322		322
063	37 HRHS INTERNAL MEDICINE	1,356		1,356
063	38 DR. MOUALLA	2		2
063	39 DR. SEDAGHAT	1,351		1,351
063	40 COM OB/GYN	1,438		1,438
063	41 B.HEALTH TIPTON			
063	42 DR. SCHILT	228		228
063	43 B.HEALTH PH MEDICAL PHYS	34		34
063	44 OTHER OUTPATIENT SERVICE			
063	45 DR PETER KLIM	695		695
063	46 HOSPITALISTS	92		92
063	47 DR. NEKOOMARAM	781		781
063	48 DR. CARL	248		248
063	49 DR. ANITA	76		76
OTHER REIMBURS COST CNTRS				
065	AMBULANCE SERVICES	20,921		20,921
SPEC PURPOSE COST CENTERS				
095	SUBTOTALS	2,931,079		2,931,079
NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP	14,921		14,921
096	01 FOUNDATION	3,556		3,556
098	PHYSICIANS' PRIVATE OFFIC	264,452		264,452
100	HEALTHY CHILDREN	2,374		2,374
100	01 OTHER NONREIMBURSABLE COS			
100	02 OTHER NONREIMBURSABLE COS			
100	03 RESIDENTIAL HOMES	16,386		16,386
100	04 OTHER NONREIMBURSABLE COS			
100	05 WEST CAMPUS	2,497		2,497
100	06 HCH ONCOLOGY BERK			
100	07 HCH DR. T. GATEWOOD	1,379		1,379
100	08 HCH DR. CHEN	3,026		3,026
100	09 HCH DR. SALTER-ONCOLOGY	2,364		2,364
100	10 N. CENTRAL IN INTERNAL	2,562		2,562
100	11 HCH DR. UNDERWOOD	2,937		2,937
100	12 HCH MEDICAL SURGICAL PRAC	5,597		5,597
100	13 SOUTH BERKLEY	32		32
100	14 MOBILE CLINIC	4		4
100	15 PLASTIC SURGERY	1,570		1,570
100	16 OTHER	681		681
101	CROSS FOOT ADJUSTMENTS	9,702	9,702	9,702
102	NEGATIVE COST CENTER			
103	TOTAL	9,702	3,265,119	3,265,119

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &			
	0	1	1.01	3	3.01	3.02	3.03
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL				1,511,197			
008 OPERATION OF PLANT				1,187,989	744		
009 LAUNDRY & LINEN SERVICE				60,769			
010 HOUSEKEEPING				65,646	20		
011 DIETARY				175,467			
012 CAFETERIA				133,618			
014 NURSING ADMINISTRATION				20,378			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				69,206			
018 SOCIAL SERVICE				14,183			
019 PSYCH ADMIN				2,747			
024 PARAMED ED PRGM				24,218			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,476,304			
026 INTENSIVE CARE UNIT				146,456			
031 SUBPROVIDER				111,559	4,405		
033 NURSERY				36,999			
034 SKILLED NURSING FACILITY				399,481			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				490,831			
039 DELIVERY ROOM & LABOR ROO				176,812			
040 ANESTHESIOLOGY				3,420			
041 RADIOLOGY-DIAGNOSTIC				334,032	111		
041 02 MAGNETIC RESONANCE IMAGIN							
041 03 LITHOTRIPSY							
041 04 CARDIAC CATHETERIZATION L				60,797			
041 05 ONCOLOGY				575,565			
044 LABORATORY				137,486	184		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				123,163			
050 PHYSICAL THERAPY				61,582			
053 ELECTROCARDIOLOGY				2,915			
054 ELECTROENCEPHALOGRAPHY				8,942			
055 MEDICAL SUPPLIES CHARGED				93,508			
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS				42,241			
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE				57,910			
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				657,664			
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC				34,337			
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS				1,077,327			38,904
063 02 WOMENS CENTER				72,429			
063 03 RES HOMES				331,985			
063 04 DR. STEELE							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION							
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC				336,358			
063 11 HOWARD CO CSS				286,185			
063 12 CLINTON COUNTY							
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA							
063 23 PSYCH DR HASAN							
063 24 PSYCH DR DEB							
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC				286,185			
063 28 PSYCH MEDICATION							
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &			
	0	1	1.01	3	3.01	3.02	3.03
063 32 DR JERRY GREER							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 HRHS INTERNAL MEDICINE							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 COM OB/GYN							
063 41 B.HEALTH TIPTON							
063 42 DR. SCHILT							
063 43 B.HEALTH PH MEDICAL PHYS							
063 44 OTHER OUTPATIENT SERVICE							
063 45 DR PETER KLIM							
063 46 HOSPITALISTS							
063 47 DR. NEKOOMARAM							
063 48 DR. CARL							
063 49 DR. ANITA							
065 OTHER REIMBURS COST CNTRS							
AMBULANCE SERVICES				48,492			
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				10,736,383	5,464		38,904
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				46,053			
096 01 FOUNDATION				9,838			
098 PHYSICIANS' PRIVATE OFFIC					14,345		
100 HEALTHY CHILDREN							
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES							
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS							
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD							
100 08 HCH DR. CHEN							
100 09 HCH DR. SALTER-ONCOLOGY							
100 10 N. CENTRAL IN INTERNAL							
100 11 HCH DR. UNDERWOOD							
100 12 HCH MEDICAL SURGICAL PRAC							
100 13 SOUTH BERKLEY							
100 14 MOBILE CLINIC							
100 15 PLASTIC SURGERY							
100 16 OTHER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				10,792,274	19,809		38,904

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	1,511,197		1,511,197				
008 OPERATION OF PLANT	1,188,733		93,958	1,282,691			
009 LAUNDRY & LINEN SERVICE	60,769		7,073	10,735	78,577		
010 HOUSEKEEPING	65,666		15,581	11,597		92,844	
011 DIETARY	175,467		19,970	30,997	1,050	755	228,239
012 CAFETERIA	133,618		5,000	23,604		670	
014 NURSING ADMINISTRATION	20,378		19,102	3,600		2,714	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	69,206		21,087	12,225			
018 SOCIAL SERVICE	14,183		2,411	2,505			
019 PSYCH ADMIN	2,747		16,207	485		10	
024 PARAMED ED PRGM	24,218		5,552	4,278			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,476,304		147,931	157,683	28,049	28,086	145,815
026 INTENSIVE CARE UNIT	146,456		38,662	25,872	7,212	3,786	25,296
031 SUBPROVIDER	115,964		33,757	19,707	3,422	16,648	40,868
033 NURSERY	36,999		5,664	6,536			
034 SKILLED NURSING FACILITY	399,481		20,391	70,570	2,221	6,492	16,260
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	490,831		59,130	86,707	12,362	7,019	
039 DELIVERY ROOM & LABOR ROO	176,812		15,781	31,235			
040 ANESTHESIOLOGY	3,420		71	604			
041 RADIOLOGY-DIAGNOSTIC	334,143		46,728	59,008	2,782	7,717	
041 02 MAGNETIC RESONANCE IMAGIN			4,395		170		
041 03 LITHOTRIPSY			1,072			884	
041 04 CARDIAC CATHETERIZATION L	60,797		40,785	10,740	3,381	2,878	
041 05 ONCOLOGY	575,565		44,659	57,805	1,837	136	
044 LABORATORY	137,670		28,384	24,287	43	1,904	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	123,163		33,459	21,757		528	
050 PHYSICAL THERAPY	61,582		10,311	10,879			
053 ELECTROCARDIOLOGY	2,915		895	515	2,908		
054 ELECTROENCEPHALOGRAPHY	8,942		197	1,580			
055 MEDICAL SUPPLIES CHARGED	93,508		90,875	16,518	186	334	
055 30 IMPL. DEV. CHARGED TO PAT			130,288				
056 DRUGS CHARGED TO PATIENTS	42,241		194,576	7,462		638	
057 RENAL DIALYSIS			1,999				
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	57,910		5,731	10,230	94	20	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	657,664		56,364	116,179	9,717	4,187	
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	34,337		4,131	6,066			
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	1,116,231		37,117	190,314		2,893	
063 02 WOMENS CENTER	72,429		9,393	12,795	1,055	1,713	
063 03 RES HOMES	331,985		18,310				
063 04 DR. STEELE			5				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION			1,068				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC	336,358		6,995	59,419			
063 11 HOWARD CO CSS	286,185		13,848	50,556			
063 12 CLINTON COUNTY			7,971				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES			4,452				
063 16 DR AROUTINOVA			266				
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR			3,690				
063 19 CRITICAL CARE PHYSICIANS			6,509				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA			638				
063 23 PSYCH DR HASAN			316				
063 24 PSYCH DR DEB			4,864				
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED			20,464				
063 27 CFHC	286,185		11,375	50,556		2,814	
063 28 PSYCH MEDICATION			4,179				
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO			243				

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	8	9	10	11
063 32 DR JERRY GREER			87				
063 33 DR KOESTER			6				
063 34 OPEN HEART							
063 35 DR B. FOGELSON			6,004				
063 36 ONCOLOGY MOORE			1,198				
063 37 HRHS INTERNAL MEDICINE			5,043				
063 38 DR. MOUALLA			6				
063 39 DR. SEDAGHAT			5,024				
063 40 COM OB/GYN			5,348				
063 41 B.HEALTH TIPTON							
063 42 DR. SCHILT			658				
063 43 B.HEALTH PH MEDICAL PHYS							
063 44 OTHER OUTPATIENT SERVICE							
063 45 DR PETER KLIM			2,584				
063 46 HOSPITALISTS			342				
063 47 DR. NEKOOMARAM			2,904				
063 48 DR. CARL			922				
063 49 DR. ANITA			272				
065 OTHER REIMBURS COST CNTRS							
AMBULANCE SERVICES	48,492		11,038	8,566	2,088		
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,780,751		1,415,316	1,214,172	78,577	92,826	228,239
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP	46,053		958	8,135		18	
096 01 FOUNDATION	9,838		1,056	1,738			
098 PHYSICIANS' PRIVATE OFFIC	14,345		6,450				
100 HEALTHY CHILDREN			8,829				
100 01 OTHER NONREIMBURSABLE COS							
100 02 OTHER NONREIMBURSABLE COS							
100 03 RESIDENTIAL HOMES				58,646			
100 04 OTHER NONREIMBURSABLE COS							
100 05 WEST CAMPUS			9,285				
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD			5,130				
100 08 HCH DR. CHEN			11,254				
100 09 HCH DR. SALTER-ONCOLOGY			8,792				
100 10 N. CENTRAL IN INTERNAL			9,530				
100 11 HCH DR. UNDERWOOD			10,921				
100 12 HCH MEDICAL SURGICAL PRAC			16,724				
100 13 SOUTH BERKLEY			120				
100 14 MOBILE CLINIC			16				
100 15 PLASTIC SURGERY			4,285				
100 16 OTHER			2,531				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,850,987		1,511,197	1,282,691	78,577	92,844	228,239

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	PSYCH ADMIN 19
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	162,892						
014 NURSING ADMINISTRATION	3,485	49,279					
015 CENTRAL SERVICES & SUPPLY	1,002		1,002				
016 PHARMACY	5,660			5,660			
017 MEDICAL RECORDS & LIBRARY	6,160				108,678		
018 SOCIAL SERVICE	791					19,890	
019 PSYCH ADMIN	4,649						24,098
024 PARAMED ED PRGM	1,851						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	34,608	20,904			5,358	13,260	
031 INTENSIVE CARE UNIT	8,414	5,081			1,585	3,247	
033 SUBPROVIDER	8,239	4,976			1,772		
034 NURSERY	1,153	696			248		
034 SKILLED NURSING FACILITY	3,012	1,819			177		
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	11,032	6,662			6,416		
040 DELIVERY ROOM & LABOR ROO	2,847				613		
041 ANESTHESIOLOGY					1,114		
041 RADIOLOGY-DIAGNOSTIC	8,489				16,381		
041 02 MAGNETIC RESONANCE IMAGIN	3,608				1,066		
041 03 LITHOTRIPSY	57				308		
041 04 CARDIAC CATHETERIZATION L	5,570				12,554		
041 05 ONCOLOGY	6,343				4,243		
044 LABORATORY	8,405				15,900		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	7,794				6,141		
050 PHYSICAL THERAPY					585		
053 ELECTROCARDIOLOGY	196				695		
054 ELECTROENCEPHALOGRAPHY					148		
055 MEDICAL SUPPLIES CHARGED			1,002		5,921		
055 30 IMPL. DEV. CHARGED TO PAT					4,445		
056 DRUGS CHARGED TO PATIENTS				5,660	10,219		
057 RENAL DIALYSIS					102		
058 ASC (NON-DISTINCT PART)							
058 01 WOUND CARE	1,177				498		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	10,899	6,582			7,047	3,383	
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC					148		
063 OTHER OUTPATIENT SERVICE							
063 01 GENESIS	4,625				1,346		15,048
063 02 WOMENS CENTER	2,188				772		
063 03 RES HOMES					861		
063 04 DR. STEELE							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	274				17		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					403		4,471
063 12 CLINTON COUNTY					417		4,579
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICIANS							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					104		
063 23 PSYCH DR HASAN					24		
063 24 PSYCH DR DEB					86		
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC							
063 28 PSYCH MEDICATION					200		
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PSYCH	ADMIN
	12	14	15	16	17	18	19	
063 32 DR JERRY GREER								
063 33 DR KOESTER								
063 34 OPEN HEART								
063 35 DR B. FOGELSON								
063 36 ONCOLOGY MOORE								
063 37 HRHS INTERNAL MEDICINE								
063 38 DR. MOUALLA								
063 39 DR. SEDAGHAT								
063 40 COM OB/GYN								
063 41 B.HEALTH TIPTON								
063 42 DR. SCHILT								
063 43 B.HEALTH PH MEDICAL PHYS					190			
063 44 OTHER OUTPATIENT SERVICE					126			
063 45 DR PETER KLIM								
063 46 HOSPITALISTS								
063 47 DR. NEKOOMARAM								
063 48 DR. CARL								
063 49 DR. ANITA						10		
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	4,237	2,559				438		
065 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	156,765	49,279	1,002	5,660	108,678	19,890	24,098	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
098 01 FOUNDATION	518							
100 PHYSICIANS' PRIVATE OFFIC								
100 HEALTHY CHILDREN								
100 01 OTHER NONREIMBURSABLE COS								
100 02 OTHER NONREIMBURSABLE COS								
100 03 RESIDENTIAL HOMES								
100 04 OTHER NONREIMBURSABLE COS								
100 05 WEST CAMPUS								
100 06 HCH ONCOLOGY BERK								
100 07 HCH DR. T. GATEWOOD								
100 08 HCH DR. CHEN								
100 09 HCH DR. SALTER-ONCOLOGY								
100 10 N. CENTRAL IN INTERNAL								
100 11 HCH DR. UNDERWOOD								
100 12 HCH MEDICAL SURGICAL PRAC	4,065							
100 13 SOUTH BERKLEY								
100 14 MOBILE CLINIC								
100 15 PLASTIC SURGERY	1,544							
100 16 OTHER								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	162,892	49,279	1,002	5,660	108,678	19,890	24,098	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
GENERAL SERVICE COST CNTR				
001 OLD CAP REL COSTS-BLDG &				
001 01 OLD CAP REL COSTS-BLDG &				
003 NEW CAP REL COSTS-BLDG &				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-BLDG &				
003 03 NEW CAP REL COSTS-BLDG &				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 PSYCH ADMIN				
024 PARAMED ED PRGM	35,899			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		2,057,998		2,057,998
026 INTENSIVE CARE UNIT		265,611		265,611
031 SUBPROVIDER		245,353		245,353
033 NURSERY		51,296		51,296
034 SKILLED NURSING FACILITY		520,423		520,423
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		680,159		680,159
039 DELIVERY ROOM & LABOR ROO		227,288		227,288
040 ANESTHESIOLOGY		5,209		5,209
041 RADIOLOGY-DIAGNOSTIC		475,248		475,248
041 02 MAGNETIC RESONANCE IMAGIN		9,239		9,239
041 03 LITHOTRIPSY		2,321		2,321
041 04 CARDIAC CATHETERIZATION L		136,705		136,705
041 05 ONCOLOGY		690,588		690,588
044 LABORATORY		216,593		216,593
047 BLOOD STORING, PROCESSING				
049 RESPIRATORY THERAPY		192,842		192,842
050 PHYSICAL THERAPY		83,357		83,357
053 ELECTROCARDIOLOGY		8,124		8,124
054 ELECTROENCEPHALOGRAPHY		10,867		10,867
055 MEDICAL SUPPLIES CHARGED		208,344		208,344
055 30 IMPL. DEV. CHARGED TO PAT		134,733		134,733
056 DRUGS CHARGED TO PATIENTS		260,796		260,796
057 RENAL DIALYSIS		2,101		2,101
058 ASC (NON-DISTINCT PART)				
058 01 WOUND CARE		75,660		75,660
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		872,022		872,022
062 OBSERVATION BEDS (NON-DIS				
062 01 OBSERVATION BEDS (DISTINC		44,682		44,682
063 OTHER OUTPATIENT SERVICE				
063 01 GENESIS		1,367,574		1,367,574
063 02 WOMENS CENTER		100,345		100,345
063 03 RES HOMES		351,156		351,156
063 04 DR. STEELE		5		5
063 05				
063 06 FAMILY PRACTICE				
063 07 DIABETIC EDUCATION		1,359		1,359
063 08 NEW CHOICES				
063 09 OB/GYN				
063 10 HOWARD CO CLINIC		402,772		402,772
063 11 HOWARD CO CSS		355,463		355,463
063 12 CLINTON COUNTY		12,967		12,967
063 13 TELEMEDICINE				
063 14 TELEMEDICINE				
063 15 HOWARD DIABETES		4,452		4,452
063 16 DR AROUTINOVA		266		266
063 17 OB/GYN GREER				
063 18 ONCOLOGY-BECHAR		3,690		3,690
063 19 CRITICAL CARE PHYSICIANS		6,509		6,509
063 20 PSYCH DR STEINER				
063 21 PSYCH GOOD HOPE				
063 22 PSYCH DR ERIKA		742		742
063 23 PSYCH DR HASAN		340		340
063 24 PSYCH DR DEB		4,950		4,950
063 25 PSYCH DR M SHEI				
063 26 N CENTRAL PED		20,464		20,464
063 27 CFHC		350,930		350,930
063 28 PSYCH MEDICATION		4,379		4,379
063 29 PSYCH PHD CLINIC				
063 30 RUSSIAVILLE OFFICE				
063 31 ORTHO		243		243

