

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		15-0169		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: 5/31/2011 TIME 8:34

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 COMMUNITY HOSPITAL NORTH 15-0169

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	1,075,226	-23,971	-3,381,837
2	SUBPROVIDER	0	497,825	21	0
2.01	SUBPROVIDER II	0	22,100	-2	0
100	TOTAL	0	1,595,151	-23,952	-3,381,837

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.

LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		Y			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		Y			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).		N			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		Y	N		
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).		N		0	

MULTI CAMPUS

61.00	IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.					N
	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					

LINE	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).				Y	4/ 5/2011
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MI SCELLANEOUS DATA

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

PROVIDER NO: 15-0169
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
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	228	83,220			15,396		1,530
2 HMO					4,384		5,351
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	228	83,220			15,396		1,530
6 INTENSIVE CARE UNIT	24	8,760			1,427		116
6 01 NEONATAL INTENSIVE CARE UNIT	45	16,425					304
7 CORONARY CARE UNIT							
11 NURSERY							5,638
12 TOTAL	297	108,405			16,823		7,588
13 RPCH VISITS							
14 SUBPROVIDER	56	20,440			4,148		3,136
14 01 SUBPROVIDER 2 - PSYCH DPU	20	7,300			2,916		9
15 SKILLED NURSING FACILITY							
25 TOTAL	373						436
26 OBSERVATION BED DAYS							436
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							299

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			45,595				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			45,595				
6 INTENSIVE CARE UNIT			3,183				
6 01 NEONATAL INTENSIVE CARE UNIT			7,597				
7 CORONARY CARE UNIT							
11 NURSERY			6,590				
12 TOTAL			62,965			1.83	
13 RPCH VISITS							
14 SUBPROVIDER			11,831				
14 01 SUBPROVIDER 2 - PSYCH DPU			4,386				
15 SKILLED NURSING FACILITY							
25 TOTAL						1.83	
26 OBSERVATION BED DAYS			2,649				
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			2,350				
28 01 EMP DISCOUNT DAYS -IRF			277				
29 LABOR & DELIVERY DAYS			893				

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					3,748	1,744	11,022
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 NEONATAL INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	1.83	1,160.51			3,748	1,744	11,022
13 RPCH VISITS							
14 SUBPROVIDER		76.40			331	100	711
14 01 SUBPROVIDER 2 - PSYCH DPU		23.61			258	3	417
15 SKILLED NURSING FACILITY							
25 TOTAL	1.83	1,260.52					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	78,750,483		78,750,483	2,621,874.00	30.04	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,093,508		1,093,508	14,774.00	74.02	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)				3,803.00		
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	13,892,366	30,518	13,922,884	277,365.00	50.20	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,599,820		1,599,820	86,287.00	18.54	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	594,079		594,079	5,601.00	106.07	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	20,364,396		20,364,396	601,814.00	33.84	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	18,039,748		18,039,748			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,310,837		2,310,837			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	147,595		147,595			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)	22,679		22,679			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	65,234		65,234	2,838.00	22.99	
22 ADMINISTRATIVE & GENERAL	3,108,775	-502,716	2,606,059	13,830.00	188.44	
22.01 A & G UNDER CONTRACT	3,281,213		3,281,213	17,696.00	185.42	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,422,610	17,433	2,440,043	132,902.00	18.36	
25 LAUNDRY & LINEN SERVICE	97,509	929	98,438	8,312.00	11.84	
26 HOUSEKEEPING	1,810,631	8,795	1,819,426	149,368.00	12.18	
26.01 HOUSEKEEPING UNDER CONTRACT	246,080		246,080	6,240.00	39.44	
27 DIETARY	2,092,412	-1,257,611	834,801	57,391.00	14.55	
27.01 DIETARY UNDER CONTRACT	368,267		368,267	6,988.00	52.70	
28 CAFETERIA		1,278,620	1,278,620	88,983.00	14.37	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	3,930,589	4,405	3,934,994	104,359.00	37.71	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	108,309	2,137	110,446	3,231.00	34.18	
34 SOCIAL SERVICE	1,426,776	11,361	1,438,137	46,237.00	31.10	
35 OTHER GENERAL SERVICE	648,454	2,985	651,439	51,045.00	12.76	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	81,552,535		81,552,535	2,634,221.00	30.96	
2 EXCLUDED AREA SALARIES	13,892,366	30,518	13,922,884	277,365.00	50.20	
3 SUBTOTAL SALARIES	67,660,169	-30,518	67,629,651	2,356,856.00	28.69	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	22,558,295		22,558,295	693,702.00	32.52	
5 SUBTOTAL WAGE-RELATED COSTS	18,039,748		18,039,748		26.67	
6 TOTAL	108,258,212	-30,518	108,227,694	3,050,558.00	35.48	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	19,606,859	-433,662	19,173,197	689,420.00	27.81	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0169	FROM 1/1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET S-10

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	12,680,452
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	12,680,452
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)	.332993
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	83,802,499

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0169	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	27,905,646
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	26,248,580
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	8,740,593
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	27,905,646

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				16,093,129	16,093,129
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				17,669,510	17,669,510
5	0500 EMPLOYEE BENEFITS	65,234	13,337,301	13,402,535	-25,480	13,377,055
6	0600 ADMINISTRATIVE & GENERAL	3,108,775	90,255,419	93,364,194	-26,999,987	66,364,207
8	0800 OPERATION OF PLANT	2,422,610	5,928,241	8,350,851	-201,455	8,149,396
9	0900 LAUNDRY & LINEN SERVICE	97,509	760,675	858,184	929	859,113
10	1000 HOUSEKEEPING	1,810,631	1,101,269	2,911,900	-14,413	2,897,487
11	1100 DIETARY	2,092,412	2,497,462	4,589,874	-2,800,160	1,789,714
12	1200 CAFETERIA				2,741,208	2,741,208
14	1400 NURSING ADMINISTRATION		1,636,196	1,636,196		1,636,196
15	1500 CENTRAL SERVICES & SUPPLY		4,607,358	4,607,358	-3,465,502	1,141,856
16	1600 PHARMACY	3,930,589	8,517,642	12,448,231	-110,016	12,338,215
17	1700 MEDICAL RECORDS & LIBRARY	108,309	124,035	232,344	2,137	234,481
18	1800 SOCIAL SERVICE	1,426,776	277,519	1,704,295	11,153	1,715,448
19	1950 TRANSPORTATION	648,454	54,093	702,547	1,822	704,369
20	2000 NONPHYSICIAN ANESTHETISTS	1,093,508	133,822	1,227,330	-5,100	1,222,230
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY)		146,766	146,766	38,657	185,423
24.01	2401 RESPIRATORY SCHOOL					
24.02	2402 RADIOLOGY EDUCATION		48,453	48,453	41,052	89,505
24.03	2403 PHARMACY RESIDENCY PROGRAM		3,427	3,427	58,853	62,280
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	23,213,623	6,778,420	29,992,043	-8,717,804	21,274,239
26	2600 INTENSIVE CARE UNIT	2,095,182	445,126	2,540,308	-93,920	2,446,388
26.01	2601 NEONATAL INTENSIVE CARE UNIT	3,864,496	1,151,289	5,015,785	-469,730	4,546,055
27	2700 CORONARY CARE UNIT					
31	3100 SUBPROVIDER	3,841,336	640,742	4,482,078	-22,322	4,459,756
31.01	3101 SUBPROVIDER 2 - PSYCH DPU	1,336,077	267,661	1,603,738	-10,700	1,593,038
33	3300 NURSERY				1,154,415	1,154,415
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	98,987	26,085,456	26,184,443	-19,669,041	6,515,402
38	3800 RECOVERY ROOM		2,595,743	2,595,743	-103,925	2,491,818
39	3900 DELIVERY ROOM & LABOR ROOM	11	459,770	459,781	6,296,808	6,756,589
41	4100 RADIOLOGY-DIAGNOSTIC	3,623,609	3,988,351	7,611,960	-2,299,781	5,312,179
41.01	4101 ULTRA SOUND	508,689	168,240	676,929	387,030	1,063,959
41.02	4102 CAT SCAN	761,549	701,933	1,463,482	269,564	1,733,046
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	677,052	3,480,164	4,157,216	141,503	4,298,719
41.04	4104 NUCLEAR MEDICINE-DIAGNOSTIC	181,645	318,404	500,049	-42,100	457,949
41.05	4105 ONCOLOGY		2,792	2,792		2,792
44	4400 LABORATORY		6,410,338	6,410,338	-64	6,410,274
48	4800 INTRAVENOUS THERAPY	294,536	40,333	334,869	-1,785	333,084
49	4900 RESPIRATORY THERAPY	2,007,958	674,283	2,682,241	-121,397	2,560,844
50	5000 PHYSICAL THERAPY	3,634,715	865,761	4,500,476	-1,852,743	2,647,733
51	5100 OCCUPATIONAL THERAPY				1,390,416	1,390,416
52	5200 SPEECH PATHOLOGY				448,521	448,521
53	5300 ELECTROCARDIOLOGY	39,316	1,147,713	1,187,029	-5,177	1,181,852
54	5400 ELECTROENCEPHALOGRAPHY	805,066	918,657	1,723,723	-189,768	1,533,955
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,216,793	8,216,793
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				14,136,597	14,136,597
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		393,127	393,127		393,127
59	3020 CARDIAC CATH LAB					
59.01	3021 ENDOSCOPY	728,567	589,878	1,318,445	-245,013	1,073,432
59.02	3022 MENTAL HEALTH OP					
59.03	3023 CNR		20,260	20,260		20,260
59.04	3550 PAIN MED PSYCH					
59.05	3025 LUTHERWOOD					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	85,611	9,424	95,035	-1,035	94,000
60.01	6001 HEALTHY HEARTS CENTER					
60.02	6002 DIABETIC CARE CENTER		53,775	53,775		53,775
60.03	6003 PAIN REHAB ADMIN					
60.04	6004 FAMILY PRACTICE CENTER					
60.05	6005 PALLIATIVE CARE		125,501	125,501		125,501
60.06	6006 SPINE CENTER	1,008,437	415,654	1,424,091	-108,111	1,315,980
61	6100 EMERGENCY	4,424,261	1,502,610	5,926,871	-144,131	5,782,740
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	70,035,530	189,681,083	259,716,613	1,379,437	261,096,050
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	8,279,534	12,305,944	20,585,478	-924,714	19,660,764
98.01	9801 OCCUPATIONAL HEALTH					
98.02	9802 MEDCHECK FACILITIES					
98.03	9803 INFERTILITY SERVICES	155,658	49,699	205,357	244	205,601
98.04	9804 BREAST DIAGNOSTIC		5,354,106	5,354,106	-1,630	5,352,476
98.05	9805 PROFESSIONAL OFFICE BUILDING					
98.06	9806 INDIANA NEURORESTORATIVE CENTER					
98.07	9807 PRONET					
98.08	9808 DIAGNOSTIC TESTING FACILITY					
98.09	9809 PHYSICIANS' PRIVATE OFFICES					
98.10	9810 PHYSICIANS' PRIVATE OFFICES					
98.11	9811 PROFESSIONAL OFFICE BUILDINGS		2,818,666	2,818,666	-451,276	2,367,390

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0169
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	279,761	1,083,992	1,363,753	-2,061	1,361,692
101	TOTAL	78,750,483	211,293,490	290,043,973	-0-	290,043,973

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0169
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-7,767,866	8,325,263
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,533,508	16,136,002
5	0500 EMPLOYEE BENEFITS	3,553,264	16,930,319
6	0600 ADMINISTRATIVE & GENERAL	-25,748,609	40,615,598
8	0800 OPERATION OF PLANT	-251,136	7,898,260
9	0900 LAUNDRY & LINEN SERVICE		859,113
10	1000 HOUSEKEEPING		2,897,487
11	1100 DIETARY	-12	1,789,702
12	1200 CAFETERIA	-1,653,427	1,087,781
14	1400 NURSING ADMINISTRATION		1,636,196
15	1500 CENTRAL SERVICES & SUPPLY		1,141,856
16	1600 PHARMACY	-1,543,937	10,794,278
17	1700 MEDICAL RECORDS & LIBRARY	3,349,104	3,583,585
18	1800 SOCIAL SERVICE	-107,734	1,607,714
19	1950 TRANSPORTATION		704,369
20	2000 NONPHYSICIAN ANESTHETISTS	-1,222,230	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	105,077	105,077
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	275,799	275,799
24	2400 PARAMED ED PRGM-(SPECIFY)	-146,766	38,657
24.01	2401 RESPIRATORY SCHOOL		
24.02	2402 RADIOLOGY EDUCATION	-48,453	41,052
24.03	2403 PHARMACY RESIDENCY PROGRAM	41,824	104,104
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-256,483	21,017,756
26	2600 INTENSIVE CARE UNIT	29,907	2,476,295
26.01	2601 NEONATAL INTENSIVE CARE UNIT	-75,000	4,471,055
27	2700 CORONARY CARE UNIT		
31	3100 SUBPROVIDER	-143,010	4,316,746
31.01	3101 SUBPROVIDER 2 - PSYCH DPU	-15,808	1,577,230
33	3300 NURSERY		1,154,415
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	2,536,267	9,051,669
38	3800 RECOVERY ROOM		2,491,818
39	3900 DELIVERY ROOM & LABOR ROOM	-447,090	6,309,499
41	4100 RADIOLOGY-DIAGNOSTIC	-172,201	5,139,978
41.01	4101 ULTRA SOUND		1,063,959
41.02	4102 CAT SCAN		1,733,046
41.03	4103 MAGNETIC RESONANCE IMAGING (MRI)	-449,277	3,849,442
41.04	4104 NUCLEAR MEDICINE-DIAGNOSTIC		457,949
41.05	4105 ONCOLOGY	-230	2,562
44	4400 LABORATORY	-867,812	5,542,462
48	4800 INTRAVENOUS THERAPY		333,084
49	4900 RESPIRATORY THERAPY	-350	2,560,494
50	5000 PHYSICAL THERAPY	-11,243	2,636,490
51	5100 OCCUPATIONAL THERAPY		1,390,416
52	5200 SPEECH PATHOLOGY		448,521
53	5300 ELECTROCARDIOLOGY		1,181,852
54	5400 ELECTROENCEPHALOGRAPHY	22,552	1,556,507
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,216,793
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		14,136,597
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		393,127
59	3020 CARDIAC CATH LAB		
59.01	3021 ENDOSCOPY	-18,967	1,054,465
59.02	3022 MENTAL HEALTH OP		
59.03	3023 CNR		20,260
59.04	3550 PAIN MED PSYCH		
59.05	3025 LUTHERWOOD		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-6,609	87,391
60.01	6001 HEALTHY HEARTS CENTER		
60.02	6002 DIABETIC CARE CENTER	-53,775	
60.03	6003 PAIN REHAB ADMIN		
60.04	6004 FAMILY PRACTICE CENTER		
60.05	6005 PALLIATIVE CARE	-125,501	
60.06	6006 SPINE CENTER		1,315,980
61	6100 EMERGENCY	-460,002	5,322,738
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-33,213,242	227,882,808
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES	-14,369	19,646,395
98.01	9801 OCCUPATIONAL HEALTH		
98.02	9802 MEDCHECK FACILITIES		
98.03	9803 INFERTILITY SERVICES		205,601
98.04	9804 BREAST DIAGNOSTIC		5,352,476
98.05	9805 PROFESSIONAL OFFICE BUILDING		
98.06	9806 INDIANA NEURORESTORATIVE CENTER		
98.07	9807 PRONET		
98.08	9808 DIAGNOSTIC TESTING FACILITY		
98.09	9809 PHYSICIANS' PRIVATE OFFICES		
98.10	9810 PHYSICIANS' PRIVATE OFFICES		
98.11	9811 PROFESSIONAL OFFICE BUILDINGS		2,367,390

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0169
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
100	NONREIMBURS COST CENTERS		
101	7950 OTHER NONREIMBURSABLE COST CENTERS		1,361,692
	TOTAL	-33,227,611	256,816,362

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/31/2011
 I 15-0169 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	TRANSPORTATION	1950	
20	NONPHYSICIAN ANESTHETISTS	2000	OTHER GENERAL SERVICE COST CENTERS
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	RESPIRATORY SCHOOL	2401	PARAMED ED PRGM
24.02	RADIOLOGY EDUCATION	2402	PARAMED ED PRGM
24.03	PHARMACY RESIDENCY PROGRAM	2403	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2601	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2 - PSYCH DPU	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	CAT SCAN	3230	CAT SCAN
41.03	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.04	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.05	ONCOLOGY	3480	ONCOLOGY
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATH LAB	3020	ACUPUNCTURE
59.01	ENDOSCOPY	3021	ACUPUNCTURE
59.02	MENTAL HEALTH OP	3022	ACUPUNCTURE
59.03	CNR	3023	ACUPUNCTURE
59.04	PAIN MED PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.05	LUTHERWOOD	3025	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEALTHY HEARTS CENTER	6001	CLINIC
60.02	DIABETIC CARE CENTER	6002	CLINIC
60.03	PAIN REHAB ADMIN	6003	CLINIC
60.04	FAMILY PRACTICE CENTER	6004	CLINIC
60.05	PALLIATIVE CARE	6005	CLINIC
60.06	SPINE CENTER	6006	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OCCUPATIONAL HEALTH	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MEDCHECK FACILITIES	9802	PHYSICIANS' PRIVATE OFFICES
98.03	INFERTILITY SERVICES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	BREAST DIAGNOSTIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	PROFESSIONAL OFFICE BUILDING	9805	PHYSICIANS' PRIVATE OFFICES
98.06	INDIANA NEURORESTORATIVE CENTER	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PRONET	9807	PHYSICIANS' PRIVATE OFFICES
98.08	DIAGNOSTIC TESTING FACILITY	9808	PHYSICIANS' PRIVATE OFFICES
98.09	PHYSICIANS' PRIVATE OFFICES	9809	PHYSICIANS' PRIVATE OFFICES
98.10	PHYSICIANS' PRIVATE OFFICES	9810	PHYSICIANS' PRIVATE OFFICES
98.11	PROFESSIONAL OFFICE BUILDINGS	9811	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
101	NONREIMBURS COST CEN TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150169

