

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		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0161		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 7/26/2011 TIME 15:58

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:
 CLARIAN NORTH MEDICAL CENTER 15-0161
 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	507,213	36,432	3,241,607	
100 TOTAL	0	507,213	36,432	3,241,607	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 11700 NORTH MERIDIAN ST P. O. BOX:
 1.01 CITY: CARMEL STATE: IN ZIP CODE: 46032- COUNTY: HAMILTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	CLARIAN NORTH MEDICAL CENTER	15-0161		12/20/2005	4	5	6
					N	P	N

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

18 TYPE OF CONTROL

1 2
4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

1

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 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 26900

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 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). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0161
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	130	47,450					848
2 HMO					6,980		
2 01 HMO - (IRF PPS SUBPROVIDER)					2,374		4,324
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDIATRICS	130	47,450			6,980		848
9 SURGICAL INTENSIVE CARE UNIT							
9 01 PEDIATRIC INTENSIVE CARE UNIT	8	2,920			4		266
9 02 PREMATURE INTENSIVE CARE UNIT	23	8,395					115
11 NURSERY							93
12 TOTAL	161	58,765			6,984		1,322
13 RPCH VISITS							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL	161						
26 OBSERVATION BED DAYS							35
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							180

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYSICIANS 8
1 ADULTS & PEDIATRICS			24,768				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDIATRICS			24,768				
9 SURGICAL INTENSIVE CARE UNIT							
9 01 PEDIATRIC INTENSIVE CARE UNIT			1,444				
9 02 PREMATURE INTENSIVE CARE UNIT			3,915				
11 NURSERY			5,288				
12 TOTAL			35,415				
13 RPCH VISITS							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL							
26 OBSERVATION BED DAYS			855				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			1,710				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,658	302	10,635
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDIATRICS							
9 SURGICAL INTENSIVE CARE UNIT							
9 01 PEDIATRIC INTENSIVE CARE UNIT							
9 02 PREMATURE INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,049.84			1,658	302	10,635
13 RPCH VISITS							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL		1,049.84					
26 OBSERVATION BED DAYS							
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
SALARIES						
1 TOTAL SALARY	62,658,106		62,658,106	2,183,673.35	28.69	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	510,337		510,337	3,337.15	152.93	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,931,778		1,931,778	76,288.59	25.32	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	474,000		474,000	10,793.90	43.91	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	265,140		265,140	2,051.00	129.27	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS		10,186,407	10,186,407	367,725.00	27.70	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,462,214		15,462,214			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	511,971		511,971			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	588,227		588,227	23,517.00	25.01	
22 ADMINISTRATIVE & GENERAL	6,569,571		6,569,571	159,248.00	41.25	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,401,064		1,401,064	51,594.00	27.16	
24 OPERATION OF PLANT	195,486		195,486	5,872.00	33.29	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,318,725		1,318,725	108,313.00	12.18	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	813,948		813,948	56,516.00	14.40	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	944,656		944,656	65,722.84	14.37	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,749,438		2,749,438	83,698.42	32.85	
31 CENTRAL SERVICE AND SUPPLY	728,914		728,914	37,258.00	19.56	
32 PHARMACY	2,496,590		2,496,590	68,306.00	36.55	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	234,754		234,754	8,067.00	29.10	
35 OTHER GENERAL SERVICE	215,188		215,188	16,575.00	12.98	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	62,658,106		62,658,106	2,183,673.35	28.69	
2 EXCLUDED AREA SALARIES	1,931,778		1,931,778	76,288.59	25.32	
3 SUBTOTAL SALARIES	60,726,328		60,726,328	2,107,384.76	28.82	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	739,140	10,186,407	10,925,547	380,569.90	28.71	
5 SUBTOTAL WAGE-RELATED COSTS	15,462,214		15,462,214		25.46	
6 TOTAL	76,927,682	10,186,407	87,114,089	2,487,954.66	35.01	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	18,256,561		18,256,561	684,687.26	26.66	

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) .411404
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

DESCRIPTION

- 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

PROVIDER NO:
15-0161

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

PREPARED 7/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				14,496,207	14,496,207
3.01	0301 NEW CAP REL COSTS-INTEREST				15,764,451	15,764,451
3.02	0302 MOB LEASED SPACE					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				10,713,402	10,713,402
5	0500 EMPLOYEE BENEFITS	588,227	922,463	1,510,690	10,678,975	12,189,665
6.01	0610 NONPATIENT TELEPHONES		136,509	136,509	3,535	140,044
6.02	0620 DATA PROCESSING	105,112	714,655	819,767	-236,742	583,025
6.03	0630 PURCHASING, RECEIVING AND STORES	386,112	258,112	644,224	-153,618	490,606
6.04	0640 ADMITTING	1,856,354	976,362	2,832,716	-349,780	2,482,936
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	4,221,993	60,603,082	64,825,075	-38,977,799	25,847,276
7	0700 MAINTENANCE & REPAIRS	1,401,064	4,589,043	5,990,107	-348,994	5,641,113
8	0800 OPERATION OF PLANT	195,486	272,842	468,328	-169,709	298,619
9	0900 LAUNDRY & LINEN SERVICE		607,582	607,582	-17	607,565
10	1000 HOUSEKEEPING	1,318,725	3,901,277	5,220,002	-214,647	5,005,355
11	1100 DIETARY	813,948	713,235	1,527,183	-146,513	1,380,670
12	1200 CAFETERIA	944,656	1,246,131	2,190,787	-156,290	2,034,497
14	1400 NURSING ADMINISTRATION	2,749,438	1,031,116	3,780,554	-564,119	3,216,435
15	1500 CENTRAL SERVICES & SUPPLY	728,914	1,509,854	2,238,768	14,553,069	16,791,837
16	1600 PHARMACY	2,496,590	4,666,090	7,162,680	-697,751	6,464,929
17	1700 MEDICAL RECORDS & LIBRARY		488,907	488,907	-15,711	473,196
18	1800 SOCIAL SERVICE	234,754	74,986	309,740	-41,704	268,036
19	1950 PATIENT TRANSPORTATION	215,188	54,005	269,193	-33,603	235,590
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	18,220,612	9,706,070	27,926,682	-6,754,687	21,171,995
29	2900 SURGICAL INTENSIVE CARE UNIT					
29.01	2080 PEDIATRIC INTENSIVE CARE UNIT	1,131,123	1,744,403	2,875,526	-240,447	2,635,079
29.02	2120 PREMATURE INTENSIVE CARE UNIT	2,533,437	1,317,352	3,850,789	-610,807	3,239,982
33	3300 NURSERY				1,536,166	1,536,166
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,607,868	22,993,691	27,601,559	-21,243,259	6,358,300
38	3800 RECOVERY ROOM	2,157,368	929,174	3,086,542	-732,545	2,353,997
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	3,146,659	2,818,271	5,964,930	-1,741,824	4,223,106
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	153,398	173,084	326,482	-156,131	170,351
44	4400 LABORATORY	2,716,483	5,655,525	8,372,008	-2,055,242	6,316,766
49	4900 RESPIRATORY THERAPY	2,088,333	927,071	3,015,404	-719,890	2,295,514
50	5000 PHYSICAL THERAPY	1,201,040	475,373	1,676,413	-272,173	1,404,240
53	5300 ELECTROCARDIOLOGY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,255,044	3,255,044
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				11,736,585	11,736,585
56	5600 DRUGS CHARGED TO PATIENTS					
58	5800 ASC (NON-DISTINCT PART)					
58.01	5801 CARDIAC CATHETERIZATION LABORATORY	2,027,863	4,528,510	6,556,373	-4,107,755	2,448,618
59	3950 OTHER ANCILLARY SERVICE COST CENTERS					
59.97	3997 CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 ADULT SLEEP LAB		894,526	894,526	-153,382	741,144
60.02	6002 PEDIATRIC SLEEP LAB		390,327	390,327	-94,928	295,399
60.03	6003 IVF	23,786	110,120	133,906	-52,870	81,036
61	6100 EMERGENCY	2,461,797	970,465	3,432,262	-700,139	2,732,123
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS	60,726,328	136,400,213	197,126,541	994,358	198,120,899
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 OTHER NON-REIMBURSABLE	609,875	4,208,170	4,818,045	-398,695	4,419,350
98.02	9802 PURCHASED SERVICES					
98.03	9803 ZIONVILLE SCHOOL NURSES					
98.04	9804 PHYSICIANS' PRIVATE OFFICES	12,779	45,460	58,239	-4,514	53,725
98.05	9805 BARIATRIC PHYSICIANS	1,309,124	1,669,986	2,979,110	-591,149	2,387,961
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	62,658,106	142,323,829	204,981,935	-0-	204,981,935

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0161
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-1,236,945	13,259,262
3.01 0301	NEW CAP REL COSTS-INTEREST		15,764,451
3.02 0302	MOB LEASED SPACE	217,690	217,690
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,846,068	12,559,470
5 0500	EMPLOYEE BENEFITS	3,138,296	15,327,961
6.01 0610	NONPATIENT TELEPHONES	213,548	353,592
6.02 0620	DATA PROCESSING	8,313,937	8,896,962
6.03 0630	PURCHASING, RECEIVING AND STORES	683,270	1,173,876
6.04 0640	ADMINISTRATIVE	1,793,845	4,276,781
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	-4,416,539	21,430,737
7 0700	MAINTENANCE & REPAIRS	-291,425	5,349,688
8 0800	OPERATION OF PLANT	757,043	1,055,662
9 0900	LAUNDRY & LINEN SERVICE		607,565
10 1000	HOUSEKEEPING	193,037	5,198,392
11 1100	DIETARY	-16,930	1,363,740
12 1200	CAFETERIA	-1,331,683	702,814
14 1400	NURSING ADMINISTRATION	54,474	3,270,909
15 1500	CENTRAL SERVICES & SUPPLY	648	16,792,485
16 1600	PHARMACY	-1,064	6,463,865
17 1700	MEDICAL RECORDS & LIBRARY	714,079	1,187,275
18 1800	SOCIAL SERVICE		268,036
19 1950	PATIENT TRANSPORTATION		235,590
25 2500	ADULTS & PEDIATRICS	-4,201,171	16,970,824
29 2900	SURGICAL INTENSIVE CARE UNIT		
29.01 2080	PEDIATRIC INTENSIVE CARE UNIT	-1,395,732	1,239,347
29.02 2120	PREMATURE INTENSIVE CARE UNIT	-395,710	2,844,272
33 3300	NURSERY		1,536,166
37 3700	OPERATING ROOM	-540,639	5,817,661
38 3800	RECOVERY ROOM	-1,316	2,352,681
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	-336,452	3,886,654
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE	-122	170,229
44 4400	LABORATORY	-1,375,688	4,941,078
49 4900	RESPIRATORY THERAPY	44,188	2,339,702
50 5000	PHYSICAL THERAPY	-6,079	1,398,161
53 5300	ELECTROCARDIOLOGY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,255,044
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		11,736,585
56 5600	DRUGS CHARGED TO PATIENTS		
58 5800	ASC (NON-DISTINCT PART)		
58.01 5801	CARDIAC CATHETERIZATION LABORATORY	-117,500	2,331,118
59 3950	OTHER ANCILLARY SERVICE COST CENTERS		
59.97 3997	CARDIAC REHABILITATION		
60 6000	OUTPAT SERVICE COST CNTRS		
60.01 6001	CLINIC		
60.01 6001	ADULT SLEEP LAB	-710,607	30,537
60.02 6002	PEDIATRIC SLEEP LAB	-293,122	2,277
60.03 6003	IVF	-51,600	29,436
61 6100	EMERGENCY	-53,051	2,679,072
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
88 8800	SPEC PURPOSE COST CENTERS		
90 9000	INTEREST EXPENSE		-0-
92 9200	OTHER CAPITAL RELATED COSTS		-0-
95 9200	AMBULATORY SURGICAL CENTER (D.P.)		
	SUBTOTALS	1,196,748	199,317,647
96 9600	NONREIMBURS COST CENTERS		
98 9800	GI FT, FLOWER, COFFEE SHOP & CANTEEN		
98.01 9801	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	OTHER NON-REIMBURSABLE	-205,894	4,213,456
98.02 9802	PURCHASED SERVICES		
98.03 9803	ZIONSVILLE SCHOOL NURSES		
98.04 9804	PHYSICIANS' PRIVATE OFFICES	-34,341	19,384
98.05 9805	BARIATRIC PHYSICIANS	-155,687	2,232,274
100 7950	OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	800,826	205,782,761

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0161
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-INTEREST	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	MOB LEASED SPACE	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
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	PATIENT TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
29	SURGICAL INTENSIVE CARE UNIT	2900	
29.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
29.02	PREMATURE INTENSIVE CARE UNIT	2120	PREMATURE INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
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	
58	ASC (NON-DISTINCT PART)	5800	
58.01	CARDIAC CATHETERIZATION LABORATORY	5801	ASC (NON-DISTINCT PART)
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	ADULT SLEEP LAB	6001	CLINIC
60.02	PEDIATRIC SLEEP LAB	6002	CLINIC
60.03	IVF	6003	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NON-REIMBURSABLE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PURCHASED SERVICES	9802	PHYSICIANS' PRIVATE OFFICES
98.03	ZIONSVILLE SCHOOL NURSES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	PHYSICIANS' PRIVATE OFFICES	9804	PHYSICIANS' PRIVATE OFFICES
98.05	BARIATRIC PHYSICIANS	9805	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150161

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

PREPARED 7/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		10,693,231
2		NEW CAP REL COSTS-MVBLE EQUIP	4		9,550,538
3		ADULT SLEEP LAB	60.01		699
4					
5 LEASE	B	NEW CAP REL COSTS-BLDG & FIXT	3		3,802,976
6		NEW CAP REL COSTS-MVBLE EQUIP	4		1,162,864
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34					
35 PACU	C	ADULTS & PEDIATRICS	25	12,436	3,206
1 NURSERY	D	NURSERY	33	1,236,092	300,074
2 BENEFITS	E	EMPLOYEE BENEFITS	5		10,687,527
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32 INTEREST	F	NEW CAP REL COSTS-INTEREST	3.01		15,764,451
33					
34					
35					