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

	COST CENTER DESCRIPTION	PARAMED GM	ED PR	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
	OUTPAT SERVICE COST CNTRS					
063	32 DR JERRY GREER			87		87
063	33 DR KOESTER			6		6
063	34 OPEN HEART					
063	35 DR B. FOGELSON			6,004		6,004
063	36 ONCOLOGY MOORE			1,198		1,198
063	37 HRHS INTERNAL MEDICINE			5,043		5,043
063	38 DR. MOUALLA			6		6
063	39 DR. SEDAGHAT			5,024		5,024
063	40 COM OB/GYN			5,348		5,348
063	41 B.HEALTH TIPTON					
063	42 DR. SCHILT			848		848
063	43 B.HEALTH PH MEDICAL PHYS			126		126
063	44 OTHER OUTPATIENT SERVICE					
063	45 DR PETER KLIM			2,584		2,584
063	46 HOSPITALISTS			342		342
063	47 DR. NEKOOMARAM			2,904		2,904
063	48 DR. CARL			922		922
063	49 DR. ANITA			282		282
	OTHER REIMBURS COST CNTRS					
065	AMBULANCE SERVICES			77,418		77,418
	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS			10,574,307		10,574,307
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			55,164		55,164
096	01 FOUNDATION			13,150		13,150
098	PHYSICIANS' PRIVATE OFFIC			20,795		20,795
100	HEALTHY CHILDREN			8,829		8,829
100	01 OTHER NONREIMBURSABLE COS					
100	02 OTHER NONREIMBURSABLE COS					
100	03 RESIDENTIAL HOMES			58,646		58,646
100	04 OTHER NONREIMBURSABLE COS					
100	05 WEST CAMPUS			9,285		9,285
100	06 HCH ONCOLOGY BERK					
100	07 HCH DR. T. GATEWOOD			5,130		5,130
100	08 HCH DR. CHEN			11,254		11,254
100	09 HCH DR. SALTER-ONCOLOGY			8,792		8,792
100	10 N. CENTRAL IN INTERNAL			9,530		9,530
100	11 HCH DR. UNDERWOOD			10,921		10,921
100	12 HCH MEDICAL SURGICAL PRAC			20,789		20,789
100	13 SOUTH BERKLEY			120		120
100	14 MOBILE CLINIC			16		16
100	15 PLASTIC SURGERY			5,829		5,829
100	16 OTHER			2,531		2,531
101	CROSS FOOT ADJUSTMENTS	35,899		35,899		35,899
102	NEGATIVE COST CENTER					
103	TOTAL	35,899		10,850,987		10,850,987

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET	OLD CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET
		1	1.01	3	3.01	3.02	3.03
001	GENERAL SERVICE COST						
001	01 OLD CAP REL COSTS-BLD	385,028					
003	NEW CAP REL COSTS-BLD		54,397	385,028			
003	01 NEW CAP REL COSTS-BLD				54,397		
003	02 NEW CAP REL COSTS-BLD					28,704	
003	03 NEW CAP REL COSTS-BLD						7,065
005	EMPLOYEE BENEFITS					3,500	
006	ADMINISTRATIVE & GENE	53,914		53,914		2,312	
008	OPERATION OF PLANT	42,383	2,044	42,383	2,044		
009	LAUNDRY & LINEN SERVI	2,168		2,168			
010	HOUSEKEEPING	2,342	56	2,342	56		
011	DIETARY	6,260		6,260			
012	CAFETERIA	4,767		4,767			
014	NURSING ADMINISTRATIO	727		727			
015	CENTRAL SERVICES & SU						
016	PHARMACY						
017	MEDICAL RECORDS & LIB	2,469		2,469			
018	SOCIAL SERVICE	506		506			
019	PSYCH ADMIN	98		98			
024	PARAMED ED PRGM	864		864			
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	52,669		52,669			
026	INTENSIVE CARE UNIT	5,225		5,225			
031	SUBPROVIDER	3,980	12,096	3,980	12,096		
033	NURSERY	1,320		1,320			
034	SKILLED NURSING FACIL	14,252		14,252			
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM	17,511		17,511			
039	DELIVERY ROOM & LABOR	6,308		6,308			
040	ANESTHESIOLOGY	122		122			
041	RADIOLOGY-DIAGNOSTIC	11,917	306	11,917	306		
041	02 MAGNETIC RESONANCE IM						
041	03 LITHOTRIPSY						
041	04 CARDIAC CATHETERIZATI	2,169		2,169			
041	05 ONCOLOGY	20,534		20,534			
044	LABORATORY	4,905	505	4,905	505		
047	BLOOD STORING, PROCES						
049	RESPIRATORY THERAPY	4,394		4,394			
050	PHYSICAL THERAPY	2,197		2,197			
053	ELECTROCARDIOLOGY	104		104			
054	ELECTROENCEPHALOGRAPH	319		319			
055	MEDICAL SUPPLIES CHAR	3,336		3,336			
055	30 IMPL. DEV. CHARGED TO						
056	DRUGS CHARGED TO PATI	1,507		1,507			
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PAR						
058	01 WOUND CARE	2,066		2,066			
061	OUTPAT SERVICE COST C						
061	EMERGENCY	23,463		23,463			
062	OBSERVATION BEDS (NON						
062	01 OBSERVATION BEDS (DIS	1,225		1,225			
063	OTHER OUTPATIENT SERV						
063	01 GENESIS	38,435		38,435			7,065
063	02 WOMENS CENTER	2,584		2,584			
063	03 RES HOMES	11,844		11,844			
063	04 DR. STEELE						
063	05						
063	06 FAMILY PRACTICE						
063	07 DIABETIC EDUCATION						
063	08 NEW CHOICES						
063	09 OB/GYN					1,542	
063	10 HOWARD CO CLINIC	12,000		12,000			
063	11 HOWARD CO CSS	10,210		10,210			
063	12 CLINTON COUNTY						
063	13 TELEMEDICINE						
063	14 TELEMEDICINE						
063	15 HOWARD DIABETES						
063	16 DR AROUTINOVA						
063	17 OB/GYN GREER						
063	18 ONCOLOGY-BECHAR						
063	19 CRITICAL CARE PHYSICI						
063	20 PSYCH DR STEINER						
063	21 PSYCH GOOD HOPE						
063	22 PSYCH DR ERIKA						
063	23 PSYCH DR HASAN						
063	24 PSYCH DR DEB						
063	25 PSYCH DR M SHEI						
063	26 N CENTRAL PED						
063	27 CFHC	10,210		10,210			

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C			
	OSTS-BLDG & (SQUARE FEET	OSTS-BLDG & (SQUARE)FEET)				
	1	1.01	3	3.01	3.02	3.03
OUTPAT SERVICE COST C						
063 28 PSYCH MEDICATION						
063 29 PSYCH PHD CLINIC						
063 30 RUSSIAVILLE OFFICE						
063 31 ORTHO						
063 32 DR JERRY GREER						
063 33 DR KOESTER						
063 34 OPEN HEART						
063 35 DR B. FOGELSON						
063 36 ONCOLOGY MOORE						
063 37 HRHS INTERNAL MEDICIN						
063 38 DR. MOUALLA						
063 39 DR. SEDAGHAT						
063 40 COM OB/GYN						
063 41 B.HEALTH TIPTON						
063 42 DR. SCHILT						
063 43 B.HEALTH PH MEDICAL P						
063 44 OTHER OUTPATIENT SERV						
063 45 DR PETER KLIM						
063 46 HOSPITALISTS						
063 47 DR. NEKOOMARAM						
063 48 DR. CARL						
063 49 DR. ANITA						
065 OTHER REIMBURS COST C						
AMBULANCE SERVICES	1,730		1,730			
SPEC PURPOSE COST CEN						
095 SUBTOTALS	383,034	15,007	383,034	15,007	7,354	7,065
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,643		1,643			
096 01 FOUNDATION	351		351			
098 PHYSICIANS' PRIVATE O		39,390		39,390	21,350	
100 HEALTHY CHILDREN						
100 01 OTHER NONREIMBURSABLE						
100 02 OTHER NONREIMBURSABLE						
100 03 RESIDENTIAL HOMES						
100 04 OTHER NONREIMBURSABLE						
100 05 WEST CAMPUS						
100 06 HCH ONCOLOGY BERK						
100 07 HCH DR. T. GATEWOOD						
100 08 HCH DR. CHEN						
100 09 HCH DR. SALTER-ONCOLO						
100 10 N. CENTRAL IN INTERNA						
100 11 HCH DR. UNDERWOOD						
100 12 HCH MEDICAL SURGICAL						
100 13 SOUTH BERKLEY						
100 14 MOBILE CLINIC						
100 15 PLASTIC SURGERY						
100 16 OTHER						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,902,311	362,808	10,792,274	19,809		38,904
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	7.537922		28.029842			
(WRKSHT B, PT I)		6.669633		.364156		5.506582
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS SALARIES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	5	6a.00	6	8	9	10	11
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS	52,564,227						
006 ADMINISTRATIVE & GENERAL	6,787,415	-15,141,308	92,209,678				
008 OPERATION OF PLANT	1,261,220		5,733,006	259,047			
009 LAUNDRY & LINEN SERVICE	24,359		431,561	2,168	502,331		
010 HOUSEKEEPING	569,821		950,717	2,342		485,757	
011 DIETARY	532,402		1,218,487	6,260	6,714	3,952	22,557
012 CAFETERIA	244,211		305,091	4,767		3,504	
014 NURSING ADMINISTRATION	897,807		1,165,551	727		14,200	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	808,104		1,286,673	2,469			
018 SOCIAL SERVICE	120,902		147,137	506			
019 PSYCH ADMIN	557,459		988,887	98		52	
024 PARAMEDICAL PROGRAM	244,378		338,756	864			
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	5,639,282		9,026,246	31,845	179,309	146,942	14,411
026 INTENSIVE CARE UNIT	1,751,629		2,359,036	5,225	46,107	19,808	2,500
031 SUBPROVIDER	1,418,478		2,059,765	3,980	21,875	87,104	4,039
033 NURSERY	238,578		345,593	1,320			
034 SKILLED NURSING FACILITY	506,671		1,244,210	14,252	14,198	33,964	1,607
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	2,171,620		3,607,911	17,511	79,031	36,724	
039 DELIVERY ROOM & LABOR	589,992		962,895	6,308			
040 ANESTHESIOLOGY			4,341	122			
041 RADIOLOGY-DIAGNOSTIC	1,664,970		2,851,174	11,917	17,787	40,377	
041 02 MAGNETIC RESONANCE IMAGING	62,973		268,146		1,086		
041 03 LITHOTRIPSY	10,525		65,392			4,627	
041 04 CARDIAC CATHETERIZATION	1,303,732		2,488,568	2,169	21,613	15,056	
041 05 ONCOLOGY	1,166,014		2,724,925	11,674	11,743	710	
044 LABORATORY	1,487,109		1,731,921	4,905	278	9,960	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	1,593,016		2,041,531	4,394		2,760	
050 PHYSICAL THERAPY			629,168	2,197			
053 ELECTROCARDIOLOGY	46,090		54,606	104	18,591		
054 ELECTROENCEPHALOGRAPHY			12,004	319			
055 MEDICAL SUPPLIES CHARACTERIZED	119,377		5,544,893	3,336	1,187	1,750	
055 30 IMPL. DEV. CHARGED TO PATIENT			7,949,701				
056 DRUGS CHARGED TO PATIENT	1,538,262		11,874,068	1,507		3,340	
057 RENAL DIALYSIS			121,945				
058 ASC (NON-DISTINCT PARALLEL)							
058 01 WOUND CARE	211,185		349,688	2,066	600	104	
OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY	2,023,989		3,439,166	23,463	62,117	21,908	
062 OBSERVATION BEDS (NON-ACUTE)							
062 01 OBSERVATION BEDS (DISCHARGE)	173,606		252,054	1,225			
063 OTHER OUTPATIENT SERVICES							
063 01 GENESIS	746,815		2,264,751	38,435		15,137	
063 02 WOMENS CENTER	398,336		573,133	2,584	6,747	8,964	
063 03 RES HOMES	558,503		1,117,212				
063 04 DR. STEELE			321				
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	53,080		65,142				
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC			426,813	12,000			
063 11 HOWARD CO CSS	398,127		844,957	10,210			
063 12 CLINTON COUNTY	412,827		486,378				
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES	543,333		271,667				
063 16 DR AROUTINOVA			16,200				
063 17 OB/GYN GREER	26	277					
063 18 ONCOLOGY-BECHAR	747,896		225,147				
063 19 CRITICAL CARE PHYSICIAN	1,108,809		397,164				
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA	213,745		38,917				
063 23 PSYCH DR HASAN	84,738		19,267				
063 24 PSYCH DR DEB	254,347		296,799				
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED	1,919,845		1,248,626				
063 27 CFHC	413,882		694,053	10,210		14,721	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	EMPLOYEE BENE FITS		ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		(GROSS SALARIES)	RECONCIL-IATION	(ACCUM. COST)	(SQUARE)FEET	(POUNDS OF)LAUNDRY	(HOURS OF)SERVICE	(MEALS)SERVED
		5	6a.00	6	8	9	10	11
063	28 OUTPAT SERVICE COST C							
063	28 PSYCH MEDICATION	212,920		254,987				
063	29 PSYCH PHD CLINIC							
063	30 RUSSIAVILLE OFFICE							
063	31 ORTHO	31,154		14,799				
063	32 DR JERRY GREER	690		5,326				
063	33 DR KOESTER			345				
063	34 OPEN HEART							
063	35 DR B. FOGELSON	754,968		366,343				
063	36 ONCOLOGY MOORE	576,575		73,111				
063	37 HRHS INTERNAL MEDICIN	411,586		307,694				
063	38 DR. MOUALLA			375				
063	39 DR. SEDAGHAT	485,503		306,537				
063	40 COM OB/GYN	832,444		326,297				
063	41 B.HEALTH TIPTON							
063	42 DR. SCHILT	210,436		40,119				
063	43 B.HEALTH PH MEDICAL P							
063	44 OTHER OUTPATIENT SERV							
063	45 DR PETER KLIM	496,389		157,675				
063	46 HOSPITALISTS			20,897				
063	47 DR. NEKOOMARAM	672,680		177,164				
063	48 DR. CARL			56,239				
063	49 DR. ANITA	144,512		16,605				
065	OTHER REIMBURS COST C							
	AMBULANCE SERVICES	481,917		673,497	1,730	13,348		
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	48,931,259	-15,141,031	86,359,370	245,209	502,331	485,664	22,557
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			58,438	1,643		93	
096	01 FOUNDATION	44,063		64,441	351			
098	PHYSICIANS' PRIVATE O			393,587				
100	HEALTHY CHILDREN	383,918		538,716				
100	01 OTHER NONREIMBURSABLE							
100	02 OTHER NONREIMBURSABLE							
100	03 RESIDENTIAL HOMES				11,844			
100	04 OTHER NONREIMBURSABLE							
100	05 WEST CAMPUS			566,529				
100	06 HCH ONCOLOGY BERK							
100	07 HCH DR. T. GATEWOOD	239,397		312,986				
100	08 HCH DR. CHEN	589,587		686,675				
100	09 HCH DR. SALTER-ONCOLO	470,797		536,470				
100	10 N. CENTRAL IN INTERNA	456,962		581,459				
100	11 HCH DR. UNDERWOOD	501,385		666,355				
100	12 HCH MEDICAL SURGICAL	766,062		1,020,416				
100	13 SOUTH BERKLEY			7,338				
100	14 MOBILE CLINIC	809		972				
100	15 PLASTIC SURGERY	179,988		261,467				
100	16 OTHER			154,459				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,581,638		15,141,308	6,674,394	558,284	1,167,171	1,596,817
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				25.765185		2.402788	
	(WRKSHT B, PT I)	.068138		.164205		1.111387		70.790309
105	COST TO BE ALLOCATED			406,397	358,378	21,243	25,457	61,708
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER				1.383448		.052407	
	(WRKSHT B, PT II)			.004407		.042289		2.735647
107	COST TO BE ALLOCATED			1,511,197	1,282,691	78,577	92,844	228,239
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				4.951576		.191133	
	(WRKSHT B, PT III)			.016389		.156425		10.118322

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLIES (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	PSYCH ADMIN (PATIENT) REVENUE
	12	14	15	16	17	18	19
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	54,132						
014 NURSING ADMINISTRATIO	1,158	27,116					
015 CENTRAL SERVICES & SU	333		100				
016 PHARMACY	1,881			100			
017 MEDICAL RECORDS & LIB	2,047				281,654,394		
018 SOCIAL SERVICE	263					8,048	
019 PSYCH ADMIN	1,545						5,683,874
024 PARAMED ED PRGM	615						
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	11,502	11,502			13,880,628	5,365	
026 INTENSIVE CARE UNIT	2,796	2,796			4,104,971	1,314	
031 SUBPROVIDER	2,738	2,738			4,591,289		
033 NURSERY	383	383			641,947		
034 SKILLED NURSING FACIL	1,001	1,001			458,377		
ANCILLARY SRVC COST C							
037 OPERATING ROOM	3,666	3,666			16,620,680		
039 DELIVERY ROOM & LABOR	946				1,587,502		
040 ANESTHESIOLOGY					2,887,132		
041 RADIOLOGY-DIAGNOSTIC	2,821				42,542,956		
041 02 MAGNETIC RESONANCE IM	1,199				2,762,910		
041 03 LITHOTRIPSY	19				796,734		
041 04 CARDIAC CATHETERIZATI	1,851				32,523,218		
041 05 ONCOLOGY	2,108				10,992,180		
044 LABORATORY	2,793				41,191,234		
047 BLOOD STORING, PROCES							
049 RESPIRATORY THERAPY	2,590				15,909,468		
050 PHYSICAL THERAPY					1,515,790		
053 ELECTROCARDIOLOGY	65				1,800,500		
054 ELECTROENCEPHALOGRAPH					382,468		
055 MEDICAL SUPPLIES CHAR			100		15,339,669		
055 30 IMPL. DEV. CHARGED TO					11,515,638		
056 DRUGS CHARGED TO PATI					26,474,964		
057 RENAL DIALYSIS					263,969		
058 ASC (NON-DISTINCT PAR							
058 01 WOUND CARE	391				1,290,997		
OUTPAT SERVICE COST C							
061 EMERGENCY	3,622	3,622			18,255,958	1,369	
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS					384,244		
063 OTHER OUTPATIENT SERV							
063 01 GENESIS	1,537				3,485,808		3,549,431
063 02 WOMENS CENTER	727				2,000,513		
063 03 RES HOMES					2,231,689		
063 04 DR. STEELE							
063 05							
063 06 FAMILY PRACTICE							
063 07 DIABETIC EDUCATION	91				42,955		
063 08 NEW CHOICES							
063 09 OB/GYN							
063 10 HOWARD CO CLINIC							
063 11 HOWARD CO CSS					1,043,419		1,054,428
063 12 CLINTON COUNTY					1,079,715		1,080,015
063 13 TELEMEDICINE							
063 14 TELEMEDICINE							
063 15 HOWARD DIABETES							
063 16 DR AROUTINOVA							
063 17 OB/GYN GREER							
063 18 ONCOLOGY-BECHAR							
063 19 CRITICAL CARE PHYSICI							
063 20 PSYCH DR STEINER							
063 21 PSYCH GOOD HOPE							
063 22 PSYCH DR ERIKA					269,758		
063 23 PSYCH DR HASAN					61,493		
063 24 PSYCH DR DEB					223,165		
063 25 PSYCH DR M SHEI							
063 26 N CENTRAL PED							
063 27 CFHC							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (GROSS) CHARGES	SOCIAL SERVICES (TIME) SPENT	PSYCH ADMIN (PATIENT) REVENUE
OUTPAT SERVICE COST C	12	14	15	16	17	18	19
063 28 PSYCH MEDICATION					517,221		
063 29 PSYCH PHD CLINIC							
063 30 RUSSIAVILLE OFFICE							
063 31 ORTHO							
063 32 DR JERRY GREER							
063 33 DR KOESTER							
063 34 OPEN HEART							
063 35 DR B. FOGELSON							
063 36 ONCOLOGY MOORE							
063 37 HRHS INTERNAL MEDICIN							
063 38 DR. MOUALLA							
063 39 DR. SEDAGHAT							
063 40 COM OB/GYN							
063 41 B.HEALTH TIPTON							
063 42 DR. SCHILT					493,272		
063 43 B.HEALTH PH MEDICAL P					327,193		
063 44 OTHER OUTPATIENT SERV							
063 45 DR PETER KLIM							
063 46 HOSPITALISTS							
063 47 DR. NEKOOMARAM							
063 48 DR. CARL							
063 49 DR. ANITA					27,022		
065 OTHER REIMBURS COST C							
AMBULANCE SERVICES	1,408	1,408			1,135,748		
SPEC PURPOSE COST CEN							
095 SUBTOTALS	52,096	27,116	100	100	281,654,394	8,048	5,683,874
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 FOUNDATION	172						
098 PHYSICIANS' PRIVATE O							
100 HEALTHY CHILDREN							
100 01 OTHER NONREIMBURSABLE							
100 02 OTHER NONREIMBURSABLE							
100 03 RESIDENTIAL HOMES							
100 04 OTHER NONREIMBURSABLE							
100 05 WEST CAMPUS							
100 06 HCH ONCOLOGY BERK							
100 07 HCH DR. T. GATEWOOD							
100 08 HCH DR. CHEN							
100 09 HCH DR. SALTER-ONCOLO							
100 10 N. CENTRAL IN INTERNA							
100 11 HCH DR. UNDERWOOD							
100 12 HCH MEDICAL SURGICAL	1,351						
100 13 SOUTH BERKLEY							
100 14 MOBILE CLINIC							
100 15 PLASTIC SURGERY	513						
100 16 OTHER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	486,430	1,420,197	2,992	16,903	1,579,959	186,698	1,167,800
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		52.374871		169.030000		23.198062	
(WRKSHT B, PT I)	8.985997		29.920000		.005610		.205458
105 COST TO BE ALLOCATED	44,057	13,309	271	1,531	29,363	5,376	6,493
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.490817		15.310000		.667992	
(WRKSHT B, PT II)	.813881		2.710000		.000104		.001142
107 COST TO BE ALLOCATED	162,892	49,279	1,002	5,660	108,678	19,890	24,098
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		1.817340		56.600000		2.471421	
(WRKSHT B, PT III)	3.009163		10.020000		.000386		.004240