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

PREPARED 5/31/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 Labor & Delivery Salary	A	NURSERY	33	934,533	
2 DELIVERY ROOM & LABOR ROOM			39	5,097,454	
3					
4 Labor & Delivery Other	B	NURSERY	33		219,882
5 DELIVERY ROOM & LABOR ROOM			39		1,199,354
6					
7 Chargeable Medical Supplies	C	RADIOLOGY-DIAGNOSTIC	41		10,338
8 MEDICAL SUPPLIES CHARGED TO PATIENTS			55		22,353,390
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 Depreciation Expense	D	NEW CAP REL COSTS-MVBLE EQUIP	4		25,591,254
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 Depreciation Expense	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 Radiology Salary	E	ULTRA SOUND	41.01	49,363	
24 CAT SCAN			41.02	287,948	
25 MAGNETIC RESONANCE IMAGING (MRI)			41.03	123,406	
26					
27 Radiology Other	F	ULTRA SOUND	41.01		28,394
28 CAT SCAN			41.02		165,629
29 MAGNETIC RESONANCE IMAGING (MRI)			41.03		70,984
30					
31 Capital Insurance Costs	G	NEW CAP REL COSTS-BLDG & FIXT	3		271,294
32 NEW CAP REL COSTS-MVBLE EQUIP			4		25,830
33					
34 Implantable Device Recl ass	H	IMPL. DEV. CHARGED TO PATIENT	55.30		14,136,597
35					

RECLASSIFICATIONS

PROVIDER NO:
150169

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

PREPARED 5/31/2011
WORKSHEET A-6
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 Interest Expense	I	NEW CAP REL COSTS-BLDG & FIXT	3		7,874,261
2					
3 Depreciation by CC	K	NEW CAP REL COSTS-BLDG & FIXT	3		7,947,574
4					
5 Cafeteria Salary	L	CAFETERIA	12	1,278,620	
6					
7 Cafeteria Recl ass	M	CAFETERIA	12		1,462,588
8					
9 PTO Allocati on	N	OPERATION OF PLANT	8	17,433	
10		LAUNDRY & LINEN SERVICE	9	929	
11		HOUSEKEEPING	10	8,795	
12		DIETARY	11	21,009	
13		PHARMACY	16	64,102	
14		MEDICAL RECORDS & LIBRARY	17	2,137	
15		SOCIAL SERVICE	18	11,361	
16		TRANSPORTATION	19	2,985	
17		NONPHYSICIAN ANESTHETISTS	20	5,882	
18		ADULTS & PEDIATRICS	25	135,163	
19		INTENSIVE CARE UNIT	26	11,464	
20		NEONATAL INTENSIVE CARE UNIT	26.01	26,049	
21		SUBPROVIDER	31	23,883	
22		SUBPROVIDER 2 - PSYCH DPU	31.01	10,300	
23		OPERATING ROOM	37	1,284	
24		RADIOLOGY-DIAGNOSTIC	41	37,233	
25		ULTRA SOUND	41.01	3,065	
26		CAT SCAN	41.02	4,476	
27		MAGNETIC RESONANCE IMAGING (MRI)	41.03	6,935	
28		NUCLEAR MEDICINE-DIAGNOSTIC	41.04	813	
29		INTRAVENOUS THERAPY	48	1,386	
30		RESPIRATORY THERAPY	49	14,646	
31		PHYSICAL THERAPY	50	41,768	
32		ELECTROCARDIOLOGY	53	32	
33		ELECTROENCEPHALOGRAPHY	54	5,010	
34		ENDOSCOPY	59.01	7,335	
35		CLINIC	60	971	
1 PTO Allocati on	N	SPI NE CENTER	60.06	4,337	
2		EMERGENCY	61	25,238	
3		PHYSICIANS' PRIVATE OFFICES	98	3,217	
4		INFERTILITY SERVICES	98.03	1,825	
5		OTHER NONREIMBURSABLE COST CENTERS	100	1,653	
6					
7 PHARMACY RESIDENCY SALARY RECLASS	O	PHARMACY RESIDENCY PROGRAM	24.03	59,697	
8					
9 PHARMACY RESIDENCY OTHER RECLASS	P	PHARMACY RESIDENCY PROGRAM	24.03		2,583
10					
11		PHARMACY	16		3,427
12					
13 Drugs Charges to Pat	Q	PHARMACY	16		31,547
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 Therapy Salary	R	OCCUPATIONAL THERAPY	51	1,137,797	
27		SPEECH PATHOLOGY	52	367,031	
28					
29 Therapy Other	S	OCCUPATIONAL THERAPY	51		252,619
30		SPEECH PATHOLOGY	52		81,490
31					
32 Plant Operations Expense	T	ADMINISTRATIVE & GENERAL	6		14,657
33					
34 Dietary Food Service Allocati on	U	ADMINISTRATIVE & GENERAL	6		77,009
35		DIETARY	11		116,077

RECLASSIFICATIONS

PROVIDER NO:
150169

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

PREPARED 5/31/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3	4	5	
1 Dietary Food Service Allocation	U					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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23						
24						
25						
26						
27						
28						
29						
30						
31 DUNGY POYTHRESS ULTRASOUND PURCHASED	V	ULTRA SOUND	41.01			415,573
32						
33 SALARIED MEDICAL DIRECTORS	W	ADULTS & PEDIATRICS	25	121,257		
34		OPERATING ROOM	37	23,219		
35						
1 RADIOLOGY SCHOOL SALARY RECLASS	AC	RADIOLOGY EDUCATION	24.02	38,135		
2						
3 RADIOLOGY SCHOOL RECLASS OTHER	AD	RADIOLOGY EDUCATION	24.02			2,917
4						
5 EMS SCHOOL SALARY RECLASS	AE	PARAMED ED PRGM-(SPECIFY)	24	36,284		
6						
7 EMS SCHOOL OTHER RECLASS	AF	PARAMED ED PRGM-(SPECIFY)	24			2,373
8						
36 TOTAL RECLASSIFICATIONS				10,057,460		82,357,641

(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:
150169

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

PREPARED 5/31/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 Labor & Delivery Salary	A	6					
2							
3		ADULTS & PEDIATRICS	25		6,031,987		
4 Labor & Delivery Other	B						
5							
6		ADULTS & PEDIATRICS	25			1,419,236	
7 Chargeable Medical Supplies	C						
8							
9		ADMINISTRATIVE & GENERAL	6			1,961	
10		OPERATION OF PLANT	8			39,529	
11		CENTRAL SERVICES & SUPPLY	15			3,351,170	
12		PHARMACY	16			1,415	
13		NEONATAL INTENSIVE CARE UNIT	26.01			254	
14		SUBPROVIDER	31			5,250	
15		OPERATING ROOM	37			18,938,169	
16		ULTRA SOUND	41.01			499	
17		CAT SCAN	41.02			1,147	
18		RESPIRATORY THERAPY	49			8,965	
19		PHYSICAL THERAPY	50			2,024	
20		ELECTROENCEPHALOGRAPHY	54			2,372	
21		ENDOSCOPY	59.01			10,257	
22		EMERGENCY	61			716	
23 Depreciation Expense	D						9
24		EMPLOYEE BENEFITS	5			25,436	
25		ADMINISTRATIVE & GENERAL	6			18,415,591	
26		OPERATION OF PLANT	8			161,203	
27		HOUSEKEEPING	10			22,751	
28		DIETARY	11			196,038	
29		CENTRAL SERVICES & SUPPLY	15			112,582	
30		PHARMACY	16			145,192	
31		TRANSPORTATION	19			947	
32		NONPHYSICIAN ANESTHETISTS	20			10,647	
33		ADULTS & PEDIATRICS	25			1,401,152	
34		INTENSIVE CARE UNIT	26			98,777	
35		NEONATAL INTENSIVE CARE UNIT	26.01			494,551	
1 Depreciation Expense	D						
2		SUBPROVIDER	31			29,638	
3		OPERATING ROOM	37			748,156	
4		RECOVERY ROOM	38			95,673	
5		RADIOLOGY-DIAGNOSTIC	41			1,574,846	
6		ULTRA SOUND	41.01			108,866	
7		CAT SCAN	41.02			187,008	
8		MAGNETIC RESONANCE IMAGING (MRI)	41.03			59,442	
9		NUCLEAR MEDICINE-DIAGNOSTIC	41.04			21,532	
10		INTRAVENOUS THERAPY	48			3,171	
11		RESPIRATORY THERAPY	49			125,658	
12		PHYSICAL THERAPY	50			50,860	
13		ELECTROCARDIOLOGY	53			5,209	
14		ELECTROENCEPHALOGRAPHY	54			188,377	
15		ENDOSCOPY	59.01			241,120	
16		CLINIC	60			1,677	
17		SPINE CENTER	60.06			104,983	
18		EMERGENCY	61			118,783	
19		PHYSICIANS' PRIVATE OFFICES	98			367,307	
20		INFERTILITY SERVICES	98.03			1,581	
21		BREAST DIAGNOSTIC	98.04			1,472	
22		SUBPROVIDER 2 - PSYCH DPU	31.01			19,752	
23 Radiology Salary	E						
24							
25							
26		RADIOLOGY-DIAGNOSTIC	41		460,717		
27 Radiology Other	F						
28							
29							
30		RADIOLOGY-DIAGNOSTIC	41			265,007	
31 Capital Insurance Costs	G						12
32							12
33		ADMINISTRATIVE & GENERAL	6			297,124	
34 Implantable Device Recl ass	H						
35		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			14,136,597	

RECLASSIFICATIONS

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PREPARED 5/31/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
1 Interest Expense	I					11
2		ADMINISTRATIVE & GENERAL	6		7,874,261	
3 Depreciation by CC	K					9
4		NEW CAP REL COSTS-MVBLE EQUIP	4		7,947,574	9
5 Cafeteria Salary	L					
6		DIETARY	11	1,278,620		
7 Cafeteria Recl ass	M					
8		DIETARY	11		1,462,588	
9 PTO Allocation	N					
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 PTO Allocation	N					
2						
3						
4						
5						
6		ADMINISTRATIVE & GENERAL	6	502,716		
7 PHARMACY RESIDENCY SALARY RECLASS	O					
8		PHARMACY	16	59,697		
9 PHARMACY RESIDENCY OTHER RECLASS	P					
10		PHARMACY	16		2,583	
11						
12		PHARMACY RESIDENCY PROGRAM	24.03		3,427	
13 Drugs Charges to Pat	Q					
14		CENTRAL SERVICES & SUPPLY	15		1,685	
15		ADULTS & PEDIATRICS	25		584	
16		INTENSIVE CARE UNIT	26		42	
17		NEONATAL INTENSIVE CARE UNIT	26.01		860	
18		OPERATING ROOM	37		76	
19		RADIOLOGY-DIAGNOSTIC	41		172	
20		MAGNETIC RESONANCE IMAGING (MRI)	41.03		169	
21		NUCLEAR MEDICINE-DIAGNOSTIC	41.04		21,037	
22		RESPIRATORY THERAPY	49		1,123	
23		PHYSICAL THERAPY	50		1,049	
24		SPI NE CENTER	60.06		4,519	
25		EMERGENCY	61		231	
26 Therapy Salary	R					
27						
28		PHYSICAL THERAPY	50	1,504,828		
29 Therapy Other	S					
30						
31		PHYSICAL THERAPY	50		334,109	
32 Plant Operations Expense	T					
33		OPERATION OF PLANT	8		14,657	
34 Dietary Food Service Allocation	U					
35						

RECLASSIFICATIONS

PROVIDER NO:
150169

PERIOD:
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PREPARED 5/31/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 Dietary Food Service Allocation	U		EMPLOYEE BENEFITS	5		44	
2			OPERATION OF PLANT	8		3,499	
3			HOUSEKEEPING	10		457	
4			CENTRAL SERVICES & SUPPLY	15		65	
5			PHARMACY	16		205	
6			SOCIAL SERVICE	18		208	
7			TRANSPORTATION	19		216	
8			NONPHYSICIAN ANESTHETISTS	20		335	
9			ADULTS & PEDIATRICS	25		121,265	
10			INTENSIVE CARE UNIT	26		6,565	
11			NEONATAL INTENSIVE CARE UNIT	26.01		114	
12			SUBPROVIDER	31		11,317	
13			OPERATING ROOM	37		7,143	
14			RECOVERY ROOM	38		8,252	
15			RADIOLOGY-DIAGNOSTIC	41		5,558	
16			CAT SCAN	41.02		334	
17			MAGNETIC RESONANCE IMAGING (MRI)	41.03		211	
18			NUCLEAR MEDICINE-DIAGNOSTIC	41.04		344	
19			LABORATORY	44		64	
20			RESPIRATORY THERAPY	49		297	
21			PHYSICAL THERAPY	50		1,641	
22			ELECTROENCEPHALOGRAPHY	54		4,029	
23			ENDOSCOPY	59.01		971	
24			CLINIC	60		329	
25			SPINE CENTER	60.06		2,946	
26			EMERGENCY	61		10,982	
27			PHYSICIANS' PRIVATE OFFICES	98		575	
28			BREAST DIAGNOSTIC	98.04		158	
29			OTHER NONREIMBURSABLE COST CENTERS	100		3,714	
30			SUBPROVIDER 2 - PSYCH DPU	31.01		1,248	
31 Dungal Poythress Ultrasound Purchased	V						
32			PHYSICIANS' PRIVATE OFFICES	98		415,573	
33 SALARIED MEDICAL DIRECTORS	W						
34							
35			PHYSICIANS' PRIVATE OFFICES	98	144,476		
1 RADIOLOGY SCHOOL SALARY RECLASS	AC						
2			RADIOLOGY-DIAGNOSTIC	41	38,135		
3 RADIOLOGY SCHOOL RECLASS OTHER	AD						
4			RADIOLOGY-DIAGNOSTIC	41		2,917	
5 EMS SCHOOL SALARY RECLASS	AE						
6			EMERGENCY	61	36,284		
7 EMS SCHOOL OTHER RECLASS	AF						
8			EMERGENCY	61		2,373	
36 TOTAL RECLASSIFICATIONS					10,057,460	82,357,641	

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

RECLASS CODE: A
EXPLANATION : Labor & Delivery Salary

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	934,533			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	5,097,454			0	
3.00			0	ADULTS & PEDIATRICS	25	6,031,987	
TOTAL RECLASSIFICATIONS FOR CODE A			6,031,987			6,031,987	

RECLASS CODE: B
EXPLANATION : Labor & Delivery Other

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	219,882			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,199,354			0	
3.00			0	ADULTS & PEDIATRICS	25	1,419,236	
TOTAL RECLASSIFICATIONS FOR CODE B			1,419,236			1,419,236	

RECLASS CODE: C
EXPLANATION : Chargeable Medical Supplies

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	10,338			0	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	22,353,390			0	
3.00			0	ADMINISTRATIVE & GENERAL	6	1,961	
4.00			0	OPERATION OF PLANT	8	39,529	
5.00			0	CENTRAL SERVICES & SUPPLY	15	3,351,170	
6.00			0	PHARMACY	16	1,415	
7.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	254	
8.00			0	SUBPROVIDER	31	5,250	
9.00			0	OPERATING ROOM	37	18,938,169	
10.00			0	ULTRA SOUND	41.01	499	
11.00			0	CAT SCAN	41.02	1,147	
12.00			0	RESPIRATORY THERAPY	49	8,965	
13.00			0	PHYSICAL THERAPY	50	2,024	
14.00			0	ELECTROENCEPHALOGRAPHY	54	2,372	
15.00			0	ENDOSCOPY	59.01	10,257	
16.00			0	EMERGENCY	61	716	
TOTAL RECLASSIFICATIONS FOR CODE C			22,363,728			22,363,728	

RECLASS CODE: D
EXPLANATION : Depreciation Expense

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	25,591,254			0	
2.00			0	EMPLOYEE BENEFITS	5	25,436	
3.00			0	ADMINISTRATIVE & GENERAL	6	18,415,591	
4.00			0	OPERATION OF PLANT	8	161,203	
5.00			0	HOUSEKEEPING	10	22,751	
6.00			0	DIETARY	11	196,038	
7.00			0	CENTRAL SERVICES & SUPPLY	15	112,582	
8.00			0	PHARMACY	16	145,192	
9.00			0	TRANSPORTATION	19	947	
10.00			0	NONPHYSICIAN ANESTHETISTS	20	10,647	
11.00			0	ADULTS & PEDIATRICS	25	1,401,152	
12.00			0	INTENSIVE CARE UNIT	26	98,777	
13.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	494,551	
14.00			0	SUBPROVIDER	31	29,638	
15.00			0	OPERATING ROOM	37	748,156	
16.00			0	RECOVERY ROOM	38	95,673	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	1,574,846	
18.00			0	ULTRA SOUND	41.01	108,866	
19.00			0	CAT SCAN	41.02	187,008	
20.00			0	MAGNETIC RESONANCE IMAGING (MR)	41.03	59,442	
21.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	21,532	
22.00			0	INTRAVENOUS THERAPY	48	3,171	
23.00			0	RESPIRATORY THERAPY	49	125,658	
24.00			0	PHYSICAL THERAPY	50	50,860	
25.00			0	ELECTROCARDIOLOGY	53	5,209	
26.00			0	ELECTROENCEPHALOGRAPHY	54	188,377	
27.00			0	ENDOSCOPY	59.01	241,120	
28.00			0	CLINIC	60	1,677	
29.00			0	SPINE CENTER	60.06	104,983	