RECLASSIFICATIONS

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

PREPARED 7/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 INTEREST	F					
2 TELEPHONES	G					
3				6.01		3,535
4				6.05		113
5						
6						
7						
8						
9						
10						
11 BILLABLE SUPPLIES	H					
12				55		3,255,044
13				55.30		11,736,585
14				6.05		294,389
15				29.02		1,385
16						
17						
18						
19						
20						
21						
22						
23						
24 MARKETING	I					
25				98.01		4,591
26						
27						
28 NON-BILLABLE SUPPLIES	J					
29				5		1,090
30				15		14,685,445
31						
32						
33						
34						
35						
36 TOTAL RECLASSIFICATIONS					1,248,528	81,947,743

(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:
150161

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

PREPARED 7/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
		1	6	7	8	9	10
----- DECREASE -----							
1	DEPRECIATION	A	DATA PROCESSING	6.02		6,578	9
2			OTHER ADMINISTRATIVE AND GENERAL	6.05		20,219,360	9
3			RADIOLOGY-DIAGNOSTIC	41		16,154	9
4			LABORATORY	44		2,376	9
5	LEASE	B	EMPLOYEE BENEFITS	5		9,642	10
6			DATA PROCESSING	6.02		210,508	10
7			PURCHASING, RECEIVING AND STORES	6.03		2,844	10
8			ADMITTING	6.04		9,039	10
9			OTHER ADMINISTRATIVE AND GENERAL	6.05		2,451,927	10
10			MAINTENANCE & REPAIRS	7		40,397	10
11			OPERATION OF PLANT	8		139,984	10
12			HOUSEKEEPING	10		251	10
13			DIETARY	11		3,675	10
14			CAFETERIA	12		657	10
15			NURSING ADMINISTRATION	14		67,777	10
16			CENTRAL SERVICES & SUPPLY	15		3,467	10
17			PHARMACY	16		54,755	10
18			MEDICAL RECORDS & LIBRARY	17		15,680	10
19			ADULTS & PEDIATRICS	25		96,968	10
20			PEDIATRIC INTENSIVE CARE UNIT	29.01		284	10
21			PREMATURE INTENSIVE CARE UNIT	29.02		17,365	10
22			OPERATING ROOM	37		167,277	10
23			RECOVERY ROOM	38		1,969	10
24			RADIOLOGY-DIAGNOSTIC	41		674,141	10
25			LABORATORY	44		15,779	10
26			RESPIRATORY THERAPY	49		66,511	10
27			PHYSICAL THERAPY	50		32,086	10
28			CARDIAC CATHETERIZATION LABORATORY	58.01		17,794	10
29			ADULT SLEEP LAB	60.01		128,524	10
30			PEDIATRIC SLEEP LAB	60.02		66,500	10
31			EMERGENCY	61		5,095	10
32			OTHER NON-REIMBURSABLE	98.01		299,355	10
33			PHYSICIANS' PRIVATE OFFICES	98.04		4,490	10
34			BARIATRIC PHYSICIANS	98.05		361,099	10
35	PACU	C	RECOVERY ROOM	38	12,436	3,206	
1	NURSERY	D	ADULTS & PEDIATRICS	25	1,236,092	300,074	
2	BENEFITS	E	DATA PROCESSING	6.02		19,208	
3			PURCHASING, RECEIVING AND STORES	6.03		65,659	
4			ADMITTING	6.04		334,880	
5			OTHER ADMINISTRATIVE AND GENERAL	6.05		671,600	
6			MAINTENANCE & REPAIRS	7		250,258	
7			OPERATION OF PLANT	8		29,637	
8			HOUSEKEEPING	10		210,537	
9			DIETARY	11		133,298	
10			CAFETERIA	12		154,356	
11			NURSING ADMINISTRATION	14		494,947	
12			CENTRAL SERVICES & SUPPLY	15		123,470	
13			PHARMACY	16		444,595	
14			SOCIAL SERVICE	18		41,614	
15			PATIENT TRANSPORTATION	19		33,603	
16			ADULTS & PEDIATRICS	25		3,158,834	
17			PEDIATRIC INTENSIVE CARE UNIT	29.01		193,098	
18			PREMATURE INTENSIVE CARE UNIT	29.02		433,014	
19			OPERATING ROOM	37		794,923	
20			RECOVERY ROOM	38		370,183	
21			RADIOLOGY-DIAGNOSTIC	41		534,028	
22			RADIOISOTOPE	43		28,037	
23			LABORATORY	44		477,346	
24			RESPIRATORY THERAPY	49		362,885	
25			PHYSICAL THERAPY	50		214,914	
26			CARDIAC CATHETERIZATION LABORATORY	58.01		355,320	
27			IVF	60.03		3,849	
28			EMERGENCY	61		419,483	
29			OTHER NON-REIMBURSABLE	98.01		103,877	
30			PHYSICIANS' PRIVATE OFFICES	98.04		24	
31			BARIATRIC PHYSICIANS	98.05		230,050	
32	INTEREST	F	OTHER ADMINISTRATIVE AND GENERAL	6.05		15,763,674	11
33			ADULTS & PEDIATRICS	25		68	11
34			RADIOLOGY-DIAGNOSTIC	41		291	11
35			CARDIAC CATHETERIZATION LABORATORY	58.01		37	11

RECLASSIFICATIONS

PROVIDER NO:
150161

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

PREPARED 7/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE	NO			
	1	6	7	8	9	10	
1 INTEREST	F	ADULT SLEEP LAB	60.01			381	11
2 TELEPHONES	G	DATA PROCESSING	6.02			442	
3		HOUSEKEEPING	10			642	
4		CENTRAL SERVICES & SUPPLY	15			125	
5		PHARMACY	16			53	
6		SOCIAL SERVICE	18			90	
7		OPERATING ROOM	37			54	
8		RECOVERY ROOM	38			856	
9		RADIOLOGY-DIAGNOSTIC	41			1,332	
10		OTHER NON-REIMBURSABLE	98.01			54	
11 BILLABLE SUPPLIES	H	PURCHASING, RECEIVING AND STORES	6.03			50,483	
12		CENTRAL SERVICES & SUPPLY	15			5,314	
13		PHARMACY	16			117	
14		ADULTS & PEDIATRICS	25			26,594	
15		OPERATING ROOM	37			11,420,987	
16		RADIOLOGY-DIAGNOSTIC	41			305,712	
17		RADIOISOTOPE	43			1,808	
18		LABORATORY	44			7,142	
19		CARDIAC CATHETERIZATION LABORATORY	58.01			3,463,379	
20		ADULT SLEEP LAB	60.01			45	
21		PEDIATRIC SLEEP LAB	60.02			101	
22		IVF	60.03			30	
23		EMERGENCY	61			5,691	
24 MARKETING	I	ADMINISTRATIVE	6.04			3,061	
25		OTHER ADMINISTRATIVE AND GENERAL	6.05			710	
26		RADIOLOGY-DIAGNOSTIC	41			487	
27		PHYSICAL THERAPY	50			333	
28 NON-BILLABLE SUPPLIES	J	DATA PROCESSING	6.02			6	
29		PURCHASING, RECEIVING AND STORES	6.03			34,632	
30		ADMINISTRATIVE	6.04			2,800	
31		OTHER ADMINISTRATIVE AND GENERAL	6.05			165,030	
32		MAINTENANCE & REPAIRS	7			58,339	
33		OPERATION OF PLANT	8			88	
34		LAUNDRY & LINEN SERVICE	9			17	
35		HOUSEKEEPING	10			3,217	
1 NON-BILLABLE SUPPLIES	J	DIETARY	11			9,540	
2		CAFETERIA	12			1,277	
3		NURSING ADMINISTRATION	14			1,395	
4		PHARMACY	16			198,231	
5		MEDICAL RECORDS & LIBRARY	17			31	
6		ADULTS & PEDIATRICS	25			1,951,699	
7		PEDIATRIC INTENSIVE CARE UNIT	29.01			47,065	
8		PREMATURE INTENSIVE CARE UNIT	29.02			161,813	
9		OPERATING ROOM	37			8,860,018	
10		RECOVERY ROOM	38			343,895	
11		RADIOLOGY-DIAGNOSTIC	41			209,679	
12		RADIOISOTOPE	43			126,286	
13		LABORATORY	44			1,552,599	
14		RESPIRATORY THERAPY	49			290,494	
15		PHYSICAL THERAPY	50			24,840	
16		CARDIAC CATHETERIZATION LABORATORY	58.01			271,225	
17		ADULT SLEEP LAB	60.01			25,131	
18		PEDIATRIC SLEEP LAB	60.02			28,327	
19		IVF	60.03			48,991	
20		EMERGENCY	61			269,870	
36 TOTAL RECLASSIFICATIONS					1,248,528	81,947,743	

(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:
150161

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

PREPARED 7/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,693,231
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,550,538
3.00	ADULT SLEEP LAB	60.01	699
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			20,244,468

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DATA PROCESSING	6.02	6,578	
OTHER ADMINISTRATIVE AND GENER	6.05	20,219,360	
RADIOLOGY-DIAGNOSTIC	41	16,154	
LABORATORY	44	2,376	
		20,244,468	

RECLASS CODE: B
EXPLANATION : LEASE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,802,976
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,162,864
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			4,965,840

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	9,642	
DATA PROCESSING	6.02	210,508	
PURCHASING, RECEIVING AND STOR	6.03	2,844	
ADMINISTRATIVE AND GENER	6.04	9,039	
OTHER ADMINISTRATIVE AND GENER	6.05	2,451,927	
MAINTENANCE & REPAIRS	7	40,397	
OPERATION OF PLANT	8	139,984	
HOUSEKEEPING	10	251	
DIETARY	11	3,675	
CAFETERIA	12	657	
NURSING ADMINISTRATION	14	67,777	
CENTRAL SERVICES & SUPPLY	15	3,467	
PHARMACY	16	54,755	
MEDICAL RECORDS & LIBRARY	17	15,680	
ADULTS & PEDIATRICS	25	96,968	
PEDIATRIC INTENSIVE CARE UNIT	29.01	284	
PREMATURE INTENSIVE CARE UNIT	29.02	17,365	
OPERATING ROOM	37	167,277	
RECOVERY ROOM	38	1,969	
RADIOLOGY-DIAGNOSTIC	41	674,141	
LABORATORY	44	15,779	
RESPIRATORY THERAPY	49	66,511	
PHYSICAL THERAPY	50	32,086	
CARDIAC CATHETERIZATION LABORATO	58.01	17,794	
ADULT SLEEP LAB	60.01	128,524	
PEDIATRIC SLEEP LAB	60.02	66,500	
EMERGENCY	61	5,095	
OTHER NON-REIMBURSABLE	98.01	299,355	
PHYSICIANS' PRIVATE OFFICES	98.04	4,490	
BARIATRIC PHYSICIANS	98.05	361,099	
		4,965,840	

RECLASS CODE: C
EXPLANATION : PACU

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	15,642
TOTAL RECLASSIFICATIONS FOR CODE C			15,642

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RECOVERY ROOM	38	15,642	
		15,642	

RECLASS CODE: D
EXPLANATION : NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	1,536,166
TOTAL RECLASSIFICATIONS FOR CODE D			1,536,166

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,536,166	
		1,536,166	

RECLASS CODE: E
EXPLANATION : BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	10,687,527
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DATA PROCESSING	6.02	19,208	
PURCHASING, RECEIVING AND STOR	6.03	65,659	
ADMINISTRATIVE AND GENER	6.04	334,880	
OTHER ADMINISTRATIVE AND GENER	6.05	671,600	
MAINTENANCE & REPAIRS	7	250,258	
OPERATION OF PLANT	8	29,637	

RECLASSIFICATIONS

PROVIDER NO:
150161

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

PREPARED 7/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
7.00			0	HOUSEKEEPING	10	210,537	
8.00			0	DIETARY	11	133,298	
9.00			0	CAFETERIA	12	154,356	
10.00			0	NURSING ADMINISTRATION	14	494,947	
11.00			0	CENTRAL SERVICES & SUPPLY	15	123,470	
12.00			0	PHARMACY	16	444,595	
13.00			0	SOCIAL SERVICE	18	41,614	
14.00			0	PATIENT TRANSPORTATION	19	33,603	
15.00			0	ADULTS & PEDIATRICS	25	3,158,834	
16.00			0	PEDIATRIC INTENSIVE CARE UNIT	29.01	193,098	
17.00			0	PREMATURE INTENSIVE CARE UNIT	29.02	433,014	
18.00			0	OPERATING ROOM	37	794,923	
19.00			0	RECOVERY ROOM	38	370,183	
20.00			0	RADIOLOGY-DIAGNOSTIC	41	534,028	
21.00			0	RADIOISOTOPE	43	28,037	
22.00			0	LABORATORY	44	477,346	
23.00			0	RESPIRATORY THERAPY	49	362,885	
24.00			0	PHYSICAL THERAPY	50	214,914	
25.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	355,320	
26.00			0	IVF	60.03	3,849	
27.00			0	EMERGENCY	61	419,483	
28.00			0	OTHER NON-REIMBURSABLE	98.01	103,877	
29.00			0	PHYSICIANS' PRIVATE OFFICES	98.04	24	
30.00			0	BARIATRIC PHYSICIANS	98.05	230,050	
TOTAL RECLASSIFICATIONS FOR CODE E			10,687,527	TOTAL RECLASSIFICATIONS FOR CODE E			10,687,527

RECLASS CODE: F
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-INTEREST	3.01	15,764,451	OTHER ADMINISTRATIVE AND GENER	6.05	15,763,674	
2.00			0	ADULTS & PEDIATRICS	25	68	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	291	
4.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	37	
5.00			0	ADULT SLEEP LAB	60.01	381	
TOTAL RECLASSIFICATIONS FOR CODE F			15,764,451	TOTAL RECLASSIFICATIONS FOR CODE F			15,764,451

RECLASS CODE: G
EXPLANATION : TELEPHONES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPATIENT TELEPHONES	6.01	3,535	DATA PROCESSING	6.02	442	
2.00	OTHER ADMINISTRATIVE AND GENER	6.05	113	HOUSEKEEPING	10	642	
3.00			0	CENTRAL SERVICES & SUPPLY	15	125	
4.00			0	PHARMACY	16	53	
5.00			0	SOCIAL SERVICE	18	90	
6.00			0	OPERATING ROOM	37	54	
7.00			0	RECOVERY ROOM	38	856	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	1,332	
9.00			0	OTHER NON-REIMBURSABLE	98.01	54	
TOTAL RECLASSIFICATIONS FOR CODE G			3,648	TOTAL RECLASSIFICATIONS FOR CODE G			3,648