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0007 I FROM 1/ 1/2010 I WORKSHEET B-1
I I TO 12/31/2010 I

COST CENTER DESCRIPTION	PARAMED ED PR GM	(ASSIGNED TIME)
		24
001 GENERAL SERVICE COST		
001 01 OLD CAP REL COSTS-BLD		
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP REL COSTS-BLD		
003 02 NEW CAP REL COSTS-BLD		
003 03 NEW CAP REL COSTS-BLD		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
019 PSYCH ADMIN		
024 PARAMED ED PRGM	100	
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	100	
026 INTENSIVE CARE UNIT		
031 SUBPROVIDER		
033 NURSERY		
034 SKILLED NURSING FACIL		
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
039 DELIVERY ROOM & LABOR		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		
041 02 MAGNETIC RESONANCE IM		
041 03 LITHOTRIPSY		
041 04 CARDIAC CATHETERIZATI		
041 05 ONCOLOGY		
044 LABORATORY		
047 BLOOD STORING, PROCES		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
055 30 IMPL. DEV. CHARGED TO		
056 DRUGS CHARGED TO PATI		
057 RENAL DIALYSIS		
058 ASC (NON-DISTINCT PAR		
058 01 WOUND CARE		
OUTPAT SERVICE COST C		
061 EMERGENCY		
062 OBSERVATION BEDS (NON		
062 01 OBSERVATION BEDS (DIS		
063 OTHER OUTPATIENT SERV		
063 01 GENESIS		
063 02 WOMENS CENTER		
063 03 RES HOMES		
063 04 DR. STEELE		
063 05		
063 06 FAMILY PRACTICE		
063 07 DIABETIC EDUCATION		
063 08 NEW CHOICES		
063 09 OB/GYN		
063 10 HOWARD CO CLINIC		
063 11 HOWARD CO CSS		
063 12 CLINTON COUNTY		
063 13 TELEMEDICINE		
063 14 TELEMEDICINE		
063 15 HOWARD DIABETES		
063 16 DR AROUTINOVA		
063 17 OB/GYN GREER		
063 18 ONCOLOGY-BECHAR		
063 19 CRITICAL CARE PHYSICI		
063 20 PSYCH DR STEINER		
063 21 PSYCH GOOD HOPE		
063 22 PSYCH DR ERIKA		
063 23 PSYCH DR HASAN		
063 24 PSYCH DR DEB		
063 25 PSYCH DR M SHEI		
063 26 N CENTRAL PED		
063 27 CFHC		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PARAMED ED PR GM	(ASSIGNED TIME)
063 28 PSYCH MEDICATION		24
063 29 PSYCH PHD CLINIC		
063 30 RUSSIAVILLE OFFICE		
063 31 ORTHO		
063 32 DR JERRY GREER		
063 33 DR KOESTER		
063 34 OPEN HEART		
063 35 DR B. FOGELSON		
063 36 ONCOLOGY MOORE		
063 37 HRHS INTERNAL MEDICIN		
063 38 DR. MOUALLA		
063 39 DR. SEDAGHAT		
063 40 COM OB/GYN		
063 41 B.HEALTH TIPTON		
063 42 DR. SCHILT		
063 43 B.HEALTH PH MEDICAL P		
063 44 OTHER OUTPATIENT SERV		
063 45 DR PETER KLIM		
063 46 HOSPITALISTS		
063 47 DR. NEKOOMARAM		
063 48 DR. CARL		
063 49 DR. ANITA		
065 OTHER REIMBURS COST C		
065 AMBULANCE SERVICES		
095 SPEC PURPOSE COST CEN		
095 SUBTOTALS	100	
096 NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 FOUNDATION		
098 PHYSICIANS' PRIVATE O		
100 HEALTHY CHILDREN		
100 01 OTHER NONREIMBURSABLE		
100 02 OTHER NONREIMBURSABLE		
100 03 RESIDENTIAL HOMES		
100 04 OTHER NONREIMBURSABLE		
100 05 WEST CAMPUS		
100 06 HCH ONCOLOGY BERK		
100 07 HCH DR. T. GATEWOOD		
100 08 HCH DR. CHEN		
100 09 HCH DR. SALTER-ONCOLO		
100 10 N. CENTRAL IN INTERNA		
100 11 HCH DR. UNDERWOOD		
100 12 HCH MEDICAL SURGICAL		
100 13 SOUTH BERKLEY		
100 14 MOBILE CLINIC		
100 15 PLASTIC SURGERY		
100 16 OTHER		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	422,168	
104 UNIT COST MULTIPLIER		
(PER WRKSHT B, PART		
(WRKSHT B, PT I)	4,221.680000	
105 COST TO BE ALLOCATED	9,702	
106 UNIT COST MULTIPLIER		
(PER WRKSHT B, PART		
(WRKSHT B, PT II)	97.020000	
107 COST TO BE ALLOCATED	35,899	
108 UNIT COST MULTIPLIER		
(PER WRKSHT B, PART		
(WRKSHT B, PT III)	358.990000	

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	14,231,674		14,231,674		14,231,674
26	INTENSIVE CARE UNIT	3,381,914		3,381,914		3,381,914
31	SUBPROVIDER	3,213,823		3,213,823		3,213,823
33	NURSERY	463,454		463,454		463,454
34	SKILLED NURSING FACILITY	2,090,861		2,090,861		2,090,861
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,145,787		5,145,787		5,145,787
39	DELIVERY ROOM & LABOR ROO	1,300,941		1,300,941		1,300,941
40	ANESTHESIOLOGY	24,394		24,394		24,394
41	RADIOLOGY-DIAGNOSTIC	4,007,070		4,007,070		4,007,070
41 02	MAGNETIC RESONANCE IMAGIN	339,658		339,658		339,658
41 03	LITHOTRIPSY	91,889		91,889		91,889
41 04	CARDIAC CATHETERIZATION L	3,212,372		3,212,372		3,212,372
41 05	ONCOLOGY	3,568,519		3,568,519		3,568,519
44	LABORATORY	2,423,111		2,423,111		2,423,111
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY	2,609,131		2,609,131		2,609,131
50	PHYSICAL THERAPY	797,591		797,591		797,591
53	ELECTROCARDIOLOGY	97,600		97,600		97,600
54	ELECTROENCEPHALOGRAPHY	24,340		24,340		24,340
55	MEDICAL SUPPLIES CHARGED	6,635,917		6,635,917		6,635,917
55 30	IMPL. DEV. CHARGED TO PAT	9,319,685		9,319,685		9,319,685
56	DRUGS CHARGED TO PATIENTS	14,036,145		14,036,145		14,036,145
57	RENAL DIALYSIS	143,450		143,450		143,450
58	ASC (NON-DISTINCT PART)					
58 01	WOUND CARE	472,013		472,013		472,013
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	5,086,522		5,086,522		5,086,522
62	OBSERVATION BEDS (NON-DIS	3,162,498		3,162,498		3,162,498
62 01	OBSERVATION BEDS (DISTINC	327,161		327,161		327,161
63	OTHER OUTPATIENT SERVICE					
63 01	GENESIS	4,425,917		4,425,917		4,425,917
63 02	WOMENS CENTER	780,615		780,615		780,615
63 03	RES HOMES	1,313,184		1,313,184		1,313,184
63 04	DR. STEELE	374		374		374
63 05						
63 06	FAMILY PRACTICE					
63 07	DIABETIC EDUCATION	76,898		76,898		76,898
63 08	NEW CHOICES					
63 09	OB/GYN					
63 10	HOWARD CO CLINIC	806,080		806,080		806,080
63 11	HOWARD CO CSS	1,469,261		1,469,261		1,469,261
63 12	CLINTON COUNTY	794,199		794,199		794,199
63 13	TELEMEDICINE					
63 14	TELEMEDICINE					
63 15	HOWARD DIABETES	316,276		316,276		316,276
63 16	DR AROUTINOVA	18,860		18,860		18,860
63 17	OB/GYN GREER					
63 18	ONCOLOGY-BECHAR	262,117		262,117		262,117
63 19	CRITICAL CARE PHYSICIANS	462,380		462,380		462,380
63 20	PSYCH DR STEINER					
63 21	PSYCH GOOD HOPE					
63 22	PSYCH DR ERIKA	46,820		46,820		46,820
63 23	PSYCH DR HASAN	22,776		22,776		22,776
63 24	PSYCH DR DEB	346,787		346,787		346,787
63 25	PSYCH DR M SHEI					
63 26	N CENTRAL PED	1,453,657		1,453,657		1,453,657
63 27	CFHC	1,106,454		1,106,454		1,106,454
63 28	PSYCH MEDICATION	299,759		299,759		299,759
63 29	PSYCH PHD CLINIC					
63 30	RUSSIAVILLE OFFICE					
63 31	ORTHO	17,229		17,229		17,229
63 32	DR JERRY GREER	6,201		6,201		6,201
63 33	DR KOESTER	402		402		402
63 34	OPEN HEART					
63 35	DR B. FOGELSON	426,498		426,498		426,498
63 36	ONCOLOGY MOORE	85,116		85,116		85,116
63 37	HRHS INTERNAL MEDICINE	358,219		358,219		358,219
63 38	DR. MOULLA	437		437		437
63 39	DR. SEDAGHAT	356,872		356,872		356,872
63 40	COM OB/GYN	379,877		379,877		379,877
63 41	B.HEALTH TIPTON					
63 42	DR. SCHILT	49,474		49,474		49,474
63 43	B.HEALTH PH MEDICAL PHYS	1,836		1,836		1,836
63 44	OTHER OUTPATIENT SERVICE					
63 45	DR PETER KLIM	183,566		183,566		183,566
63 46	HOSPITALISTS	24,328		24,328		24,328
63 47	DR. NEKOOMARAM	206,255		206,255		206,255
63 48	DR. CARL	65,474		65,474		65,474
63 49	DR. ANITA	19,484		19,484		19,484
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	936,266		936,266		936,266
101	SUBTOTAL	103,327,468		103,327,468		103,327,468
102	LESS OBSERVATION BEDS	3,162,498		3,162,498		3,162,498

I PROVIDER NO:

I PERIOD:

I PREPARED 5/27/2011

COMPUTATION OF RATIO OF COSTS TO CHARGES

I 15-0007

I FROM 1/ 1/2010

I WORKSHEET C

I

I TO 12/31/2010

I PART I

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						
25	ADULTS & PEDIATRICS	10,891,031		10,891,031			
26	INTENSIVE CARE UNIT	4,104,971		4,104,971			
31	SUBPROVIDER	4,591,289		4,591,289			
33	NURSERY	641,947		641,947			
34	SKILLED NURSING FACILITY	458,377		458,377			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,379,691	9,240,989	16,620,680	.309601	.309601	.309601
39	DELIVERY ROOM & LABOR ROO	1,023,878	563,624	1,587,502	.819489	.819489	.819489
40	ANESTHESIOLOGY	1,324,557	1,562,575	2,887,132	.008449	.008449	.008449
41	RADIOLOGY-DIAGNOSTIC	9,392,731	33,150,225	42,542,956	.094189	.094189	.094189
41 02	MAGNETIC RESONANCE IMAGIN	696,578	2,066,332	2,762,910	.122935	.122935	.122935
41 03	LITHOTRIPSY		796,734	796,734	.115332	.115332	.115332
41 04	CARDIAC CATHETERIZATION L	13,222,533	19,300,685	32,523,218	.098772	.098772	.098772
41 05	ONCOLOGY	487,449	10,504,731	10,992,180	.324642	.324642	.324642
44	LABORATORY	13,198,380	27,992,854	41,191,234	.058826	.058826	.058826
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	5,339,966	10,569,502	15,909,468	.163999	.163999	.163999
50	PHYSICAL THERAPY	1,409,071	106,719	1,515,790	.526188	.526188	.526188
53	ELECTROCARDIOLOGY	654,012	1,146,488	1,800,500	.054207	.054207	.054207
54	ELECTROENCEPHALOGRAPHY	159,609	222,859	382,468	.063639	.063639	.063639
55	MEDICAL SUPPLIES CHARGED	9,682,935	5,656,734	15,339,669	.432598	.432598	.432598
55 30	IMPL. DEV. CHARGED TO PAT	11,515,638		11,515,638	.809307	.809307	.809307
56	DRUGS CHARGED TO PATIENTS	8,877,321	17,597,643	26,474,964	.530167	.530167	.530167
57	RENAL DIALYSIS	263,969		263,969	.543435	.543435	.543435
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	15,494	1,275,503	1,290,997	.365619	.365619	.365619
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,455,322	13,800,636	18,255,958	.278623	.278623	.278623
62	OBSERVATION BEDS (NON-DIS	939,598	2,049,999	2,989,597	1.057834	1.057834	1.057834
62 01	OBSERVATION BEDS (DISTINC	81,073	303,171	384,244	.851441	.851441	.851441
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	175	3,485,633	3,485,808	1.269696	1.269696	1.269696
63 02	WOMENS CENTER	7,097	1,993,416	2,000,513	.390207	.390207	.390207
63 03	RES HOMES		2,231,689	2,231,689	.588426	.588426	.588426
63 04	DR. STEELE						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	2,880	40,075	42,955	1.790199	1.790199	1.790199
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS	647	1,042,772	1,043,419	1.408122	1.408122	1.408122
63 12	CLINTON COUNTY		1,079,715	1,079,715	.735564	.735564	.735564
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	12,617	257,141	269,758	.173563	.173563	.173563
63 23	PSYCH DR HASAN	61,493		61,493	.370384	.370384	.370384
63 24	PSYCH DR DEB	37,377	185,788	223,165	1.553949	1.553949	1.553949
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION		517,221	517,221	.579557	.579557	.579557
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	ORTHO						
63 32	DR JERRY GREER						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	HRHS INTERNAL MEDICINE						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	COM OB/GYN						
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT	11,517	481,755	493,272	.100298	.100298	.100298
63 43	B.HEALTH PH MEDICAL PHYS		327,193	327,193	.005611	.005611	.005611
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM						
63 46	HOSPITALISTS						
63 47	DR. NEKOOMARAM						
63 48	DR. CARL						
63 49	DR. ANITA	27,022		27,022	.721042	.721042	.721042
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	527	1,135,221	1,135,748	.824361	.824361	.824361
101	SUBTOTAL	110,968,772	170,685,622	281,654,394			
102	LESS OBSERVATION BEDS						