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RECLASS CODE: D
EXPLANATION : Depreciation Expense

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			25,591,254

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	118,783	
PHYSICIANS' PRIVATE OFFICES	98	367,307	
INFERTILITY SERVICES	98.03	1,581	
BREAST DIAGNOSTIC	98.04	1,472	
SUBPROVIDER 2 - PSYCH DPU	31.01	19,752	
PROFESSIONAL OFFICE BUILDINGS	98.11	451,276	
			25,591,254

RECLASS CODE: E
EXPLANATION : Radiology Salary

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ULTRA SOUND	41.01	49,363
2.00	CAT SCAN	41.02	287,948
3.00	MAGNETIC RESONANCE IMAGING (MR	41.03	123,406
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			460,717

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
		0	
		0	
RADIOLOGY-DIAGNOSTIC	41	460,717	
			460,717

RECLASS CODE: F
EXPLANATION : Radiology Other

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ULTRA SOUND	41.01	28,394
2.00	CAT SCAN	41.02	165,629
3.00	MAGNETIC RESONANCE IMAGING (MR	41.03	70,984
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			265,007

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
		0	
		0	
RADIOLOGY-DIAGNOSTIC	41	265,007	
			265,007

RECLASS CODE: G
EXPLANATION : Capital Insurance Costs

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	271,294
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	25,830
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			297,124

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
		0	
ADMINISTRATIVE & GENERAL	6	297,124	
			297,124

RECLASS CODE: H
EXPLANATION : Implantable Device Recl

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	14,136,597
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			14,136,597

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
MEDICAL SUPPLIES CHARGED TO PA	55	14,136,597	
			14,136,597

RECLASS CODE: I
EXPLANATION : Interest Expense

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,874,261
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			7,874,261

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
ADMINISTRATIVE & GENERAL	6	7,874,261	
			7,874,261

RECLASS CODE: K
EXPLANATION : Depreciation by CC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,947,574
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			7,947,574

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
NEW CAP REL COSTS-MVBLE EQUIP	4	7,947,574	
			7,947,574

RECLASS CODE: L
EXPLANATION : Cafeteria Salary

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,278,620

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

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RECLASS CODE: Q
EXPLANATION : Drugs Charges to Pat

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHARMACY	16	31,547
2.00			0
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
TOTAL RECLASSIFICATIONS FOR CODE Q			31,547

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
CENTRAL SERVICES & SUPPLY	15	1,685	
ADULTS & PEDIATRICS	25	584	
INTENSIVE CARE UNIT	26	42	
NEONATAL INTENSIVE CARE UNIT	26.01	860	
OPERATING ROOM	37	76	
RADIOLOGY-DIAGNOSTIC	41	172	
MAGNETIC RESONANCE IMAGING (MR)	41.03	169	
NUCLEAR MEDICINE-DIAGNOSTIC	41.04	21,037	
RESPIRATORY THERAPY	49	1,123	
PHYSICAL THERAPY	50	1,049	
SPINE CENTER	60.06	4,519	
EMERGENCY	61	231	
			31,547

RECLASS CODE: R
EXPLANATION : Therapy Salary

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	1,137,797
2.00	SPEECH PATHOLOGY	52	367,031
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE R			1,504,828

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			0
PHYSICAL THERAPY	50	1,504,828	
			1,504,828

RECLASS CODE: S
EXPLANATION : Therapy Other

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	252,619
2.00	SPEECH PATHOLOGY	52	81,490
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE S			334,109

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			0
PHYSICAL THERAPY	50	334,109	
			334,109

RECLASS CODE: T
EXPLANATION : Plant Operations Expense

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	14,657
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE T			14,657

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
OPERATION OF PLANT	8	14,657	
			14,657

RECLASS CODE: U
EXPLANATION : Dietary Food Service Allocation

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	77,009
2.00	DIETARY	11	116,077
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

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			0
EMPLOYEE BENEFITS	5	44	
OPERATION OF PLANT	8	3,499	
HOUSEKEEPING	10	457	
CENTRAL SERVICES & SUPPLY	15	65	
PHARMACY	16	205	
SOCIAL SERVICE	18	208	
TRANSPORTATION	19	216	
NONPHYSICIAN ANESTHETISTS	20	335	
ADULTS & PEDIATRICS	25	121,265	
INTENSIVE CARE UNIT	26	6,565	
NEONATAL INTENSIVE CARE UNIT	26.01	114	
SUBPROVIDER	31	11,317	
OPERATING ROOM	37	7,143	
RECOVERY ROOM	38	8,252	
RADIOLOGY-DIAGNOSTIC	41	5,558	
CAT SCAN	41.02	334	
MAGNETIC RESONANCE IMAGING (MR)	41.03	211	
NUCLEAR MEDICINE-DIAGNOSTIC	41.04	344	
LABORATORY	44	64	
RESPIRATORY THERAPY	49	297	

RECLASSIFICATIONS

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NOT A CMS WORKSHEET

RECLASS CODE: U
EXPLANATION : Dietary Food Service Allocation

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
23.00			0	PHYSICAL THERAPY	50	1,641	
24.00			0	ELECTROENCEPHALOGRAPHY	54	4,029	
25.00			0	ENDOSCOPY	59.01	971	
26.00			0	CLINIC	60	329	
27.00			0	SPI NE CENTER	60.06	2,946	
28.00			0	EMERGENCY	61	10,982	
29.00			0	PHYSICIANS' PRIVATE OFFICES	98	575	
30.00			0	BREAST DIAGNOSTIC	98.04	158	
31.00			0	OTHER NONREIMBURSABLE COST CEN	100	3,714	
32.00			0	SUBPROVIDER 2 - PSYCH DPU	31.01	1,248	
TOTAL RECLASSIFICATIONS FOR CODE U			193,086				193,086

RECLASS CODE: V
EXPLANATION : Dungal Poythress Ultrasound Purchased

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRA SOUND	41.01	415,573			0	
2.00			0	PHYSICIANS' PRIVATE OFFICES	98	415,573	
TOTAL RECLASSIFICATIONS FOR CODE V			415,573				415,573

RECLASS CODE: W
EXPLANATION : SALARIED MEDICAL DIRECTORS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	121,257			0	
2.00	OPERATING ROOM	37	23,219			0	
3.00			0	PHYSICIANS' PRIVATE OFFICES	98	144,476	
TOTAL RECLASSIFICATIONS FOR CODE W			144,476				144,476

RECLASS CODE: AC
EXPLANATION : RADIOLOGY SCHOOL SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY EDUCATION	24.02	38,135			0	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	38,135	
TOTAL RECLASSIFICATIONS FOR CODE AC			38,135				38,135

RECLASS CODE: AD
EXPLANATION : RADIOLOGY SCHOOL RECLASS OTHER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY EDUCATION	24.02	2,917			0	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	2,917	
TOTAL RECLASSIFICATIONS FOR CODE AD			2,917				2,917

RECLASS CODE: AE
EXPLANATION : EMS SCHOOL SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM-(SPECIFY)	24	36,284			0	
2.00			0	EMERGENCY	61	36,284	
TOTAL RECLASSIFICATIONS FOR CODE AE			36,284				36,284

RECLASS CODE: AF
EXPLANATION : EMS SCHOOL OTHER RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM-(SPECIFY)	24	2,373			0	
2.00			0	EMERGENCY	61	2,373	
TOTAL RECLASSIFICATIONS FOR CODE AF			2,373				2,373

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 IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,705,851					2,705,851	
2 LAND IMPROVEMENTS	3,116,937					3,116,937	
3 BUILDINGS & FIXTURE	278,848,638	1,902,173		1,902,173		280,750,811	
4 BUILDING IMPROVEMEN	4,066,411	842,790		842,790		4,909,201	
5 FIXED EQUIPMENT	3,118,039					3,118,039	
6 MOVABLE EQUIPMENT	81,440,047	4,696,427		4,696,427	2,957,585	83,178,889	
7 SUBTOTAL	373,295,923	7,441,390		7,441,390	2,957,585	377,779,728	
8 RECONCILING ITEMS							
9 TOTAL	373,295,923	7,441,390		7,441,390	2,957,585	377,779,728	

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	294,600,839		294,600,839	.779822				
4	NEW CAP REL COSTS-MV	83,178,889		83,178,889	.220178				
5	TOTAL	377,779,728		377,779,728	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	7,799,043		254,926	271,294			8,325,263
4	NEW CAP REL COSTS-MV	16,118,260	-8,088		25,830			16,136,002
5	TOTAL	23,917,303	-8,088	254,926	297,124			24,461,265

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

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

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-33,428	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-72,784	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,588,251			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	93,095			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,725,014	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-1,222,230	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 Misc Revenue	B	-142,007	EMPLOYEE BENEFITS	5	
39 Misc Revenue	B	-213,071	ADMINISTRATIVE & GENERAL	6	
40 Misc Revenue	B	-85,225	OPERATION OF PLANT	8	
41 Misc Revenue	B	-12	DIETARY	11	
42 Misc Revenue	B	-36,393	ADULTS & PEDIATRICS	25	
43 Misc Revenue	B	-55,742	OPERATING ROOM	37	
44 Misc Revenue	B	-543	RADIOLOGY-DIAGNOSTIC	41	
45 Misc Revenue	B	-439,786	MAGNETIC RESONANCE IMAGIN	41.03	
46 Misc Revenue	B	-230	ONCOLOGY	41.05	
47 Misc Revenue	B	-350	RESPIRATORY THERAPY	49	
48 Misc Revenue	B	-11,128	PHYSICAL THERAPY	50	
49 Misc Revenue	B	-8,733	ENDOSCOPY	59.01	
49.01 Misc Revenue	B	-6,609	CLINIC	60	
49.02 Leased Equipment CBI	B	-4,191,300	NEW CAP REL COSTS-MVBLE E	4	9
49.03 Misc Rev MACL	B	-29,143	OPERATION OF PLANT	8	
49.04 Misc Rev MACL	B	-200	ADULTS & PEDIATRICS	25	
49.05 Misc Rev MACL	B	-2,271	OPERATING ROOM	37	
49.06 Service Allocation CHE	B	-23,965	CAFETERIA	12	
49.07 Service Allocation CHE	B	-23,090	ADULTS & PEDIATRICS	25	
49.08 Service Allocation CHE	B	-40,411	RADIOLOGY-DIAGNOSTIC	41	
49.09 MISC REVENUE	B	141,588	CAFETERIA	12	
49.10 OUTSIDE CORP REVENUE	B	-7,266	LABORATORY	44	
49.11 Space Rental Revenue CBI	B	-324,444	NEW CAP REL COSTS-BLDG &	3	9
49.12 IHH Leased Employees	B	-136,768	OPERATION OF PLANT	8	
49.13 IHH Leased Employees	B	-1,549,992	PHARMACY	16	
49.14 IHH Leased Employees	B	-107,734	SOCIAL SERVICE	18	
49.15 IHH Leased Employees	B	-30,453	OPERATING ROOM	37	
49.16 IHH Leased Employees	B	-9,491	MAGNETIC RESONANCE IMAGIN	41.03	
49.17 IHH Leased Employees	B	-2,771	ELECTROENCEPHALOGRAPHY	54	
49.18 IHH Leased Employees	B	-10,234	ENDOSCOPY	59.01	
49.19 Purchased Discounts	B	147	ADMINISTRATIVE & GENERAL	6	
49.20 Vending Revenue	B	-115	PHYSICAL THERAPY	50	
49.21 BAD DEBT EXPENSE	A	-14,219,547	ADMINISTRATIVE & GENERAL	6	
49.22 Bad Debt Expense	A	2,625,461	OPERATING ROOM	37	
49.23 Non Allow Marketing Expense	A	-611	OPERATING ROOM	37	
49.24 Non Allow Marketing Expense	A	-8,404	RADIOLOGY-DIAGNOSTIC	41	
49.25 Non Allow Marketing Expense	A	-4,796	ADMINISTRATIVE & GENERAL	6	
49.27 Meals of Wheels Cost	A	-46,036	CAFETERIA	12	
49.28 PHARMACY RESIDENCY ONSET	A	41,824	PHARMACY RESIDENCY PROGRA	24.03	
49.29 00 Non-Allow Interest Expense	A	-86,266	NEW CAP REL COSTS-BLDG &	3	11
49.30 00 Non-Allow Interest Expense	A	-406,988	ADMINISTRATIVE & GENERAL	6	
49.33 97 Non-Allow Interest Expense	A	-63,125	NEW CAP REL COSTS-BLDG &	3	11
49.34 97 Non-Allow Interest Expense	A	-347,000	ADMINISTRATIVE & GENERAL	6	
49.35 95 Non-Allow Interest Expense	A	-691,292	NEW CAP REL COSTS-BLDG &	3	11
49.36 95 Non-Allow Interest Expense	A	-77,010	ADMINISTRATIVE & GENERAL	6	
49.37 92A Non-Allow Interest Expense	A	-180,058	NEW CAP REL COSTS-BLDG &	3	11
49.38 92A Non-Allow Interest Expense	A	-43,268	ADMINISTRATIVE & GENERAL	6	
49.39 92 Non-Allow Interest Expense	A	-79,106	NEW CAP REL COSTS-BLDG &	3	11

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 15-0169

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

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
49.40 92 Non-Allow Interest Expense	A	-7,287	ADMINISTRATIVE & GENERAL	6		
49.42 INTERHOSPITAL ALLOCATION PALLIATIVE C	A	-125,501	PALLIATIVE CARE	60.05		
49.43 INTERHOSPITAL ALLOCATION PALLIATIVE C	A	-53,775	DIABETIC CARE CENTER	60.02		
49.44 INTERHOSP ALLOC ALLIED HEALTH	A	-146,766	PARAMED ED PRGM-(SPECIFY)	24		
49.45 INTERHOSP ALLOC ALLIED HEALTH	A	-48,453	RADIOLOGY EDUCATION	24.02		
49.46 MEDICAL DIRECTOR ALLOCATION	A	274,921	INTENSIVE CARE UNIT	26		
49.52 Interest Income	B	-6,519,488	NEW CAP REL COSTS-BLDG &	3	11	
49.53 Interest Income IHH Building Loan	B	-3,098	RADIOLOGY-DIAGNOSTIC	41		
49.54 IHH VCT Lease	B	-8,088	NEW CAP REL COSTS-MVBLE E	4	10	
49.55 Space Rental Income IHH and OLI	B	-107,500	RADIOLOGY-DIAGNOSTIC	41		
50 TOTAL (SUM OF LINES 1 THRU 49)		-33,227,611				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	7,799,043	7,623,130	175,913	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	2,738,664		2,738,664	9
3	5	EMPLOYEE BENEFITS HOME OFFICE	3,695,271		3,695,271	
4	6	ADMINISTRATIVE & GENERAL HOME OFFICE	24,223,305	33,690,723	-9,467,418	
4.02	17	MEDICAL RECORDS & LIBRARY HOME OFFICE	3,349,104		3,349,104	
4.08	6	ADMINISTRATIVE & GENERAL 7250 Clearvista POB	216,253	155,383	60,870	
4.09	16	PHARMACY 7250 Clearvista POB	23,310	17,255	6,055	
4.10	54	ELECTROENCEPHALOGRAPHY 7250 Clearvista POB	110,839	82,047	28,792	
4.11	37	OPERATING ROOM 7250 Clearvista POB	57,547	42,598	14,949	
4.12	98	PHYSICIANS' PRIVATE OFFIC 7250 Clearvista POB	36,461	50,830	-14,369	
4.15	37	OPERATING ROOM Indiana Surgery Center		15,066	-15,066	
4.20	44	LABORATORY MACL	4,557,222	5,417,768	-860,546	
4.22	22	I&R SERVICES-SALARY & FRI Interns and Residents	105,077		105,077	
4.23	23	I&R SERVICES-OTHER PRGM C Interns and Residents	275,799		275,799	
4.25	98 11	PROFESSIONAL OFFICE BUILD IHH POB	935,484	935,484		
5		TOTALS	48,123,379	48,030,284	93,095	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/31/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	989,813	989,813					
2 25	ADULTS & PEDIATRICS	196,800	196,800					
3 26 1	NEONATAL INTENSIVE CARE U	75,000	75,000					
4 37	OPERATING ROOM	60,000		60,000	208,000	1,043	104,300	5,215
5 39	DELIVERY ROOM & LABOR ROO	447,090	447,090					
6 41	RADIOLOGY-DIAGNOSTIC	62,245	12,245	50,000	225,300	1,251	135,505	6,775
7 44	LABORATORY	125,004		125,004	215,700	2,080	215,700	10,785
8 54	ELECTROENCEPHALOGRAPHY	10,404		10,404	138,700	104	6,935	347
9 61	EMERGENCY	460,002	460,002					
10 31	SUBPROVIDER	143,010	143,010					
11 31 1	SUBPROVIDER 2 - PSYCH DPU	36,700		36,700	154,100	282	20,892	1,045
12 26	INTENSIVE CARE UNIT	311,971		311,971	165,600	841	66,957	3,348
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,918,039	2,323,960	594,079		5,601	550,289	27,515