RECLASS CODE: H
EXPLANATION : BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,255,044	PURCHASING, RECEIVING AND STOR	6.03	50,483	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	11,736,585	CENTRAL SERVICES & SUPPLY	15	5,314	
3.00	OTHER ADMINISTRATIVE AND GENER	6.05	294,389	PHARMACY	16	117	
4.00	PREMATURE INTENSIVE CARE UNIT	29.02	1,385	ADULTS & PEDIATRICS	25	26,594	
5.00			0	OPERATING ROOM	37	11,420,987	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	305,712	
7.00			0	RADIOISOTOPE	43	1,808	
8.00			0	LABORATORY	44	7,142	
9.00			0	CARDIAC CATHETERIZATION LABORATO	58.01	3,463,379	
10.00			0	ADULT SLEEP LAB	60.01	45	
11.00			0	PEDIATRIC SLEEP LAB	60.02	101	
12.00			0	IVF	60.03	30	

RECLASSIFICATIONS

PROVIDER NO:
150161

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

PREPARED 7/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : BILLABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
13.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			15,287,403

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	5,691	
		15,287,403	

RECLASS CODE: I
EXPLANATION : MARKETING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NON-REIMBURSABLE	98.01	4,591
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			4,591

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE	6.04	3,061	
OTHER ADMINISTRATIVE AND GENERAL	6.05	710	
RADIOLOGY-DIAGNOSTIC	41	487	
PHYSICAL THERAPY	50	333	
		4,591	

RECLASS CODE: J
EXPLANATION : NON-BILLABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,090
2.00	CENTRAL SERVICES & SUPPLY	15	14,685,445
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
TOTAL RECLASSIFICATIONS FOR CODE J			14,686,535

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DATA PROCESSING	6.02	6	
PURCHASING, RECEIVING AND STORAGE	6.03	34,632	
ADMINISTRATIVE	6.04	2,800	
OTHER ADMINISTRATIVE AND GENERAL	6.05	165,030	
MAINTENANCE & REPAIRS	7	58,339	
OPERATION OF PLANT	8	88	
LAUNDRY & LINEN SERVICE	9	17	
HOUSEKEEPING	10	3,217	
DIETARY	11	9,540	
CAFETERIA	12	1,277	
NURSING ADMINISTRATION	14	1,395	
PHARMACY	16	198,231	
MEDICAL RECORDS & LIBRARY	17	31	
ADULTS & PEDIATRICS	25	1,951,699	
PEDIATRIC INTENSIVE CARE UNIT	29.01	47,065	
PREMATURE INTENSIVE CARE UNIT	29.02	161,813	
OPERATING ROOM	37	8,860,018	
RECOVERY ROOM	38	343,895	
RADIOLOGY-DIAGNOSTIC	41	209,679	
RADIOISOTOPE	43	126,286	
LABORATORY	44	1,552,599	
RESPIRATORY THERAPY	49	290,494	
PHYSICAL THERAPY	50	24,840	
CARDIAC CATHETERIZATION LABORATORY	58.01	271,225	
ADULT SLEEP LAB	60.01	25,131	
PEDIATRIC SLEEP LAB	60.02	28,327	
IVF	60.03	48,991	
EMERGENCY	61	269,870	
		14,686,535	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	11,942,000					11,942,000	
3 BUILDINGS & FIXTURE	148,755,000					148,755,000	
4 BUILDING IMPROVEMENT	7,303,000	145,000		145,000		7,448,000	
5 FIXED EQUIPMENT	24,817,015	51,593		51,593		24,868,608	
6 MOVABLE EQUIPMENT	62,168,499	3,594,889		3,594,889	1,126,655	64,636,733	
7 SUBTOTAL	254,985,514	3,791,482		3,791,482	1,126,655	257,650,341	
8 RECONCILING ITEMS							
9 TOTAL	254,985,514	3,791,482		3,791,482	1,126,655	257,650,341	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	193,013,608		193,013,608	.749130				
3 01	NEW CAP REL COSTS-IN								
3 02	MOB LEASED SPACE								
4	NEW CAP REL COSTS-MV	64,636,733		64,636,733	.250870				
5	TOTAL	257,650,341		257,650,341	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	9,456,286	3,802,976					13,259,262
3 01	NEW CAP REL COSTS-IN			15,764,451				15,764,451
3 02	MOB LEASED SPACE	217,690						217,690
4	NEW CAP REL COSTS-MV	11,396,606	1,162,864					12,559,470
5	TOTAL	21,070,582	4,965,840	15,764,451				41,800,873

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-IN							
3 02	MOB LEASED SPACE							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-1,957	OTHER ADMINSTRATIVE AND	6.05	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-3,723	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,850,011			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	23,280,307			
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			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**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 OTHER ADJUSTMENTS (SPECIFY)					
38 ACCRUED PTO - SUPPORT STAFF	A	33,129	EMPLOYEE BENEFITS	5	
39 AHA & IHHA LOBBYING	A	-7,692	OTHER ADMINSTRATIVE AND	6.05	
40 BENEFITS EXPENSE	A	-10,839,534	EMPLOYEE BENEFITS	5	
41 BAD DEBT EXPENSE	A	-6,438,687	OTHER ADMINSTRATIVE AND	6.05	
42 BAD DEBT EXPENSE	A	-20,000	OTHER NON-REIMBURSABLE	98.01	
43 BAD DEBT EXPENSE	A	-29,699	PHYSICIANS' PRIVATE OFFIC	98.04	
44 BAD DEBT EXPENSE	A	-122,529	BARIATRIC PHYSICIANS	98.05	
45 START UP AMORTIZATION	A	2,517,507	OTHER ADMINSTRATIVE AND	6.05	
46 REVENUE - CAFETERIA	B	-1,329,469	CAFETERIA	12	
47 REVENUE - RENT AND LEASE	B	-90,589	NURSING ADMINSTRATION	14	
48 REVENUE - RENT AND LEASE	B	-33,480	ADULT SLEEP LAB	60.01	
49 REVENUE - RENT AND LEASE	B	-43,284	OPERATING ROOM	37	
49.01 REVENUE - RENT AND LEASE	B	-1,926	OTHER ADMINSTRATIVE AND	6.05	
49.02 REV - SHARED ADMIN	B	-97,106	NURSING ADMINSTRATION	14	
49.03 REV - GIFT SHOP	B	-52	OTHER ADMINSTRATIVE AND	6.05	
49.04 REV - TELEPHONE	B	-165,998	NONPATIENT TELEPHONES	6.01	
49.05 REV - CLASS & LECTURE	B	-8,450	OTHER ADMINSTRATIVE AND	6.05	
49.06 REV - CLASS & LECTURE	B	-4,998	ADULTS & PEDIATRICS	25	
49.07 REV - CLASS & LECTURE	B	-7,437	ADMINSTRATION	6.04	
49.08 REV - CLASS & LECTURE	B	-9,688	NURSING ADMINSTRATION	14	
49.09 REV - CLASS & LECTURE	B	-55	EMERGENCY	61	
49.10 REV - REBATE	B	-221	CAFETERIA	12	
49.11 REV - VENDING	B	-12,092	CAFETERIA	12	
49.12 REV - CATERING	B	-8,467	CAFETERIA	12	
49.13 REV - OTHER FOOD	B	-16,840	DIETARY	11	
49.14 REV - OTHER OPERATING	B	-325,372	OTHER ADMINSTRATIVE AND	6.05	
49.15 REV - OTHER OPERATING	B	80	EMPLOYEE BENEFITS	5	
49.16 REV - OTHER OPERATING	B	-570	ADMINSTRATION	6.04	
49.17 REV - OTHER OPERATING	B	-2,865	NURSING ADMINSTRATION	14	
49.18 REV - OTHER OPERATING	B	2,218	RADIOLOGY-DIAGNOSTIC	41	
49.19 REV - OTHER OPERATING	B	-559,624	MAINTENANCE & REPAIRS	7	
49.20					
49.21					
50 TOTAL (SUM OF LINES 1 THRU 49)		800,826			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DEPRECIATION	567,464	1,804,409	-1,236,945	9
2	3	1 NEW CAP REL COSTS-INTERES INTEREST	15,763,078	15,763,078		11
3	2	MOB LEASED SPACE DEPRECIATION	217,690		217,690	9
4	4	NEW CAP REL COSTS-MVBLE E DEPRECIATION	1,846,068		1,846,068	9
4.01	5	EMPLOYEE BENEFITS EMPLOYEE HEALTH & WELFARE	14,271,581	326,960	13,944,621	14
4.02	6	1 NONPATIENT TELEPHONES NON-PATIENT PHONES	383,269		383,269	14
4.03	6	2 DATA PROCESSING DATA PROCESSING	8,313,937		8,313,937	14
4.04	6	3 PURCHASING, RECEIVING AND PURCHASING	683,270		683,270	14
4.05	6	4 ADMITTING ADMITTING	1,801,852		1,801,852	14
4.06	6	5 OTHER ADMINISTRATIVE AND OTHER ADMINISTRATIVE & GE	12,826,589	12,861,520	-34,931	14
4.07	7	MAINTENANCE & REPAIRS MAINTENANCE	268,199		268,199	14
4.08	8	OPERATION OF PLANT OPERATION OF PLANT	769,033	11,990	757,043	14
4.09	10	HOUSEKEEPING ENVIRONMENTAL SERVICES	193,037		193,037	14
4.10	11	DIETARY DIETARY		90	-90	14
4.11	12	CAFETERIA CAFETERIA	18,566		18,566	14
4.12	14	NURSING ADMINISTRATION NURSING ADMINISTRATION	312,935	27,318	285,617	14
4.13	15	CENTRAL SERVICES & SUPPLY CENTRAL SERVICES & SUPPLI	648		648	14
4.14	16	PHARMACY PHARMACY	-1,064		-1,064	14
4.15	17	MEDICAL RECORDS & LIBRARY MEDICAL RECORDS & LIBRARY	766,830	52,751	714,079	14
4.16	25	ADULTS & PEDIATRICS ADULTS & PEDIATRICS	-2,198	2,006,286	-2,008,484	14
4.17	29	1 PEDIATRIC INTENSIVE CARE PICU		1,542	-1,542	14
4.18	29	2 PREMATURE INTENSIVE CARE NICU		324	-324	14
4.19	37	OPERATING ROOM OPERATING ROOM	-12,519	3,740	-16,259	14
4.20	38	RECOVERY ROOM RECOVERY ROOM	-732	584	-1,316	14
4.21	41	RADIOLOGY-DIAGNOSTIC RADIOLOGY DIAGNOSTIC	-35,209	256,941	-292,150	14
4.22	43	RADIO SOTOPE RADIOLOGY THERAPEUTIC	-122		-122	14
4.24	44	LABORATORY LABORATORY	1,632,221	2,911,524	-1,279,303	14
4.25	49	RESPIRATORY THERAPY RESPIRATORY THERAPY	46,951	1,125	45,826	14
4.26	50	PHYSICAL THERAPY PHYSICAL THERAPY	14,938	16,384	-1,446	14
4.28	58	1 CARDIAC CATHETERIZATION LAB CATH LAB	5,394	122,894	-117,500	14
4.29	60	1 ADULT SLEEP LAB ADULT SLEEP LAB	6,487	662,614	-656,127	14
4.30	60	2 PEDIATRIC SLEEP LAB PEDIATRIC SLEEP LAB	1,689	294,811	-293,122	14
4.31	61	EMERGENCY EMERGENCY	-600	28,396	-28,996	14
4.32	98	1 OTHER NON-REIMBURSABLE OTHER NON REIMBURSABLE	20,705	206,599	-185,894	14
4.33	98	4 PHYSICIANS' PRIVATE OFFICE PHYSICIANS PRIVATE OFFICE		4,642	-4,642	14
4.34	98	5 BARIATRIC PHYSICIANS BARIATRIC PHYSICIANS		33,158	-33,158	14
5		TOTALS	60,679,987	37,399,680	23,280,307	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
B	CLARIAN HEALTH PARTNERS	70.00	CLARIAN HEALTH PARTNERS	100.00	HEALTH CARE
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0161
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 5	OTHER A& G PHYSICIAN CONT	120,883	110,983	9,900	177,200	66	5,623	281
2 14	NURSING ADMIN/PHYSICIAN CO	98,453		98,453	177,200	793	67,558	3,378
3 25	A& P /PHYSICIAN CONTRACTS	2,187,689	2,187,689					
4 29 1	PI CU/PHYSICIAN CONTRACTS	1,394,190	1,394,190					
5 29 2	NI CU/PHYSICIAN CONTRACTS	469,163	360,838	108,325	177,200	866	73,777	3,689
6 37	OR/PHYSICIAN CONTRACTS	481,096	481,096					
7 41	RAD DIAG/PHYSICIAN CONTRA	80,965	33,853	47,112	225,300	318	34,445	1,722
8 44	LABORATORY	96,385	96,385					
9 49	RESP. THERAPY/PHYSICIAN C	1,638	1,638					
10 50	PHY MED/PHYSICIAN CONTRAC	5,400	4,050	1,350	177,200	9	767	38
11 60 1	SLEEP LAB/PHYSICIAN CONTR	21,000	21,000					
12 60 3	IVF/PHYSICIAN CONTRACTS	51,600	51,600					
13 61	ER/PHYSICIAN CONTRACTS	24,000	24,000					
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,032,462	4,767,322	265,140		2,052	182,170	9,108

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0161

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

PREPARED 7/26/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6 5	OTHER A& G PHYSICIAN CONT	7,200	590			5,904	3,996	114,979
2 14	NURSING ADMIN/PHYSICIAN CO					67,558	30,895	30,895
3 25	A& P /PHYSICIAN CONTRACTS							2,187,689
4 29 1	PI CU/PHYSICIAN CONTRACTS							1,394,190
5 29 2	NI CU/PHYSICIAN CONTRACTS					73,777	34,548	395,386
6 37	OR/PHYSICIAN CONTRACTS							481,096
7 41	RAD DIAG/PHYSICIAN CONTRA					34,445	12,667	46,520
8 44	LABORATORY							96,385
9 49	RESP. THERAPY/PHYSICIAN C							1,638
10 50	PHY MED/PHYSICIAN CONTRAC					767	583	4,633
11 60 1	SLEEP LAB/PHYSICIAN CONTR							21,000
12 60 3	IVF/PHYSICIAN CONTRACTS							51,600
13 61	ER/PHYSICIAN CONTRACTS							24,000
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,200	590			182,451	82,689	4,850,011