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
103	OTHER REIMBURS COST CNTRS TOTAL	110,968,772	170,685,622	281,654,394			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,231,674		14,231,674		14,231,674
26	INTENSIVE CARE UNIT	3,381,914		3,381,914		3,381,914
31	SUBPROVIDER	3,213,823		3,213,823		3,213,823
33	NURSERY	463,454		463,454		463,454
34	SKILLED NURSING FACILITY	2,090,861		2,090,861		2,090,861
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,145,787		5,145,787		5,145,787
39	DELIVERY ROOM & LABOR ROO	1,300,941		1,300,941		1,300,941
40	ANESTHESIOLOGY	24,394		24,394		24,394
41	RADIOLOGY-DIAGNOSTIC	4,007,070		4,007,070		4,007,070
41 02	MAGNETIC RESONANCE IMAGIN	339,658		339,658		339,658
41 03	LITHOTRIPSY	91,889		91,889		91,889
41 04	CARDIAC CATHETERIZATION L	3,212,372		3,212,372		3,212,372
41 05	ONCOLOGY	3,568,519		3,568,519		3,568,519
44	LABORATORY	2,423,111		2,423,111		2,423,111
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY	2,609,131		2,609,131		2,609,131
50	PHYSICAL THERAPY	797,591		797,591		797,591
53	ELECTROCARDIOLOGY	97,600		97,600		97,600
54	ELECTROENCEPHALOGRAPHY	24,340		24,340		24,340
55	MEDICAL SUPPLIES CHARGED	6,635,917		6,635,917		6,635,917
55 30	IMPL. DEV. CHARGED TO PAT	9,319,685		9,319,685		9,319,685
56	DRUGS CHARGED TO PATIENTS	14,036,145		14,036,145		14,036,145
57	RENAL DIALYSIS	143,450		143,450		143,450
58	ASC (NON-DISTINCT PART)					
58 01	WOUND CARE	472,013		472,013		472,013
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	5,086,522		5,086,522		5,086,522
62	OBSERVATION BEDS (NON-DIS	3,162,498		3,162,498		3,162,498
62 01	OBSERVATION BEDS (DISTINC	327,161		327,161		327,161
63	OTHER OUTPATIENT SERVICE					
63 01	GENESIS	4,425,917		4,425,917		4,425,917
63 02	WOMENS CENTER	780,615		780,615		780,615
63 03	RES HOMES	1,313,184		1,313,184		1,313,184
63 04	DR. STEELE	374		374		374
63 05						
63 06	FAMILY PRACTICE					
63 07	DIABETIC EDUCATION	76,898		76,898		76,898
63 08	NEW CHOICES					
63 09	OB/GYN					
63 10	HOWARD CO CLINIC	806,080		806,080		806,080
63 11	HOWARD CO CSS	1,469,261		1,469,261		1,469,261
63 12	CLINTON COUNTY	794,199		794,199		794,199
63 13	TELEMEDICINE					
63 14	TELEMEDICINE					
63 15	HOWARD DIABETES	316,276		316,276		316,276
63 16	DR AROUTINOVA	18,860		18,860		18,860
63 17	OB/GYN GREER					
63 18	ONCOLOGY-BECHAR	262,117		262,117		262,117
63 19	CRITICAL CARE PHYSICIANS	462,380		462,380		462,380
63 20	PSYCH DR STEINER					
63 21	PSYCH GOOD HOPE					
63 22	PSYCH DR ERIKA	46,820		46,820		46,820
63 23	PSYCH DR HASAN	22,776		22,776		22,776
63 24	PSYCH DR DEB	346,787		346,787		346,787
63 25	PSYCH DR M SHEI					
63 26	N CENTRAL PED	1,453,657		1,453,657		1,453,657
63 27	CFHC	1,106,454		1,106,454		1,106,454
63 28	PSYCH MEDICATION	299,759		299,759		299,759
63 29	PSYCH PHD CLINIC					
63 30	RUSSIAVILLE OFFICE					
63 31	ORTHO	17,229		17,229		17,229
63 32	DR JERRY GREER	6,201		6,201		6,201
63 33	DR KOESTER	402		402		402
63 34	OPEN HEART					
63 35	DR B. FOGELSON	426,498		426,498		426,498
63 36	ONCOLOGY MOORE	85,116		85,116		85,116
63 37	HRHS INTERNAL MEDICINE	358,219		358,219		358,219
63 38	DR. MOUALLA	437		437		437
63 39	DR. SEDAGHAT	356,872		356,872		356,872
63 40	COM OB/GYN	379,877		379,877		379,877
63 41	B.HEALTH TIPTON					
63 42	DR. SCHILT	49,474		49,474		49,474
63 43	B.HEALTH PH MEDICAL PHYS	1,836		1,836		1,836
63 44	OTHER OUTPATIENT SERVICE					
63 45	DR PETER KLIM	183,566		183,566		183,566
63 46	HOSPITALISTS	24,328		24,328		24,328
63 47	DR. NEKOOMARAM	206,255		206,255		206,255
63 48	DR. CARL	65,474		65,474		65,474
63 49	DR. ANITA	19,484		19,484		19,484
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	936,266		936,266		936,266
101	SUBTOTAL	103,327,468		103,327,468		103,327,468
102	LESS OBSERVATION BEDS	3,162,498		3,162,498		3,162,498

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	10,891,031		10,891,031			
26	INTENSIVE CARE UNIT	4,104,971		4,104,971			
31	SUBPROVIDER	4,591,289		4,591,289			
33	NURSERY	641,947		641,947			
34	SKILLED NURSING FACILITY	458,377		458,377			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,379,691	9,240,989	16,620,680	.309601	.309601	.309601
39	DELIVERY ROOM & LABOR ROO	1,023,878	563,624	1,587,502	.819489	.819489	.819489
40	ANESTHESIOLOGY	1,324,557	1,562,575	2,887,132	.008449	.008449	.008449
41	RADIOLOGY-DIAGNOSTIC	9,392,731	33,150,225	42,542,956	.094189	.094189	.094189
41 02	MAGNETIC RESONANCE IMAGIN	696,578	2,066,332	2,762,910	.122935	.122935	.122935
41 03	LITHOTRIPSY		796,734	796,734	.115332	.115332	.115332
41 04	CARDIAC CATHETERIZATION L	13,222,533	19,300,685	32,523,218	.098772	.098772	.098772
41 05	ONCOLOGY	487,449	10,504,731	10,992,180	.324642	.324642	.324642
44	LABORATORY	13,198,380	27,992,854	41,191,234	.058826	.058826	.058826
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	5,339,966	10,569,502	15,909,468	.163999	.163999	.163999
50	PHYSICAL THERAPY	1,409,071	106,719	1,515,790	.526188	.526188	.526188
53	ELECTROCARDIOLOGY	654,012	1,146,488	1,800,500	.054207	.054207	.054207
54	ELECTROENCEPHALOGRAPHY	159,609	222,859	382,468	.063639	.063639	.063639
55	MEDICAL SUPPLIES CHARGED	9,682,935	5,656,734	15,339,669	.432598	.432598	.432598
55 30	IMPL. DEV. CHARGED TO PAT	11,515,638		11,515,638	.809307	.809307	.809307
56	DRUGS CHARGED TO PATIENTS	8,877,321	17,597,643	26,474,964	.530167	.530167	.530167
57	RENAL DIALYSIS	263,969		263,969	.543435	.543435	.543435
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	15,494	1,275,503	1,290,997	.365619	.365619	.365619
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,455,322	13,800,636	18,255,958	.278623	.278623	.278623
62	OBSERVATION BEDS (NON-DIS	939,598	2,049,999	2,989,597	1.057834	1.057834	1.057834
62 01	OBSERVATION BEDS (DISTINC	81,073	303,171	384,244	.851441	.851441	.851441
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	175	3,485,633	3,485,808	1.269696	1.269696	1.269696
63 02	WOMENS CENTER	7,097	1,993,416	2,000,513	.390207	.390207	.390207
63 03	RES HOMES		2,231,689	2,231,689	.588426	.588426	.588426
63 04	DR. STEELE						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	2,880	40,075	42,955	1.790199	1.790199	1.790199
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS	647	1,042,772	1,043,419	1.408122	1.408122	1.408122
63 12	CLINTON COUNTY		1,079,715	1,079,715	.735564	.735564	.735564
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	12,617	257,141	269,758	.173563	.173563	.173563
63 23	PSYCH DR HASAN	61,493		61,493	.370384	.370384	.370384
63 24	PSYCH DR DEB	37,377	185,788	223,165	1.553949	1.553949	1.553949
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION		517,221	517,221	.579557	.579557	.579557
63 29	PSYCH PHD CLINIC						
63 30	RUSSIIVILLE OFFICE						
63 31	ORTHO						
63 32	DR JERRY GREER						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	HRHS INTERNAL MEDICINE						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	COM OB/GYN						
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT	11,517	481,755	493,272	.100298	.100298	.100298
63 43	B.HEALTH PH MEDICAL PHYS		327,193	327,193	.005611	.005611	.005611
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM						
63 46	HOSPITALISTS						
63 47	DR. NEKOOMARAM						
63 48	DR. CARL						
63 49	DR. ANITA	27,022		27,022	.721042	.721042	.721042
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	527	1,135,221	1,135,748	.824361	.824361	.824361
101	SUBTOTAL	110,968,772	170,685,622	281,654,394			
102	LESS OBSERVATION BEDS						

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
103	OTHER REIMBURS COST CNTRS TOTAL	110,968,772	170,685,622	281,654,394			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,145,787	864,061	4,281,726			5,145,787
39	DELIVERY ROOM & LABOR ROO	1,300,941	288,742	1,012,199			1,300,941
40	ANESTHESIOLOGY	24,394	6,617	17,777			24,394
41	RADIOLOGY-DIAGNOSTIC	4,007,070	605,830	3,401,240			4,007,070
41 02	MAGNETIC RESONANCE IMAGIN	339,658	11,730	327,928			339,658
41 03	LITHOTRIPSY	91,889	2,949	88,940			91,889
41 04	CARDIAC CATHETERIZATION L	3,212,372	173,614	3,038,758			3,212,372
41 05	ONCOLOGY	3,568,519	876,924	2,691,595			3,568,519
44	LABORATORY	2,423,111	278,445	2,144,666			2,423,111
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	2,609,131	244,948	2,364,183			2,609,131
50	PHYSICAL THERAPY	797,591	105,888	691,703			797,591
53	ELECTROCARDIOLOGY	97,600	10,319	87,281			97,600
54	ELECTROENCEPHALOGRAPHY	24,340	13,806	10,534			24,340
55	MEDICAL SUPPLIES CHARGED	6,635,917	264,550	6,371,367			6,635,917
55 30	IMPL. DEV. CHARGED TO PAT	9,319,685	170,965	9,148,720			9,319,685
56	DRUGS CHARGED TO PATIENTS	14,036,145	331,059	13,705,086			14,036,145
57	RENAL DIALYSIS	143,450	2,665	140,785			143,450
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	472,013	96,114	375,899			472,013
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,086,522	1,107,814	3,978,708			5,086,522
62	OBSERVATION BEDS (NON-DIS	3,162,498	580,780	2,581,718			3,162,498
62 01	OBSERVATION BEDS (DISTINC	327,161	56,762	270,399			327,161
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	4,425,917	1,726,909	2,699,008			4,425,917
63 02	WOMENS CENTER	780,615	127,479	653,136			780,615
63 03	RES HOMES	1,313,184	445,591	867,593			1,313,184
63 04	DR. STEELE	374	6	368			374
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	76,898	1,724	75,174			76,898
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	806,080	511,709	294,371			806,080
63 11	HOWARD CO CSS	1,469,261	451,587	1,017,674			1,469,261
63 12	CLINTON COUNTY	794,199	16,455	777,744			794,199
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES	316,276	5,649	310,627			316,276
63 16	DR AROUTINOVA	18,860	337	18,523			18,860
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR	262,117	4,682	257,435			262,117
63 19	CRITICAL CARE PHYSICIANS	462,380	8,259	454,121			462,380
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	46,820	942	45,878			46,820
63 23	PSYCH DR HASAN	22,776	431	22,345			22,776
63 24	PSYCH DR DEB	346,787	6,281	340,506			346,787
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED	1,453,657	25,967	1,427,690			1,453,657
63 27	CFHC	1,106,454	445,847	660,607			1,106,454
63 28	PSYCH MEDICATION	299,759	5,557	294,202			299,759
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	ORTHO	17,229	308	16,921			17,229
63 32	DR JERRY GREER	6,201	110	6,091			6,201
63 33	DR KOESTER	402	8	394			402
63 34	OPEN HEART						
63 35	DR B. FOGELSON	426,498	7,618	418,880			426,498
63 36	ONCOLOGY MOORE	85,116	1,520	83,596			85,116
63 37	HRHS INTERNAL MEDICINE	358,219	6,399	351,820			358,219
63 38	DR. MOUALLA	437	8	429			437
63 39	DR. SEDAGHAT	356,872	6,375	350,497			356,872
63 40	COM OB/GYN	379,877	6,786	373,091			379,877
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT	49,474	1,076	48,398			49,474
63 43	B.HEALTH PH MEDICAL PHYS	1,836	160	1,676			1,836
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM	183,566	3,279	180,287			183,566
63 46	HOSPITALISTS	24,328	434	23,894			24,328
63 47	DR. NEKOOMARAM	206,255	3,685	202,570			206,255
63 48	DR. CARL	65,474	1,170	64,304			65,474
63 49	DR. ANITA	19,484	358	19,126			19,484
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	936,266	98,339	837,927			936,266
101	SUBTOTAL	79,945,742	10,017,627	69,928,115			79,945,742
102	LESS OBSERVATION BEDS	3,162,498	580,780	2,581,718			3,162,498
103	TOTAL	76,783,244	9,436,847	67,346,397			76,783,244

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES 7	OUTPAT COST TO CHRGRATIO 8	I/P PT B COST TO CHRGRATIO 9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,620,680	.309601	.309601
39	DELIVERY ROOM & LABOR ROO	1,587,502	.819489	.819489
40	ANESTHESIOLOGY	2,887,132	.008449	.008449
41	RADIOLOGY-DIAGNOSTIC	42,542,956	.094189	.094189
41 02	MAGNETIC RESONANCE IMAGIN	2,762,910	.122935	.122935
41 03	LITHOTRIPSY	796,734	.115332	.115332
41 04	CARDIAC CATHETERIZATION L	32,523,218	.098772	.098772
41 05	ONCOLOGY	10,992,180	.324642	.324642
44	LABORATORY	41,191,234	.058826	.058826
47	BLOOD STORING, PROCESSING			
49	RESPIRATORY THERAPY	15,909,468	.163999	.163999
50	PHYSICAL THERAPY	1,515,790	.526188	.526188
53	ELECTROCARDIOLOGY	1,800,500	.054207	.054207
54	ELECTROENCEPHALOGRAPHY	382,468	.063639	.063639
55	MEDICAL SUPPLIES CHARGED	15,339,669	.432598	.432598
55 30	IMPL. DEV. CHARGED TO PAT	11,515,638	.809307	.809307
56	DRUGS CHARGED TO PATIENTS	26,474,964	.530167	.530167
57	RENAL DIALYSIS	263,969	.543435	.543435
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	1,290,997	.365619	.365619
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,255,958	.278623	.278623
62	OBSERVATION BEDS (NON-DIS	2,989,597	1.057834	1.057834
62 01	OBSERVATION BEDS (DISTINC	384,244	.851441	.851441
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	3,485,808	1.269696	1.269696
63 02	WOMENS CENTER	2,000,513	.390207	.390207
63 03	RES HOMES	2,231,689	.588426	.588426
63 04	DR. STEELE			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	42,955	1.790199	1.790199
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1,043,419	1.408122	1.408122
63 12	CLINTON COUNTY	1,079,715	.735564	.735564
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HOWARD DIABETES			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	269,758	.173563	.173563
63 23	PSYCH DR HASAN	61,493	.370384	.370384
63 24	PSYCH DR DEB	223,165	1.553949	1.553949
63 25	PSYCH DR M SHEI			
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	517,221	.579557	.579557
63 29	PSYCH PHD CLINIC			
63 30	RUSSEVILLE OFFICE			
63 31	ORTHO			
63 32	DR JERRY GREER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	HRHS INTERNAL MEDICINE			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	COM OB/GYN			
63 41	B.HEALTH TIPTON			
63 42	DR. SCHILT	493,272	.100298	.100298
63 43	B.HEALTH PH MEDICAL PHYS	327,193	.005611	.005611
63 44	OTHER OUTPATIENT SERVICE			
63 45	DR PETER KLIM			
63 46	HOSPITALISTS			
63 47	DR. NEKOOMARAM			
63 48	DR. CARL			
63 49	DR. ANITA	27,022	.721042	.721042
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,135,748	.824361	.824361
101	SUBTOTAL	260,966,779		
102	LESS OBSERVATION BEDS	2,989,597		
103	TOTAL	257,977,182		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,145,787	864,061	4,281,726	86,406	248,340	4,811,041
39	DELIVERY ROOM & LABOR ROO	1,300,941	288,742	1,012,199	28,874	58,708	1,213,359
40	ANESTHESIOLOGY	24,394	6,617	17,777	662	1,031	22,701
41	RADIOLOGY-DIAGNOSTIC	4,007,070	605,830	3,401,240	60,583	197,272	3,749,215
41 02	MAGNETIC RESONANCE IMAGIN	339,658	11,730	327,928	1,173	19,020	319,465
41 03	LITHOTRIPSY	91,889	2,949	88,940	295	5,159	86,435
41 04	CARDIAC CATHETERIZATION L	3,212,372	173,614	3,038,758	17,361	176,248	3,018,763
41 05	ONCOLOGY	3,568,519	876,924	2,691,595	87,692	156,113	3,324,714
44	LABORATORY	2,423,111	278,445	2,144,666	27,845	124,391	2,270,875
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	2,609,131	244,948	2,364,183	24,495	137,123	2,447,513
50	PHYSICAL THERAPY	797,591	105,888	691,703	10,589	40,119	746,883
53	ELECTROCARDIOLOGY	97,600	10,319	87,281	1,032	5,062	91,506
54	ELECTROENCEPHALOGRAPHY	24,340	13,806	10,534	1,381	611	22,348
55	MEDICAL SUPPLIES CHARGED	6,635,917	264,550	6,371,367	26,455	369,539	6,239,923
55 30	IMPL. DEV. CHARGED TO PAT	9,319,685	170,965	9,148,720	17,097	530,626	8,771,962
56	DRUGS CHARGED TO PATIENTS	14,036,145	331,059	13,705,086	33,106	794,895	13,208,144
57	RENAL DIALYSIS	143,450	2,665	140,785	267	8,166	135,017
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	472,013	96,114	375,899	9,611	21,802	440,600
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,086,522	1,107,814	3,978,708	110,781	230,765	4,744,976
62	OBSERVATION BEDS (NON-DIS	3,162,498	580,780	2,581,718	58,078	149,740	2,954,680
62 01	OBSERVATION BEDS (DISTINC	327,161	56,762	270,399	5,676	15,683	305,802
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	4,425,917	1,726,909	2,699,008	172,691	156,542	4,096,684
63 02	WOMENS CENTER	780,615	127,479	653,136	12,748	37,882	729,985
63 03	RES HOMES	1,313,184	445,591	867,593	44,559	50,320	1,218,305
63 04	DR. STEELE	374	6	368	1	21	352
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	76,898	1,724	75,174	172	4,360	72,366
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	806,080	511,709	294,371	51,171	17,074	737,835
63 11	HOWARD CO CSS	1,469,261	451,587	1,017,674	45,159	59,025	1,365,077
63 12	CLINTON COUNTY	794,199	16,455	777,744	1,646	45,109	747,444
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES	316,276	5,649	310,627	565	18,016	297,695
63 16	DR AROUTINOVA	18,860	337	18,523	34	1,074	17,752
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR	262,117	4,682	257,435	468	14,931	246,718
63 19	CRITICAL CARE PHYSICIANS	462,380	8,259	454,121	826	26,339	435,215
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	46,820	942	45,878	94	2,661	44,065
63 23	PSYCH DR HASAN	22,776	431	22,345	43	1,296	21,437
63 24	PSYCH DR DEB	346,787	6,281	340,506	628	19,749	326,410
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED	1,453,657	25,967	1,427,690	2,597	82,806	1,368,254
63 27	CFHC	1,106,454	445,847	660,607	44,585	38,315	1,023,554
63 28	PSYCH MEDICATION	299,759	5,557	294,202	556	17,064	282,139
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	ORTHO	17,229	308	16,921	31	981	16,217
63 32	DR JERRY GREER	6,201	110	6,091	11	353	5,837
63 33	DR KOESTER	402	8	394	1	23	378
63 34	OPEN HEART						
63 35	DR B. FOGELSON	426,498	7,618	418,880	762	24,295	401,441
63 36	ONCOLOGY MOORE	85,116	1,520	83,596	152	4,849	80,115
63 37	HRHS INTERNAL MEDICINE	358,219	6,399	351,820	640	20,406	337,173
63 38	DR. MOUALLA	437	8	429	1	25	411
63 39	DR. SEDAGHAT	356,872	6,375	350,497	638	20,329	335,905
63 40	COM OB/GYN	379,877	6,786	373,091	679	21,639	357,559
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT	49,474	1,076	48,398	108	2,807	46,559
63 43	B.HEALTH PH MEDICAL PHYS	1,836	160	1,676	16	97	1,723
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM	183,566	3,279	180,287	328	10,457	172,781
63 46	HOSPITALISTS	24,328	434	23,894	43	1,386	22,899
63 47	DR. NEKOOMARAM	206,255	3,685	202,570	369	11,749	194,137
63 48	DR. CARL	65,474	1,170	64,304	117	3,730	61,627
63 49	DR. ANITA	19,484	358	19,126	36	1,109	18,339
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	936,266	98,339	837,927	9,834	48,600	877,832
101	SUBTOTAL	79,945,742	10,017,627	69,928,115	1,001,768	4,055,832	74,888,142
102	LESS OBSERVATION BEDS	3,162,498	580,780	2,581,718	58,078	149,740	2,954,680
103	TOTAL	76,783,244	9,436,847	67,346,397	943,690	3,906,092	71,933,462