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/31/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	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	ADMINISTRATIVE & GENERAL							989,813
2 25	ADULTS & PEDIATRICS							196,800
3 26 1	NEONATAL INTENSIVE CARE U							75,000
4 37	OPERATING ROOM					104,300		
5 39	DELIVERY ROOM & LABOR ROO							447,090
6 41	RADIOLOGY-DIAGNOSTIC					135,505		12,245
7 44	LABORATORY					215,700		
8 54	ELECTROENCEPHALOGRAPHY					6,935	3,469	3,469
9 61	EMERGENCY							460,002
10 31	SUBPROVIDER							143,010
11 31 1	SUBPROVIDER 2 - PSYCH DPU					20,892	15,808	15,808
12 26	INTENSIVE CARE UNIT					66,957	245,014	245,014
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					550,289	264,291	2,588,251

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 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
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-10	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	14	MEALS	SERVED	ENTERED
12	CAFETERIA	15	FTE'S		ENTERED
14	NURSING ADMINISTRATION	16	FTE'S		ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	ENTERED
16	PHARMACY	18	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS		ENTERED
19	TRANSPORTATION	21	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED	TIME	ENTERED
24.01	RESPIRATORY SCHOOL	25	TIME	SPENT	NOT ENTERED
24.02	RADIOLOGY EDUCATION	26	TIME	SPENT	ENTERED
24.03	PHARMACY RESIDENCY PROGRAM	27	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	8,325,263			8,325,263			
005 NEW CAP REL COSTS-MVBLE E	16,136,002				16,136,002		
006 EMPLOYEE BENEFITS	16,930,319				16,045	16,946,364	
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	40,615,598			95,883	11,616,382	561,264	52,889,127
009 LAUNDRY & LINEN SERVICE	7,898,260			1,182,988	101,685	525,510	9,708,443
010 HOUSEKEEPING	859,113			32,048		21,200	912,361
011 HOUSEKEEPING	2,897,487			57,805	14,351	391,848	3,361,491
012 DIETARY	1,789,702			118,809	48,845	179,790	2,137,146
014 CAFETERIA	1,087,781			181,962	74,814	275,375	1,619,932
015 NURSING ADMINISTRATION	1,636,196			45,720			1,681,916
016 CENTRAL SERVICES & SUPPLY PHARMACY	1,141,856				71,016		1,212,872
017 MEDICAL RECORDS & LIBRARY	10,794,278			99,737	91,586	847,476	11,833,077
018 SOCIAL SERVICE	3,583,585					23,787	3,607,372
019 TRANSPORTATION	1,607,714			6,043		309,730	1,923,487
020 NONPHYSICIAN ANESTHETISTS	704,369			7,511	597	140,300	852,777
022 I&R SERVICES-SALARY & FRI	105,077					236,775	341,852
023 I&R SERVICES-OTHER PRGM C	275,799						275,799
024 PARAMED ED PRGM-(SPECIFY)	38,657			7,065	9,316	7,814	62,852
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION	41,052					8,213	49,265
024 03 PHARMACY RESIDENCY PROGRA	104,104			419		12,857	117,380
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	21,017,756			2,410,335	587,171	3,755,620	27,770,882
026 INTENSIVE CARE UNIT	2,476,295			290,022	62,308	453,706	3,282,331
026 01 NEONATAL INTENSIVE CARE U	4,471,055			546,594	311,958	837,903	6,167,510
027 CORONARY CARE UNIT							
031 SUBPROVIDER	4,316,746			390,585	18,695	832,448	5,558,474
031 01 SUBPROVIDER 2 - PSYCH DPU	1,577,230			144,775	12,459	289,968	2,024,432
033 NURSERY	1,154,415			163,952	44,519	201,269	1,564,155
034 SKILLED NURSING FACILITY ANCI LLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,051,669			422,319	471,929	26,596	9,972,513
038 RECOVERY ROOM	2,491,818			237,945	60,350		2,790,113
039 DELIVERY ROOM & LABOR ROO	6,309,499			901,119	242,828	1,097,836	8,551,282
041 RADIOLOGY-DIAGNOSTIC	5,139,978			168,212	991,093	680,995	6,980,278
041 01 ULTRA SOUND	1,063,959			28,051	68,918	120,847	1,281,775
041 02 CAT SCAN	1,733,046			20,566	119,402	226,993	2,100,007
041 03 MAGNETIC RESONANCE IMAGIN	3,849,442			55,079	38,112	173,887	4,116,520
041 04 NUCLEAR MEDICINE-DIAGNOST	457,949			15,244	13,582	39,296	526,071
041 05 ONCOLOGY	2,562						2,562
044 LABORATORY	5,542,462			77,008			5,619,470
048 INTRAVENOUS THERAPY	333,084			2,687	2,000	63,732	401,503
049 RESPIRATORY THERAPY	2,560,494			102,018	79,264	435,606	3,177,382
050 PHYSICAL THERAPY	2,636,490				18,928	467,707	3,123,125
051 OCCUPATIONAL THERAPY	1,390,416				9,946	245,046	1,645,408
052 SPEECH PATHOLOGY	448,521				3,208	79,047	530,776
053 ELECTROCARDIOLOGY	1,181,852				3,286	8,474	1,193,612
054 ELECTROENCEPHALOGRAPHY	1,556,507			20,959	118,826	174,465	1,870,757
055 MEDICAL SUPPLIES CHARGED	8,216,793						8,216,793
055 30 IMPL. DEV. CHARGED TO PAT	14,136,597						14,136,597
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	393,127						393,127
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	1,054,465			110,616	152,096	158,490	1,475,667
059 02 MENTAL HEALTH OP							
059 03 CNR	20,260						20,260
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS CLINIC	87,391				1,058	18,647	107,096
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	1,315,980				66,222	218,120	1,600,322
061 EMERGENCY	5,322,738			367,830	74,927	950,470	6,715,965
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	227,882,808			8,311,906	15,617,722	15,099,107	225,503,914
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	19,646,395			11,745	231,694	1,752,732	21,642,566
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	205,601				997	33,917	240,515
098 04 BREAST DIAGNOSTIC	5,352,476				929		5,353,405
098 05 PROFESSIONAL OFFICE BUI LD							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
098 09 PHYSICIANS' PRIVATE OFFIC							
098 10 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	52,889,127						
009 OPERATION OF PLANT	2,517,914	12,226,357					
010 LAUNDRY & LINEN SERVICE	236,624	55,608	1,204,593				
011 HOUSEKEEPING	871,813	100,299		4,333,603			
012 DIETARY	554,275	206,148		74,012	2,971,581		
014 CAFETERIA	420,134	315,726		113,354		2,469,146	
015 NURSING ADMINISTRATION	436,210	79,330		28,481			2,225,937
016 CENTRAL SERVICES & SUPPLY	314,562						
017 PHARMACY	3,068,944	173,056		62,132		135,667	
018 MEDICAL RECORDS & LIBRARY	935,583					5,427	
019 SOCIAL SERVICE	498,862	10,485		3,764		59,694	
020 TRANSPORTATION	221,170	13,032		4,679		67,834	
022 NONPHYSICIAN ANESTHETISTS	61,408					18,993	
023 I&R SERVICES-SALARY & FRI	27,252					5,427	
024 I&R SERVICES-OTHER PRGM C	71,529						
024 01 PARAMED ED PRGM-(SPECIFY)	16,301	12,259		4,401		2,713	3,792
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION	12,777					2,713	3,792
024 03 PHARMACY RESIDENCY PROGRA	30,443	728		261		5,427	
025 INPUT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,202,449	4,182,227	506,180	1,501,527	1,857,493	830,286	1,160,370
026 01 INTENSIVE CARE UNIT	851,282	503,224	51,046	180,671	130,296	89,540	125,138
027 01 NEONATAL INTENSIVE CARE U	1,599,562	948,407	36,564	340,503	310,984	151,947	212,355
031 01 CORONARY CARE UNIT							
031 01 SUBPROVIDER	1,441,607	677,713	73,716	243,317	484,308		288,196
033 01 SUBPROVIDER 2 - PSYCH DPU	525,043	251,203	21,295	90,188	179,540	65,120	91,009
034 03 NURSERY	405,668	284,477	27,647	102,134		43,414	60,673
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
038 01 OPERATING ROOM	2,586,401	732,775	84,522	263,085		2,713	3,792
039 02 RECOVERY ROOM	723,624	412,864		148,229			
041 03 DELIVERY ROOM & LABOR ROO	2,217,801	1,563,553	151,947	561,356		233,348	
041 04 RADIOLOGY-DIAGNOSTIC	1,810,356	291,868	67,984	104,788		81,400	
041 01 ULTRA SOUND	332,432	48,671		17,474		24,420	
041 02 CAT SCAN	544,643	35,685		12,812		46,127	
041 03 MAGNETIC RESONANCE IMAGIN	1,067,632	95,569		34,312		35,274	
041 04 NUCLEAR MEDICINE-DIAGNOST	136,438	26,451		9,497		8,140	
041 05 ONCOLOGY	664						
044 01 LABORATORY	1,457,426	133,619		47,973			
048 02 INTRAVENOUS THERAPY	104,131	4,662		1,674		10,853	
049 03 RESPIRATORY THERAPY	824,064	177,013		63,552		86,827	
050 04 PHYSICAL THERAPY	809,992		4,722			56,980	
051 05 OCCUPATIONAL THERAPY	426,742		2,482			51,554	
052 06 SPEECH PATHOLOGY	137,658		799			16,280	
053 07 ELECTROCARDIOLOGY	309,567					2,713	
054 08 ELECTROENCEPHALOGRAPHY	485,186	36,367		13,057		29,847	
055 09 MEDICAL SUPPLIES CHARGED	2,131,050						
055 30 IMPL. DEV. CHARGED TO PAT	3,666,369						
056 01 DRUGS CHARGED TO PATIENTS							
057 02 RENAL DIALYSIS	101,959						
059 03 CARDIAC CATH LAB							
059 01 ENDOSCOPY	382,719	191,933	22,630	68,909		29,847	
059 02 MENTAL HEALTH OP							
059 03 CNR	5,254						
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC	27,776					2,713	
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	415,048		5,952			29,847	
061 01 EMERGENCY	1,741,806	638,230	147,107	229,141	8,960	198,074	276,820
062 02 OBSERVATION BEDS (NON-DIS							
095 03 SPEC PURPOSE COST CENTERS							
095 04 SUBTOTALS	44,768,150	12,203,182	1,204,593	4,325,283	2,971,581	2,431,159	2,225,937
098 01 NONREIMBURS COST CENTERS							
098 02 PHYSICIANS' PRIVATE OFFIC	5,613,064	20,378		7,316		16,280	
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	62,378					5,427	
098 04 BREAST DIAGNOSTIC	1,388,422						
098 05 PROFESSIONAL OFFICE BUI LD							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
098 09 PHYSICIANS' PRIVATE OFFIC							
098 10 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,527,434						
016 PHARMACY	280,833	15,553,709					
017 MEDICAL RECORDS & LIBRARY			4,548,382				
018 SOCIAL SERVICE	31			2,496,323			
019 TRANSPORTATION	10				1,159,502		
020 NONPHYSICIAN ANESTHETISTS	5,677					322,853	
022 I&R SERVICES-SALARY & FRI							137,756
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION					22,046		
024 03 PHARMACY RESIDENCY PROGRA							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	69,355	1,358	401,802	1,437,445		322,853	87,841
026 INTENSIVE CARE UNIT	13,056	98	55,948	100,349			
026 01 NEONATAL INTENSIVE CARE U	10,711	1,999	227,214	239,506			
027 CORONARY CARE UNIT							
031 SUBPROVIDER	6,463		86,423	372,989			
031 01 SUBPROVIDER 2 - PSYCH DPU	1,067		40,733	138,275			
033 NURSERY	6,096		40,563	207,759			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	862,168	177	408,628				27,602
038 RECOVERY ROOM	8,788		97,937				
039 DELIVERY ROOM & LABOR ROO	33,253		222,880				
041 RADIOLOGY-DIAGNOSTIC	55,744	400	345,569		35,173		
041 01 ULTRA SOUND	495		57,092		16,953		
041 02 CAT SCAN	9,798		247,333		413,264		
041 03 MAGNETIC RESONANCE IMAGIN	7,002	393	147,337		201,719		
041 04 NUCLEAR MEDICINE-DIAGNOST	11,020	48,909	21,283		57,083		
041 05 ONCOLOGY	15		370				
044 LABORATORY	60,370		344,930				
048 INTRAVENOUS THERAPY	5,417		9,771				
049 RESPIRATORY THERAPY	13,243	2,611	148,400				
050 PHYSICAL THERAPY	3,355	2,439	97,697				
051 OCCUPATIONAL THERAPY	1,763		55,221				
052 SPEECH PATHOLOGY	569		16,908				
053 ELECTROCARDIOLOGY	10		49,594				
054 ELECTROENCEPHALOGRAPHY	4,761		82,877		167,395		
055 MEDICAL SUPPLIES CHARGED			234,985				
055 30 IMPL. DEV. CHARGED TO PAT			272,150				
056 DRUGS CHARGED TO PATIENTS		15,484,282	379,103				
057 RENAL DIALYSIS	1,106		7,551		59,198		
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	19,840		45,109		153,590		
059 02 MENTAL HEALTH OP							
059 03 CNR			284				2,282
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	31		2,355		33,081		
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	1,465	10,506	13,235				
061 EMERGENCY	27,360	537	387,100				20,031
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,520,872	15,553,709	4,548,382	2,496,323	1,159,502	322,853	137,756
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	3,364						
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	1,239						
098 04 BREAST DIAGNOSTIC	1,363						
098 05 PROFESSIONAL OFFICE BUI LD							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
098 09 PHYSICIANS' PRIVATE OFFIC							
098 10 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	S RADIOLOGY EDUCATION	EDU PHARMACY RESI DENCY PROGRA	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	23	24	24.01	24.02	24.03	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINSTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 TRANSPORTATION							
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	347,328						
024 I&R SERVICES-OTHER PRGM C		102,318					
024 01 PARAMED ED PRGM-(SPECIFY)							
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION				90,593			
024 03 PHARMACY RESIDENCY PROGRA					154,239		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	221,476					47,553,544	-309,317
026 01 INTENSIVE CARE UNIT						5,382,979	
027 NEONATAL INTENSIVE CARE U						10,247,262	
031 CORONARY CARE UNIT							
031 01 SUBPROVIDER						9,233,206	
033 01 SUBPROVIDER 2 - PSYCH DPU						3,427,905	
034 NURSERY						2,742,586	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	69,593					15,013,969	-97,195
039 RECOVERY ROOM						4,181,555	
041 DELIVERY ROOM & LABOR ROO						13,535,420	
041 RADIOLOGY-DIAGNOSTIC				90,593		9,864,153	
041 01 ULTRA SOUND						1,779,312	
041 02 CAT SCAN						3,409,669	
041 03 MAGNETIC RESONANCE IMAGIN						5,705,758	
041 04 NUCLEAR MEDICINE-DIAGNOST						844,892	
041 05 ONCOLOGY						3,611	
044 LABORATORY						7,663,788	
048 INTRAVENOUS THERAPY						538,011	
049 RESPIRATORY THERAPY						4,493,092	
050 PHYSICAL THERAPY						4,098,310	
051 OCCUPATIONAL THERAPY						2,183,170	
052 SPEECH PATHOLOGY						702,990	
053 ELECTROCARDIOLOGY						1,555,496	
054 ELECTROENCEPHALOGRAPHY						2,690,247	
055 MEDICAL SUPPLIES CHARGED						10,582,828	
055 30 IMPL. DEV. CHARGED TO PAT						18,075,116	
056 DRUGS CHARGED TO PATIENTS					154,239	16,017,624	
057 RENAL DIALYSIS						562,941	
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY						2,390,244	
059 02 MENTAL HEALTH OP							
059 03 CNR	5,754					33,834	-8,036
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC						173,052	
060 02 HEALTHY HEARTS CENTER							
060 03 DIABETIC CARE CENTER							
060 04 PAIN REHAB ADMIN							
060 05 FAMILY PRACTICE CENTER							
060 06 PALLIATIVE CARE							
061 SPINE CENTER						2,076,375	
062 EMERGENCY	50,505	102,318				10,543,954	-70,536
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS	347,328	102,318		90,593	154,239	217,306,893	-485,084
095 SUBTOTALS							
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC						27,302,968	
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES						309,559	
098 04 BREAST DIAGNOSTIC						6,743,190	
098 05 PROFESSIONAL OFFICE BUI LD							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
098 09 PHYSICIANS' PRIVATE OFFIC							
098 10 PHYSICIANS' PRIVATE OFFIC							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENERAL	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVICE	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
018 MEDICAL RECORDS & LIBRARY	
019 SOCIAL SERVICE	
020 TRANSPORTATION	
022 NONPHYSICIAN ANESTHETISTS	
023 I&R SERVICES-SALARY & FRI	
024 I&R SERVICES-OTHER PRGM C	
024 01 PARAMED ED PRGM-(SPECIFY)	
024 02 RESPIRATORY SCHOOL	
024 03 RADIOLOGY EDUCATION	
024 03 PHARMACY RESIDENCY PROGRA	
025 INPAT ROUTINE SRVC CNTRS	
026 ADULTS & PEDIATRICS	47,244,227
026 INTENSIVE CARE UNIT	5,382,979
026 01 NEONATAL INTENSIVE CARE U	10,247,262
027 CORONARY CARE UNIT	
031 SUBPROVIDER	9,233,206
031 01 SUBPROVIDER 2 - PSYCH DPU	3,427,905
033 NURSERY	2,742,586
034 SKILLED NURSING FACILITY	
037 ANCILLARY SRVC COST CNTRS	
038 OPERATING ROOM	14,916,774
039 RECOVERY ROOM	4,181,555
041 DELIVERY ROOM & LABOR ROO	13,535,420
041 RADIOLOGY-DIAGNOSTIC	9,864,153
041 01 ULTRA SOUND	1,779,312
041 02 CAT SCAN	3,409,669
041 03 MAGNETIC RESONANCE IMAGIN	5,705,758
041 04 NUCLEAR MEDICINE-DIAGNOST	844,892
041 05 ONCOLOGY	3,611
044 LABORATORY	7,663,788
048 INTRAVENOUS THERAPY	538,011
049 RESPIRATORY THERAPY	4,493,092
050 PHYSICAL THERAPY	4,098,310
051 OCCUPATIONAL THERAPY	2,183,170
052 SPEECH PATHOLOGY	702,990
053 ELECTROCARDIOLOGY	1,555,496
054 ELECTROENCEPHALOGRAPHY	2,690,247
055 MEDICAL SUPPLIES CHARGED	10,582,828
055 30 IMPL. DEV. CHARGED TO PAT	18,075,116
056 DRUGS CHARGED TO PATIENTS	16,017,624
057 RENAL DIALYSIS	562,941
059 CARDIAC CATH LAB	
059 01 ENDOSCOPY	2,390,244
059 02 MENTAL HEALTH OP	
059 03 CNR	25,798
059 04 PAIN MED PSYCH	
059 05 LUTHERWOOD	
060 OUTPAT SERVICE COST CNTRS	
060 CLINIC	173,052
060 01 HEALTHY HEARTS CENTER	
060 02 DIABETIC CARE CENTER	
060 03 PAIN REHAB ADMIN	
060 04 FAMILY PRACTICE CENTER	
060 05 PALLIATIVE CARE	
060 06 SPINE CENTER	2,076,375
061 EMERGENCY	10,473,418
062 OBSERVATION BEDS (NON-DIS	
095 SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	216,821,809
098 NONREIMBURS COST CENTERS	
098 PHYSICIANS' PRIVATE OFFIC	27,302,968
098 01 OCCUPATIONAL HEALTH	
098 02 MEDCHECK FACILITIES	
098 03 INFERTILITY SERVICES	309,559
098 04 BREAST DIAGNOSTIC	6,743,190
098 05 PROFESSIONAL OFFICE BUI LD	
098 06 INDIANA NEURORESTORATIVE	
098 07 PRONET	
098 08 DIAGNOSTIC TESTING FACILI	
098 09 PHYSICIANS' PRIVATE OFFIC	
098 10 PHYSICIANS' PRIVATE OFFIC	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL
	NONREIMBURS COST CENTERS	27
098 11	PROFESSIONAL OFFICE BUILD	3,339,867
100	OTHER NONREIMBURSABLE COS	1,813,885
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	256,331,278