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0161
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-INTEREST	3	SQUARE	FEET	ENTERED
3.02	MOB LEASED SPACE	27	MOB SQ	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	PHONE	LINES	ENTERED
6.02	DATA PROCESSING	23	PHONE	LINES	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	25	COSTED	REQUISITIONS	ENTERED
6.04	ADMINISTRATIVE	26	TOTAL	CHARGES	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTEs		ENTERED
14	NURSING ADMINISTRATION	13	NURSING	FTEs	ENTERED
15	CENTRAL SERVICES & SUPPLY	25	COSTED	REQUISITIONS	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	26	TOTAL	CHARGES	ENTERED
18	SOCIAL SERVICE	14	PATIENT	DAYS	ENTERED
19	PATIENT TRANSPORTATION	17	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-INTERES ACE 3.01	MOB LEASED SP ACE 3.02	NEW CAP REL C OSTS-MVBLE E 4
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	13,259,262			13,259,262			
003 02 NEW CAP REL COSTS-INTERES	15,764,451				15,764,451		
003 03 MOB LEASED SPACE	217,690					217,690	
004 NEW CAP REL COSTS-MVBLE E	12,559,470						12,559,470
005 EMPLOYEE BENEFITS	15,327,961			7,808	9,284	10,983	24,748
006 01 NONPATIENT TELEPHONES	353,592						55,677
006 02 DATA PROCESSING	8,896,962			189,981	225,876	3,258	660,202
006 03 PURCHASING, RECEIVING AND	1,173,876			338,794	402,805	1,659	83,592
006 04 ADMINITTING	4,276,781			107,371	127,658		51,400
006 05 OTHER ADMINISTRATIVE AND	21,430,737			165,310	196,544	99,908	1,908,814
007 MAINTENANCE & REPAIRS	5,349,688						142,087
008 OPERATION OF PLANT	1,055,662			2,418,255	2,875,157	10,455	20,710
009 LAUNDRY & LINEN SERVICE	607,565						263
010 HOUSEKEEPING	5,198,392			177,706	211,282	2,646	146,703
011 DIETARY	1,363,740			80,939	96,231		22,090
012 CAFETERIA	702,814			452,910	538,482		6,052
014 NURSING ADMINISTRATION	3,270,909			75,774	90,090		13,491
015 CENTRAL SERVICES & SUPPLY	16,792,485			383,365	455,797		296,592
016 PHARMACY	6,463,865			110,774	131,704		498,254
017 MEDICAL RECORDS & LIBRARY	1,187,275			29,805	35,436		19,806
018 SOCIAL SERVICE	268,036			20,113	23,913		596
019 PATIENT TRANSPORTATION	235,590			7,839	9,320		1,845
025 INPAT ROUTINE SRVC CNTRS							
029 ADULTS & PEDIATRICS	16,970,824			3,616,322	4,299,586		988,009
029 01 SURGICAL INTENSIVE CARE U							
029 02 PEDIATRIC INTENSIVE CARE	1,239,347			254,878	303,034		111,989
029 03 PREMATURE INTENSIVE CARE	2,844,272			690,014	820,384		299,875
033 NURSERY	1,536,166			310,872	369,608		27,784
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	5,817,661			1,458,172	1,733,677		3,410,423
038 RECOVERY ROOM	2,352,681			290,516	345,406		163,866
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	3,886,654			509,026	605,201	48,338	1,384,702
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	170,229			19,171	22,793		106
044 LABORATORY	4,941,078			256,336	304,768		454,196
049 RESPIRATORY THERAPY	2,339,702			60,431	71,848		277,205
050 PHYSICAL THERAPY	1,398,161			10,543	12,535	40,443	40,508
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED	3,255,044						
055 30 IMPL. DEV. CHARGED TO PAT	11,736,585						
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHERIZATION LAB	2,331,118			400,592	476,279		924,343
059 OTHER ANCILLARY SERVICE C							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 ADULT SLEEP LAB	30,537						51,512
060 03 PEDIATRIC SLEEP LAB	2,277						10,549
060 04 EMERGENCY	29,436			148,934	177,074		204,430
061 OBSERVATION BEDS (NON-DIS	2,679,072			351,281	417,652		120,257
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	199,317,647			12,943,832	15,389,424	217,690	12,422,676
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				53,898	64,082		2,678
098 PHYSICIANS' PRIVATE OFFIC							
098 01 OTHER NON-REIMBURSABLE	4,213,456			87,289	103,781		2,069
098 02 PURCHASED SERVICES							
098 03 ZIONSVILLE SCHOOL NURSES							
098 04 PHYSICIANS' PRIVATE OFFIC	19,384			174,243	207,164		35,610
098 05 BARIATRIC PHYSICIANS	2,232,274						96,437
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	205,782,761			13,259,262	15,764,451	217,690	12,559,470

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE
	5	6.01	6.02	6.03	6.04	6a.04	6.05
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 MOB LEASED SPACE							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	15,380,784						
006 01 NONPATIENT TELEPHONES		409,269					
006 02 DATA PROCESSING	26,047	18,669	10,020,995				
006 03 PURCHASING, RECEIVING AND	95,678	1,697	43,542	2,141,643			
006 04 ADMINISTRATION	460,001	19,882	510,069	199	5,553,361		
006 05 OTHER ADMINISTRATIVE AND	1,046,201	18,184	466,527	11,715		25,343,940	25,343,940
007 MAINTENANCE & REPAIRS	347,181	5,819	149,289	4,141		5,998,205	842,490
008 OPERATION OF PLANT	48,441	20,609	528,730	6		6,978,025	980,112
009 LAUNDRY & LINEN SERVICE				1		607,829	85,374
010 HOUSEKEEPING	326,777	1,940	49,763	228		6,115,437	858,956
011 DIETARY	201,695	4,364	111,966	677		1,881,702	264,298
012 CAFETERIA	234,084	1,697	43,542	91		1,979,672	278,059
014 NURSING ADMINISTRATION	681,305	9,213	236,374	99		4,377,255	614,816
015 CENTRAL SERVICES & SUPPLY	180,623	2,425	62,204	33,709		18,207,200	2,557,329
016 PHARMACY	618,650	5,092	130,627	14,072		7,973,038	1,119,869
017 MEDICAL RECORDS & LIBRARY		5,334	136,848	2		1,414,506	198,677
018 SOCIAL SERVICE	58,172	1,212	31,102			403,144	56,624
019 PATIENT TRANSPORTATION	53,323					307,917	43,249
025 INPAT ROUTINE SRVC CNTRS							
029 ADULTS & PEDIATRICS	4,211,804	107,167	2,749,399	127,204	754,109	33,824,424	4,750,922
029 01 SURGICAL INTENSIVE CARE U							
029 02 PEDIATRIC INTENSIVE CARE	280,290	6,304	161,729	3,341	45,136	2,406,048	337,946
029 03 PREMATURE INTENSIVE CARE	627,781	15,760	404,323	11,487	103,991	5,817,887	817,163
033 NURSERY	306,301	8,971	230,153	11,483	57,584	2,858,922	401,556
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,141,820	38,793	995,257	628,955	1,108,929	16,333,687	2,294,181
039 RECOVERY ROOM	531,510	9,213	236,374	24,272	163,418	4,117,256	578,297
040 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	779,736	46,309	1,188,088	14,885	691,104	9,154,043	1,285,749
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	38,012			8,965	33,445	292,721	41,115
044 LABORATORY	673,139	10,911	279,916	110,216	521,457	7,552,017	1,060,734
049 RESPIRATORY THERAPY	517,485	2,425	62,204	20,622	80,532	3,432,454	482,112
050 PHYSICAL THERAPY	297,615	5,092	130,627	1,763	76,534	2,013,821	282,855
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED				231,069	183,486	3,669,599	515,421
055 30 IMPL. DEV. CHARGED TO PAT				833,164	594,390	13,164,139	1,848,995
056 DRUGS CHARGED TO PATIENTS					409,688	409,688	57,544
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHETERIZATION LAB	502,500	9,698	248,814	19,254	324,243	5,236,841	735,551
059 OTHER ANCILLARY SERVICE C							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 ADULT SLEEP LAB		3,394	87,085	1,784	50,326	224,638	31,552
060 03 PEDIATRIC SLEEP LAB				2,011	38,987	53,824	7,560
061 03 IVF	5,894	2,182	55,983	3,478	38,564	665,975	93,541
061 EMERGENCY	610,028	14,305	367,001	19,158	277,438	4,856,192	682,086
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	14,902,093	396,661	9,697,536	2,138,051	5,553,361	197,672,046	24,204,733
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,455	37,322			159,435	22,394
098 PHYSICIANS' PRIVATE OFFIC							
098 01 OTHER NON-REIMBURSABLE	151,126	6,061	155,509	856		4,720,147	662,978
098 02 PURCHASED SERVICES							
098 03 ZIONSVILLE SCHOOL NURSES							
098 04 PHYSICIANS' PRIVATE OFFIC	3,167	4,607	118,187	73		562,435	78,998
098 05 BARIATRIC PHYSICIANS	324,398	485	12,441	2,663		2,668,698	374,837
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,380,784	409,269	10,020,995	2,141,643	5,553,361	205,782,761	25,343,940

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-INTERES								
003 02 MOB LEASED SPACE								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINITTING								
006 05 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS	6,840,695							
008 OPERATION OF PLANT	1,328,719	9,286,856						
009 LAUNDRY & LINEN SERVICE			693,203					
010 HOUSEKEEPING	97,641	164,511	48	7,236,593				
011 DIETARY	44,472	74,929		59,440	2,324,841			
012 CAFETERIA	248,853	419,280		332,607	74,681	3,333,152		
014 NURSING ADMINISTRATION	41,634	70,147		55,647		162,321	5,321,820	
015 CENTRAL SERVICES & SUPPLY	210,641	354,899	2,405	281,535		75,150		
016 PHARMACY	60,865	102,549	6	81,350		132,471		
017 MEDICAL RECORDS & LIBRARY	16,377	27,592		21,888				
018 SOCIAL SERVICE	11,051	18,620		14,771		15,651	48,734	
019 PATIENT TRANSPORTATION	4,307	7,257		5,757		32,150		
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	1,987,000	3,347,800	436,398	2,655,748	2,089,267	1,122,251	3,494,415	
029 SURGICAL INTENSIVE CARE U								
029 01 PEDIATRIC INTENSIVE CARE	140,043	235,952	15	187,177	46,376	67,204	209,255	
029 02 PREMATURE INTENSIVE CARE	379,131	638,778	21,574	506,732	55,786	142,515	443,757	
033 NURSERY	170,810	287,789	37,407	228,298		80,192	249,700	
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	801,198	1,349,898	46,596	1,070,850		311,412		
038 RECOVERY ROOM	159,625	268,945	33,261	213,349		127,993		
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	279,686	471,230	43,491	373,818		226,782		
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE	10,534	17,748		14,079		8,511		
044 LABORATORY	140,845	237,302	1,633	188,248		200,078		
049 RESPIRATORY THERAPY	33,204	55,943		44,379		121,902		
050 PHYSICAL THERAPY	5,793	9,760	4,719	7,742		76,522		
053 ELECTROCARDIOLOGY								
055 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DISTINCT PART)								
058 01 CARDIAC CATHORIZATION LAB	220,106	370,846	17,465	294,186	37,415	121,257	377,564	
059 OTHER ANCILLARY SERVICE C								
059 97 CARDIAC REHABILITATION								
OUTPAT SERVICE COST CNTRS								
060 CLINIC								
060 01 ADULT SLEEP LAB								
060 02 PEDIATRIC SLEEP LAB			4,874					
060 03 IVF	81,833	137,876		109,374		807		
061 EMERGENCY	193,013	325,197	43,275	257,973	21,316	160,062	498,395	
062 OBSERVATION BEDS (NON-DIS								
SPEC PURPOSE COST CENTERS								
092 AMBULATORY SURGICAL CENTE								
095 SUBTOTALS	6,667,381	8,994,848	693,167	7,004,948	2,324,841	3,185,231	5,321,820	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	29,615	49,896		39,582				
098 PHYSICIANS' PRIVATE OFFIC								
098 01 OTHER NON-REIMBURSABLE	47,961	80,807	36	64,103		42,880		
098 02 PURCHASED SERVICES								
098 03 ZIONSVILLE SCHOOL NURSES								
098 04 PHYSICIANS' PRIVATE OFFIC	95,738	161,305		127,960		40		
098 05 BARIATRIC PHYSICIANS						105,001		
100 OTHER NONREIMBURSABLE COS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	6,840,695	9,286,856	693,203	7,236,593	2,324,841	3,333,152	5,321,820	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	18	19	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-INTERES							
003 02 MOB LEASED SPACE							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	21,689,159						
016 PHARMACY	145,980	9,616,128					
017 MEDICAL RECORDS & LIBRARY	23		1,679,063				
018 SOCIAL SERVICE		6,169		574,764			
019 PATIENT TRANSPORTATION					400,637		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,319,590		228,032	409,929	285,179	55,950,955	
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	34,659		13,649	22,356	15,552	3,716,232	
029 02 PREMATURE INTENSIVE CARE	119,161	150	31,445	60,611	42,166	9,076,856	
033 NURSERY	119,127		17,413	81,868	56,954	4,590,036	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,524,632	563,380	335,129			29,630,963	
038 RECOVERY ROOM	251,789	14,978	49,415		786	5,815,694	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	154,410	4,745	208,980			12,202,934	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	92,999	40	10,113			487,860	
044 LABORATORY	1,143,354	27,198	157,681			10,709,090	
049 RESPIRATORY THERAPY	213,924	15,710	24,352			4,423,980	
050 PHYSICAL THERAPY	18,292	536	23,143			2,443,183	
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED	2,397,057		55,484			6,637,561	
055 30 IMPL. DEV. CHARGED TO PAT	8,642,979		179,735			23,835,848	
056 DRUGS CHARGED TO PATIENTS		5,694,878	123,884			6,285,994	
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHORIZATION LAB	199,734	22,072	98,047			7,731,084	
059 OTHER ANCILLARY SERVICE C							
059 97 CARDIAC REHABILITATION							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 ADULT SLEEP LAB	18,507	85	15,218			290,000	
060 02 PEDIATRIC SLEEP LAB	20,860		11,789			98,907	
060 03 IVF	36,078		11,661			1,137,145	
061 EMERGENCY	198,736	14,494	83,893			7,334,632	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	21,651,891	6,364,435	1,679,063	574,764	400,637	192,398,954	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						300,922	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 OTHER NON-REIMBURSABLE	8,885	3,249,943				8,877,740	
098 02 PURCHASED SERVICES							
098 03 ZIONSVILLE SCHOOL NURSES							
098 04 PHYSICIANS' PRIVATE OFFIC	759					1,027,235	
098 05 BARIATRIC PHYSICIANS	27,624	1,750				3,177,910	
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	21,689,159	9,616,128	1,679,063	574,764	400,637	205,782,761	