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,620,680	.289461	.304403
39	DELIVERY ROOM & LABOR ROO	1,587,502	.764320	.801301
40	ANESTHESIOLOGY	2,887,132	.007863	.008220
41	RADIOLOGY-DIAGNOSTIC	42,542,956	.088128	.092765
41 02	MAGNETIC RESONANCE IMAGIN	2,762,910	.115626	.122510
41 03	LITHOTRIPSY	796,734	.108487	.114962
41 04	CARDIAC CATHETERIZATION L	32,523,218	.092819	.098238
41 05	ONCOLOGY	10,992,180	.302462	.316664
44	LABORATORY	41,191,234	.055130	.058150
47	BLOOD STORING, PROCESSING			
49	RESPIRATORY THERAPY	15,909,468	.153840	.162459
50	PHYSICAL THERAPY	1,515,790	.492735	.519203
53	ELECTROCARDIOLOGY	1,800,500	.050823	.053634
54	ELECTROENCEPHALOGRAPHY	382,468	.058431	.060029
55	MEDICAL SUPPLIES CHARGED	15,339,669	.406783	.430874
55 30	IMPL. DEV. CHARGED TO PAT	11,515,638	.761743	.807822
56	DRUGS CHARGED TO PATIENTS	26,474,964	.498892	.528916
57	RENAL DIALYSIS	263,969	.511488	.542424
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	1,290,997	.341287	.358174
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,255,958	.259914	.272554
62	OBSERVATION BEDS (NON-DIS	2,989,597	.988320	1.038408
62 01	OBSERVATION BEDS (DISTINC	384,244	.795854	.836669
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	3,485,808	1.175247	1.220155
63 02	WOMENS CENTER	2,000,513	.364899	.383835
63 03	RES HOMES	2,231,689	.545912	.568460
63 04	DR. STEELE			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	42,955	1.684693	1.786195
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1,043,419	1.308273	1.364842
63 12	CLINTON COUNTY	1,079,715	.692260	.734039
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HOWARD DIABETES			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	269,758	.163350	.173215
63 23	PSYCH DR HASAN	61,493	.348609	.369684
63 24	PSYCH DR DEB	223,165	1.462640	1.551135
63 25	PSYCH DR M SHEI			
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	517,221	.545490	.578482
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	ORTHO			
63 32	DR JERRY GREER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	HRHS INTERNAL MEDICINE			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	COM OB/GYN			
63 41	B.HEALTH TIPTON			
63 42	DR. SCHILT	493,272	.094388	.100079
63 43	B.HEALTH PH MEDICAL PHYS	327,193	.005266	.005562
63 44	OTHER OUTPATIENT SERVICE			
63 45	DR PETER KLIM			
63 46	HOSPITALISTS			
63 47	DR. NEKOOMARAM			
63 48	DR. CARL			
63 49	DR. ANITA	27,022	.678669	.719710
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,135,748	.772911	.815702
101	SUBTOTAL	260,966,779		
102	LESS OBSERVATION BEDS	2,989,597		
103	TOTAL	257,977,182		

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	17,591	8,168	31.58	257,945	116.99	955,574
26	ADULTS & PEDIATRICS	2,499	1,437	28.73	41,285	106.29	152,739
31	INTENSIVE CARE UNIT	4,006	1,029	36.41	37,466	61.25	63,026
33	SUBPROVIDER	1,058		13.11		48.48	
101	NURSERY						
	TOTAL	25,154	10,634		336,696		1,171,339

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	183,902	680,159	16,620,680	3,831,243	.011065	42,393
39	DELIVERY ROOM & LABOR ROO	61,454	227,288	1,587,502		.038711	
40	ANESTHESIOLOGY	1,408	5,209	2,887,132	653,165	.000488	319
41	RADIOLOGY-DIAGNOSTIC	130,582	475,248	42,542,956	6,171,040	.003069	18,939
41 02	MAGNETIC RESONANCE IMAGIN	2,491	9,239	2,762,910	436,947	.000902	394
41 03	LITHOTRIPSY	628	2,321	796,734		.000788	
41 04	CARDIAC CATHETERIZATION L	36,909	136,705	32,523,218	7,757,966	.001135	8,805
41 05	ONCOLOGY	186,336	690,588	10,992,180	315,921	.016952	5,355
44	LABORATORY	61,852	216,593	41,191,234	7,713,025	.001502	11,585
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	52,106	192,842	15,909,468	3,327,810	.003275	10,899
50	PHYSICAL THERAPY	22,531	83,357	1,515,790	744,558	.014864	11,067
53	ELECTROCARDIOLOGY	2,195	8,124	1,800,500	481,956	.001219	588
54	ELECTROENCEPHALOGRAPHY	2,939	10,867	382,468	74,125	.007684	570
55	MEDICAL SUPPLIES CHARGED	56,206	208,344	15,339,669	8,634,254	.003664	31,636
55 30	IMPL. DEV. CHARGED TO PAT	36,232	134,733	11,515,638		.003146	
56	DRUGS CHARGED TO PATIENTS	70,263	260,796	26,474,964	5,461,047	.002654	14,494
57	RENAL DIALYSIS	564	2,101	263,969	193,033	.002137	413
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	20,454	75,660	1,290,997	10,421	.015844	165
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	235,792	872,022	18,255,958	2,671,478	.012916	34,505
62	OBSERVATION BEDS (NON-DIS	123,461	457,319	2,989,597		.041297	
62 01	OBSERVATION BEDS (DISTINC	12,080	44,682	384,244		.031438	
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	359,335	1,367,574	3,485,808		.103085	
63 02	WOMENS CENTER	27,134	100,345	2,000,513	2,891	.013564	39
63 03	RES HOMES	94,435	351,156	2,231,689		.042315	
63 04	DR. STEELE	1	5				
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	365	1,359	42,955	2,880	.008497	24
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	108,937	402,772				
63 11	HOWARD CO CSS	96,124	355,463	1,043,419	193	.092124	18
63 12	CLINTON COUNTY	3,488	12,967	1,079,715		.003230	
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES	1,197	4,452				
63 16	DR AROUTINOVA	71	266				
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR	992	3,690				
63 19	CRITICAL CARE PHYSICIANS	1,750	6,509				
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	200	742	269,758		.000741	
63 23	PSYCH DR HASAN	91	340	61,493		.001480	
63 24	PSYCH DR DEB	1,331	4,950	223,165		.005964	
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED	5,503	20,464				
63 27	CFHC	94,917	350,930				
63 28	PSYCH MEDICATION	1,178	4,379	517,221		.002278	
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	ORTHO	65	243				
63 32	DR JERRY GREER	23	87				
63 33	DR KOESTER	2	6				
63 34	OPEN HEART						
63 35	DR B. FOGELSON	1,614	6,004				
63 36	ONCOLOGY MOORE	322	1,198				
63 37	HRHS INTERNAL MEDICINE	1,356	5,043				
63 38	DR. MOUALLA	2	6				
63 39	DR. SEDAGHAT	1,351	5,024				
63 40	COM OB/GYN	1,438	5,348				
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT	228	848	493,272		.000462	
63 43	B.HEALTH PH MEDICAL PHYS	34	126	327,193		.000104	
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM	695	2,584				
63 46	HOSPITALISTS	92	342				
63 47	DR. NEKOOMARAM	781	2,904				
63 48	DR. CARL	248	922				
63 49	DR. ANITA	76	282	27,022		.002813	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,105,761	7,813,527	259,831,031	48,483,953		192,208

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.040922		156,782
39	DELIVERY ROOM & LABOR ROO	.143173		
40	ANESTHESIOLOGY	.001804		1,178
41	RADIOLOGY-DIAGNOSTIC	.011171		68,937
41 02	MAGNETIC RESONANCE IMAGIN	.003344		1,461
41 03	LITHOTRIPSY	.002913		
41 04	CARDIAC CATHETERIZATION L	.004203		32,607
41 05	ONCOLOGY	.062825		19,848
44	LABORATORY	.005258		40,555
47	BLOOD STORING, PROCESSING			
49	RESPIRATORY THERAPY	.012121		40,336
50	PHYSICAL THERAPY	.054992		40,945
53	ELECTROCARDIOLOGY	.004512		2,175
54	ELECTROENCEPHALOGRAPHY	.028413		2,106
55	MEDICAL SUPPLIES CHARGED	.013582		117,270
55 30	IMPL. DEV. CHARGED TO PAT	.011700		
56	DRUGS CHARGED TO PATIENTS	.009851		53,797
57	RENAL DIALYSIS	.007959		1,536
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.058606		611
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.047766		127,606
62	OBSERVATION BEDS (NON-DIS	.152970		
62 01	OBSERVATION BEDS (DISTINC	.116285		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	.392326		
63 02	WOMENS CENTER	.050160		145
63 03	RES HOMES	.157350		
63 04	DR. STEELE			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	.031638		91
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	.340671		66
63 12	CLINTON COUNTY	.012010		
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HOWARD DIABETES			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.002751		
63 23	PSYCH DR HASAN	.005529		
63 24	PSYCH DR DEB	.022181		
63 25	PSYCH DR M SHEI			
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.008466		
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	ORTHO			
63 32	DR JERRY GREER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	HRHS INTERNAL MEDICINE			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	COM OB/GYN			
63 41	B.HEALTH TIPTON			
63 42	DR. SCHILT	.001719		
63 43	B.HEALTH PH MEDICAL PHYS	.000385		
63 44	OTHER OUTPATIENT SERVICE			
63 45	DR PETER KLIM			
63 46	HOSPITALISTS			
63 47	DR. NEKOOMARAM			
63 48	DR. CARL			
63 49	DR. ANITA	.010436		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			708,052

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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			422,168			422,168
26	INTENSIVE CARE UNIT						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			422,168			422,168

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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	17,591	24.00	8,168	196,032
26	INTENSIVE CARE UNIT	2,499		1,437	
31	SUBPROVIDER	4,006		1,029	
33	NURSERY	1,058			
34	SKILLED NURSING FACILITY	1,585		1,281	
101	TOTAL	26,739		11,915	196,032

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	MAGNETIC RESONANCE IMAGIN						
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L						
41 05	ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC				93,812		
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS						
63 02	WOMENS CENTER						
63 03	RES HOMES						
63 04	DR. STEELE						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR HASAN						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	ORTHO						
63 32	DR JERRY GREER						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	HRHS INTERNAL MEDICINE						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	COM OB/GYN						
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT						
63 43	B.HEALTH PH MEDICAL PHYS						
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM						
63 46	HOSPITALISTS						
63 47	DR. NEKOOMARAM						
63 48	DR. CARL						
63 49	DR. ANITA						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				93,812		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
39	OPERATING ROOM			16,620,680			3,831,243	
40	DELIVERY ROOM & LABOR ROO			1,587,502				
41	ANESTHESIOLOGY			2,887,132			653,165	
41	RADIOLOGY-DIAGNOSTIC			42,542,956			6,171,040	
41 02	MAGNETIC RESONANCE IMAGIN			2,762,910			436,947	
41 03	LITHOTRIPSY			796,734				
41 04	CARDIAC CATHETERIZATION L			32,523,218			7,757,966	
41 05	ONCOLOGY			10,992,180			315,921	
44	LABORATORY			41,191,234			7,713,025	
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			15,909,468			3,327,810	
50	PHYSICAL THERAPY			1,515,790			744,558	
53	ELECTROCARDIOLOGY			1,800,500			481,956	
54	ELECTROENCEPHALOGRAPHY			382,468			74,125	
55	MEDICAL SUPPLIES CHARGED			15,339,669			8,634,254	
55 30	IMPL. DEV. CHARGED TO PAT			11,515,638				
56	DRUGS CHARGED TO PATIENTS			26,474,964			5,461,047	
57	RENAL DIALYSIS			263,969			193,033	
58	ASC (NON-DISTINCT PART)							
58 01	WOUND CARE			1,290,997			10,421	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			18,255,958			2,671,478	
62	OBSERVATION BEDS (NON-DIS	93,812	93,812	2,989,597	.031379	.031379		
62 01	OBSERVATION BEDS (DISTINC			384,244				
63	OTHER OUTPATIENT SERVICE							
63 01	GENESIS			3,485,808				
63 02	WOMENS CENTER			2,000,513			2,891	
63 03	RES HOMES			2,231,689				
63 04	DR. STEELE							
63 05								
63 06	FAMILY PRACTICE							
63 07	DIABETIC EDUCATION			42,955			2,880	
63 08	NEW CHOICES							
63 09	OB/GYN							
63 10	HOWARD CO CLINIC							
63 11	HOWARD CO CSS			1,043,419			193	
63 12	CLINTON COUNTY			1,079,715				
63 13	TELEMEDICINE							
63 14	TELEMEDICINE							
63 15	HOWARD DIABETES							
63 16	DR AROUTINOVA							
63 17	OB/GYN GREER							
63 18	ONCOLOGY-BECHAR							
63 19	CRITICAL CARE PHYSICIANS							
63 20	PSYCH DR STEINER							
63 21	PSYCH GOOD HOPE							
63 22	PSYCH DR ERIKA			269,758				
63 23	PSYCH DR HASAN			61,493				
63 24	PSYCH DR DEB			223,165				
63 25	PSYCH DR M SHEI							
63 26	N CENTRAL PED							
63 27	CFHC							
63 28	PSYCH MEDICATION			517,221				
63 29	PSYCH PHD CLINIC							
63 30	RUSSIAVILLE OFFICE							
63 31	ORTHO							
63 32	DR JERRY GREER							
63 33	DR KOESTER							
63 34	OPEN HEART							
63 35	DR B. FOGELSON							
63 36	ONCOLOGY MOORE							
63 37	HRHS INTERNAL MEDICINE							
63 38	DR. MOUALLA							
63 39	DR. SEDAGHAT							
63 40	COM OB/GYN							
63 41	B.HEALTH TIPTON							
63 42	DR. SCHILT			493,272				
63 43	B.HEALTH PH MEDICAL PHYS			327,193				
63 44	OTHER OUTPATIENT SERVICE							
63 45	DR PETER KLIM							
63 46	HOSPITALISTS							
63 47	DR. NEKOOMARAM							
63 48	DR. CARL							
63 49	DR. ANITA			27,022				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	93,812	93,812	259,831,031			48,483,953	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	2,896,722					
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	424,485					
41	RADIOLOGY-DIAGNOSTIC	10,987,036					
41	02 MAGNETIC RESONANCE IMAGIN	176,253					
41	03 LITHOTRIPSY						
41	04 CARDIAC CATHETERIZATION L	10,619,159					
41	05 ONCOLOGY	5,524,680					
44	LABORATORY	340,896					
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	4,508,914					
50	PHYSICAL THERAPY	501					
53	ELECTROCARDIOLOGY	426,453					
54	ELECTROENCEPHALOGRAPHY	61,897					
55	MEDICAL SUPPLIES CHARGED	4,641,233					
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	10,257,146					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 WOUND CARE	926,584					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,213,659					
62	OBSERVATION BEDS (NON-DIS	1,329,152			41,707		
62	01 OBSERVATION BEDS (DISTINC	74,704					
63	OTHER OUTPATIENT SERVICE						
63	01 GENESIS	42,774					
63	02 WOMENS CENTER	426,724					
63	03 RES HOMES	306,272					
63	04 DR. STEELE						
63	05						
63	06 FAMILY PRACTICE						
63	07 DIABETIC EDUCATION						
63	08 NEW CHOICES						
63	09 OB/GYN						
63	10 HOWARD CO CLINIC						
63	11 HOWARD CO CSS	145,549					
63	12 CLINTON COUNTY	47,116					
63	13 TELEMEDICINE						
63	14 TELEMEDICINE						
63	15 HOWARD DIABETES						
63	16 DR AROUTINOVA						
63	17 OB/GYN GREER						
63	18 ONCOLOGY-BECHAR						
63	19 CRITICAL CARE PHYSICIANS						
63	20 PSYCH DR STEINER						
63	21 PSYCH GOOD HOPE						
63	22 PSYCH DR ERIKA	24,534					
63	23 PSYCH DR HASAN						
63	24 PSYCH DR DEB	3,162					
63	25 PSYCH DR M SHEI						
63	26 N CENTRAL PED						
63	27 CFHC						
63	28 PSYCH MEDICATION	41,785					
63	29 PSYCH PHD CLINIC						
63	30 RUSSIAVILLE OFFICE						
63	31 ORTHO						
63	32 DR JERRY GREER						
63	33 DR KOESTER						
63	34 OPEN HEART						
63	35 DR B. FOGELSON						
63	36 ONCOLOGY MOORE						
63	37 HRHS INTERNAL MEDICINE						
63	38 DR. MOUALLA						
63	39 DR. SEDAGHAT						
63	40 COM OB/GYN						
63	41 B.HEALTH TIPTON						
63	42 DR. SCHILT	9,081					
63	43 B.HEALTH PH MEDICAL PHYS	10,850					
63	44 OTHER OUTPATIENT SERVICE						
63	45 DR PETER KLIM						
63	46 HOSPITALISTS						
63	47 DR. NEKOOMARAM						
63	48 DR. CARL						
63	49 DR. ANITA						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	57,467,321			41,707		