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	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-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	162,282				16,045	178,327	178,327
008 ADMINISTRATIVE & GENERAL	439,969			95,883	11,616,382	12,152,234	5,905
009 OPERATION OF PLANT	10,255			1,182,988	101,685	1,294,928	5,529
010 LAUNDRY & LINEN SERVICE	211			32,048		32,259	223
011 HOUSEKEEPING	6,024			57,805	14,351	78,180	4,123
012 DIETARY	9,262			118,809	48,845	176,916	1,892
014 CAFETERIA				181,962	74,814	256,776	2,897
015 NURSING ADMINISTRATION				45,720		45,720	
016 CENTRAL SERVICES & SUPPLY	846,169				71,016	917,185	
017 PHARMACY	745,949			99,737	91,586	937,272	8,917
018 MEDICAL RECORDS & LIBRARY							250
019 SOCIAL SERVICE	859			6,043		6,902	3,259
020 TRANSPORTATION	1,189			7,511	597	9,297	1,476
022 NONPHYSICIAN ANESTHETISTS	501					501	2,491
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
024 01 PARAMED ED PRGM-(SPECIFY)				7,065	9,316	16,381	82
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION							86
024 03 PHARMACY RESIDENCY PROGRA				419		419	135
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,574			2,410,335	587,171	3,003,080	39,541
026 01 INTENSIVE CARE UNIT	214			290,022	62,308	352,544	4,774
027 NEONATAL INTENSIVE CARE U	606			546,594	311,958	859,158	8,816
031 CORONARY CARE UNIT							
031 01 SUBPROVIDER	1,537			390,585	18,695	410,817	8,759
033 01 SUBPROVIDER 2 - PSYCH DPU	499			144,775	12,459	157,733	3,051
034 NURSERY				163,952	44,519	208,471	2,118
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,425,339			422,319	471,929	2,319,587	280
038 RECOVERY ROOM	1,193			237,945	60,350	299,488	
039 DELIVERY ROOM & LABOR ROO				901,119	242,828	1,143,947	11,551
041 RADIOLOGY-DIAGNOSTIC	459,787			168,212	991,093	1,619,092	7,165
041 01 ULTRA SOUND	545			28,051	68,918	97,514	1,271
041 02 CAT SCAN	60,600			20,566	119,402	200,568	2,388
041 03 MAGNETIC RESONANCE IMAGIN	68,250			55,079	38,112	161,441	1,830
041 04 NUCLEAR MEDICINE-DIAGNOST	227			15,244	13,582	29,053	413
041 05 ONCOLOGY							
044 LABORATORY				77,008		77,008	
048 INTRAVENOUS THERAPY	374			2,687	2,000	5,061	671
049 RESPIRATORY THERAPY	41,169			102,018	79,264	222,451	4,583
050 PHYSICAL THERAPY	187,134				18,928	206,062	4,921
051 OCCUPATIONAL THERAPY	98,325				9,946	108,271	2,578
052 SPEECH PATHOLOGY	31,718				3,208	34,926	832
053 ELECTROCARDIOLOGY					3,286	3,286	89
054 ELECTROENCEPHALOGRAPHY	195,433			20,959	118,826	335,218	1,836
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	6,055					6,055	
057 RENAL DIALYSIS							
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	833			110,616	152,096	263,545	1,668
059 02 MENTAL HEALTH OP							
059 03 CNR							
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 01 HEALTHY HEARTS CENTER					1,058	1,058	196
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	154,069				66,222	220,291	2,295
061 EMERGENCY	11,960			367,830	74,927	454,717	10,000
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,974,111			8,311,906	15,617,722	28,903,739	158,891
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	113,196			11,745	231,694	356,635	18,441
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	3,655				997	4,652	357
098 04 BREAST DIAGNOSTIC	90,567				929	91,496	
098 05 PROFESSIONAL OFFICE BUI LD							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
098 09 PHYSICIANS' PRIVATE OFFIC							
098 10 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS		PROVIDER NO:		PERIOD:		PREPARED	5/31/2011
		15-0169		FROM 1/ 1/2010		WORKSHEET B	
				TO 12/31/2010		PART III	

COST CENTER DESCRIPTION		DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
		0	1	2	3	4	4a	5
098	11 NONREIMBURS COST CENTERS							
	PROFESSIONAL OFFICE BUILD	834,615				284,660	1,119,275	
100	OTHER NONREIMBURSABLE COS	227			1,612		1,839	638
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	6,016,371			8,325,263	16,136,002	30,477,636	178,327

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	12,158,139						
009 OPERATION OF PLANT	578,817	1,879,274					
010 LAUNDRY & LINEN SERVICE	54,395	8,547	95,424				
011 HOUSEKEEPING	200,412	15,417		298,132			
012 DIETARY	127,417	31,686		5,092	343,003		
014 CAFETERIA	96,580	48,529		7,798		412,580	
015 NURSING ADMINISTRATION	100,276	12,193		1,959			160,148
016 CENTRAL SERVICES & SUPPLY	72,311						
017 PHARMACY	705,488	26,600		4,274		22,669	
018 MEDICAL RECORDS & LIBRARY	215,072					907	
019 SOCIAL SERVICE	114,678	1,612		259		9,974	
020 TRANSPORTATION	50,843	2,003		322		11,335	
022 NONPHYSICIAN ANESTHETISTS	14,117					3,174	
023 I&R SERVICES-SALARY & FRI	6,265					907	
024 I&R SERVICES-OTHER PRGM C	16,443						
024 01 PARAMED ED PRGM-(SPECIFY)	3,747	1,884		303		453	273
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION	2,937					453	273
024 03 PHARMACY RESIDENCY PROGRA	6,998	112		18		907	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,655,696	642,836	40,098	103,301	214,406	138,738	83,484
026 01 INTENSIVE CARE UNIT	195,693	77,349	4,044	12,429	15,040	14,962	9,003
027 NEONATAL INTENSIVE CARE U	367,707	145,777	2,896	23,425	35,896	25,390	15,278
031 CORONARY CARE UNIT							
031 01 SUBPROVIDER	331,396	104,169	5,840	16,739	55,903		20,735
033 01 SUBPROVIDER 2 - PSYCH DPU	120,697	38,612	1,687	6,205	20,724	10,881	6,548
034 NURSERY	93,255	43,726	2,190	7,026		7,254	4,365
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	594,561	112,633	6,696	18,099		453	273
038 RECOVERY ROOM	166,347	63,460		10,197			
039 DELIVERY ROOM & LABOR ROO	509,827	240,329	12,037	38,619		38,991	
041 RADIOLOGY-DIAGNOSTIC	416,164	44,862	5,385	7,209		13,602	
041 01 ULTRA SOUND	76,419	7,481		1,202		4,080	
041 02 CAT SCAN	125,202	5,485		881		7,708	
041 03 MAGNETIC RESONANCE IMAGIN	245,427	14,690		2,360		5,894	
041 04 NUCLEAR MEDICINE-DIAGNOST	31,364	4,066		653		1,360	
041 05 ONCOLOGY	153						
044 LABORATORY	335,033	20,538		3,300			
048 INTRAVENOUS THERAPY	23,938	717		115		1,814	
049 RESPIRATORY THERAPY	189,436	27,208		4,372		14,508	
050 PHYSICAL THERAPY	186,201		374			9,521	
051 OCCUPATIONAL THERAPY	98,099		197			8,614	
052 SPEECH PATHOLOGY	31,645		63			2,720	
053 ELECTROCARDIOLOGY	71,163					453	
054 ELECTROENCEPHALOGRAPHY	111,535	5,590		898		4,987	
055 MEDICAL SUPPLIES CHARGED	489,885						
055 30 IMPL. DEV. CHARGED TO PAT	842,824						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	23,438						
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	87,979	29,501	1,793	4,741		4,987	
059 02 MENTAL HEALTH OP							
059 03 CNR	1,208						
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 01 HEALTHY HEARTS CENTER	6,385					453	
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	95,411		471			4,987	
061 EMERGENCY	400,406	98,100	11,653	15,764	1,034	33,097	19,916
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,291,290	1,875,712	95,424	297,560	343,003	406,233	160,148
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	1,290,330	3,132		503		2,720	
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	14,340					907	
098 04 BREAST DIAGNOSTIC	319,170						
098 05 PROFESSIONAL OFFICE BUI LD							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
098 09 PHYSICIANS' PRIVATE OFFIC							
098 10 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
098	11 NONREIMBURS COST CENTERS							
	PROFESSIONAL OFFICE BUILD	158,115						
100	OTHER NONREIMBURSABLE COS	84,894	430		69		2,720	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	12,158,139	1,879,274	95,424	298,132	343,003	412,580	160,148

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I & R SERVICES-SALARY & FRI
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	989,496						
016 PHARMACY	181,930	1,887,150					
017 MEDICAL RECORDS & LIBRARY			216,229				
018 SOCIAL SERVICE	20			136,704			
019 TRANSPORTATION	6				75,282		
020 NONPHYSICIAN ANESTHETISTS	3,678					23,961	
022 I&R SERVICES-SALARY & FRI							7,172
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION					1,431		
024 03 PHARMACY RESIDENCY PROGRA							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	44,930	165	19,098	78,718			
026 INTENSIVE CARE UNIT	8,458	12	2,659	5,495			
026 01 NEONATAL INTENSIVE CARE U	6,939	243	10,800	13,116			
027 CORONARY CARE UNIT							
031 SUBPROVIDER	4,187		4,108	20,426			
031 01 SUBPROVIDER 2 - PSYCH DPU	691		1,936	7,572			
033 NURSERY	3,949		1,928	11,377			
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	558,522	21	19,462				
038 RECOVERY ROOM	5,693		4,655				
039 DELIVERY ROOM & LABOR ROO	21,542		10,594				
041 RADIOLOGY-DIAGNOSTIC	36,112	49	16,425		2,284		
041 01 ULTRA SOUND	320		2,714		1,101		
041 02 CAT SCAN	6,347		11,756		26,832		
041 03 MAGNETIC RESONANCE IMAGIN	4,536	48	7,003		13,097		
041 04 NUCLEAR MEDICINE-DIAGNOST	7,139	5,934	1,012		3,706		
041 05 ONCOLOGY	10		18				
044 LABORATORY	39,109		16,395				
048 INTRAVENOUS THERAPY	3,509		464				
049 RESPIRATORY THERAPY	8,579	317	7,054				
050 PHYSICAL THERAPY	2,173	296	4,644				
051 OCCUPATIONAL THERAPY	1,142		2,625				
052 SPEECH PATHOLOGY	368		804				
053 ELECTROCARDIOLOGY	7		2,357				
054 ELECTROENCEPHALOGRAPHY	3,085		3,939		10,868		
055 MEDICAL SUPPLIES CHARGED			11,169				
055 30 IMPL. DEV. CHARGED TO PAT			12,935				
056 DRUGS CHARGED TO PATIENTS		1,878,725	18,019				
057 RENAL DIALYSIS	717		359		3,843		
059 CARDIAC CATH LAB							
059 01 ENDOSCOPY	12,853		2,144		9,972		
059 02 MENTAL HEALTH OP							
059 03 CNR			13				
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	20		112		2,148		
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	949	1,275	629				
061 EMERGENCY	17,725	65	18,399				
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	985,245	1,887,150	216,229	136,704	75,282		
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	2,179						
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	803						
098 04 BREAST DIAGNOSTIC	883						
098 05 PROFESSIONAL OFFICE BUI LD							
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FACILI							
098 09 PHYSICIANS' PRIVATE OFFIC							
098 10 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	15	16	17	18	19	20	22
098 11 NONREIMBURS COST CENTERS							
100 PROFESSIONAL OFFICE BUILD							
101 OTHER NONREIMBURSABLE COS	386						
102 CROSS FOOT ADJUSTMENTS						23,961	7,172
103 NEGATIVE COST CENTER							
TOTAL	989,496	1,887,150	216,229	136,704	75,282	23,961	7,172