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	01 NEW CAP REL COSTS-BLDG &	
003	02 MOB LEASED SPACE	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 ADMINISTRATION	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
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	PATIENT TRANSPORTATION	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	55,950,955
029	SURGICAL INTENSIVE CARE U	
029	01 PEDIATRIC INTENSIVE CARE	3,716,232
029	02 PREMATURE INTENSIVE CARE	9,076,856
033	NURSERY	4,590,036
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	29,630,963
038	RECOVERY ROOM	5,815,694
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	12,202,934
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	487,860
044	LABORATORY	10,709,090
049	RESPIRATORY THERAPY	4,423,980
050	PHYSICAL THERAPY	2,443,183
053	ELECTROCARDIOLOGY	
055	MEDICAL SUPPLIES CHARGED	6,637,561
055	30 IMPL. DEV. CHARGED TO PAT	23,835,848
056	DRUGS CHARGED TO PATIENTS	6,285,994
058	ASC (NON-DISTINCT PART)	
058	01 CARDIAC CATHETERIZATION LAB	7,731,084
059	OTHER ANCILLARY SERVICE C	
059	97 CARDIAC REHABILITATION	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 ADULT SLEEP LAB	290,000
060	02 PEDIATRIC SLEEP LAB	98,907
060	03 IVF	1,137,145
061	EMERGENCY	7,334,632
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
095	SUBTOTALS	192,398,954
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	300,922
098	PHYSICIANS' PRIVATE OFFIC	
098	01 OTHER NON-REIMBURSABLE	8,877,740
098	02 PURCHASED SERVICES	
098	03 ZIONSVILLE SCHOOL NURSES	
098	04 PHYSICIANS' PRIVATE OFFIC	1,027,235
098	05 BARIATRIC PHYSICIANS	3,177,910
100	OTHER NONREIMBURSABLE COS	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	205,782,761

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-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-I-INTERES	MOB LEASED SPACE	SP	NEW CAP REL C OSTS-MVBLE E
	0	1	2	3	3.01	3.02		4
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CAP REL COSTS-I-INTERES								
004 MOB LEASED SPACE								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS				7,808	9,284	10,983		24,748
006 01 NONPATIENT TELEPHONES								55,677
006 02 DATA PROCESSING				189,981	225,876	3,258		660,202
006 03 PURCHASING, RECEIVING AND				338,794	402,805	1,659		83,592
006 04 ADMINITTING				107,371	127,658			51,400
006 05 OTHER ADMINISTRATIVE AND				165,310	196,544	99,908		1,908,814
007 MAINTENANCE & REPAIRS								142,087
008 OPERATION OF PLANT				2,418,255	2,875,157	10,455		20,710
009 LAUNDRY & LINEN SERVICE								263
010 HOUSEKEEPING				177,706	211,282	2,646		146,703
011 DIETARY				80,939	96,231			22,090
012 CAFETERIA				452,910	538,482			6,052
014 NURSING ADMINISTRATION				75,774	90,090			13,491
015 CENTRAL SERVICES & SUPPLY				383,365	455,797			296,592
016 PHARMACY				110,774	131,704			498,254
017 MEDICAL RECORDS & LIBRARY				29,805	35,436			19,806
018 SOCIAL SERVICE				20,113	23,913			596
019 PATIENT TRANSPORTATION				7,839	9,320			1,845
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS				3,616,322	4,299,586			988,009
029 SURGICAL INTENSIVE CARE U								
029 01 PEDIATRIC INTENSIVE CARE				254,878	303,034			111,989
029 02 PREMATURE INTENSIVE CARE				690,014	820,384			299,875
033 NURSERY				310,872	369,608			27,784
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM				1,458,172	1,733,677			3,410,423
038 RECOVERY ROOM				290,516	345,406			163,866
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC				509,026	605,201	48,338		1,384,702
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE				19,171	22,793			106
044 LABORATORY				256,336	304,768			454,196
049 RESPIRATORY THERAPY				60,431	71,848			277,205
050 PHYSICAL THERAPY				10,543	12,535	40,443		40,508
053 ELECTROCARDIOLOGY								
055 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DISTINCT PART)								
058 01 CARDIAC CATHERIZATION LAB				400,592	476,279			924,343
059 OTHER ANCILLARY SERVICE C								
059 97 CARDIAC REHABILITATION								
OUTPAT SERVICE COST CNTRS								
060 CLINIC								
060 01 ADULT SLEEP LAB								51,512
060 02 PEDIATRIC SLEEP LAB								10,549
060 03 IVF				148,934	177,074			204,430
061 EMERGENCY				351,281	417,652			120,257
062 OBSERVATION BEDS (NON-DIS								
SPEC PURPOSE COST CENTERS								
092 AMBULATORY SURGICAL CENTE								
095 SUBTOTALS				12,943,832	15,389,424	217,690		12,422,676
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				53,898	64,082			2,678
098 PHYSICIANS' PRIVATE OFFIC								
098 01 OTHER NON-REIMBURSABLE				87,289	103,781			2,069
098 02 PURCHASED SERVICES								
098 03 ZIONSVILLE SCHOOL NURSES								
098 04 PHYSICIANS' PRIVATE OFFIC				174,243	207,164			35,610
098 05 BARIATRIC PHYSICIANS								96,437
100 OTHER NONREIMBURSABLE COS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL				13,259,262	15,764,451	217,690		12,559,470

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE AND	OTHER ADMINISTRATIVE AND
	4a	5	6.01	6.02	6.03	6.04	6.05
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-INTERES							
004 MOB LEASED SPACE							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	52,823	52,823					
006 01 NONPATIENT TELEPHONES	55,677		55,677				
006 02 DATA PROCESSING	1,079,317	89	2,540	1,081,946			
006 03 PURCHASING, RECEIVING AND	826,850	329	231	4,701	832,111		
006 04 ADMINISTRATION	286,429	1,580	2,705	55,071	77	345,862	
006 05 OTHER ADMINISTRATIVE AND	2,370,576	3,593	2,474	50,370	4,552		2,431,565
007 MAINTENANCE & REPAIRS	142,087	1,192	792	16,118	1,609		80,832
008 OPERATION OF PLANT	5,324,577	166	2,804	57,086	2		94,036
009 LAUNDRY & LINEN SERVICE	263						8,191
010 HOUSEKEEPING	538,337	1,122	264	5,373	89		82,412
011 DIETARY	199,260	693	594	12,089	263		25,358
012 CAFETERIA	997,444	804	231	4,701	35		26,678
014 NURSING ADMINISTRATION	179,355	2,340	1,253	25,521	38		58,988
015 CENTRAL SERVICES & SUPPLY	1,135,754	620	330	6,716	13,097		245,360
016 PHARMACY	740,732	2,125	693	14,104	5,468		107,445
017 MEDICAL RECORDS & LIBRARY	85,047		726	14,775	1		19,062
018 SOCIAL SERVICE	44,622	200	165	3,358			5,433
019 PATIENT TRANSPORTATION	19,004	183					4,149
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,903,917	14,465	14,576	296,847	49,425	46,950	455,787
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	669,901	963	858	17,462	1,298	2,810	32,424
029 02 PREMATURE INTENSIVE CARE	1,810,273	2,156	2,144	43,654	4,463	6,474	78,402
033 NURSERY	708,264	1,052	1,220	24,849	4,462	3,585	38,527
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,602,272	3,921	5,277	107,456	244,377	69,158	220,113
038 RECOVERY ROOM	799,788	1,825	1,253	25,521	9,431	10,174	55,484
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,547,267	2,678	6,300	128,275	5,783	43,027	123,360
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	42,070	131			3,483	2,082	3,945
044 LABORATORY	1,015,300	2,312	1,484	30,222	42,824	32,465	101,771
049 RESPIRATORY THERAPY	409,484	1,777	330	6,716	8,012	5,014	46,256
050 PHYSICAL THERAPY	104,029	1,022	693	14,104	685	4,765	27,138
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED					89,781	11,424	49,452
055 30 IMPL. DEV. CHARGED TO PAT					323,710	37,006	177,400
056 DRUGS CHARGED TO PATIENTS						25,507	5,521
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHETERIZATION LAB	1,801,214	1,726	1,319	26,864	7,481	20,187	70,572
059 OTHER ANCILLARY SERVICE C							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 ADULT SLEEP LAB	51,512		462	9,402	693	3,133	3,027
060 02 PEDIATRIC SLEEP LAB	10,549				781	2,427	725
060 03 IVF	530,438	20	297	6,044	1,351	2,401	8,975
061 EMERGENCY	889,190	2,095	1,946	39,624	7,444	17,273	65,442
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	40,973,622	51,179	53,961	1,047,023	830,715	345,862	2,322,265
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	120,658		198	4,030			2,149
098 PHYSICIANS' PRIVATE OFFIC							
098 01 OTHER NON-REIMBURSABLE	193,139	519	825	16,790	333		63,609
098 02 PURCHASED SERVICES							
098 03 ZIONSVILLE SCHOOL NURSES							
098 04 PHYSICIANS' PRIVATE OFFIC	417,017	11	627	12,760	28		7,579
098 05 BARIATRIC PHYSICIANS	96,437	1,114	66	1,343	1,035		35,963
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	41,800,873	52,823	55,677	1,081,946	832,111	345,862	2,431,565

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-INTERES							
003 02 MOB LEASED SPACE							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	242,630						
008 OPERATION OF PLANT	47,128	5,525,799					
009 LAUNDRY & LINEN SERVICE			8,454				
010 HOUSEKEEPING	3,463	97,886	1	728,947			
011 DIETARY	1,577	44,584		5,987	290,405		
012 CAFETERIA	8,826	249,477		33,504	9,329	1,331,029	
014 NURSING ADMINISTRATION	1,477	41,738		5,605		64,820	381,135
015 CENTRAL SERVICES & SUPPLY	7,471	211,169	29	28,359		30,010	
016 PHARMACY	2,159	61,018		8,194		52,900	
017 MEDICAL RECORDS & LIBRARY	581	16,418		2,205			
018 SOCIAL SERVICE	392	11,079		1,488		6,250	3,490
019 PATIENT TRANSPORTATION	153	4,318		580		12,838	
025 INPAT ROUTINE SRVC CNTRS							
029 ADULTS & PEDIATRICS	70,477	1,991,985	5,323	267,517	260,978	448,149	250,261
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	4,967	140,395		18,854	5,793	26,836	14,986
029 02 PREMATURE INTENSIVE CARE	13,447	380,081	263	51,043	6,968	56,911	31,781
033 03 NURSERY	6,058	171,238	456	22,997		32,023	17,883
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	28,417	803,207	568	107,867		124,356	
039 RECOVERY ROOM	5,662	160,025	406	21,491		51,112	
040 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	9,920	280,388	530	37,655		90,561	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	374	10,560		1,418		3,399	
044 LABORATORY	4,996	141,198	20	18,962		79,897	
049 RESPIRATORY THERAPY	1,178	33,287		4,470		48,679	
050 PHYSICAL THERAPY	205	5,807	58	780		30,557	
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHERIZATION LAB	7,807	220,658	213	29,634	4,674	48,422	27,040
059 OTHER ANCILLARY SERVICE C							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 ADULT SLEEP LAB							
060 02 PEDIATRIC SLEEP LAB			59				
060 03 IVF	2,902	82,038		11,017		322	
061 EMERGENCY	6,846	193,497	528	25,986	2,663	63,918	35,694
062 OBSERVATION BEDS (NON-DIS							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	236,483	5,352,051	8,454	705,613	290,405	1,271,960	381,135
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,050	29,689		3,987			
098 PHYSICIANS' PRIVATE OFFIC							
098 01 OTHER NON-REIMBURSABLE	1,701	48,081		6,457		17,123	
098 02 PURCHASED SERVICES							
098 03 ZIONSVILLE SCHOOL NURSES							
098 04 PHYSICIANS' PRIVATE OFFIC	3,396	95,978		12,890		16	
098 05 BARIATRIC PHYSICIANS						41,930	
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	242,630	5,525,799	8,454	728,947	290,405	1,331,029	381,135