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	.309601	.309601			
39 DELIVERY ROOM & LABOR ROOM	.819489	.819489			
40 ANESTHESIOLOGY	.008449	.008449			
41 RADIOLOGY-DIAGNOSTIC	.094189	.094189			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.122935	.122935			
41 03 LITHOTRIPSY	.115332	.115332			
41 04 CARDIAC CATHETERIZATION LABORATORY	.098772	.098772			
41 05 ONCOLOGY	.324642	.324642			
44 LABORATORY	.058826	.058826			
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY	.163999	.163999			
50 PHYSICAL THERAPY	.526188	.526188			
53 ELECTROCARDIOLOGY	.054207	.054207			
54 ELECTROENCEPHALOGRAPHY	.063639	.063639			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.432598	.432598			
55 30 IMPL. DEV. CHARGED TO PATIENT	.809307	.809307			
56 DRUGS CHARGED TO PATIENTS	.530167	.530167			
57 RENAL DIALYSIS	.543435	.543435			
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE	.365619	.365619			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.278623	.278623			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.057834	1.057834			
62 01 OBSERVATION BEDS (DISTINCT PART)	.851441	.851441			
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS	1.269696	1.269696			
63 02 WOMENS CENTER	.390207	.390207			
63 03 RES HOMES	.588426	.588426			
63 04 DR. STEELE					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION	1.790199	1.790199			
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS	1.408122	1.408122			
63 12 CLINTON COUNTY	.735564	.735564			
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HOWARD DIABETES					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA	.173563	.173563			
63 23 PSYCH DR HASAN	.370384	.370384			
63 24 PSYCH DR DEB	1.553949	1.553949			
63 25 PSYCH DR M SHEI					
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION	.579557	.579557			
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 ORTHO					
63 32 DR JERRY GREER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 HRHS INTERNAL MEDICINE					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 COM OB/GYN					
63 41 B.HEALTH TIPTON					
63 42 DR. SCHILT	.100298	.100298			
63 43 B.HEALTH PH MEDICAL PHYS	.005611	.005611			
63 44 OTHER OUTPATIENT SERVICE COST CENTER					
63 45 DR PETER KLIM					
63 46 HOSPITALISTS					
63 47 DR. NEKOOMARAM					
63 48 DR. CARL					
63 49 DR. ANITA	.721042	.721042			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.824361	.824361			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					

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 Radialogy	Other Outpatient Diagnostic
	1	1.02	2	3	4
OTHER REIMBURS COST CNTRS NET CHARGES					

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TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FVB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,896,722			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		424,485			
41 RADIOLOGY-DIAGNOSTIC		10,987,036			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		176,253			
41 03 LITHOTRIPSY					
41 04 CARDIAC CATHETERIZATION LABORATORY		10,619,159			
41 05 ONCOLOGY		5,524,680			
44 LABORATORY		340,896			
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY		4,508,914			
50 PHYSICAL THERAPY		501			
53 ELECTROCARDIOLOGY		426,453			
54 ELECTROENCEPHALOGRAPHY		61,897			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,641,233			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		10,257,146			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE		926,584			
61 EMERGENCY		3,213,659			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,329,152			
62 01 OBSERVATION BEDS (DISTINCT PART)		74,704			
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS		42,774			
63 02 WOMENS CENTER		426,724			
63 03 RES HOMES		306,272			
63 04 DR. STEELE					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION					
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS		145,549			
63 12 CLINTON COUNTY		47,116			
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HOWARD DIABETES					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA		24,534			
63 23 PSYCH DR HASAN					
63 24 PSYCH DR DEB		3,162			
63 25 PSYCH DR M SHEI					
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION		41,785			
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 ORTHO					
63 32 DR JERRY GREER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 HRHS INTERNAL MEDICINE					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 COM OB/GYN					
63 41 B.HEALTH TIPTON					
63 42 DR. SCHILT		9,081			
63 43 B.HEALTH PH MEDICAL PHYS		10,850			
63 44 OTHER OUTPATIENT SERVICE COST CENTER					
63 45 DR PETER KLIM					
63 46 HOSPITALISTS					
63 47 DR. NEKOOMARAM					
63 48 DR. CARL					
63 49 DR. ANITA					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL		57,467,321			
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					

TITLE XVIII, PART B

HOSPITAL

All other (1)

PPS Services
FYB to 12/31

Non-PPS
Services

PPS Services
1/1 to FYE

Outpatient
Ambulatory
Surgical Ctr

Cost Center Description

5

5.01

5.02

5.03

6

104

OTHER REIMBURS COST CNTRS
NET CHARGES

57,467,321

(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	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All Other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				896,828	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				3,586	
41 RADIOLOGY-DIAGNOSTIC				1,034,858	
41 02 MAGNETIC RESONANCE IMAGING (MRI)				21,668	
41 03 LITHOTRIPSY					
41 04 CARDIAC CATHETERIZATION LABORATORY				1,048,876	
41 05 ONCOLOGY				1,793,543	
44 LABORATORY				20,054	
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY				739,457	
50 PHYSICAL THERAPY				264	
53 ELECTROCARDIOLOGY				23,117	
54 ELECTROENCEPHALOGRAPHY				3,939	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,007,788	
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				5,438,000	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 WOUND CARE				338,777	
61 EMERGENCY				895,399	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,406,022	
62 01 OBSERVATION BEDS (DISTINCT PART)				63,606	
63 OTHER OUTPATIENT SERVICE					
63 01 GENESIS				54,310	
63 02 WOMENS CENTER				166,511	
63 03 RES HOMES				180,218	
63 04 DR. STEELE					
63 05					
63 06 FAMILY PRACTICE					
63 07 DIABETIC EDUCATION					
63 08 NEW CHOICES					
63 09 OB/GYN					
63 10 HOWARD CO CLINIC					
63 11 HOWARD CO CSS				204,951	
63 12 CLINTON COUNTY				34,657	
63 13 TELEMEDICINE					
63 14 TELEMEDICINE					
63 15 HOWARD DIABETES					
63 16 DR AROUTINOVA					
63 17 OB/GYN GREER					
63 18 ONCOLOGY-BECHAR					
63 19 CRITICAL CARE PHYSICIANS					
63 20 PSYCH DR STEINER					
63 21 PSYCH GOOD HOPE					
63 22 PSYCH DR ERIKA				4,258	
63 23 PSYCH DR HASAN					
63 24 PSYCH DR DEB				4,914	
63 25 PSYCH DR M SHEI					
63 26 N CENTRAL PED					
63 27 CFHC					
63 28 PSYCH MEDICATION				24,217	
63 29 PSYCH PHD CLINIC					
63 30 RUSSIAVILLE OFFICE					
63 31 ORTHO					
63 32 DR JERRY GREER					
63 33 DR KOESTER					
63 34 OPEN HEART					
63 35 DR B. FOGELSON					
63 36 ONCOLOGY MOORE					
63 37 HRHS INTERNAL MEDICINE					
63 38 DR. MOUALLA					
63 39 DR. SEDAGHAT					
63 40 COM OB/GYN					
63 41 B.HEALTH TIPTON					
63 42 DR. SCHILT				911	
63 43 B.HEALTH PH MEDICAL PHYS				61	
63 44 OTHER OUTPATIENT SERVICE COST CENTER					
63 45 DR PETER KLIM					
63 46 HOSPITALISTS					
63 47 DR. NEKOOMARAM					
63 48 DR. CARL					
63 49 DR. ANITA					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL				16,410,790	
103 CRNA CHARGES					
LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					

TITLE XVIII, PART B

HOSPITAL

Outpatient
Radiology

Other
Outpatient
Diagnostic

All Other

PPS Services
FYB to 12/31

Non-PPS
Services

Cost Center Description

7

8

9

9.01

9.02

104 OTHER REIMBURS COST CNTRS
NET CHARGES

16,410,790

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 02 MAGNETIC RESONANCE IMAGING (MRI)
- 41 03 LITHOTRIPSY
- 41 04 CARDIAC CATHETERIZATION LABORATORY
- 41 05 ONCOLOGY
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 58 01 WOUND CARE
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 62 01 OBSERVATION BEDS (DISTINCT PART)
- 63 OTHER OUTPATIENT SERVICE
- 63 01 GENESIS
- 63 02 WOMENS CENTER
- 63 03 RES HOMES
- 63 04 DR. STEELE
- 63 05
- 63 06 FAMILY PRACTICE
- 63 07 DIABETIC EDUCATION
- 63 08 NEW CHOICES
- 63 09 OB/GYN
- 63 10 HOWARD CO CLINIC
- 63 11 HOWARD CO CSS
- 63 12 CLINTON COUNTY
- 63 13 TELEMEDICINE
- 63 14 TELEMEDICINE
- 63 15 HOWARD DIABETES
- 63 16 DR AROUTINOVA
- 63 17 OB/GYN GREER
- 63 18 ONCOLOGY-BECHAR
- 63 19 CRITICAL CARE PHYSICIANS
- 63 20 PSYCH DR STEINER
- 63 21 PSYCH GOOD HOPE
- 63 22 PSYCH DR ERIKA
- 63 23 PSYCH DR HASAN
- 63 24 PSYCH DR DEB
- 63 25 PSYCH DR M SHEI
- 63 26 N CENTRAL PED
- 63 27 CFHC
- 63 28 PSYCH MEDICATION
- 63 29 PSYCH PHD CLINIC
- 63 30 RUSSIAVILLE OFFICE
- 63 31 ORTHO
- 63 32 DR JERRY GREER
- 63 33 DR KOESTER
- 63 34 OPEN HEART
- 63 35 DR B. FOGELSON
- 63 36 ONCOLOGY MOORE
- 63 37 HRHS INTERNAL MEDICINE
- 63 38 DR. MOUALLA
- 63 39 DR. SEDAGHAT
- 63 40 COM OB/GYN
- 63 41 B.HEALTH TIPTON
- 63 42 DR. SCHILT
- 63 43 B.HEALTH PH MEDICAL PHYS
- 63 44 OTHER OUTPATIENT SERVICE COST CENTER
- 63 45 DR PETER KLIM
- 63 46 HOSPITALISTS
- 63 47 DR. NEKOOMARAM
- 63 48 DR. CARL
- 63 49 DR. ANITA
- 65 OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
PROGRAM ONLY CHARGES

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

104 OTHER REIMBURS COST CNTRS
 NET CHARGES

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	183,902	680,159	16,620,680		.011065	
39	DELIVERY ROOM & LABOR ROO	61,454	227,288	1,587,502		.038711	
40	ANESTHESIOLOGY	1,408	5,209	2,887,132		.000488	
41	RADIOLOGY-DIAGNOSTIC	130,582	475,248	42,542,956	52,715	.003069	162
41 02	MAGNETIC RESONANCE IMAGIN	2,491	9,239	2,762,910	18,449	.000902	17
41 03	LITHOTRIPSY	628	2,321	796,734		.000788	
41 04	CARDIAC CATHETERIZATION L	36,909	136,705	32,523,218	6,312	.001135	7
41 05	ONCOLOGY	186,336	690,588	10,992,180	176	.016952	3
44	LABORATORY	61,852	216,593	41,191,234	230,605	.001502	346
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	52,106	192,842	15,909,468	8,370	.003275	27
50	PHYSICAL THERAPY	22,531	83,357	1,515,790	38,266	.014864	569
53	ELECTROCARDIOLOGY	2,195	8,124	1,800,500	10,050	.001219	12
54	ELECTROENCEPHALOGRAPHY	2,939	10,867	382,468	4,094	.007684	31
55	MEDICAL SUPPLIES CHARGED	56,206	208,344	15,339,669	10,530	.003664	39
55 30	IMPL. DEV. CHARGED TO PAT	36,232	134,733	11,515,638		.003146	
56	DRUGS CHARGED TO PATIENTS	70,263	260,796	26,474,964	200,774	.002654	533
57	RENAL DIALYSIS	564	2,101	263,969	9,705	.002137	21
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE	20,454	75,660	1,290,997		.015844	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	235,792	872,022	18,255,958	87,562	.012916	1,131
62	OBSERVATION BEDS (NON-DIS	123,461	457,319	2,989,597		.041297	
62 01	OBSERVATION BEDS (DISTINC	12,080	44,682	384,244		.031438	
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS	359,335	1,367,574	3,485,808		.103085	
63 02	WOMENS CENTER	27,134	100,345	2,000,513		.013564	
63 03	RES HOMES	94,435	351,156	2,231,689		.042315	
63 04	DR. STEELE	1	5				
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION	365	1,359	42,955		.008497	
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC	108,937	402,772				
63 11	HOWARD CO CSS	96,124	355,463	1,043,419	2	.092124	
63 12	CLINTON COUNTY	3,488	12,967	1,079,715		.003230	
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES	1,197	4,452				
63 16	DR AROUTINOVA	71	266				
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR	992	3,690				
63 19	CRITICAL CARE PHYSICIANS	1,750	6,509				
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA	200	742	269,758		.000741	
63 23	PSYCH DR HASAN	91	340	61,493		.001480	
63 24	PSYCH DR DEB	1,331	4,950	223,165		.005964	
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED	5,503	20,464				
63 27	CFHC	94,917	350,930				
63 28	PSYCH MEDICATION	1,178	4,379	517,221		.002278	
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	ORTHO	65	243				
63 32	DR JERRY GREER	23	87				
63 33	DR KOESTER	2	6				
63 34	OPEN HEART						
63 35	DR B. FOGELSON	1,614	6,004				
63 36	ONCOLOGY MOORE	322	1,198				
63 37	HRHS INTERNAL MEDICINE	1,356	5,043				
63 38	DR. MOUALLA	2	6				
63 39	DR. SEDAGHAT	1,351	5,024				
63 40	COM OB/GYN	1,438	5,348				
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT	228	848	493,272		.000462	
63 43	B.HEALTH PH MEDICAL PHYS	34	126	327,193		.000104	
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM	695	2,584				
63 46	HOSPITALISTS	92	342				
63 47	DR. NEKOOMARAM	781	2,904				
63 48	DR. CARL	248	922				
63 49	DR. ANITA	76	282	27,022		.002813	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,105,761	7,813,527	259,831,031	677,610		2,898

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.040922	
39	DELIVERY ROOM & LABOR ROO	.143173	
40	ANESTHESIOLOGY	.001804	
41	RADIOLOGY-DIAGNOSTIC	.011171	589
41 02	MAGNETIC RESONANCE IMAGIN	.003344	62
41 03	LITHOTRIPSY	.002913	
41 04	CARDIAC CATHETERIZATION L	.004203	27
41 05	ONCOLOGY	.062825	11
44	LABORATORY	.005258	1,213
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY	.012121	101
50	PHYSICAL THERAPY	.054992	2,104
53	ELECTROCARDIOLOGY	.004512	45
54	ELECTROENCEPHALOGRAPHY	.028413	116
55	MEDICAL SUPPLIES CHARGED	.013582	143
55 30	IMPL. DEV. CHARGED TO PAT	.011700	
56	DRUGS CHARGED TO PATIENTS	.009851	1,978
57	RENAL DIALYSIS	.007959	77
58	ASC (NON-DISTINCT PART)		
58 01	WOUND CARE	.058606	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.047766	4,182
62	OBSERVATION BEDS (NON-DIS	.152970	
62 01	OBSERVATION BEDS (DISTINC	.116285	
63	OTHER OUTPATIENT SERVICE		
63 01	GENESIS	.392326	
63 02	WOMENS CENTER	.050160	
63 03	RES HOMES	.157350	
63 04	DR. STEELE		
63 05			
63 06	FAMILY PRACTICE		
63 07	DIABETIC EDUCATION	.031638	
63 08	NEW CHOICES		
63 09	OB/GYN		
63 10	HOWARD CO CLINIC		
63 11	HOWARD CO CSS	.340671	1
63 12	CLINTON COUNTY	.012010	
63 13	TELEMEDICINE		
63 14	TELEMEDICINE		
63 15	HOWARD DIABETES		
63 16	DR AROUTINOVA		
63 17	OB/GYN GREER		
63 18	ONCOLOGY-BECHAR		
63 19	CRITICAL CARE PHYSICIANS		
63 20	PSYCH DR STEINER		
63 21	PSYCH GOOD HOPE		
63 22	PSYCH DR ERIKA	.002751	
63 23	PSYCH DR HASAN	.005529	
63 24	PSYCH DR DEB	.022181	
63 25	PSYCH DR M SHEI		
63 26	N CENTRAL PED		
63 27	CFHC		
63 28	PSYCH MEDICATION	.008466	
63 29	PSYCH PHD CLINIC		
63 30	RUSSIAVILLE OFFICE		
63 31	ORTHO		
63 32	DR JERRY GREER		
63 33	DR KOESTER		
63 34	OPEN HEART		
63 35	DR B. FOGELSON		
63 36	ONCOLOGY MOORE		
63 37	HRHS INTERNAL MEDICINE		
63 38	DR. MOUALLA		
63 39	DR. SEDAGHAT		
63 40	COM OB/GYN		
63 41	B.HEALTH TIPTON		
63 42	DR. SCHILT	.001719	
63 43	B.HEALTH PH MEDICAL PHYS	.000385	
63 44	OTHER OUTPATIENT SERVICE		
63 45	DR PETER KLIM		
63 46	HOSPITALISTS		
63 47	DR. NEKOOMARAM		
63 48	DR. CARL		
63 49	DR. ANITA	.010436	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		10,649

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	02 MAGNETIC RESONANCE IMAGIN										
41	03 LITHOTRIPSY										
41	04 CARDIAC CATHETERIZATION L										
41	05 ONCOLOGY										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
58	01 WOUND CARE										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	01 OBSERVATION BEDS (DISTINC								93,812		
63	OTHER OUTPATIENT SERVICE										
63	01 GENESIS										
63	02 WOMENS CENTER										
63	03 RES HOMES										
63	04 DR. STEELE										
63	05										
63	06 FAMILY PRACTICE										
63	07 DIABETIC EDUCATION										
63	08 NEW CHOICES										
63	09 OB/GYN										
63	10 HOWARD CO CLINIC										
63	11 HOWARD CO CSS										
63	12 CLINTON COUNTY										
63	13 TELEMEDICINE										
63	14 TELEMEDICINE										
63	15 HOWARD DIABETES										
63	16 DR AROUTINOVA										
63	17 OB/GYN GREER										
63	18 ONCOLOGY-BECHAR										
63	19 CRITICAL CARE PHYSICIANS										
63	20 PSYCH DR STEINER										
63	21 PSYCH GOOD HOPE										
63	22 PSYCH DR ERIKA										
63	23 PSYCH DR HASAN										
63	24 PSYCH DR DEB										
63	25 PSYCH DR M SHEI										
63	26 N CENTRAL PED										
63	27 CFHC										
63	28 PSYCH MEDICATION										
63	29 PSYCH PHD CLINIC										
63	30 RUSSIAVILLE OFFICE										
63	31 ORTHO										
63	32 DR JERRY GREER										
63	33 DR KOESTER										
63	34 OPEN HEART										
63	35 DR B. FOGELSON										
63	36 ONCOLOGY MOORE										
63	37 HRHS INTERNAL MEDICINE										
63	38 DR. MOUALLA										
63	39 DR. SEDAGHAT										
63	40 COM OB/GYN										
63	41 B.HEALTH TIPTON										
63	42 DR. SCHILT										
63	43 B.HEALTH PH MEDICAL PHYS										
63	44 OTHER OUTPATIENT SERVICE										
63	45 DR PETER KLIM										
63	46 HOSPITALISTS										
63	47 DR. NEKOOMARAM										
63	48 DR. CARL										
63	49 DR. ANITA										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL								93,812		