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRA	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	23	24	24.01	24.02	24.03	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 TRANSPORTATION							
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	16,443						
024 I&R SERVICES-OTHER PRGM C		23,123					
024 01 PARAMED ED PRGM-(SPECIFY)							
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY EDUCATION				5,180			
024 04 PHARMACY RESIDENCY PROGRA					8,589		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS						6,064,091	
026 01 INTENSIVE CARE UNIT						702,462	
027 NEONATAL INTENSIVE CARE U						1,515,441	
031 CORONARY CARE UNIT							
031 01 SUBPROVIDER						983,079	
033 SUBPROVIDER 2 - PSYCH DPU						376,337	
034 NURSERY						385,659	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM						3,630,587	
041 RECOVERY ROOM						549,840	
041 01 DELIVERY ROOM & LABOR ROO						2,027,437	
041 02 RADIOLOGY-DIAGNOSTIC						2,168,349	
041 03 ULTRA SOUND						192,102	
041 04 CAT SCAN						387,167	
041 05 MAGNETIC RESONANCE IMAGIN						456,326	
044 NUCLEAR MEDICINE-DIAGNOST						84,700	
048 ONCOLOGY						181	
049 LABORATORY						491,383	
050 INTRAVENOUS THERAPY						36,289	
051 RESPIRATORY THERAPY						478,508	
052 PHYSICAL THERAPY						414,192	
053 OCCUPATIONAL THERAPY						221,526	
054 SPEECH PATHOLOGY						71,358	
055 ELECTROCARDIOLOGY						77,355	
056 ELECTROENCEPHALOGRAPHY						477,956	
057 MEDICAL SUPPLIES CHARGED						501,054	
059 30 IMPL. DEV. CHARGED TO PAT						855,759	
059 01 DRUGS CHARGED TO PATIENTS						1,902,799	
059 02 RENAL DIALYSIS						28,357	
059 03 CARDIAC CATH LAB							
059 04 ENDOSCOPY						419,183	
059 05 MENTAL HEALTH OP							
059 06 CNR						1,221	
059 07 PAIN MED PSYCH							
059 08 LUTHERWOOD							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC						10,372	
060 02 HEALTHY HEARTS CENTER							
060 03 DIABETIC CARE CENTER							
060 04 PAIN REHAB ADMIN							
060 05 FAMILY PRACTICE CENTER							
060 06 PALLIATIVE CARE							
061 SPINE CENTER						326,308	
062 EMERGENCY						1,080,876	
095 OBSERVATION BEDS (NON-DIS							
095 01 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS						26,918,254	
098 02 NONREIMBURS COST CENTERS							
098 03 PHYSICIANS' PRIVATE OFFIC						1,673,940	
098 04 OCCUPATIONAL HEALTH							
098 05 MEDCHECK FACILITIES							
098 06 INFERTILITY SERVICES						21,059	
098 07 BREAST DIAGNOSTIC						411,549	
098 08 PROFESSIONAL OFFICE BUI LD							
098 09 INDIANA NEURORESTORATIVE							
098 10 PRONET							
098 11 DIAGNOSTIC TESTING FACILI							
098 12 PHYSICIANS' PRIVATE OFFIC							
098 13 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I & R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRA	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	23	24	24.01	24.02	24.03	25	26
098 11 NONREIMBURS COST CENTERS						1,277,390	
100 PROFESSIONAL OFFICE BUILD						90,976	
101 OTHER NONREIMBURSABLE COS						84,468	
102 CROSS FOOT ADJUSTMENTS	16,443	23,123		5,180	8,589		
103 NEGATIVE COST CENTER							
TOTAL	16,443	23,123		5,180	8,589	30,477,636	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	TRANSPORTATION	
022	NONPHYSICIAN ANESTHETISTS	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
024	01 RESPIRATORY SCHOOL	
024	02 RADIOLOGY EDUCATION	
024	03 PHARMACY RESIDENCY PROGRA	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	6,064,091
026	INTENSIVE CARE UNIT	702,462
026	01 NEONATAL INTENSIVE CARE U	1,515,441
027	CORONARY CARE UNIT	
031	SUBPROVIDER	983,079
031	01 SUBPROVIDER 2 - PSYCH DPU	376,337
033	NURSERY	385,659
034	SKILLED NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	3,630,587
038	RECOVERY ROOM	549,840
039	DELIVERY ROOM & LABOR ROO	2,027,437
041	RADIOLOGY-DIAGNOSTIC	2,168,349
041	01 ULTRA SOUND	192,102
041	02 CAT SCAN	387,167
041	03 MAGNETIC RESONANCE IMAGIN	456,326
041	04 NUCLEAR MEDICINE-DIAGNOST	84,700
041	05 ONCOLOGY	181
044	LABORATORY	491,383
048	INTRAVENOUS THERAPY	36,289
049	RESPIRATORY THERAPY	478,508
050	PHYSICAL THERAPY	414,192
051	OCCUPATIONAL THERAPY	221,526
052	SPEECH PATHOLOGY	71,358
053	ELECTROCARDIOLOGY	77,355
054	ELECTROENCEPHALOGRAPHY	477,956
055	MEDICAL SUPPLIES CHARGED	501,054
055	30 IMPL. DEV. CHARGED TO PAT	855,759
056	DRUGS CHARGED TO PATIENTS	1,902,799
057	RENAL DIALYSIS	28,357
059	CARDIAC CATH LAB	
059	01 ENDOSCOPY	419,183
059	02 MENTAL HEALTH OP	
059	03 CNR	1,221
059	04 PAIN MED PSYCH	
059	05 LUTHERWOOD	
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	10,372
060	01 HEALTHY HEARTS CENTER	
060	02 DIABETIC CARE CENTER	
060	03 PAIN REHAB ADMIN	
060	04 FAMILY PRACTICE CENTER	
060	05 PALLIATIVE CARE	
060	06 SPINE CENTER	326,308
061	EMERGENCY	1,080,876
062	OBSERVATION BEDS (NON-DIS	
095	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	26,918,254
098	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	1,673,940
098	01 OCCUPATIONAL HEALTH	
098	02 MEDCHECK FACILITIES	
098	03 INFERTILITY SERVICES	21,059
098	04 BREAST DIAGNOSTIC	411,549
098	05 PROFESSIONAL OFFICE BUI LD	
098	06 INDIANA NEURORESTORATIVE	
098	07 PRONET	
098	08 DIAGNOSTIC TESTING FACILI	
098	09 PHYSICIANS' PRIVATE OFFIC	
098	10 PHYSICIANS' PRIVATE OFFIC	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0169	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET B
		PART III

TOTAL

27

098	11	NONREIMBURS COST CENTERS	
		PROFESSIONAL OFFICE BUILD	1,277,390
100		OTHER NONREIMBURSABLE COS	90,976
101		CROSS FOOT ADJUSTMENTS	84,468
102		NEGATIVE COST CENTER	
103		TOTAL	30,477,636

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			635,140			
005 NEW CAP REL COSTS-MVB				25,580,606		
006 EMPLOYEE BENEFITS				25,436	78,685,249	
008 ADMINISTRATIVE & GENE			7,315	18,415,591	2,606,059	-52,889,127
009 OPERATION OF PLANT			90,251	161,203	2,440,043	
010 LAUNDRY & LINEN SERVI			2,445		98,438	
011 HOUSEKEEPING			4,410	22,751	1,819,426	
012 DIETARY			9,064	77,435	834,801	
014 CAFETERIA			13,882	118,603	1,278,620	
015 NURSING ADMINISTRATION			3,488			
016 CENTRAL SERVICES & SU				112,582		
017 PHARMACY			7,609	145,192	3,934,994	
018 MEDICAL RECORDS & LIB					110,446	
019 SOCIAL SERVICE			461		1,438,137	
020 TRANSPORTATION			573	947	651,439	
022 NONPHYSICIAN ANESTHET					1,099,390	
023 I&R SERVICES-SALARY &						
024 I&R SERVICES-OTHER PR						
024 01 PARAMEDICAL PRGM-(SPEC			539	14,768	36,284	
024 02 RESPIRATORY SCHOOL						
024 03 RADIOLOGY EDUCATION					38,135	
025 01 PHARMACY RESIDENCY PR			32		59,697	
026 02 INPAT ROUTINE SRVC CN						
027 03 ADULTS & PEDIATRICS			183,886	930,850	17,438,056	
031 01 INTENSIVE CARE UNIT			22,126	98,777	2,106,646	
033 01 NEONATAL INTENSIVE CA			41,700	494,551	3,890,545	
034 02 CORONARY CARE UNIT						
037 01 SUBPROVIDER			29,798	29,638	3,865,219	
038 01 SUBPROVIDER 2 - PSYCH			11,045	19,752	1,346,377	
039 01 NURSERY			12,508	70,576	934,533	
041 01 SKILLED NURSING FACIL						
041 02 ANCILLARY SRVC COST C						
041 03 OPERATING ROOM			32,219	748,156	123,490	
041 04 RECOVERY ROOM			18,153	95,673		
041 05 DELIVERY ROOM & LABOR			68,747	384,958	5,097,465	
044 01 RADIOLOGY-DIAGNOSTIC			12,833	1,571,194	3,161,990	
044 02 ULTRA SOUND			2,140	109,257	561,117	
044 03 CAT SCAN			1,569	189,290	1,053,973	
044 04 MAGNETIC RESONANCE IM			4,202	60,420	807,393	
044 05 NUCLEAR MEDICINE-DIAG			1,163	21,532	182,458	
048 01 ONCOLOGY						
048 02 LABORATORY			5,875			
049 01 INTRAVENOUS THERAPY			205	3,171	295,922	
050 01 RESPIRATORY THERAPY			7,783	125,658	2,022,604	
051 01 PHYSICAL THERAPY				30,007	2,171,655	
052 01 OCCUPATIONAL THERAPY				15,767	1,137,797	
053 01 SPEECH PATHOLOGY				5,086	367,031	
054 01 ELECTROCARDIOLOGY				5,209	39,348	
055 01 ELECTROENCEPHALOGRAPH			1,599	188,377	810,076	
056 01 MEDICAL SUPPLIES CHAR						
057 30 IMPL. DEV. CHARGED TO						
057 01 DRUGS CHARGED TO PATI						
059 01 RENAL DIALYSIS						
059 01 CARDIAC CATH LAB						
059 01 ENDOSCOPY			8,439	241,120	735,902	
059 02 MENTAL HEALTH OP						
059 03 CNR						
059 04 PAIN MED PSYCH						
059 05 LUTHERWOOD						
060 01 OUTPAT SERVICE COST C						
060 01 CLINIC				1,677	86,582	
060 02 HEALTHY HEARTS CENTER						
060 03 DIABETIC CARE CENTER						
060 04 PAIN REHAB ADMIN						
060 05 FAMILY PRACTICE CENTE						
060 06 PALLIATIVE CARE						
061 06 SPINE CENTER				104,983	1,012,774	
062 01 EMERGENCY			28,062	118,783	4,413,215	
062 02 OBSERVATION BEDS (NON						
095 02 SPEC PURPOSE COST CEN						
098 01 SUBTOTALS			634,121	24,758,970	70,108,077	-52,889,127
098 02 NONREIMBURS COST CENT						
098 01 PHYSICIANS' PRIVATE O			896	367,307	8,138,275	
098 02 OCCUPATIONAL HEALTH						
098 03 MEDCHECK FACILITIES						
098 04 INFERTILITY SERVICES				1,581	157,483	
098 05 BREAST DIAGNOSTIC				1,472		
098 06 PROFESSIONAL OFFICE B						
098 06 INDIANA NEURORESTORAT						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
098 07 PRONET						
098 08 DIAGNOSTIC TESTING FA						
098 09 PHYSICIANS' PRIVATE O						
098 10 PHYSICIANS' PRIVATE O						
098 11 PROFESSIONAL OFFICE B				451,276		
100 OTHER NONREIMBURSABLE			123		281,414	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			8,325,263	16,136,002	16,946,364	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			13.107760	.630790	.215369	
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)					178,327	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.002266	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S)
	6	8	9	10	11	12	14
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL	203,927,235					
009	OPERATION OF PLANT	9,708,443	537,574				
010	LAUNDRY & LINEN SERVICE	912,361	2,445	274,235			
011	HOUSEKEEPING	3,361,491	4,410		530,719		
012	DIETARY	2,137,146	9,064		9,064	232,808	
014	CAFETERIA	1,619,932	13,882		13,882		910
015	NURSING ADMINISTRATION	1,681,916	3,488		3,488		587
016	CENTRAL SERVICES & SURGERY	1,212,872					
017	PHARMACY	11,833,077	7,609		7,609	50	
018	MEDICAL RECORDS & LIBRARY	3,607,372				2	
019	SOCIAL SERVICE	1,923,487	461		461	22	
020	TRANSPORTATION	852,777	573		573	25	
022	NONPHYSICIAN ANESTHETICISTS	236,775				7	
023	I&R SERVICES-SALARY & BENEFITS	105,077				2	
024	I&R SERVICES-OTHER PERSONNEL	275,799					
024 01	PARAMEDICAL PRGM-(SPECIALTY)	62,852	539		539	1	1
024 02	RESPIRATORY SCHOOL						
024 03	RADIOLOGY EDUCATION	49,265				1	1
025	PHARMACY RESIDENCY PROGRAM	117,380	32		32	2	
026	INPATIENT ROUTINE SERVICES						
026 01	ADULTS & PEDIATRICS	27,770,882	183,886	115,236	183,886	145,525	306
026 02	INTENSIVE CARE UNIT	3,282,331	22,126	11,621	22,126	10,208	33
027	NEONATAL INTENSIVE CARE	6,167,510	41,700	8,324	41,700	24,364	56
031	CORONARY CARE UNIT						
031 01	SUBPROVIDER	5,558,474	29,798	16,782	29,798	37,943	76
033	SUBPROVIDER 2 - PSYCHIATRY	2,024,432	11,045	4,848	11,045	14,066	24
034	NURSERY	1,564,155	12,508	6,294	12,508	16	16
037	SKILLED NURSING FACILITY						
038	ANCILLARY SERVICES COST CENTER						
038 01	OPERATING ROOM	9,972,513	32,219	19,242	32,219	1	1
038 02	RECOVERY ROOM	2,790,113	18,153		18,153		
039	DELIVERY ROOM & LABOR	8,551,282	68,747	34,592	68,747	86	
041	RADIOLOGY-DIAGNOSTIC	6,980,278	12,833	15,477	12,833	30	
041 01	ULTRA SOUND	1,281,775	2,140		2,140	9	
041 02	CAT SCAN	2,100,007	1,569		1,569	17	
041 03	MAGNETIC RESONANCE IMAGING	4,116,520	4,202		4,202	13	
041 04	NUCLEAR MEDICINE-DIAGNOSTIC	526,071	1,163		1,163	3	
041 05	ONCOLOGY	2,562					
044	LABORATORY	5,619,470	5,875		5,875		
048	INTRAVENOUS THERAPY	401,503	205		205	4	
049	RESPIRATORY THERAPY	3,177,382	7,783		7,783	32	
050	PHYSICAL THERAPY	3,123,125		1,075		21	
051	OCCUPATIONAL THERAPY	1,645,408		565		19	
052	SPEECH PATHOLOGY	530,776		182		6	
053	ELECTROCARDIOLOGY	1,193,612				1	
054	ELECTROENCEPHALOGRAPHY	1,870,757	1,599		1,599	11	
055	MEDICAL SUPPLIES CHARACTERIZED	8,216,793					
055 30	IMPL. DEV. CHARGED TO PATIENT	14,136,597					
056	DRUGS CHARGED TO PATIENT						
057	RENAL DIALYSIS	393,127					
059	CARDIAC CATH LAB						
059 01	ENDOSCOPY	1,475,667	8,439	5,152	8,439	11	
059 02	MENTAL HEALTH OP						
059 03	CNR	20,260					
059 04	PAIN MED PSYCH						
059 05	LUTHERWOOD						
060	OUTPATIENT SERVICE COST CENTER CLINIC	107,096				1	
060 01	HEALTHY HEARTS CENTER						
060 02	DIABETIC CARE CENTER						
060 03	PAIN REHAB ADMIN						
060 04	FAMILY PRACTICE CENTER						
060 05	PALLIATIVE CARE						
060 06	SPINE CENTER	1,600,322		1,355		11	
061	EMERGENCY	6,715,965	28,062	33,490	28,062	702	73
062	OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)						
095	SUBTOTALS	172,614,787	536,555	274,235	529,700	232,808	896
098	NONREIMBURSABLE COST CENTER						
098 01	PHYSICIANS' PRIVATE OFFICE	21,642,566	896		896	6	
098 02	OCCUPATIONAL HEALTH						
098 03	MEDCHECK FACILITIES						
098 04	INFERTILITY SERVICES	240,515				2	
098 05	BREAST DIAGNOSTIC	5,353,405					
098 06	PROFESSIONAL OFFICE BUILDING						
098 06	INDIANA NEURORESTORATION						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/31/2011

15-0169

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(FTE'S)
	6	8	9	10	11	12	14
NONREIMBURS COST CENT							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FA							
098 09 PHYSICIANS' PRIVATE O							
098 10 PHYSICIANS' PRIVATE O							
098 11 PROFESSIONAL OFFICE B	2,652,050						
100 OTHER NONREIMBURSABLE	1,423,912	123		123		6	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	52,889,127	12,226,357	1,204,593	4,333,603	2,971,581	2,469,146	2,225,937
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.259353	22.743579	4.392557	8.165532	12.764085	2,713.347253	3,792.056218
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)	12,158,139	1,879,274	95,424	298,132	343,003	412,580	160,148
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.059620	3.495842	.347964	.561751	1.473330	453.384615	272.824532

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	TRANSPORTATION (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	36,698,356						
016 PHARMACY	6,747,394	6,690,106					
017 MEDICAL RECORDS & LIBRARY			651,129,806				
018 SOCIAL SERVICE	744			79,182			
019 TRANSPORTATION	231				205,115		
020 NONPHYSICIAN ANESTHETISTS	136,399					100	
022 I&R SERVICES-SALARY & FRI							3,803
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIAL RESPIRATORY SCHOOL)							
024 02 RADIOLOGY EDUCATION					3,900		
024 03 PHARMACY RESIDENCY PROGRAM							
025 ADULTS & PEDIATRICS	1,666,356	584	57,523,489	45,595		100	2,425
026 INTENSIVE CARE UNIT	313,697	42	8,009,764	3,183			
026 01 NEONATAL INTENSIVE CARE	257,355	860	32,528,904	7,597			
027 CORONARY CARE UNIT							
031 SUBPROVIDER	155,279		12,372,712	11,831			
031 01 SUBPROVIDER 2 - PSYCH	25,642		5,831,544	4,386			
033 NURSERY	146,472		5,807,125	6,590			
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	20,714,434	76	58,466,175				762
038 RECOVERY ROOM	211,141		14,021,112				
039 DELIVERY ROOM & LABOR	798,941		31,908,311				
041 RADIOLOGY-DIAGNOSTIC	1,339,313	172	49,472,947		6,222		
041 01 ULTRA SOUND	11,883		8,173,507		2,999		
041 02 CAT SCAN	235,399		35,409,173		73,106		
041 03 MAGNETIC RESONANCE IMAGING	168,241	169	21,093,381		35,684		
041 04 NUCLEAR MEDICINE-DIAGNOSTIC	264,779	21,037	3,047,022		10,098		
041 05 ONCOLOGY	355		53,011				
044 LABORATORY	1,450,468		49,381,559				
048 INTRAVENOUS THERAPY	130,145		1,398,835				
049 RESPIRATORY THERAPY	318,173	1,123	21,245,484				
050 PHYSICAL THERAPY	80,599	1,049	13,986,743				
051 OCCUPATIONAL THERAPY	42,349		7,905,715				
052 SPEECH PATHOLOGY	13,661		2,420,570				
053 ELECTROCARDIOLOGY	249		7,100,140				
054 ELECTROENCEPHALOGRAPHY	114,401		11,864,925		29,612		
055 MEDICAL SUPPLIES CHARGED TO			33,641,433				
055 30 IMPL. DEV. CHARGED TO			38,962,093				
056 DRUGS CHARGED TO PATIENTS		6,660,244	54,273,802				
057 RENAL DIALYSIS	26,579		1,080,970		10,472		
059 CARDIAC CATH LAB					27,170		
059 01 ENDOSCOPY	476,690		6,457,976				
059 02 MENTAL HEALTH OP							
059 03 CNR			40,650				63
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD							
060 OUTPAT SERVICE COST CENTER CLINIC	752		337,194		5,852		
060 01 HEALTHY HEARTS CENTER							
060 02 DIABETIC CARE CENTER							
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER							
060 05 PALLIATIVE CARE							
060 06 SPINE CENTER	35,210	4,519	1,894,843				
061 EMERGENCY	657,371	231	55,418,697				553
062 OBSERVATION BEDS (NON-SPECIAL PURPOSE COST CENTER)							
095 SUBTOTALS	36,540,702	6,690,106	651,129,806	79,182	205,115	100	3,803
098 NONREIMBURSABLE COST CENTER PHYSICIANS' PRIVATE OFFICE	80,821						
098 01 OCCUPATIONAL HEALTH							
098 02 MEDCHECK FACILITIES							
098 03 INFERTILITY SERVICES	29,772						
098 04 BREAST DIAGNOSTIC	32,739						
098 05 PROFESSIONAL OFFICE BUILDING							
098 06 INDIANA NEURORESTORATION							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	(PATIENT DAYS)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	15	16	17	18	19	20	22
NONREIMBURS COST CENT							
098 07 PRONET							
098 08 DIAGNOSTIC TESTING FA							
098 09 PHYSICIANS' PRIVATE O							
098 10 PHYSICIANS' PRIVATE O							
098 11 PROFESSIONAL OFFICE B							
100 OTHER NONREIMBURSABLE	14,322						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,527,434	15,553,709	4,548,382	2,496,323	1,159,502	322,853	137,756
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.041621	2.324882	.006985	31.526395	5.652936	3,228.530000	36.222982
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)	989,496	1,887,150	216,229	136,704	75,282	23,961	7,172
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.026963	.282081	.000332	1.726453	.367023	239.610000	1.885880