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	TRANS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	19		25	26
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-INTERES								
003 02 MOB LEASED SPACE								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINITTING								
006 05 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY	1,678,915							
016 PHARMACY	11,300	1,006,138						
017 MEDICAL RECORDS & LIBRARY			138,817					
018 SOCIAL SERVICE		645		77,122				
019 PATIENT TRANSPORTATION					41,225			
025 INPAT ROUTINE SRVC CNTRS								
029 ADULTS & PEDIATRICS	102,146		18,881	55,004	29,345		13,282,033	
029 SURGICAL INTENSIVE CARE U								
029 01 PEDIATRIC INTENSIVE CARE	2,683		1,130	3,000	1,600		945,960	
029 02 PREMATURE INTENSIVE CARE	9,224	16	2,604	8,133	4,339		2,512,376	
033 NURSERY	9,221		1,442	10,985	5,860		1,060,122	
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	505,056	58,947	27,539				8,908,531	
038 RECOVERY ROOM	19,490	1,567	4,092			81	1,167,402	
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	11,953	496	17,304				3,305,497	
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE	7,199	4	837				75,502	
044 LABORATORY	88,504	2,846	13,056				1,575,857	
049 RESPIRATORY THERAPY	16,559	1,644	2,016				585,422	
050 PHYSICAL THERAPY	1,416	56	1,916				193,231	
053 ELECTROCARDIOLOGY								
055 MEDICAL SUPPLIES CHARGED	185,551		4,594				340,802	
055 30 IMPL. DEV. CHARGED TO PAT	669,040		14,882				1,222,038	
056 DRUGS CHARGED TO PATIENTS		595,856	10,258				637,142	
058 ASC (NON-DISTINCT PART)								
058 01 CARDIAC CATHERIZATION LAB	15,461	2,309	8,118				2,293,699	
059 OTHER ANCILLARY SERVICE C								
059 97 CARDIAC REHABILITATION								
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC								
060 01 ADULT SLEEP LAB	1,433	9	1,260				70,931	
060 02 PEDIATRIC SLEEP LAB	1,615		976				17,132	
060 03 IVF	2,793		966				649,564	
061 EMERGENCY	15,384	1,517	6,946				1,375,993	
062 OBSERVATION BEDS (NON-DIS								
092 SPEC PURPOSE COST CENTERS								
095 AMBULATORY SURGICAL CENTE								
SUBTOTALS	1,676,030	665,912	138,817	77,122	41,225		40,219,234	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP							161,761	
098 PHYSICIANS' PRIVATE OFFIC								
098 01 OTHER NON-REIMBURSABLE	688	340,043					689,308	
098 02 PURCHASED SERVICES								
098 03 ZIONSVILLE SCHOOL NURSES								
098 04 PHYSICIANS' PRIVATE OFFIC	59						550,361	
098 05 BARIATRIC PHYSICIANS	2,138	183					180,209	
100 OTHER NONREIMBURSABLE COS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	1,678,915	1,006,138	138,817	77,122	41,225		41,800,873	

ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	01 NEW CAP REL COSTS-BLDG &	
003	02 NEW CAP REL COSTS-INTERES	
004	MOB LEASED SPACE	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 ADMINISTRATION	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
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	PATIENT TRANSPORTATION	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	13,282,033
029	SURGICAL INTENSIVE CARE U	
029	01 PEDIATRIC INTENSIVE CARE	945,960
029	02 PREMATURE INTENSIVE CARE	2,512,376
033	NURSERY	1,060,122
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	8,908,531
038	RECOVERY ROOM	1,167,402
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	3,305,497
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	75,502
044	LABORATORY	1,575,857
049	RESPIRATORY THERAPY	585,422
050	PHYSICAL THERAPY	193,231
053	ELECTROCARDIOLOGY	
055	MEDICAL SUPPLIES CHARGED	340,802
055	30 IMPL. DEV. CHARGED TO PAT	1,222,038
056	DRUGS CHARGED TO PATIENTS	637,142
058	ASC (NON-DISTINCT PART)	
058	01 CARDIAC CATHETERIZATION LAB	2,293,699
059	OTHER ANCILLARY SERVICE C	
059	97 CARDIAC REHABILITATION	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 ADULT SLEEP LAB	70,931
060	02 PEDIATRIC SLEEP LAB	17,132
060	03 IVF	649,564
061	EMERGENCY	1,375,993
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
095	SUBTOTALS	40,219,234
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	161,761
098	PHYSICIANS' PRIVATE OFFIC	
098	01 OTHER NON-REIMBURSABLE	689,308
098	02 PURCHASED SERVICES	
098	03 ZIONSVILLE SCHOOL NURSES	
098	04 PHYSICIANS' PRIVATE OFFIC	550,361
098	05 BARIATRIC PHYSICIANS	180,209
100	OTHER NONREIMBURSABLE COS	
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	41,800,873

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-INTERES (SQUARE FEET)	MOB LEASED SP ACE (MOB SQ FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)
	1	2	3	3.01	3.02	4
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			436,413			
003 01 NEW CAP REL COSTS-INT				436,413		
003 02 MOB LEASED SPACE					25,589	
004 NEW CAP REL COSTS-MVB						10,708,444
005 EMPLOYEE BENEFITS			257	257	1,291	21,101
006 01 NONPATIENT TELEPHONES						47,471
006 02 DATA PROCESSING			6,253	6,253	383	562,901
006 03 PURCHASING, RECEIVING			11,151	11,151	195	71,272
006 04 ADMINISTRATION			3,534	3,534		43,825
006 05 OTHER ADMINISTRATIVE			5,441	5,441	11,744	1,627,491
007 MAINTENANCE & REPAIRS						121,146
008 OPERATION OF PLANT			79,594	79,594	1,229	17,658
009 LAUNDRY & LINEN SERVICE						224
010 HOUSEKEEPING			5,849	5,849	311	125,082
011 DIETARY			2,664	2,664		18,834
012 CAFETERIA			14,907	14,907		5,160
014 NURSING ADMINISTRATION			2,494	2,494		11,503
015 CENTRAL SERVICES & SUPPLY			12,618	12,618		252,880
016 PHARMACY			3,646	3,646		424,821
017 MEDICAL RECORDS & LIBRARY			981	981		16,887
018 SOCIAL SERVICE			662	662		508
019 PATIENT TRANSPORTATION			258	258		1,573
025 ADULTS & PEDIATRICS			119,027	119,027		842,395
029 SURGICAL INTENSIVE CARE						
029 01 PEDIATRIC INTENSIVE CARE			8,389	8,389		95,484
029 02 PREMATURE INTENSIVE CARE			22,711	22,711		255,679
033 NURSERY			10,232	10,232		23,689
037 ANCILLARY SERVICE COST CENTER						
038 OPERATING ROOM			47,994	47,994		2,907,795
039 RECOVERY ROOM			9,562	9,562		139,715
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC			16,754	16,754	5,682	1,180,623
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE LABORATORY			631	631		90
049 RESPIRATORY THERAPY			8,437	8,437		387,256
050 PHYSICAL THERAPY			1,989	1,989		236,350
053 ELECTROCARDIOLOGY			347	347	4,754	34,538
055 MEDICAL SUPPLIES CHARACTER						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATIENT						
058 ASC (NON-DISTINCT PAR)						
058 01 CARDIAC CATHETERIZATION			13,185	13,185		788,112
059 OTHER ANCILLARY SERVICE						
059 97 CARDIAC REHABILITATION						
060 OUTPAT SERVICE COST CENTER						
060 CLINIC						
060 01 ADULT SLEEP LAB						43,920
060 02 PEDIATRIC SLEEP LAB						8,994
060 03 IVF			4,902	4,902		174,301
061 EMERGENCY			11,562	11,562		102,533
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)						
092 AMBULATORY SURGICAL CENTER						
095 SUBTOTALS			426,031	426,031	25,589	10,591,811
NONREIMBURSABLE COST CENTER						
096 GIFT, FLOWER, COFFEE			1,774	1,774		2,283
098 PHYSICIANS' PRIVATE OFFICE						
098 01 OTHER NON-REIMBURSABLE			2,873	2,873		1,764
098 02 PURCHASED SERVICES						
098 03 ZIONSVILLE SCHOOL NURSING						
098 04 PHYSICIANS' PRIVATE OFFICE			5,735	5,735		30,362
098 05 BARIATRIC PHYSICIANS						82,224
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			13,259,262	15,764,451	217,690	12,559,470
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			30.382372	36.122780	8.507171	1.172857
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)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0161	FROM 1/ 1/2010	7/26/2011
	TO 12/31/2010	WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	MOB LEASED SP	NEW CAP REL C
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-INTERES	ACE	OSTS-MVBLE E
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(SQUARE) FEET	(MOB SQ FEET)	(DOLLAR)VALUE
	1	2	3	3.01	3.02	4
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELEPHONE DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CH RECONCILIATION	OTHER ADMINISTRATIVE AND
	(GROSS SALARIES	S(PHONE)ES	LI N(PHONE)ES	LI N(COSTED)ISITIONS	REQU(TOTAL)ARGES) IATION	(ACCUM. COST)
	5	6.01	6.02	6.03	6.04	6a.05	6.05
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD						
003	01 NEW CAP REL COSTS-INT						
003	02 MOB LEASED SPACE						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS	62,069,879					
006	01 NONPATIENT TELEPHONES		1,688				
006	02 DATA PROCESSING	105,112	77	1,611			
006	03 PURCHASING, RECEIVING	386,112	7	7	30,168,986		
006	04 ADMINITTING	1,856,354	82	82	2,800	466,591,523	
006	05 OTHER ADMINISTRATIVE	4,221,993	75	75	165,030	-25,343,940	180,438,821
007	MAINTENANCE & REPAIRS	1,401,064	24	24	58,339		5,998,205
008	OPERATION OF PLANT	195,486	85	85	88		6,978,025
009	LAUNDRY & LINEN SERVI				17		607,829
010	HOUSEKEEPING	1,318,725	8	8	3,217		6,115,437
011	DIETARY	813,948	18	18	9,540		1,881,702
012	CAFETERIA	944,656	7	7	1,277		1,979,672
014	NURSING ADMINISTRATIO	2,749,438	38	38	1,395		4,377,255
015	CENTRAL SERVICES & SU	728,914	10	10	474,853		18,207,200
016	PHARMACY	2,496,590	21	21	198,231		7,973,038
017	MEDICAL RECORDS & LIB		22	22	31		1,414,506
018	SOCIAL SERVICE	234,754	5	5			403,144
019	PATIENT TRANSPORTATIO	215,188					307,917
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	16,996,956	442	442	1,791,915	63,359,825	33,824,424
029	SURGICAL INTENSIVE CA						
029	01 PEDIATRIC INTENSIVE C	1,131,123	26	26	47,065	3,792,344	2,406,048
029	02 PREMATURE INTENSIVE C	2,533,437	65	65	161,813	8,737,266	5,817,887
033	NURSERY	1,236,092	37	37	161,766	4,838,215	2,858,922
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM	4,607,868	160	160	8,860,018	93,172,604	16,333,687
038	RECOVERY ROOM	2,144,933	38	38	341,913	13,730,275	4,117,256
039	DELIVERY ROOM & LABOR						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	3,146,659	191	191	209,679	58,066,239	9,154,043
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE	153,398			126,286	2,810,004	292,721
044	LABORATORY	2,716,483	45	45	1,552,599	43,812,552	7,552,017
049	RESPIRATORY THERAPY	2,088,333	10	10	290,494	6,766,293	3,432,454
050	PHYSICAL THERAPY	1,201,040	21	21	24,840	6,430,314	2,013,821
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHAR				3,255,044	15,416,381	3,669,599
055	30 IMPL. DEV. CHARGED TO				11,736,585	49,940,309	13,164,139
056	DRUGS CHARGED TO PATI					34,421,795	409,688
058	ASC (NON-DISTINCT PAR						
058	01 CARDIAC CATHETERIZATI	2,027,863	40	40	271,225	27,242,710	5,236,841
059	OTHER ANCILLARY SERVI						
059	97 CARDIAC REHABILITATIO						
060	OUTPAT SERVICE COST C						
060	CLINIC						
060	01 ADULT SLEEP LAB		14	14	25,131	4,228,399	224,638
060	02 PEDIATRIC SLEEP LAB				28,327	3,275,706	53,824
060	03 IVF	23,786	9	9	48,991	3,240,101	665,975
061	EMERGENCY	2,461,796	59	59	269,870	23,310,191	4,856,192
062	OBSERVATION BEDS (NON						
062	SPEC PURPOSE COST CEN						
092	AMBULATORY SURGICAL C						
095	SUBTOTALS	60,138,101	1,636	1,559	30,118,379	466,591,523	-25,343,940
096	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE		6	6			159,435
098	PHYSICIANS' PRIVATE O						
098	01 OTHER NON-REIMBURSABL	609,875	25	25	12,065		4,720,147
098	02 PURCHASED SERVICES						
098	03 ZI ONSVILLE SCHOOL NUR						
098	04 PHYSICIANS' PRIVATE O	12,779	19	19	1,031		562,435
098	05 BARIATRIC PHYSICIANS	1,309,124	2	2	37,511		2,668,698
100	OTHER NONREIMBURSABLE						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	15,380,784	409,269	10,020,995	2,141,643	5,553,361	25,343,940
103	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER		242.457938		.070988		
104	(WRKSHT B, PT I)	.247798		6,220.356921		.011902	.140457
105	COST TO BE ALLOCATED						
105	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
106	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED	52,823	55,677	1,081,946	832,111	345,862	2,431,565
107	(WRKSHT B, PART III)						

COST CENTER DESCRIPTION	EMPLOYEE	BENE	NONPATIENT	TE	DATA	PROCESSI	PURCHASING, R	ADMITTING	OTHER ADMINIS
	FITS	LEPHONES	TELEPHONES	LEPHONES	LEPHONES	LEPHONES	RECEIVING AND	CHARGE	TRATIVE AND
	(GROSS ALARIES	S(PHONE ES	LI N(PHONE ES	LI N(COSTED ISITIONS	REQU(TOTAL ARGES	CH RECONCILI- ATION	(ACCUM. COST)		
	5	6.01	6.02	6.03	6.04	6a.05	6.05		
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000851	32.984005	671.599007	.027582	.000741		.013476		

	COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF PLANT		LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(MEALS SERVED)	(S(FTEs))	(NURSING FTEs)	
		7	8	9	10	11	12	14
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003	01 NEW CAP REL COSTS-INT							
003	02 MOB LEASED SPACE							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMINISTRATION							
006	05 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS	409,777						
008	OPERATION OF PLANT	79,594	330,183					
009	LAUNDRY & LINEN SERVICE			362,533				
010	HOUSEKEEPING	5,849	5,849	25	324,334			
011	DIETARY	2,664	2,664		2,664	93,142		
012	CAFETERIA	14,907	14,907		14,907	2,992	82,630	
014	NURSING ADMINISTRATION	2,494	2,494		2,494		4,024	42,370
015	CENTRAL SERVICES & SUPPLY	12,618	12,618	1,258	12,618		1,863	
016	PHARMACY	3,646	3,646	3	3,646		3,284	
017	MEDICAL RECORDS & LIBRARY	981	981		981			
018	SOCIAL SERVICE	662	662		662		388	388
019	PATIENT TRANSPORTATION	258	258		258		797	
025	ADULTS & PEDIATRICS	119,027	119,027	228,228	119,027	83,704	27,821	27,821
029	SURGICAL INTENSIVE CARE			8	8,389	1,858	1,666	1,666
029	01 PEDIATRIC INTENSIVE CARE	8,389	8,389	8	8,389	1,858	1,666	1,666
029	02 PREMATURE INTENSIVE CARE	22,711	22,711	11,283	22,711	2,235	3,533	3,533
033	NURSERY	10,232	10,232	19,563	10,232		1,988	1,988
037	ANCILLARY SERVICE COST CENTER							
037	OPERATING ROOM	47,994	47,994	24,369	47,994		7,720	
038	RECOVERY ROOM	9,562	9,562	17,395	9,562		3,173	
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	16,754	16,754	22,745	16,754		5,622	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE	631	631		631		211	
044	LABORATORY	8,437	8,437	854	8,437		4,960	
049	RESPIRATORY THERAPY	1,989	1,989		1,989		3,022	
050	PHYSICAL THERAPY	347	347	2,468	347		1,897	
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARACTER							
055	30 IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATIENT							
058	ASC (NON-DISTINCT PART)							
058	01 CARDIAC CATHETERIZATION	13,185	13,185	9,134	13,185	1,499	3,006	3,006
059	OTHER ANCILLARY SERVICE							
059	97 CARDIAC REHABILITATION							
060	OUTPAT SERVICE COST CENTER							
060	CLINIC							
060	01 ADULT SLEEP LAB							
060	02 PEDIATRIC SLEEP LAB			2,549				
060	03 IVF	4,902	4,902		4,902		20	
061	EMERGENCY	11,562	11,562	22,632	11,562	854	3,968	3,968
062	OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)							
092	AMBULATORY SURGICAL CENTER							
095	SUBTOTALS	399,395	319,801	362,514	313,952	93,142	78,963	42,370
096	NONREIMBURSABLE COST CENTER							
096	GIFT, FLOWER, COFFEE	1,774	1,774		1,774			
098	PHYSICIANS' PRIVATE OFFICE							
098	01 OTHER NON-REIMBURSABLE	2,873	2,873	19	2,873		1,063	
098	02 PURCHASED SERVICES							
098	03 ZIONSVILLE SCHOOL NURSING							
098	04 PHYSICIANS' PRIVATE OFFICE	5,735	5,735		5,735		1	
098	05 BARIATRIC PHYSICIANS						2,603	
100	OTHER NONREIMBURSABLE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	6,840,695	9,286,856	693,203	7,236,593	2,324,841	3,333,152	5,321,820
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		28.126391		22.312163		40.338279	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	16.693702		1.912110		24.960179		125.603493
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	242,630	5,525,799	8,454	728,947	290,405	1,331,029	381,135

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(SQUARE FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET	(MEALS)ERVED	S(FTEs)	(NURSING)FTEs
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	7 .592103	8 16.735565	9 .023319	10 2.247520	11 3.117874	12 16.108302	14 8.995398

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION
	(COSTED POSITIONS)	REQU(COSTED)EQUI S.	R(TOTAL)ARGES	CH(PATIENT) DAYS	(PATIENT) DAYS
	15	16	17	18	19
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-INT					
003 02 MOB LEASED SPACE					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING					
006 04 ADMINISTRATION					
006 05 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	29,452,430				
016 PHARMACY	198,231	6,203,813			
017 MEDICAL RECORDS & LIBRARY	31		466,591,523		
018 SOCIAL SERVICE		3,980		37,125	
019 PATIENT TRANSPORTATION					37,198
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	1,791,915		63,359,825	26,478	26,478
029 SURGICAL INTENSIVE CARE					
029 01 PEDIATRIC INTENSIVE CARE	47,065		3,792,344	1,444	1,444
029 02 PREMATURE INTENSIVE CARE	161,813	97	8,737,266	3,915	3,915
033 NURSERY	161,766		4,838,215	5,288	5,288
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	8,860,018	363,463	93,172,604		
038 RECOVERY ROOM	341,913	9,663	13,730,275		73
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC	209,679	3,061	58,066,239		
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE	126,286	26	2,810,004		
044 LABORATORY	1,552,599	17,547	43,812,552		
049 RESPIRATORY THERAPY	290,494	10,135	6,766,293		
050 PHYSICAL THERAPY	24,840	346	6,430,314		
053 ELECTROCARDIOLOGY					
055 MEDICAL SUPPLIES CHARACTER	3,255,044		15,416,381		
055 30 IMPL. DEV. CHARGED TO	11,736,585		49,940,309		
056 DRUGS CHARGED TO PATIENT		3,674,030	34,421,795		
058 ASC (NON-DISTINCT PAR					
058 01 CARDIAC CATHETERIZATION	271,225	14,240	27,242,710		
059 OTHER ANCILLARY SERVICE					
059 97 CARDIAC REHABILITATION					
060 OUTPAT SERVICE COST CENTER CLINIC					
060 01 ADULT SLEEP LAB	25,131	55	4,228,399		
060 02 PEDIATRIC SLEEP LAB	28,327		3,275,706		
060 03 IVF	48,991		3,240,101		
061 EMERGENCY	269,870	9,351	23,310,191		
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)					
092 AMBULATORY SURGICAL CENTER					
095 SUBTOTALS	29,401,823	4,105,994	466,591,523	37,125	37,198
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
098 01 OTHER NON-REIMBURSABLE	12,065	2,096,690			
098 02 PURCHASED SERVICES					
098 03 ZIONSVILLE SCHOOL NURSING					
098 04 PHYSICIANS' PRIVATE OFFICE	1,031				
098 05 BARIATRIC PHYSICIANS	37,511	1,129			
100 OTHER NONREIMBURSABLE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	21,689,159	9,616,128	1,679,063	574,764	400,637
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.736413	1.550035	.003599	15.481859	10.770391
105 COST TO BE ALLOCATED (PER WRKSHT B, PART I)					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	1,678,915	1,006,138	138,817	77,122	41,225

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION
	(COSTED POSITIONS)	REQUIREMENTS (COSTED) EQUIS.	R(TOTAL)ARGES	CH(PATIENT) DAYS	(PATIENT) DAYS	(PATIENT) DAYS
	15	16	17	18	19	
108 NONREIMBURS COST CENTER UNIT COST MULTIPLIER (WRKSHT B, PT III)	.057004	.162181	.000298	2.077360	1.108259	

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	55,950,955		55,950,955		55,950,955
29	SURGICAL INTENSIVE CARE U					
29 01	PEDIATRIC INTENSIVE CARE	3,716,232		3,716,232		3,716,232
29 02	PREMATURE INTENSIVE CARE	9,076,856		9,076,856	34,548	9,111,404
33	NURSERY	4,590,036		4,590,036		4,590,036
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,630,963		29,630,963		29,630,963
38	RECOVERY ROOM	5,815,694		5,815,694		5,815,694
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	12,202,934		12,202,934	12,667	12,215,601
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	487,860		487,860		487,860
44	LABORATORY	10,709,090		10,709,090		10,709,090
49	RESPIRATORY THERAPY	4,423,980		4,423,980		4,423,980
50	PHYSICAL THERAPY	2,443,183		2,443,183	583	2,443,766
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	6,637,561		6,637,561		6,637,561
55 30	IMPL. DEV. CHARGED TO PAT	23,835,848		23,835,848		23,835,848
56	DRUGS CHARGED TO PATIENTS	6,285,994		6,285,994		6,285,994
58	ASC (NON-DISTINCT PART)					
58 01	CARDIAC CATHETERIZATION LAB	7,731,084		7,731,084		7,731,084
59	OTHER ANCILLARY SERVICE C					
59 97	CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	ADULT SLEEP LAB	290,000		290,000		290,000
60 02	PEDIATRIC SLEEP LAB	98,907		98,907		98,907
60 03	IVF	1,137,145		1,137,145		1,137,145
61	EMERGENCY	7,334,632		7,334,632		7,334,632
62	OBSERVATION BEDS (NON-DIS	1,866,995		1,866,995		1,866,995
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	194,265,949		194,265,949	47,798	194,313,747
102	LESS OBSERVATION BEDS	1,866,995		1,866,995		1,866,995
103	TOTAL	192,398,954		192,398,954	47,798	192,446,752

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	63,359,825		63,359,825			
29	SURGICAL INTENSIVE CARE U						
29 01	PEDIATRIC INTENSIVE CARE	3,737,663		3,737,663			
29 02	PREMATURE INTENSIVE CARE	8,737,266		8,737,266			
33	NURSERY	4,838,215		4,838,215			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	46,110,387	47,062,217	93,172,604	.318022	.318022	.318022
38	RECOVERY ROOM	4,484,623	9,245,652	13,730,275	.423567	.423567	.423567
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	13,525,155	44,541,084	58,066,239	.210155	.210155	.210374
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	509,327	2,300,677	2,810,004	.173615	.173615	.173615
44	LABORATORY	20,380,018	23,432,534	43,812,552	.244430	.244430	.244430
49	RESPIRATORY THERAPY	5,573,212	1,193,081	6,766,293	.653826	.653826	.653826
50	PHYSICAL THERAPY	2,863,163	3,567,151	6,430,314	.379948	.379948	.380038
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	10,388,011	5,028,370	15,416,381	.430552	.430552	.430552
55 30	IMPL. DEV. CHARGED TO PAT	38,461,550	11,478,759	49,940,309	.477287	.477287	.477287
56	DRUGS CHARGED TO PATIENTS	27,179,188	7,242,607	34,421,795	.182617	.182617	.182617
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION LAB	11,466,653	15,761,547	27,228,200	.283937	.283937	.283937
59	OTHER ANCILLARY SERVICE C						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	ADULT SLEEP LAB	4,368	4,224,031	4,228,399	.068584	.068584	.068584
60 02	PEDIATRIC SLEEP LAB	21,448	3,254,258	3,275,706	.030194	.030194	.030194
60 03	IVF		3,240,101	3,240,101	.350960	.350960	.350960
61	EMERGENCY	5,631,966	17,678,225	23,310,191	.314653	.314653	.314653
62	OBSERVATION BEDS (NON-DIS	210,059	931,983	1,142,042	1.634787	1.634787	1.634787
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	267,482,097	200,182,277	467,664,374			
102	LESS OBSERVATION BEDS						
103	TOTAL	267,482,097	200,182,277	467,664,374			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0161
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	55,950,955		55,950,955		55,950,955
29	SURGICAL INTENSIVE CARE U					
29 01	PEDIATRIC INTENSIVE CARE	3,716,232		3,716,232		3,716,232
29 02	PREMATURE INTENSIVE CARE	9,076,856		9,076,856	34,548	9,111,404
33	NURSERY	4,590,036		4,590,036		4,590,036
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,630,963		29,630,963		29,630,963
38	RECOVERY ROOM	5,815,694		5,815,694		5,815,694
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	12,202,934		12,202,934	12,667	12,215,601
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	487,860		487,860		487,860
44	LABORATORY	10,709,090		10,709,090		10,709,090
49	RESPIRATORY THERAPY	4,423,980		4,423,980		4,423,980
50	PHYSICAL THERAPY	2,443,183		2,443,183	583	2,443,766
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	6,637,561		6,637,561		6,637,561
55 30	IMPL. DEV. CHARGED TO PAT	23,835,848		23,835,848		23,835,848
56	DRUGS CHARGED TO PATIENTS	6,285,994		6,285,994		6,285,994
58	ASC (NON-DISTINCT PART)					
58 01	CARDIAC CATHETERIZATION LAB	7,731,084		7,731,084		7,731,084
59	OTHER ANCILLARY SERVICE C					
59 97	CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	ADULT SLEEP LAB	290,000		290,000		290,000
60 02	PEDIATRIC SLEEP LAB	98,907		98,907		98,907
60 03	IVF	1,137,145		1,137,145		1,137,145
61	EMERGENCY	7,334,632		7,334,632		7,334,632
62	OBSERVATION BEDS (NON-DIS	1,866,995		1,866,995		1,866,995
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	194,265,949		194,265,949	47,798	194,313,747
102	LESS OBSERVATION BEDS	1,866,995		1,866,995		1,866,995
103	TOTAL	192,398,954		192,398,954	47,798	192,446,752

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	63,359,825		63,359,825			
29	SURGICAL INTENSIVE CARE U						
29 01	PEDIATRIC INTENSIVE CARE	3,737,663		3,737,663			
29 02	PREMATURE INTENSIVE CARE	8,737,266		8,737,266			
33	NURSERY	4,838,215		4,838,215			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	46,110,387	47,062,217	93,172,604	.318022	.318022	.318022
38	RECOVERY ROOM	4,484,623	9,245,652	13,730,275	.423567	.423567	.423567
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	13,525,155	44,541,084	58,066,239	.210155	.210155	.210374
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	509,327	2,300,677	2,810,004	.173615	.173615	.173615
44	LABORATORY	20,380,018	23,432,534	43,812,552	.244430	.244430	.244430
49	RESPIRATORY THERAPY	5,573,212	1,193,081	6,766,293	.653826	.653826	.653826
50	PHYSICAL THERAPY	2,863,163	3,567,151	6,430,314	.379948	.379948	.380038
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	10,388,011	5,028,370	15,416,381	.430552	.430552	.430552
55 30	IMPL. DEV. CHARGED TO PAT	38,461,550	11,478,759	49,940,309	.477287	.477287	.477287
56	DRUGS CHARGED TO PATIENTS	27,179,188	7,242,607	34,421,795	.182617	.182617	.182617
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION LAB	11,466,653	15,761,547	27,228,200	.283937	.283937	.283937
59	OTHER ANCILLARY SERVICE C						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	ADULT SLEEP LAB	4,368	4,224,031	4,228,399	.068584	.068584	.068584
60 02	PEDIATRIC SLEEP LAB	21,448	3,254,258	3,275,706	.030194	.030194	.030194
60 03	IVF		3,240,101	3,240,101	.350960	.350960	.350960
61	EMERGENCY	5,631,966	17,678,225	23,310,191	.314653	.314653	.314653
62	OBSERVATION BEDS (NON-DIS	210,059	931,983	1,142,042	1.634787	1.634787	1.634787
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	267,482,097	200,182,277	467,664,374			
102	LESS OBSERVATION BEDS						
103	TOTAL	267,482,097	200,182,277	467,664,374			