TITLE XVIII, PART A

SUBPROVIDER 1

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WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			16,620,680				
39	DELIVERY ROOM & LABOR ROO			1,587,502				
40	ANESTHESIOLOGY			2,887,132				
41	RADIOLOGY-DIAGNOSTIC			42,542,956			52,715	
41 02	MAGNETIC RESONANCE IMAGIN			2,762,910			18,449	
41 03	LITHOTRIPSY			796,734				
41 04	CARDIAC CATHETERIZATION L			32,523,218			6,312	
41 05	ONCOLOGY			10,992,180			176	
44	LABORATORY			41,191,234			230,605	
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			15,909,468			8,370	
50	PHYSICAL THERAPY			1,515,790			38,266	
53	ELECTRDCARDIOLOGY			1,800,500			10,050	
54	ELECTROENCEPHALOGRAPHY			382,468			4,094	
55	MEDICAL SUPPLIES CHARGED			15,339,669			10,530	
55 30	IMPL. DEV. CHARGED TO PAT			11,515,638				
56	DRUGS CHARGED TO PATIENTS			26,474,964			200,774	
57	RENAL DIALYSIS			263,969			9,705	
58	ASC (NON-DISTINCT PART)							
58 01	WOUND CARE			1,290,997				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			18,255,958			87,562	
62	OBSERVATION BEDS (NON-DIS	93,812	93,812	2,989,597	.031379	.031379		
62 01	OBSERVATION BEDS (DISTINC			384,244				
63	OTHER OUTPATIENT SERVICE							
63 01	GENESIS			3,485,808				
63 02	WOMENS CENTER			2,000,513				
63 03	RES HOMES			2,231,689				
63 04	DR. STEELE							
63 05								
63 06	FAMILY PRACTICE							
63 07	DIABETIC EDUCATION			42,955				
63 08	NEW CHOICES							
63 09	OB/GYN							
63 10	HOWARD CO CLINIC							
63 11	HOWARD CO CSS			1,043,419			2	
63 12	CLINTON COUNTY			1,079,715				
63 13	TELEMEDICINE							
63 14	TELEMEDICINE							
63 15	HOWARD DIABETES							
63 16	DR AROUTINOVA							
63 17	OB/GYN GREER							
63 18	ONCOLOGY-BECHAR							
63 19	CRITICAL CARE PHYSICIANS							
63 20	PSYCH DR STEINER							
63 21	PSYCH GOOD HOPE							
63 22	PSYCH DR ERIKA			269,758				
63 23	PSYCH DR HASAN			61,493				
63 24	PSYCH DR DEB			223,165				
63 25	PSYCH DR M SHEI							
63 26	N CENTRAL PED							
63 27	CFHC							
63 28	PSYCH MEDICATION			517,221				
63 29	PSYCH PHD CLINIC							
63 30	RUSSIAVILLE OFFICE							
63 31	ORTHO							
63 32	DR JERRY GREER							
63 33	DR KOESTER							
63 34	OPEN HEART							
63 35	DR B. FOGELSON							
63 36	ONCOLOGY MOORE							
63 37	HRHS INTERNAL MEDICINE							
63 38	DR. MOUALLA							
63 39	DR. SEDAGHAT							
63 40	COM OB/GYN							
63 41	B.HEALTH TIPTON							
63 42	DR. SCHILT			493,272				
63 43	B.HEALTH PH MEDICAL PHYS			327,193				
63 44	OTHER OUTPATIENT SERVICE							
63 45	DR PETER KLIM							
63 46	HOSPITALISTS							
63 47	DR. NEKOOMARAM							
63 48	DR. CARL							
63 49	DR. ANITA			27,022				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	93,812	93,812	259,831,031			677,610	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	MAGNETIC RESONANCE IMAGIN						
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L						
41 05	ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS						
63 02	WOMENS CENTER						
63 03	RES HOMES						
63 04	DR. STEELE						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR HASAN						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	ORTHO						
63 32	DR JERRY GREER						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	HRHS INTERNAL MEDICINE						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	COM OB/GYN						
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT						
63 43	B.HEALTH PH MEDICAL PHYS						
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM						
63 46	HOSPITALISTS						
63 47	DR. NEKOMARAM						
63 48	DR. CARL						
63 49	DR. ANITA						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	MAGNETIC RESONANCE IMAGIN						
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L						
41 05	ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS						
63 02	WOMENS CENTER						
63 03	RES HOMES						
63 04	DR. STEELE						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR HASAN						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSEVILLE OFFICE						
63 31	ORTHO						
63 32	DR JERRY GREER						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	HRHS INTERNAL MEDICINE						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	COM OB/GYN						
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT						
63 43	B.HEALTH PH MEDICAL PHYS						
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM						
63 46	HOSPITALISTS						
63 47	DR. NEKOOMARAM						
63 48	DR. CARL						
63 49	DR. ANITA						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 02	MAGNETIC RESONANCE IMAGIN		
41 03	LITHOTRIPSY		
41 04	CARDIAC CATHETERIZATION L		
41 05	ONCOLOGY		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
58 01	WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62 01	OBSERVATION BEDS (DISTINC		
63	OTHER OUTPATIENT SERVICE		
63 01	GENESIS		
63 02	WOMENS CENTER		
63 03	RES HOMES		
63 04	DR. STEELE		
63 05			
63 06	FAMILY PRACTICE		
63 07	DIABETIC EDUCATION		
63 08	NEW CHOICES		
63 09	OB/GYN		
63 10	HOWARD CO CLINIC		
63 11	HOWARD CO CSS		
63 12	CLINTON COUNTY		
63 13	TELEMEDICINE		
63 14	TELEMEDICINE		
63 15	HOWARD DIABETES		
63 16	DR AROUTINOVA		
63 17	OB/GYN GREER		
63 18	ONCOLOGY-BECHAR		
63 19	CRITICAL CARE PHYSICIANS		
63 20	PSYCH DR STEINER		
63 21	PSYCH GOOD HOPE		
63 22	PSYCH DR ERIKA		
63 23	PSYCH DR HASAN		
63 24	PSYCH DR DEB		
63 25	PSYCH DR M SHEI		
63 26	N CENTRAL PED		
63 27	CFHC		
63 28	PSYCH MEDICATION		
63 29	PSYCH PHD CLINIC		
63 30	RUSSEVILLE OFFICE		
63 31	ORTHO		
63 32	DR JERRY GREER		
63 33	DR KOESTER		
63 34	OPEN HEART		
63 35	DR B. FOGELSON		
63 36	ONCOLOGY MOORE		
63 37	HRHS INTERNAL MEDICINE		
63 38	DR. MOUALLA		
63 39	DR. SEDAGHAT		
63 40	COM OB/GYN		
63 41	B.HEALTH TIPTON		
63 42	DR. SCHILT		
63 43	B.HEALTH PH MEDICAL PHYS		
63 44	OTHER OUTPATIENT SERVICE		
63 45	DR PETER KLIM		
63 46	HOSPITALISTS		
63 47	DR. NEKOOMARAM		
63 48	DR. CARL		
63 49	DR. ANITA		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS	1.01				
39	OPERATING ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41	02 MAGNETIC RESONANCE IMAGIN					
41	03 LITHOTRIPSY					
41	04 CARDIAC CATHETERIZATION L					
41	05 ONCOLOGY					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58	01 WOUND CARE					
61	OUTPAT SERVICE COST CNTRS					
62	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
62	01 OBSERVATION BEDS (DISTIC					
63	OTHER OUTPATIENT SERVICE					
63	01 GENESIS					
63	02 WOMENS CENTER					
63	03 RES HOMES					
63	04 DR. STEELE					
63	05					
63	06 FAMILY PRACTICE					
63	07 DIABETIC EDUCATION					
63	08 NEW CHOICES					
63	09 OB/GYN					
63	10 HOWARD CO CLINIC					
63	11 HOWARD CO CSS					
63	12 CLINTON COUNTY					
63	13 TELEMEDICINE					
63	14 TELEMEDICINE					
63	15 HOWARD DIABETES					
63	16 DR AROUTINOVA					
63	17 OB/GYN GREER					
63	18 ONCOLOGY-BECHAR					
63	19 CRITICAL CARE PHYSICIANS					
63	20 PSYCH DR STEINER					
63	21 PSYCH GOOD HOPE					
63	22 PSYCH DR ERIKA					
63	23 PSYCH DR HASAN					
63	24 PSYCH DR DEB					
63	25 PSYCH DR M SHEI					
63	26 N CENTRAL PED					
63	27 CFHC					
63	28 PSYCH MEDICATION					
63	29 PSYCH PHD CLINIC					
63	30 RUSSIAVILLE OFFICE					
63	31 ORTHO					
63	32 DR JERRY GREER					
63	33 DR KOESTER					
63	34 OPEN HEART					
63	35 DR B. FOGELSON					
63	36 ONCOLOGY MOORE					
63	37 HRHS INTERNAL MEDICINE					
63	38 DR. MOUALLA					
63	39 DR. SEDAGHAT					
63	40 COM OB/GYN					
63	41 B.HEALTH TIPTON					
63	42 DR. SCHILT					
63	43 B.HEALTH PH MEDICAL PHYS					
63	44 OTHER OUTPATIENT SERVICE					
63	45 DR PETER KLIM					
63	46 HOSPITALISTS					
63	47 DR. NEKOOMARAM					
63	48 DR. CARL					
63	49 DR. ANITA					
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
39	OPERATING ROOM			16,620,680			6,869	
40	DELIVERY ROOM & LABOR ROO			1,587,502				
41	ANESTHESIOLOGY			2,887,132				
41	RADIOLOGY-DIAGNOSTIC			42,542,956			44,216	
41	02 MAGNETIC RESONANCE IMAGIN			2,762,910				
41	03 LITHOTRIPSY			796,734				
41	04 CARDIAC CATHETERIZATION L			32,523,218				
41	05 ONCOLOGY			10,992,180				
44	LABORATORY			41,191,234			167,282	
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			15,909,468			4,816	
50	PHYSICAL THERAPY			1,515,790			239,893	
53	ELECTROCARDIOLOGY			1,800,500			9,977	
54	ELECTROENCEPHALOGRAPHY			382,468				
55	MEDICAL SUPPLIES CHARGED			15,339,669			94,793	
55	30 IMPL. DEV. CHARGED TO PAT			11,515,638				
56	DRUGS CHARGED TO PATIENTS			26,474,964			296,045	
57	RENAL DIALYSIS			263,969				
58	ASC (NON-DISTINCT PART)							
58	01 WOUND CARE			1,290,997				
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			18,255,958				
62	01 OBSERVATION BEDS (NON-DIS			2,989,597				
63	01 OBSERVATION BEDS (DISTINC			384,244				
63	OTHER OUTPATIENT SERVICE							
63	01 GENESIS			3,485,808				
63	02 WOMENS CENTER			2,000,513				
63	03 RES HOMES			2,231,689				
63	04 DR. STEELE							
63	05							
63	06 FAMILY PRACTICE							
63	07 DIABETIC EDUCATION			42,955				
63	08 NEW CHOICES							
63	09 OB/GYN							
63	10 HOWARD CO CLINIC							
63	11 HOWARD CO CSS			1,043,419				
63	12 CLINTON COUNTY			1,079,715				
63	13 TELEMEDICINE							
63	14 TELEMEDICINE							
63	15 HOWARD DIABETES							
63	16 DR AROUTINOVA							
63	17 OB/GYN GREER							
63	18 ONCOLOGY-BECHAR							
63	19 CRITICAL CARE PHYSICIANS							
63	20 PSYCH DR STEINER							
63	21 PSYCH GOOD HOPE							
63	22 PSYCH DR ERIKA			269,758				
63	23 PSYCH DR HASAN			61,493				
63	24 PSYCH DR DEB			223,165				
63	25 PSYCH DR M SHEI							
63	26 N CENTRAL PED							
63	27 CFHC							
63	28 PSYCH MEDICATION			517,221				
63	29 PSYCH PHD CLINIC							
63	30 RUSSIAVILLE OFFICE							
63	31 ORTHO							
63	32 DR JERRY GREER							
63	33 DR KOESTER							
63	34 OPEN HEART							
63	35 DR B. FOGELSON							
63	36 ONCOLOGY MOORE							
63	37 HRHS INTERNAL MEDICINE							
63	38 DR. MOUALLA							
63	39 DR. SEDAGHAT							
63	40 COM OB/GYN							
63	41 B.HEALTH TIPTON							
63	42 DR. SCHILT			493,272				
63	43 B.HEALTH PH MEDICAL PHYS			327,193				
63	44 OTHER OUTPATIENT SERVICE							
63	45 DR PETER KLIM							
63	46 HOSPITALISTS							
63	47 DR. NEKOOMARAM							
63	48 DR. CARL							
63	49 DR. ANITA			27,022				
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			259,831,031			863,891	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG CHARGES 8	OUTPUT PROG D,V COL 5.03 8.01	OUTPUT PROG D,V COL 5.04 8.02	OUTPUT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	MAGNETIC RESONANCE IMAGIN						
41 03	LITHOTRIPSY						
41 04	CARDIAC CATHETERIZATION L						
41 05	ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
63	OTHER OUTPATIENT SERVICE						
63 01	GENESIS						
63 02	WOMENS CENTER						
63 03	RES HOMES						
63 04	DR. STEELE						
63 05							
63 06	FAMILY PRACTICE						
63 07	DIABETIC EDUCATION						
63 08	NEW CHOICES						
63 09	OB/GYN						
63 10	HOWARD CO CLINIC						
63 11	HOWARD CO CSS						
63 12	CLINTON COUNTY						
63 13	TELEMEDICINE						
63 14	TELEMEDICINE						
63 15	HOWARD DIABETES						
63 16	DR AROUTINOVA						
63 17	OB/GYN GREER						
63 18	ONCOLOGY-BECHAR						
63 19	CRITICAL CARE PHYSICIANS						
63 20	PSYCH DR STEINER						
63 21	PSYCH GOOD HOPE						
63 22	PSYCH DR ERIKA						
63 23	PSYCH DR HASAN						
63 24	PSYCH DR DEB						
63 25	PSYCH DR M SHEI						
63 26	N CENTRAL PED						
63 27	CFHC						
63 28	PSYCH MEDICATION						
63 29	PSYCH PHD CLINIC						
63 30	RUSSIAVILLE OFFICE						
63 31	ORTHO						
63 32	DR JERRY GREER						
63 33	DR KOESTER						
63 34	OPEN HEART						
63 35	DR B. FOGELSON						
63 36	ONCOLOGY MOORE						
63 37	HRHS INTERNAL MEDICINE						
63 38	DR. MOUALLA						
63 39	DR. SEDAGHAT						
63 40	COM OB/GYN						
63 41	B.HEALTH TIPTON						
63 42	DR. SCHILT						
63 43	B.HEALTH PH MEDICAL PHYS						
63 44	OTHER OUTPATIENT SERVICE						
63 45	DR PETER KLIM						
63 46	HOSPITALISTS						
63 47	DR. NEKOOMARAM						
63 48	DR. CARL						
63 49	DR. ANITA						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

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)	17,591
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,591
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,591
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)	8,168
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	14,231,674
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	14,231,674

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,422,168
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,422,168
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.866614
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	933.56
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	14,231,674

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					809.03
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,608,157
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,608,157

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	3,381,914	2,499	1,353.31	1,437	1,944,706
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1

11,607,600
 20,160,463

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,603,575
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	900,260
52	TOTAL PROGRAM EXCLUDABLE COST	2,503,835
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	17,656,628

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,909
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	809.03
85	OBSERVATION BED COST	3,162,498

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	555,593	.039039	3,162,498	123,461
87	NEW CAPITAL-RELATED COST	2,057,998	.144607	3,162,498	457,319
88	NON PHYSICIAN ANESTHETIST			3,162,498	
89	MEDICAL EDUCATION			3,162,498	
89.01	MEDICAL EDUCATION - ALLIED HEA	422,168	.029664	3,162,498	93,812
89.02	MEDICAL EDUCATION - ALL OTHER			3,162,498	

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)	4,006
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,006
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,006
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)	1,029
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,213,823
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,213,823

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,629,221
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,629,221
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.694247
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,155.57
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,213,823

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 802.25
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 825,515
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 825,515

	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)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					184,466
49 TOTAL PROGRAM INPATIENT COSTS					1,009,981

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 100,492
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 13,547
 52 TOTAL PROGRAM EXCLUDABLE COST 114,039
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 895,942

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	802.25
85	OBSERVATION BED COST	

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	145,848	3,213,823	.045381		
87	245,353	3,213,823	.076343		
88		3,213,823			
89		3,213,823			
89.01		3,213,823			
89.02		3,213,823			

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,585
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,585
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,585
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)	1,281
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,090,861
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,090,861

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	464,559
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	464,559
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	4.500744
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	293.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,090,861

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 2,090,861
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,319.16
68	PROGRAM ROUTINE SERVICE COST	1,689,844
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,689,844
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	661,183
72	PER DIEM CAPITAL-RELATED COSTS	417.15
73	PROGRAM CAPITAL-RELATED COSTS	534,369
74	INPATIENT ROUTINE SERVICE COST	1,155,475
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,155,475
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,689,844
80	PROGRAM INPATIENT ANCILLARY SERVICES	341,653
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,031,497

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	17,591
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,591
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,591
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)	1,446
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	1,058
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	14,231,674
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	14,231,674

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,422,168
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,422,168
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.866614
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	933.56
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	14,231,674

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 809.03
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,169,857
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,169,857

	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	463,454	1,058	438.05		
43 INTENSIVE CARE UNIT	3,381,914	2,499	1,353.31		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,412,085
 49 TOTAL PROGRAM INPATIENT COSTS 2,581,942

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,909
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	809.03
85	OBSERVATION BED COST	3,162,498

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)	4,006
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,006
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,006
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)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,213,823
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,213,823

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,629,221
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,629,221
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.694247
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,155.57
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,213,823

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 802.25
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 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)					
43 INTENSIVE CARE TYPE INPATIENT					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 965
 49 TOTAL PROGRAM INPATIENT COSTS 965