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRAM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)
GENERAL SERVICE COST	23	24	24.01	24.02	24.03
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPORT					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 TRANSPORTATION					
020 NONPHYSICIAN ANESTHETIC					
022 I&R SERVICES-SALARY & BENEFIT					
023 I&R SERVICES-OTHER PROGRAM	3,803				
024 PARAMED ED PRGM-(SPECIFY)		100			
024 01 RESPIRATORY SCHOOL					
024 02 RADIOLOGY EDUCATION				100	
024 03 PHARMACY RESIDENCY PROGRAM					100
025 INPATIENT ROUTINE SERVICE CENTER	2,425				
026 ADULTS & PEDIATRICS					
026 01 INTENSIVE CARE UNIT					
027 NEONATAL INTENSIVE CARE					
027 01 CORONARY CARE UNIT					
031 SUBPROVIDER					
031 01 SUBPROVIDER 2 - PSYCHIATRY					
033 NURSERY					
034 SKILLED NURSING FACILITY					
037 ANCILLARY SERVICE COST CENTER	762				
038 OPERATING ROOM					
039 RECOVERY ROOM					
041 DELIVERY ROOM & LABOR					
041 RADIOLOGY-DIAGNOSTIC				100	
041 01 ULTRASOUND					
041 02 CAT SCAN					
041 03 MAGNETIC RESONANCE IMAGING					
041 04 NUCLEAR MEDICINE-DIAGNOSTIC					
041 05 ONCOLOGY					
044 LABORATORY					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED TO PATIENT					
055 30 IMPL. DEV. CHARGED TO PATIENT					
056 DRUGS CHARGED TO PATIENT					100
057 RENAL DIALYSIS					
059 CARDIAC CATH LAB					
059 01 ENDOSCOPY					
059 02 MENTAL HEALTH OP					
059 03 CNR	63				
059 04 PAIN MED PSYCH					
059 05 LUTHERWOOD					
060 OUTPAT SERVICE COST CENTER					
060 01 HEALTHY HEARTS CENTER					
060 02 DIABETIC CARE CENTER					
060 03 PAIN REHAB ADMIN					
060 04 FAMILY PRACTICE CENTER					
060 05 PALLIATIVE CARE					
060 06 SPINE CENTER					
061 EMERGENCY	553	100			
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)					
095 SUBTOTALS	3,803	100		100	100
NONREIMBURS COST CENTER					
098 PHYSICIANS' PRIVATE OFFICE					
098 01 OCCUPATIONAL HEALTH					
098 02 MEDCHECK FACILITIES					
098 03 INFERTILITY SERVICES					
098 04 BREAST DIAGNOSTIC					
098 05 PROFESSIONAL OFFICE BLDG					
098 06 INDIANA NEURORESTORATION					

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY SCHOOL	RADIOLOGY EDUCATION	PHARMACY RESIDENCY PROGRAM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)
NONREIMBURS COST CENT	23	24	24.01	24.02	24.03
098 07 PRONET					
098 08 DIAGNOSTIC TESTING FA					
098 09 PHYSICIANS' PRIVATE O					
098 10 PHYSICIANS' PRIVATE O					
098 11 PROFESSIONAL OFFICE B					
100 OTHER NONREIMBURSABLE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	347,328	102,318		90,593	154,239
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	91.330003	1,023.180000		905.930000	1,542.390000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	16,443	23,123		5,180	8,589
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.323692	231.230000		51.800000	85.890000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-0169

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

PREPARED 5/31/2011
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 DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	47,244,227		47,244,227		47,244,227
26	INTENSIVE CARE UNIT	5,382,979		5,382,979	245,014	5,627,993
26	01 NEONATAL INTENSIVE CARE U	10,247,262		10,247,262		10,247,262
27	CORONARY CARE UNIT					
31	SUBPROVIDER	9,233,206		9,233,206		9,233,206
31	01 SUBPROVIDER 2 - PSYCH DPU	3,427,905		3,427,905	15,808	3,443,713
33	NURSERY	2,742,586		2,742,586		2,742,586
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	14,916,774		14,916,774		14,916,774
38	RECOVERY ROOM	4,181,555		4,181,555		4,181,555
39	DELIVERY ROOM & LABOR ROO	13,535,420		13,535,420		13,535,420
41	RADIOLOGY-DIAGNOSTIC	9,864,153		9,864,153		9,864,153
41	01 ULTRA SOUND	1,779,312		1,779,312		1,779,312
41	02 CAT SCAN	3,409,669		3,409,669		3,409,669
41	03 MAGNETIC RESONANCE IMAGIN	5,705,758		5,705,758		5,705,758
41	04 NUCLEAR MEDICINE-DIAGNOST	844,892		844,892		844,892
41	05 ONCOLOGY	3,611		3,611		3,611
44	LABORATORY	7,663,788		7,663,788		7,663,788
48	INTRAVENOUS THERAPY	538,011		538,011		538,011
49	RESPIRATORY THERAPY	4,493,092		4,493,092		4,493,092
50	PHYSICAL THERAPY	4,098,310		4,098,310		4,098,310
51	OCCUPATIONAL THERAPY	2,183,170		2,183,170		2,183,170
52	SPEECH PATHOLOGY	702,990		702,990		702,990
53	ELECTROCARDIOLOGY	1,555,496		1,555,496		1,555,496
54	ELECTROENCEPHALOGRAPHY	2,690,247		2,690,247	3,469	2,693,716
55	MEDICAL SUPPLIES CHARGED	10,582,828		10,582,828		10,582,828
55	30 IMPL. DEV. CHARGED TO PAT	18,075,116		18,075,116		18,075,116
56	DRUGS CHARGED TO PATIENTS	16,017,624		16,017,624		16,017,624
57	RENAL DIALYSIS	562,941		562,941		562,941
59	CARDIAC CATH LAB					
59	01 ENDOSCOPY	2,390,244		2,390,244		2,390,244
59	02 MENTAL HEALTH OP					
59	03 CNR	25,798		25,798		25,798
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS CLINIC	173,052		173,052		173,052
60	01 HEALTHY HEARTS CENTER					
60	02 DIABETIC CARE CENTER					
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER					
60	05 PALLIATIVE CARE					
60	06 SPINE CENTER	2,076,375		2,076,375		2,076,375
61	EMERGENCY	10,473,418		10,473,418		10,473,418
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,594,113		2,594,113		2,594,113
101	SUBTOTAL	219,415,922		219,415,922	264,291	219,680,213
102	LESS OBSERVATION BEDS	2,594,113		2,594,113		2,594,113
103	TOTAL	216,821,809		216,821,809	264,291	217,086,100

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	46,032,557		46,032,557			
26	INTENSIVE CARE UNIT	8,009,764		8,009,764			
26 01	NEONATAL INTENSIVE CARE U	32,528,904		32,528,904			
27	CORONARY CARE UNIT						
31	SUBPROVIDER	12,372,712		12,372,712			
31 01	SUBPROVIDER 2 - PSYCH DPU	5,831,544		5,831,544			
33	NURSERY	5,807,125		5,807,125			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	43,504,985	14,961,190	58,466,175	.255135	.255135	.255135
38	RECOVERY ROOM	8,648,842	5,372,270	14,021,112	.298233	.298233	.298233
39	DELIVERY ROOM & LABOR ROO	31,908,311		31,908,311	.424197	.424197	.424197
41	RADIOLOGY-DIAGNOSTIC	6,837,337	42,635,610	49,472,947	.199385	.199385	.199385
41 01	ULTRA SOUND	3,727,469	4,446,038	8,173,507	.217693	.217693	.217693
41 02	CAT SCAN	11,053,456	24,355,717	35,409,173	.096293	.096293	.096293
41 03	MAGNETIC RESONANCE IMAGIN	4,839,405	16,253,976	21,093,381	.270500	.270500	.270500
41 04	NUCLEAR MEDICINE-DIAGNOST	387,142	2,659,880	3,047,022	.277285	.277285	.277285
41 05	ONCOLOGY	53,011		53,011	.068118	.068118	.068118
44	LABORATORY	32,007,758	17,373,801	49,381,559	.155195	.155195	.155195
48	INTRAVENOUS THERAPY	1,273,173	125,662	1,398,835	.384614	.384614	.384614
49	RESPIRATORY THERAPY	18,279,252	2,966,232	21,245,484	.211485	.211485	.211485
50	PHYSICAL THERAPY	8,093,432	5,893,311	13,986,743	.293014	.293014	.293014
51	OCCUPATIONAL THERAPY	7,191,920	713,795	7,905,715	.276151	.276151	.276151
52	SPEECH PATHOLOGY	2,196,239	224,331	2,420,570	.290423	.290423	.290423
53	ELECTROCARDIOLOGY	5,132,609	1,967,531	7,100,140	.219080	.219080	.219080
54	ELECTROENCEPHALOGRAPHY	684,646	11,180,279	11,864,925	.226739	.226739	.227032
55	MEDICAL SUPPLIES CHARGED	25,308,196	8,333,237	33,641,433	.314577	.314577	.314577
55 30	IMPL. DEV. CHARGED TO PAT	35,820,734	3,141,359	38,962,093	.463915	.463915	.463915
56	DRUGS CHARGED TO PATIENTS	48,258,345	6,015,457	54,273,802	.295126	.295126	.295126
57	RENAL DIALYSIS	1,059,025	21,945	1,080,970	.520774	.520774	.520774
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY	1,540,516	4,917,460	6,457,976	.370123	.370123	.370123
59 02	MENTAL HEALTH OP						
59 03	CNR	40,650		40,650	.634637	.634637	.634637
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD OUTPAT SERVICE COST CNTRS						
60	CLINIC		337,194	337,194	.513212	.513212	.513212
60 01	HEALTHY HEARTS CENTER						
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE						
60 06	SPINE CENTER		1,894,843	1,894,843	1.095803	1.095803	1.095803
61	EMERGENCY	12,661,426	42,757,271	55,418,697	.188987	.188987	.188987
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	968,888	10,522,044	11,490,932	.225753	.225753	.225753
101	SUBTOTAL	422,059,373	229,070,433	651,129,806			
102	LESS OBSERVATION BEDS						
103	TOTAL	422,059,373	229,070,433	651,129,806			

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	14,916,774	3,630,587	11,286,187			14,916,774
38	OPERATING ROOM	4,181,555	549,840	3,631,715			4,181,555
39	RECOVERY ROOM	13,535,420	2,027,437	11,507,983			13,535,420
41	DELIVERY ROOM & LABOR ROO	9,864,153	2,168,349	7,695,804			9,864,153
41	RADIOLOGY-DIAGNOSTIC	1,779,312	192,102	1,587,210			1,779,312
41	01 ULTRA SOUND	3,409,669	387,167	3,022,502			3,409,669
41	02 CAT SCAN	5,705,758	456,326	5,249,432			5,705,758
41	03 MAGNETIC RESONANCE IMAGIN	844,892	84,700	760,192			844,892
41	04 NUCLEAR MEDICINE-DIAGNOST	3,611	181	3,430			3,611
44	ONCOLOGY	7,663,788	491,383	7,172,405			7,663,788
48	LABORATORY	538,011	36,289	501,722			538,011
49	INTRAVENOUS THERAPY	4,493,092	478,508	4,014,584			4,493,092
50	RESPIRATORY THERAPY	4,098,310	414,192	3,684,118			4,098,310
51	PHYSICAL THERAPY	2,183,170	221,526	1,961,644			2,183,170
52	OCCUPATIONAL THERAPY	702,990	71,358	631,632			702,990
53	SPEECH PATHOLOGY	1,555,496	77,355	1,478,141			1,555,496
54	ELECTROCARDIOLOGY	2,690,247	477,956	2,212,291			2,690,247
55	ELECTROENCEPHALOGRAPHY	10,582,828	501,054	10,081,774			10,582,828
55	MEDICAL SUPPLIES CHARGED	18,075,116	855,759	17,219,357			18,075,116
56	30 IMPL. DEV. CHARGED TO PAT	16,017,624	1,902,799	14,114,825			16,017,624
57	DRUGS CHARGED TO PATIENTS	562,941	28,357	534,584			562,941
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY	2,390,244	419,183	1,971,061			2,390,244
59	02 MENTAL HEALTH OP						
59	03 CNR	25,798	1,221	24,577			25,798
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	173,052	10,372	162,680			173,052
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER	2,076,375	326,308	1,750,067			2,076,375
61	EMERGENCY	10,473,418	1,080,876	9,392,542			10,473,418
62	OBSERVATION BEDS (NON-DIS	2,594,113	332,970	2,261,143			2,594,113
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	141,137,757	17,224,155	123,913,602			141,137,757
102	LESS OBSERVATION BEDS	2,594,113	332,970	2,261,143			2,594,113
103	TOTAL	138,543,644	16,891,185	121,652,459			138,543,644

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	58,466,175	.255135	.255135
38	RECOVERY ROOM	14,021,112	.298233	.298233
39	DELIVERY ROOM & LABOR ROO	31,908,311	.424197	.424197
41	RADIOLOGY-DIAGNOSTIC	49,472,947	.199385	.199385
41 01	ULTRA SOUND	8,173,507	.217693	.217693
41 02	CAT SCAN	35,409,173	.096293	.096293
41 03	MAGNETIC RESONANCE IMAGIN	21,093,381	.270500	.270500
41 04	NUCLEAR MEDICINE-DIAGNOST	3,047,022	.277285	.277285
41 05	ONCOLOGY	53,011	.068118	.068118
44	LABORATORY	49,381,559	.155195	.155195
48	INTRAVENOUS THERAPY	1,398,835	.384614	.384614
49	RESPIRATORY THERAPY	21,245,484	.211485	.211485
50	PHYSICAL THERAPY	13,986,743	.293014	.293014
51	OCCUPATIONAL THERAPY	7,905,715	.276151	.276151
52	SPEECH PATHOLOGY	2,420,570	.290423	.290423
53	ELECTROCARDIOLOGY	7,100,140	.219080	.219080
54	ELECTROENCEPHALOGRAPHY	11,864,925	.226739	.226739
55	MEDICAL SUPPLIES CHARGED	33,641,433	.314577	.314577
55 30	IMPL. DEV. CHARGED TO PAT	38,962,093	.463915	.463915
56	DRUGS CHARGED TO PATIENTS	54,273,802	.295126	.295126
57	RENAL DIALYSIS	1,080,970	.520774	.520774
59	CARDIAC CATH LAB			
59 01	ENDOSCOPY	6,457,976	.370123	.370123
59 02	MENTAL HEALTH OP			
59 03	CNR	40,650	.634637	.634637
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	337,194	.513212	.513212
60 01	HEALTHY HEARTS CENTER			
60 02	DIABETIC CARE CENTER			
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER			
60 05	PALLIATIVE CARE			
60 06	SPIRE CENTER	1,894,843	1.095803	1.095803
61	EMERGENCY	55,418,697	.188987	.188987
62	OBSERVATION BEDS (NON-DIS	11,490,932	.225753	.225753
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	540,547,200		
102	LESS OBSERVATION BEDS	11,490,932		
103	TOTAL	529,056,268		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0169 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/31/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

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				6,064,091		6,064,091
26	INTENSIVE CARE UNIT				702,462		702,462
26 01	NEONATAL INTENSIVE CARE U				1,515,441		1,515,441
27	CORONARY CARE UNIT						
31	SUBPROVIDER				983,079		983,079
31 01	SUBPROVIDER 2 - PSYCH DPU				376,337		376,337
33	NURSERY				385,659		385,659
101	TOTAL				10,027,069		10,027,069