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	29,630,963	8,908,531	20,722,432			29,630,963
38	RECOVERY ROOM	5,815,694	1,167,402	4,648,292			5,815,694
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	12,202,934	3,305,497	8,897,437			12,202,934
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	487,860	75,502	412,358			487,860
44	LABORATORY	10,709,090	1,575,857	9,133,233			10,709,090
49	RESPIRATORY THERAPY	4,423,980	585,422	3,838,558			4,423,980
50	PHYSICAL THERAPY	2,443,183	193,231	2,249,952			2,443,183
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	6,637,561	340,802	6,296,759			6,637,561
55	30 IMPL. DEV. CHARGED TO PAT	23,835,848	1,222,038	22,613,810			23,835,848
56	DRUGS CHARGED TO PATIENTS	6,285,994	637,142	5,648,852			6,285,994
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHORIZATION LAB	7,731,084	2,293,699	5,437,385			7,731,084
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 ADULT SLEEP LAB	290,000	70,931	219,069			290,000
60	02 PEDIATRIC SLEEP LAB	98,907	17,132	81,775			98,907
60	03 IVF	1,137,145	649,564	487,581			1,137,145
61	EMERGENCY	7,334,632	1,375,993	5,958,639			7,334,632
62	OBSERVATION BEDS (NON-DIS	1,866,995	443,200	1,423,795			1,866,995
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	120,931,870	22,861,943	98,069,927			120,931,870
102	LESS OBSERVATION BEDS	1,866,995	443,200	1,423,795			1,866,995
103	TOTAL	119,064,875	22,418,743	96,646,132			119,064,875

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	29,630,963	8,908,531	20,722,432	890,853	1,201,901	27,538,209
38	RECOVERY ROOM	5,815,694	1,167,402	4,648,292	116,740	269,601	5,429,353
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	12,202,934	3,305,497	8,897,437	330,550	516,051	11,356,333
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	487,860	75,502	412,358	7,550	23,917	456,393
44	LABORATORY	10,709,090	1,575,857	9,133,233	157,586	529,728	10,021,776
49	RESPIRATORY THERAPY	4,423,980	585,422	3,838,558	58,542	222,636	4,142,802
50	PHYSICAL THERAPY	2,443,183	193,231	2,249,952	19,323	130,497	2,293,363
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	6,637,561	340,802	6,296,759	34,080	365,212	6,238,269
55	30 IMPL. DEV. CHARGED TO PAT	23,835,848	1,222,038	22,613,810	122,204	1,311,601	22,402,043
56	DRUGS CHARGED TO PATIENTS	6,285,994	637,142	5,648,852	63,714	327,633	5,894,647
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHORIZATION LAB	7,731,084	2,293,699	5,437,385	229,370	315,368	7,186,346
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 ADULT SLEEP LAB	290,000	70,931	219,069	7,093	12,706	270,201
60	02 PEDIATRIC SLEEP LAB	98,907	17,132	81,775	1,713	4,743	92,451
60	03 IVF	1,137,145	649,564	487,581	64,956	28,280	1,043,909
61	EMERGENCY	7,334,632	1,375,993	5,958,639	137,599	345,601	6,851,432
62	OBSERVATION BEDS (NON-DIS	1,866,995	443,200	1,423,795	44,320	82,580	1,740,095
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	120,931,870	22,861,943	98,069,927	2,286,193	5,688,055	112,957,622
102	LESS OBSERVATION BEDS	1,866,995	443,200	1,423,795	44,320	82,580	1,740,095
103	TOTAL	119,064,875	22,418,743	96,646,132	2,241,873	5,605,475	111,217,527

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	93,172,604	.295561	.308461
38	RECOVERY ROOM	13,730,275	.395429	.415065
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	58,066,239	.195575	.204463
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	2,810,004	.162417	.170929
44	LABORATORY	43,812,552	.228742	.240833
49	RESPIRATORY THERAPY	6,766,293	.612271	.645174
50	PHYSICAL THERAPY	6,430,314	.356649	.376943
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	15,416,381	.404652	.428342
55	30 IMPL. DEV. CHARGED TO PAT	49,940,309	.448576	.474840
56	DRUGS CHARGED TO PATIENTS	34,421,795	.171248	.180766
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION LAB	27,228,200	.263930	.275513
59	OTHER ANCILLARY SERVICE C			
59	97 CARDIAC REHABILITATION			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 ADULT SLEEP LAB	4,228,399	.063901	.066906
60	02 PEDIATRIC SLEEP LAB	3,275,706	.028223	.029671
60	03 IVF	3,240,101	.322184	.330912
61	EMERGENCY	23,310,191	.293924	.308750
62	OBSERVATION BEDS (NON-DIS	1,142,042	1.523670	1.595979
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	386,991,405		
102	LESS OBSERVATION BEDS	1,142,042		
103	TOTAL	385,849,363		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				13,282,033		13,282,033
29	SURGICAL INTENSIVE CARE U						
29 01	PEDIATRIC INTENSIVE CARE				945,960		945,960
29 02	PREMATURE INTENSIVE CARE				2,512,376		2,512,376
33	NURSERY				1,060,122		1,060,122
101	TOTAL				17,800,491		17,800,491

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		8,908,531	93,172,604	11,754,222		
38	RECOVERY ROOM		1,167,402	13,730,275	1,147,888		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		3,305,497	58,066,239	3,975,140		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		75,502	2,810,004	160,238		
44	LABORATORY		1,575,857	43,812,552	5,945,006		
49	RESPIRATORY THERAPY		585,422	6,766,293	1,272,086		
50	PHYSICAL THERAPY		193,231	6,430,314	1,102,142		
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED		340,802	15,416,381	2,797,017		
55	30 IMPL. DEV. CHARGED TO PAT		1,222,038	49,940,309	10,891,749		
56	DRUGS CHARGED TO PATIENTS		637,142	34,421,795	7,112,956		
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHORIZATION LAB		2,293,699	27,228,200	5,651,855		
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 ADULT SLEEP LAB		70,931	4,228,399			
60	02 PEDIATRIC SLEEP LAB		17,132	3,275,706			
60	03 IVF		649,564	3,240,101			
61	EMERGENCY		1,375,993	23,310,191	2,001,401		
62	OBSERVATION BEDS (NON-DIS		443,200	1,142,042	46,081		
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		22,861,943	386,991,405	53,857,781		

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

PROVIDER NO: 15-0161
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					25,623	
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE					1,444	
29	02 PREMATURE INTENSIVE CARE					3,915	
33	NURSERY					5,288	
101	TOTAL					36,270	

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

PROVIDER NO:	PERIOD:	PREPARED
15-0161	FROM 1/ 1/2010	7/26/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		6,980
29	SURGICAL INTENSIVE CARE U		
29 01	PEDIATRIC INTENSIVE CARE		4
29 02	PREMATURE INTENSIVE CARE		
33	NURSERY		
101	TOTAL		6,984

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION LAB						
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 ADULT SLEEP LAB						
60	02 PEDIATRIC SLEEP LAB						
60	03 IVF						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			93,172,604			11,754,222	
38	RECOVERY ROOM			13,730,275			1,147,888	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			58,066,239			3,975,140	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			2,810,004			160,238	
44	LABORATORY			43,812,552			5,945,006	
49	RESPIRATORY THERAPY			6,766,293			1,272,086	
50	PHYSICAL THERAPY			6,430,314			1,102,142	
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			15,416,381			2,797,017	
55	30 IMPL. DEV. CHARGED TO PAT			49,940,309			10,891,749	
56	DRUGS CHARGED TO PATIENTS			34,421,795			7,112,956	
58	ASC (NON-DISTINCT PART)							
58	01 CARDIAC CATHORIZATION LAB			27,228,200			5,651,855	
59	OTHER ANCILLARY SERVICE C							
59	97 CARDIAC REHABILITATION							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 ADULT SLEEP LAB			4,228,399				
60	02 PEDIATRIC SLEEP LAB			3,275,706				
60	03 IVF			3,240,101				
61	EMERGENCY			23,310,191			2,001,401	
62	OBSERVATION BEDS (NON-DIS			1,142,042			46,081	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			386,991,405			53,857,781	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	5,566,019					
38	RECOVERY ROOM	919,047					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	7,525,527					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	500,121					
44	LABORATORY	351,377					
49	RESPIRATORY THERAPY	191,555					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	1,748,763					
55	30 IMPL. DEV. CHARGED TO PAT	3,382,139					
56	DRUGS CHARGED TO PATIENTS	1,063,820					
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION LAB	5,062,577					
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 ADULT SLEEP LAB	474,245					
60	02 PEDIATRIC SLEEP LAB	10,779					
60	03 IVF						
61	EMERGENCY	1,891,313					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	114,812					
101	TOTAL	28,802,094					

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					2,183.62
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					15,241,668
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					15,241,668

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
46.01	3,716,232	1,444	2,573.57	4	10,294
46.02	9,111,404	3,915	2,327.31		
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					3,620,773
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,881,209
52	TOTAL PROGRAM EXCLUDABLE COST					6,501,982
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					26,553,640

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

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		11,981,890	
29	SURGICAL INTENSIVE CARE UNIT			
29 01	PEDIATRIC INTENSIVE CARE UNIT		13,213	
29 02	PREMATURE INTENSIVE CARE UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.318022	11,754,222	3,738,101
38	RECOVERY ROOM	.423567	1,147,888	486,207
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.210374	3,975,140	836,266
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.173615	160,238	27,820
44	LABORATORY	.244430	5,945,006	1,453,138
49	RESPIRATORY THERAPY	.653826	1,272,086	831,723
50	PHYSICAL THERAPY	.380038	1,102,142	418,856
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.430552	2,797,017	1,204,261
55 30	IMPL. DEV. CHARGED TO PATIENT	.477287	10,891,749	5,198,490
56	DRUGS CHARGED TO PATIENTS	.182617	7,112,956	1,298,947
58	ASC (NON-DISTINCT PART)			
58 01	CARDIAC CATHETERIZATION LABORATORY	.283937	5,651,855	1,604,771
59	OTHER ANCILLARY SERVICE COST CENTERS			
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	ADULT SLEEP LAB	.068584		
60 02	PEDIATRIC SLEEP LAB	.030194		
60 03	IVF	.350960		
61	EMERGENCY	.314653	2,001,401	629,747
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.634787	46,081	75,333
	OTHER REIMBURS COST CNTRS			
101	TOTAL		53,857,781	17,803,660
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		53,857,781	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			1,602,800	
29	SURGICAL INTENSIVE CARE UNIT				
29 01	PEDIATRIC INTENSIVE CARE UNIT			769,431	
29 02	PREMATURE INTENSIVE CARE UNIT			230,809	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.318022	1,322,921	420,718
38	RECOVERY ROOM		.423567	109,967	46,578
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.210155	452,161	95,024
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE		.173615	20,996	3,645
44	LABORATORY		.244430	843,210	206,106
49	RESPIRATORY THERAPY		.653826	540,696	353,521
50	PHYSICAL THERAPY		.379948	76,984	29,250
53	ELECTROCARDIOLOGY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.430552	353,530	152,213
55 30	IMPL. DEV. CHARGED TO PATIENT		.477287	406,587	194,059
56	DRUGS CHARGED TO PATIENTS		.182617	1,146,277	209,330
58	ASC (NON-DISTINCT PART)				
58 01	CARDIAC CATHETERIZATION LABORATORY		.283937	362,340	102,882
59	OTHER ANCILLARY SERVICE COST CENTERS				
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60 01	ADULT SLEEP LAB		.068584		
60 02	PEDIATRIC SLEEP LAB		.030194	5,618	170
60 03	IVF		.350960		
61	EMERGENCY		.314653	255,789	80,485
62	OBSERVATION BEDS (NON-DISTINCT PART)		1.634787	13,979	22,853
	OTHER REIMBURS COST CNTRS				
101	TOTAL			5,911,055	1,916,834
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			5,911,055	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,168
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,853,441
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	5,716,436
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,168
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	17,346
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	17,346
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)	17,346
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	14,178
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,168
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,716,436
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,215,705
19	SUBTOTAL (SEE INSTRUCTIONS)	4,503,899
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	4,503,899
24	PRIMARY PAYER PAYMENTS	62
25	SUBTOTAL	4,503,837
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	165,903
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	116,132
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	135,802
28	SUBTOTAL	4,619,969
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,619,969
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,583,537
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	36,432
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, 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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1,916,834	
2	MEDICAL AND OTHER SERVICES		1,324,773	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		3,241,607	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		3,241,607	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		2,523,134	
11	ANCILLARY SERVICE CHARGES		10,931,996	
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		13,455,130	
	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)		13,455,130	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		10,213,523	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		3,241,607	
	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		3,241,607	
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		3,241,607	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		3,241,607	
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)		3,241,607	
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		3,241,607	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3,241,607	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		3,241,607	

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

TITLE XIX

HOSPITAL

TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	13,564,000			
29 SALARIES, WAGES & FEES PAYABLE	6,953,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,022,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	262,000			
35 OTHER CURRENT LIABILITIES	-7,000			
36 TOTAL CURRENT LIABILITIES	24,794,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	238,895,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	390,000			
42 TOTAL LONG-TERM LIABILITIES	239,285,000			
43 TOTAL LIABILITIES	264,079,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-31,961,000			
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	-31,961,000			
52 TOTAL LIABILITIES AND FUND BALANCES	232,118,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		-47,235,000		
2	NET INCOME (LOSS)		16,271,120		
3	TOTAL		-30,963,880		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM TO ADJUST FOR ROUNDING	2,880			
6					
7					
8					
9					
10	TOTAL ADDITIONS		2,880		
11	SUBTOTAL		-30,961,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	DISTRIBUTION TO OWNERS -	638,000			
15	DISTRIBUTION TO OWNERS -	362,000			
16					
17					
18	TOTAL DEDUCTIONS		1,000,000		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-31,961,000		

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0161	FROM 1/ 1/2010	7/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0161		PARTS I-IV

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	1,088,173
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,171,040
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	82.54
	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 RECIPIENT PATIENT DAYS TO	.99
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.69
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	16.68
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.44
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	37,433
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,296,646
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)	