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	802.25
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				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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		6,363,903	
26	INTENSIVE CARE UNIT		2,365,643	
31	SUBPROVIDER		22,943	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.309601	3,831,243	1,186,157
39	DELIVERY ROOM & LABOR ROOM	.819489		
40	ANESTHESIOLOGY	.008449	653,165	5,519
41	RADIOLOGY-DIAGNOSTIC	.094189	6,171,040	581,244
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.122935	436,947	53,716
41 03	LITHOTRIPSY	.115332		
41 04	CARDIAC CATHETERIZATION LABORATORY	.098772	7,757,966	766,270
41 05	ONCOLOGY	.324642	315,921	102,561
44	LABORATORY	.058826	7,713,025	453,726
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY	.163999	3,327,810	545,758
50	PHYSICAL THERAPY	.526188	744,558	391,777
53	ELECTROCARDIOLOGY	.054207	481,956	26,125
54	ELECTROENCEPHALOGRAPHY	.063639	74,125	4,717
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.432598	8,634,254	3,735,161
55 30	IMPL. DEV. CHARGED TO PATIENT	.809307		
56	DRUGS CHARGED TO PATIENTS	.530167	5,461,047	2,895,267
57	RENAL DIALYSIS	.543435	193,033	104,901
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.365619	10,421	3,810
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.278623	2,671,478	744,335
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.057834		
62 01	OBSERVATION BEDS (DISTINCT PART)	.851441		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	1.269696		
63 02	WOMENS CENTER	.390207	2,891	1,128
63 03	RES HOMES	.588426		
63 04	DR. STEELE			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	1.790199	2,880	5,156
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1.408122	193	272
63 12	CLINTON COUNTY	.735564		
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HOWARD DIABETES			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.173563		
63 23	PSYCH DR HASAN	.370384		
63 24	PSYCH DR DEB	1.553949		
63 25	PSYCH DR M SHEI			
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.579557		
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	ORTHO			
63 32	DR JERRY GREER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	HRHS INTERNAL MEDICINE			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	COM OB/GYN			
63 41	B.HEALTH TIPTON			
63 42	DR. SCHILT	.100298		
63 43	B.HEALTH PH MEDICAL PHYS	.005611		
63 44	OTHER OUTPATIENT SERVICE COST CENTER			
63 45	DR PETER KLIM			
63 46	HOSPITALISTS			
63 47	DR. NEKODMARAM			
63 48	DR. CARL			
63 49	DR. ANITA	.721042		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		48,483,953	11,607,600
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	PPS		
			RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
103	OTHER REIMBURS COST CNTRS NET CHARGES		1	2	3
				48,483,953	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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		1,125,705	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.309601		
39	DELIVERY ROOM & LABOR ROOM	.819489		
40	ANESTHESIOLOGY	.008449		
41	RADIOLOGY-DIAGNOSTIC	.094189	52,715	4,965
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.122935	18,449	2,268
41 03	LITHOTRIPSY	.115332		
41 04	CARDIAC CATHETERIZATION LABORATORY	.098772	6,312	623
41 05	ONCOLOGY	.324642	176	57
44	LABORATORY	.058826	230,605	13,566
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY	.163999	8,370	1,373
50	PHYSICAL THERAPY	.526188	38,266	20,135
53	ELECTROCARDIOLOGY	.054207	10,050	545
54	ELECTROENCEPHALOGRAPHY	.063639	4,094	261
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.432598	10,530	4,555
55 30	IMPL. DEV. CHARGED TO PATIENT	.809307		
56	DRUGS CHARGED TO PATIENTS	.530167	200,774	106,444
57	RENAL DIALYSIS	.543435	9,705	5,274
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.365619		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.278623	87,562	24,397
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.057834		
62 01	OBSERVATION BEDS (DISTINCT PART)	.851441		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	1.269696		
63 02	WOMENS CENTER	.390207		
63 03	RES HOMES	.588426		
63 04	DR. STEELE			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	1.790199		
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1.408122	2	3
63 12	CLINTON COUNTY	.735564		
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HOWARD DIABETES			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.173563		
63 23	PSYCH DR HASAN	.370384		
63 24	PSYCH DR DEB	1.553949		
63 25	PSYCH DR M SHEI			
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.579557		
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	ORTHO			
63 32	DR JERRY GREER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	HRHS INTERNAL MEDICINE			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	COM OB/GYN			
63 41	B.HEALTH TIPTON			
63 42	DR. SCHILT	.100298		
63 43	B.HEALTH PH MEDICAL PHYS	.005611		
63 44	OTHER OUTPATIENT SERVICE COST CENTER			
63 45	DR PETER KLIM			
63 46	HOSPITALISTS			
63 47	DR. NEKOOMARAM			
63 48	DR. CARL			
63 49	DR. ANITA	.721042		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		677,610	184,466
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			

Health Financial Systems	MCRIF32	FOR HOWARD REGIONAL HEALTH SYSTEM	IN LIEU OF FORM CMS-2552-96(07/2009)
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		I PROVIDER NO: 15-0007 I COMPONENT NO: 15-S007	I PERIOD: FROM 1/ 1/2010 TO 12/31/2010 I I
	TITLE XVIII, PART A	SUBPROVIDER 1	PPS
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT
LINE NO.		TO CHARGES	CHARGES
		1	2
103	OTHER REIMBURS COST CNTRS		INPATIENT
	NET CHARGES		COST
			3
			677,610

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.309601	6,869	2,127
39	DELIVERY ROOM & LABOR ROOM	.819489		
40	ANESTHESIOLOGY	.008449		
41	RADIOLOGY-DIAGNOSTIC	.094189	44,216	4,165
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.122935		
41 03	LITHOTRIPSY	.115332		
41 04	CARDIAC CATHETERIZATION LABORATORY	.098772		
41 05	ONCOLOGY	.324642		
44	LABORATORY	.058826	167,282	9,841
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY	.163999	4,816	790
50	PHYSICAL THERAPY	.526188	239,893	126,229
53	ELECTROCARDIOLOGY	.054207	9,977	541
54	ELECTROENCEPHALOGRAPHY	.063639		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.432598	94,793	41,007
55 30	IMPL. DEV. CHARGED TO PATIENT	.809307		
56	DRUGS CHARGED TO PATIENTS	.530167	296,045	156,953
57	RENAL DIALYSIS	.543435		
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.365619		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.278623		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.057834		
62 01	OBSERVATION BEDS (DISTINCT PART)	.851441		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	1.269696		
63 02	WOMENS CENTER	.390207		
63 03	RES HOMES	.588426		
63 04	DR. STEELE			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	1.790199		
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1.408122		
63 12	CLINTON COUNTY	.735564		
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HOWARD DIABETES			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.173563		
63 23	PSYCH DR HASAN	.370384		
63 24	PSYCH DR DEB	1.553949		
63 25	PSYCH DR M SHEI			
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.579557		
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	ORTHO			
63 32	DR JERRY GREER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	HRHS INTERNAL MEDICINE			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	COM OB/GYN			
63 41	B.HEALTH TIPTON			
63 42	DR. SCHILT	.100298		
63 43	B.HEALTH PH MEDICAL PHYS	.005611		
63 44	OTHER OUTPATIENT SERVICE COST CENTER			
63 45	DR PETER KLIM			
63 46	HOSPITALISTS			
63 47	DR. NEKOOMARAM			
63 48	DR. CARL			
63 49	DR. ANITA	.721042		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		863,891	341,653
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			1,528,309	
26	INTENSIVE CARE UNIT			278,221	
31	SUBPROVIDER				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.309601	679,024	210,227
39	DELIVERY ROOM & LABOR ROOM		.819489		
40	ANESTHESIOLOGY		.008449	103,548	875
41	RADIOLOGY-DIAGNOSTIC		.094189	579,541	54,586
41 02	MAGNETIC RESONANCE IMAGING (MRI)		.122935	39,620	4,871
41 03	LITHOTRIPSY		.115332		
41 04	CARDIAC CATHETERIZATION LABORATORY		.098772	399,611	39,470
41 05	ONCOLOGY		.324642	18,287	5,937
44	LABORATORY		.058826	1,007,344	59,258
47	BLOOD STORING, PROCESSING & TRANS.				
49	RESPIRATORY THERAPY		.163999	304,505	49,939
50	PHYSICAL THERAPY		.526188	42,011	22,106
53	ELECTROCARDIOLOGY		.054207	30,266	1,641
54	ELECTROENCEPHALOGRAPHY		.063639	21,179	1,348
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.432598	943,358	408,095
55 30	IMPL. DEV. CHARGED TO PATIENT		.809307		
56	DRUGS CHARGED TO PATIENTS		.530167	655,277	347,406
57	RENAL DIALYSIS		.543435	4,264	2,317
58	ASC (NON-DISTINCT PART)				
58 01	WOUND CARE		.365619		
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY		.278623	348,835	97,193
62	OBSERVATION BEDS (NON-DISTINCT PART)		1.057834		
62 01	OBSERVATION BEDS (DISTINCT PART)		.851441	3,837	3,267
63	OTHER OUTPATIENT SERVICE				
63 01	GENESIS		1.269696		
63 02	WOMENS CENTER		.390207	1,144	446
63 03	RES HOMES		.588426		
63 04	DR. STEELE				
63 05					
63 06	FAMILY PRACTICE				
63 07	DIABETIC EDUCATION		1.790199		
63 08	NEW CHOICES				
63 09	OB/GYN				
63 10	HOWARD CO CLINIC				
63 11	HOWARD CO CSS		1.408122		
63 12	CLINTON COUNTY		.735564		
63 13	TELEMEDICINE				
63 14	TELEMEDICINE				
63 15	HOWARD DIABETES				
63 16	DR AROUTINOVA				
63 17	OB/GYN GREER				
63 18	ONCOLOGY-BECHAR				
63 19	CRITICAL CARE PHYSICIANS				
63 20	PSYCH DR STEINER				
63 21	PSYCH GOOD HOPE				
63 22	PSYCH DR ERIKA		.173563	12,239	2,124
63 23	PSYCH DR HASAN		.370384	60,974	22,584
63 24	PSYCH DR DEB		1.553949	37,195	57,799
63 25	PSYCH DR M SHEI				
63 26	N CENTRAL PED				
63 27	CFHC				
63 28	PSYCH MEDICATION		.579557		
63 29	PSYCH PHD CLINIC				
63 30	RUSSIAVILLE OFFICE				
63 31	ORTHO				
63 32	DR JERRY GREER				
63 33	DR KOESTER				
63 34	OPEN HEART				
63 35	DR B. FOGELSON				
63 36	ONCOLOGY MOORE				
63 37	HRHS INTERNAL MEDICINE				
63 38	DR. MOUALLA				
63 39	DR. SEDAGHAT				
63 40	COM OB/GYN				
63 41	B.HEALTH TIPTON				
63 42	DR. SCHILT		.100298	11,085	1,112
63 43	B.HEALTH PH MEDICAL PHYS		.005611		
63 44	OTHER OUTPATIENT SERVICE COST CENTER				
63 45	DR PETER KLIM				
63 46	HOSPITALISTS				
63 47	DR. NEKOOMARAM				
63 48	DR. CARL				
63 49	DR. ANITA		.721042	27,022	19,484
	OTHER REIMBURS COST CNTRS				
65	AMBULANCE SERVICES				
101	TOTAL			5,330,166	1,412,085
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,336,969	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.309601		
39	DELIVERY ROOM & LABOR ROOM	.819489		
40	ANESTHESIOLOGY	.008449		
41	RADIOLOGY-DIAGNOSTIC	.094189		
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.122935		
41 03	LITHOTRIPSY	.115332		
41 04	CARDIAC CATHETERIZATION LABORATORY	.098772		
41 05	ONCOLOGY	.324642		
44	LABORATORY	.058826		
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY	.163999		
50	PHYSICAL THERAPY	.526188		
53	ELECTROCARDIOLOGY	.054207		
54	ELECTROENCEPHALOGRAPHY	.063639		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.432598		
55 30	IMPL. DEV. CHARGED TO PATIENT	.809307		
56	DRUGS CHARGED TO PATIENTS	.530167		
57	RENAL DIALYSIS	.543435		
58	ASC (NON-DISTINCT PART)			
58 01	WOUND CARE	.365619		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.278623		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.057834		
62 01	OBSERVATION BEDS (DISTINCT PART)	.851441		
63	OTHER OUTPATIENT SERVICE			
63 01	GENESIS	1.269696	169	215
63 02	WOMENS CENTER	.390207		
63 03	RES HOMES	.588426		
63 04	DR. STEELE			
63 05				
63 06	FAMILY PRACTICE			
63 07	DIABETIC EDUCATION	1.790199		
63 08	NEW CHOICES			
63 09	OB/GYN			
63 10	HOWARD CO CLINIC			
63 11	HOWARD CO CSS	1.408122	118	166
63 12	CLINTON COUNTY	.735564		
63 13	TELEMEDICINE			
63 14	TELEMEDICINE			
63 15	HOWARD DIABETES			
63 16	DR AROUTINOVA			
63 17	OB/GYN GREER			
63 18	ONCOLOGY-BECHAR			
63 19	CRITICAL CARE PHYSICIANS			
63 20	PSYCH DR STEINER			
63 21	PSYCH GOOD HOPE			
63 22	PSYCH DR ERIKA	.173563	378	66
63 23	PSYCH DR HASAN	.370384	519	192
63 24	PSYCH DR DEB	1.553949	182	283
63 25	PSYCH DR M SHEI			
63 26	N CENTRAL PED			
63 27	CFHC			
63 28	PSYCH MEDICATION	.579557		
63 29	PSYCH PHD CLINIC			
63 30	RUSSIAVILLE OFFICE			
63 31	ORTHO			
63 32	DR JERRY GREER			
63 33	DR KOESTER			
63 34	OPEN HEART			
63 35	DR B. FOGELSON			
63 36	ONCOLOGY MOORE			
63 37	HRHS INTERNAL MEDICINE			
63 38	DR. MOUALLA			
63 39	DR. SEDAGHAT			
63 40	COM OB/GYN			
63 41	B.HEALTH TIPTON			
63 42	DR. SCHILT	.100298	432	43
63 43	B.HEALTH PH MEDICAL PHYS	.005611		
63 44	OTHER OUTPATIENT SERVICE COST CENTER			
63 45	DR PETER KLIM			
63 46	HOSPITALISTS			
63 47	DR. NEKOOMARAM			
63 48	DR. CARL			
63 49	DR. ANITA	.721042		
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		1,798	965
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			

Health Financial Systems MCRIF32 FOR HOWARD REGIONAL HEALTH SYSTEM IN LIEU OF FORM CMS-2552-96(07/2009)
 INPATIENT ANCILLARY SERVICE COST APPORTIONMENT I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-S007 I

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	SUBPROVIDER 1	RATIO COST TO CHARGES	OTHER	
				INPATIENT CHARGES	INPATIENT COST
103	OTHER REIMBURS COST CNTRS NET CHARGES		1	2	3
				1,798	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	19,507,552	
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)	19,507,552	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,616,399	
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	196,032	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	21,319,983	
17 PRIMARY PAYER PAYMENTS	2,317	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	21,317,666	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,613,220	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	42,625	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	377,495	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	264,247	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	337,487	
22 SUBTOTAL	19,926,068	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24		
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	19,926,068	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	18,646,164	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,279,904	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	20,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION 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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
I	15-0007	I	FROM 1/ 1/2010	I	WORKSHEET	E
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	B
I	15-0007	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	11,709
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	16,369,083
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	13,721,655
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	41,707
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	11,709
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	22,085
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	22,085
	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)	22,085
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	10,376
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	11,709
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	13,763,362
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,901,631
19	SUBTOTAL (SEE INSTRUCTIONS)	10,873,440
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	10,873,440
24	PRIMARY PAYER PAYMENTS	609
25	SUBTOTAL	10,872,831
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	519,440
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	363,608
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	503,188
28	SUBTOTAL	11,236,439
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)	17
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	11,236,422
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	10,969,715
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	266,707
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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0007 I I

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		18,641,155		10,826,014
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/12/2010	41,675	8/12/2010	41,077
ADJUSTMENTS TO PROVIDER .02	12/31/2010	190,008	12/31/2010	129,304
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	8/12/2010	111,063	8/12/2010	26,680
ADJUSTMENTS TO PROGRAM .51	8/12/2010	115,611		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		5,009		143,701
4 TOTAL INTERIM PAYMENTS		18,646,164		10,969,715
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)		1,279,904		266,707
7 TOTAL MEDICARE PROGRAM LIABILITY		19,926,068		11,236,422

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
I	15-0007	I	FROM 1/ 1/2010	I	WORKSHEET	E-1
I	COMPONENT NO:	I	TO 12/31/2010	I		
I	15-S007	I		I		

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		628,013		
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		
4 TOTAL INTERIM PAYMENTS		628,013		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT				NONE
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01	2,083	
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			630,096	

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-5439 I I

TITLE XVIII SNF

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		447,139		
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		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		447,139		
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		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		447,139		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	750,862
1.09	NET IPF PPS OUTLIER PAYMENTS	2,873
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)	10.975342
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)	753,735
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)	753,735
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (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)	753,735
5	PRIMARY PAYER PAYMENTS	354
6	SUBTOTAL	753,381
7	DEDUCTIBLES	125,368
8	SUBTOTAL	628,013
9	COINSURANCE	
10	SUBTOTAL	628,013
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	2,976
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,083
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	630,096
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	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	630,096
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	628,013
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	2,083
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 INSTRUC TIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	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			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		2,581,942	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		2,581,942	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		2,581,942	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,806,530	
11	ANCILLARY SERVICE CHARGES		5,330,166	
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		7,136,696	
	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)		7,136,696	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		4,554,754	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,581,942	
	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		2,581,942	
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		2,581,942	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		2,581,942	
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)		2,581,942	
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		2,581,942	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2,581,942	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		1,819,402	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
58	BALANCE DUE PROVIDER/PROGRAM		1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		762,540	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		965	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		965	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		965	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,336,969	
11	ANCILLARY SERVICE CHARGES		1,798	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		1,338,767	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		1,338,767	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		1,337,802	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		965	
	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		965	
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		965	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		965	
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)		965	
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		965	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		965	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		356,256	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6,767,997			
2	TEMPORARY INVESTMENTS	18,976,396			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	16,376,344			
5	OTHER RECEIVABLES	5,433,178			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	5,126,711			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	885,000			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	53,565,626			
FIXED ASSETS					
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	83,680,288			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	83,680,288			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	10,727,685			
26	TOTAL OTHER ASSETS	10,727,685			
27	TOTAL ASSETS	147,973,599			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,928,577			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	572,554			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	12,853,776			
36 TOTAL CURRENT LIABILITIES	20,354,907			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	64,436,806			
42 TOTAL LONG-TERM LIABILITIES	64,436,806			
43 TOTAL LIABILITIES	84,791,713			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	63,181,886			
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	63,181,886			
52 TOTAL LIABILITIES AND FUND BALANCES	147,973,599			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET G-1
 I I TO 12/31/2010 I

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		71,277,693		
2 OF PERIOD				
2 NET INCOME (LOSS)		-8,095,807		
3 TOTAL		63,181,886		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		63,181,886		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		63,181,886		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/27/2011
I	15-0007	I	FROM 1/ 1/2010	I	WORKSHEET G-3
I		I	TO 12/31/2010	I	

DESCRIPTION

1	TOTAL PATIENT REVENUES	316,155,440
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	205,857,189
3	NET PATIENT REVENUES	110,298,251
4	LESS: TOTAL OPERATING EXPENSES	131,798,946
5	NET INCOME FROM SERVICE TO PATIENTS	-21,500,695
	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 (SPECIFY)	13,404,888
25	TOTAL OTHER INCOME	13,404,888
26	TOTAL	-8,095,807
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-8,095,807

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0007 I FROM 1/ 1/2010 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV
 I 15-0007 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,398,210
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	148,278
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	45.15
	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	3.89
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	20.22
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	24.11
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	69,911
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,616,399
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)	