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	48,244	15,396			125.70	1,935,277
26	INTENSIVE CARE UNIT	3,183	1,427			220.69	314,925
26 01	NEONATAL INTENSIVE CARE U	7,597				199.48	
27	CORONARY CARE UNIT						
31	SUBPROVIDER	11,831	4,148			83.09	344,657
31 01	SUBPROVIDER 2 - PSYCH DPU	4,386	2,916			85.80	250,193
33	NURSERY	6,590				58.52	
101	TOTAL	81,831	23,887				2,845,052

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		3,630,587	58,466,175	15,262,472		
38	RECOVERY ROOM		549,840	14,021,112	2,861,417		
39	DELIVERY ROOM & LABOR ROO		2,027,437	31,908,311			
41	RADIOLOGY-DIAGNOSTIC		2,168,349	49,472,947	2,918,781		
41 01	ULTRA SOUND		192,102	8,173,507	879,972		
41 02	CAT SCAN		387,167	35,409,173	4,661,423		
41 03	MAGNETIC RESONANCE IMAGIN		456,326	21,093,381	2,194,011		
41 04	NUCLEAR MEDICINE-DIAGNOST		84,700	3,047,022	231,555		
41 05	ONCOLOGY		181	53,011			
44	LABORATORY		491,383	49,381,559	12,035,974		
48	INTRAVENOUS THERAPY		36,289	1,398,835	543,146		
49	RESPIRATORY THERAPY		478,508	21,245,484	6,287,111		
50	PHYSICAL THERAPY		414,192	13,986,743	1,985,762		
51	OCCUPATIONAL THERAPY		221,526	7,905,715	384,627		
52	SPEECH PATHOLOGY		71,358	2,420,570	178,605		
53	ELECTROCARDIOLOGY		77,355	7,100,140	2,661,687		
54	ELECTROENCEPHALOGRAPHY		477,956	11,864,925	322,157		
55	MEDICAL SUPPLIES CHARGED		501,054	33,641,433	7,460,545		
55 30	IMPL. DEV. CHARGED TO PAT		855,759	38,962,093	13,135,187		
56	DRUGS CHARGED TO PATIENTS		1,902,799	54,273,802	13,982,802		
57	RENAL DIALYSIS		28,357	1,080,970	625,519		
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY		419,183	6,457,976	744,366		
59 02	MENTAL HEALTH OP						
59 03	CNR		1,221	40,650			
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		10,372	337,194			
60 01	HEALTHY HEARTS CENTER						
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE						
60 06	SPINE CENTER		326,308	1,894,843			
61	EMERGENCY		1,080,876	55,418,697	7,038,683		
62	OBSERVATION BEDS (NON-DIS		332,970	11,490,932	176,538		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		17,224,155	540,547,200	96,572,340		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-0169
 PREPARED 5/31/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.062097	947,754
38	RECOVERY ROOM	.039215	112,210
39	DELIVERY ROOM & LABOR ROO	.063539	
41	RADIOLOGY-DIAGNOSTIC	.043829	127,927
41 01	ULTRA SOUND	.023503	20,682
41 02	CAT SCAN	.010934	50,968
41 03	MAGNETIC RESONANCE IMAGIN	.021634	47,465
41 04	NUCLEAR MEDICINE-DIAGNOST	.027798	6,437
41 05	ONCOLOGY	.003414	
44	LABORATORY	.009951	119,770
48	INTRAVENOUS THERAPY	.025942	14,090
49	RESPIRATORY THERAPY	.022523	141,605
50	PHYSICAL THERAPY	.029613	58,804
51	OCCUPATIONAL THERAPY	.028021	10,778
52	SPEECH PATHOLOGY	.029480	5,265
53	ELECTROCARDIOLOGY	.010895	28,999
54	ELECTROENCEPHALOGRAPHY	.040283	12,977
55	MEDICAL SUPPLIES CHARGED	.014894	111,117
55 30	IMPL. DEV. CHARGED TO PAT	.021964	288,501
56	DRUGS CHARGED TO PATIENTS	.035059	490,223
57	RENAL DIALYSIS	.026233	16,409
59	CARDIAC CATH LAB		
59 01	ENDOSCOPY	.064909	48,316
59 02	MENTAL HEALTH OP		
59 03	CNR	.030037	
59 04	PAIN MED PSYCH		
59 05	LUTHERWOOD		
	OUTPAT SERVICE COST CNTRS		
	CLINIC	.030760	
60 01	HEALTHY HEARTS CENTER		
60 02	DIABETIC CARE CENTER		
60 03	PAIN REHAB ADMIN		
60 04	FAMILY PRACTICE CENTER		
60 05	PALLIATIVE CARE		
60 06	SPINE CENTER	.172208	
61	EMERGENCY	.019504	137,282
62	OBSERVATION BEDS (NON-DIS	.028977	5,116
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,802,695

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,630,587	58,466,175	33,124		
38	RECOVERY ROOM		549,840	14,021,112	5,359		
39	DELIVERY ROOM & LABOR ROO		2,027,437	31,908,311			
41	RADIOLOGY-DIAGNOSTIC		2,168,349	49,472,947	84,378		
41 01	ULTRA SOUND		192,102	8,173,507	49,749		
41 02	CAT SCAN		387,167	35,409,173	132,849		
41 03	MAGNETIC RESONANCE IMAGIN		456,326	21,093,381	36,055		
41 04	NUCLEAR MEDICINE-DIAGNOST		84,700	3,047,022	2,061		
41 05	ONCOLOGY		181	53,011			
44	LABORATORY		491,383	49,381,559	485,862		
48	INTRAVENOUS THERAPY		36,289	1,398,835	6,142		
49	RESPIRATORY THERAPY		478,508	21,245,484	526,087		
50	PHYSICAL THERAPY		414,192	13,986,743	1,798,785		
51	OCCUPATIONAL THERAPY		221,526	7,905,715	2,055,018		
52	SPEECH PATHOLOGY		71,358	2,420,570	343,046		
53	ELECTROCARDIOLOGY		77,355	7,100,140	18,862		
54	ELECTROENCEPHALOGRAPHY		477,956	11,864,925	12,286		
55	MEDICAL SUPPLIES CHARGED		501,054	33,641,433	118,214		
55 30	IMPL. DEV. CHARGED TO PAT		855,759	38,962,093	9,552		
56	DRUGS CHARGED TO PATIENTS		1,902,799	54,273,802	1,398,915		
57	RENAL DIALYSIS		28,357	1,080,970			
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY		419,183	6,457,976	16,348		
59 02	MENTAL HEALTH OP						
59 03	CNR		1,221	40,650	2,981		
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		10,372	337,194			
60 01	HEALTHY HEARTS CENTER						
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE						
60 06	SPINE CENTER		326,308	1,894,843			
61	EMERGENCY		1,080,876	55,418,697	30,008		
62	OBSERVATION BEDS (NON-DIS		332,970	11,490,932			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		17,224,155	540,547,200	7,165,681		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-T169
 PREPARED 5/31/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.062097	2,057
38	RECOVERY ROOM	.039215	210
39	DELIVERY ROOM & LABOR ROO	.063539	
41	RADIOLOGY-DIAGNOSTIC	.043829	3,698
41 01	ULTRA SOUND	.023503	1,169
41 02	CAT SCAN	.010934	1,453
41 03	MAGNETIC RESONANCE IMAGIN	.021634	780
41 04	NUCLEAR MEDICINE-DIAGNOST	.027798	57
41 05	ONCOLOGY	.003414	
44	LABORATORY	.009951	4,835
48	INTRAVENOUS THERAPY	.025942	159
49	RESPIRATORY THERAPY	.022523	11,849
50	PHYSICAL THERAPY	.029613	53,267
51	OCCUPATIONAL THERAPY	.028021	57,584
52	SPEECH PATHOLOGY	.029480	10,113
53	ELECTROCARDIOLOGY	.010895	206
54	ELECTROENCEPHALOGRAPHY	.040283	495
55	MEDICAL SUPPLIES CHARGED	.014894	1,761
55 30	IMPL. DEV. CHARGED TO PAT	.021964	210
56	DRUGS CHARGED TO PATIENTS	.035059	49,045
57	RENAL DIALYSIS	.026233	
59	CARDIAC CATH LAB		
59 01	ENDOSCOPY	.064909	1,061
59 02	MENTAL HEALTH OP		
59 03	CNR	.030037	90
59 04	PAIN MED PSYCH		
59 05	LUTHERWOOD		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.030760	
60 01	HEALTHY HEARTS CENTER		
60 02	DIABETIC CARE CENTER		
60 03	PAIN REHAB ADMIN		
60 04	FAMILY PRACTICE CENTER		
60 05	PALLIATIVE CARE		
60 06	SPINE CENTER	.172208	
61	EMERGENCY	.019504	585
62	OBSERVATION BEDS (NON-DIS	.028977	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		200,684

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0169
 COMPONENT NO: 15-S169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.062097	20,451
38	RECOVERY ROOM	.039215	9,376
39	DELIVERY ROOM & LABOR ROO	.063539	
41	RADIOLOGY-DIAGNOSTIC	.043829	1,008
41 01	ULTRA SOUND	.023503	71
41 02	CAT SCAN	.010934	357
41 03	MAGNETIC RESONANCE IMAGIN	.021634	278
41 04	NUCLEAR MEDICINE-DIAGNOST	.027798	117
41 05	ONCOLOGY	.003414	
44	LABORATORY	.009951	4,764
48	INTRAVENOUS THERAPY	.025942	97
49	RESPIRATORY THERAPY	.022523	1,223
50	PHYSICAL THERAPY	.029613	932
51	OCCUPATIONAL THERAPY	.028021	264
52	SPEECH PATHOLOGY	.029480	25
53	ELECTROCARDIOLOGY	.010895	162
54	ELECTROENCEPHALOGRAPHY	.040283	211
55	MEDICAL SUPPLIES CHARGED	.014894	153
55 30	IMPL. DEV. CHARGED TO PAT	.021964	18
56	DRUGS CHARGED TO PATIENTS	.035059	27,759
57	RENAL DIALYSIS	.026233	53
59	CARDIAC CATH LAB		
59 01	ENDOSCOPY	.064909	173
59 02	MENTAL HEALTH OP		
59 03	CNR	.030037	
59 04	PAIN MED PSYCH		
59 05	LUTHERWOOD		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.030760	
60 01	HEALTHY HEARTS CENTER		
60 02	DIABETIC CARE CENTER		
60 03	PAIN REHAB ADMIN		
60 04	FAMILY PRACTICE CENTER		
60 05	PALLIATIVE CARE		
60 06	SPINE CENTER	.172208	
61	EMERGENCY	.019504	1,137
62	OBSERVATION BEDS (NON-DIS	.028977	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		68,629

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

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

PROVIDER NO: 15-0169
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	48,244		15,396	
26	INTENSIVE CARE UNIT	3,183		1,427	
26 01	NEONATAL INTENSIVE CARE U	7,597			
27	CORONARY CARE UNIT				
31	SUBPROVIDER	11,831		4,148	
31 01	SUBPROVIDER 2 - PSYCH DPU	4,386		2,916	
33	NURSERY	6,590			
34	SKILLED NURSING FACILITY				
101	TOTAL	81,831		23,887	

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						
41	RADIOLOGY-DIAGNOSTIC				90,593		
41	01 ULTRA SOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 NUCLEAR MEDICINE-DIAGNOST						
41	05 ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS				154,239		
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY						
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER						
61	EMERGENCY				102,318		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL				347,150		

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			58,466,175			15,262,472	
38	OPERATING ROOM			14,021,112			2,861,417	
39	RECOVERY ROOM			31,908,311				
41	DELIVERY ROOM & LABOR ROO			49,472,947	.001831	.001831	2,918,781	5,344
41	RADIOLOGY-DIAGNOSTIC	90,593	90,593	8,173,507			879,972	
41	01 ULTRA SOUND			35,409,173			4,661,423	
41	02 CAT SCAN			21,093,381			2,194,011	
41	03 MAGNETIC RESONANCE IMAGIN			3,047,022			231,555	
41	04 NUCLEAR MEDICINE-DIAGNOST			53,011				
44	ONCOLOGY			49,381,559			12,035,974	
48	LABORATORY			1,398,835			543,146	
49	INTRAVENOUS THERAPY			21,245,484			6,287,111	
50	RESPIRATORY THERAPY			13,986,743			1,985,762	
51	PHYSICAL THERAPY			7,905,715			384,627	
52	OCCUPATIONAL THERAPY			2,420,570			178,605	
53	SPEECH PATHOLOGY			7,100,140			2,661,687	
54	ELECTROCARDIOLOGY			11,864,925			322,157	
55	ELECTROENCEPHALOGRAPHY			33,641,433			7,460,545	
55	MEDICAL SUPPLIES CHARGED			38,962,093			13,135,187	
56	30 IMPL. DEV. CHARGED TO PAT	154,239	154,239	54,273,802	.002842	.002842	13,982,802	39,739
57	DRUGS CHARGED TO PATIENTS			1,080,970			625,519	
59	RENAL DIALYSIS							
59	CARDIAC CATH LAB							
59	01 ENDOSCOPY			6,457,976			744,366	
59	02 MENTAL HEALTH OP							
59	03 CNR			40,650				
59	04 PAIN MED PSYCH							
59	05 LUTHERWOOD							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			337,194				
60	01 HEALTHY HEARTS CENTER							
60	02 DIABETIC CARE CENTER							
60	03 PAIN REHAB ADMIN							
60	04 FAMILY PRACTICE CENTER							
60	05 PALLIATIVE CARE							
60	06 SPINE CENTER			1,894,843				
61	EMERGENCY	102,318	102,318	55,418,697	.001846	.001846	7,038,683	12,993
62	OBSERVATION BEDS (NON-DIS			11,490,932			176,538	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	347,150	347,150	540,547,200			96,572,340	58,076

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	3,464,541					
38	RECOVERY ROOM	1,229,479					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	10,233,919			18,738		
41	01 ULTRA SOUND	717,090					
41	02 CAT SCAN	4,476,486					
41	03 MAGNETIC RESONANCE IMAGIN	3,203,449					
41	04 NUCLEAR MEDICINE-DIAGNOST	544,949					
41	05 ONCOLOGY						
44	LABORATORY	944,793					
48	INTRAVENOUS THERAPY	33,111					
49	RESPIRATORY THERAPY	720,129					
50	PHYSICAL THERAPY	1,132					
51	OCCUPATIONAL THERAPY	427					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	400,843					
54	ELECTROENCEPHALOGRAPHY	1,704,607					
55	MEDICAL SUPPLIES CHARGED	418,781					
55	30 IMPL. DEV. CHARGED TO PAT	644,270					
56	DRUGS CHARGED TO PATIENTS	1,198,289			3,406		
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY	1,834,133					
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	203,126					
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER	46					
61	EMERGENCY	5,660,688			10,450		
62	OBSERVATION BEDS (NON-DIS	924,293					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	38,558,581			32,594		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC										
41	01 ULTRA SOUND								90,593		
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
41	04 NUCLEAR MEDICINE-DIAGNOST										
41	05 ONCOLOGY										
44	LABORATORY										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS								154,239		
59	CARDIAC CATH LAB										
59	01 ENDOSCOPY										
59	02 MENTAL HEALTH OP										
59	03 CNR										
59	04 PAIN MED PSYCH										
59	05 LUTHERWOOD										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 HEALTHY HEARTS CENTER										
60	02 DIABETIC CARE CENTER										
60	03 PAIN REHAB ADMIN										
60	04 FAMILY PRACTICE CENTER										
60	05 PALLIATIVE CARE										
60	06 SPINE CENTER										
61	EMERGENCY										102,318
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										347,150

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			58,466,175			33,124	
38	OPERATING ROOM			14,021,112			5,359	
39	RECOVERY ROOM			31,908,311				
41	DELIVERY ROOM & LABOR ROO			49,472,947	.001831	.001831	84,378	154
41	RADIOLOGY-DIAGNOSTIC	90,593	90,593	8,173,507			49,749	
41	01 ULTRA SOUND			35,409,173			132,849	
41	02 CAT SCAN			21,093,381			36,055	
41	03 MAGNETIC RESONANCE IMAGIN			3,047,022			2,061	
41	04 NUCLEAR MEDICINE-DIAGNOST			53,011				
44	ONCOLOGY			49,381,559			485,862	
48	LABORATORY			1,398,835			6,142	
49	INTRAVENOUS THERAPY			21,245,484			526,087	
50	RESPIRATORY THERAPY			13,986,743			1,798,785	
51	PHYSICAL THERAPY			7,905,715			2,055,018	
52	OCCUPATIONAL THERAPY			2,420,570			343,046	
53	SPEECH PATHOLOGY			7,100,140			18,862	
54	ELECTROCARDIOLOGY			11,864,925			12,286	
55	ELECTROENCEPHALOGRAPHY			33,641,433			118,214	
55	MEDICAL SUPPLIES CHARGED			38,962,093			9,552	
56	30 IMPL. DEV. CHARGED TO PAT	154,239	154,239	54,273,802	.002842	.002842	1,398,915	3,976
57	DRUGS CHARGED TO PATIENTS			1,080,970				
59	RENAL DIALYSIS							
59	CARDIAC CATH LAB							
59	01 ENDOSCOPY			6,457,976			16,348	
59	02 MENTAL HEALTH OP							
59	03 CNR			40,650			2,981	
59	04 PAIN MED PSYCH							
59	05 LUTHERWOOD							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			337,194				
60	01 HEALTHY HEARTS CENTER							
60	02 DIABETIC CARE CENTER							
60	03 PAIN REHAB ADMIN							
60	04 FAMILY PRACTICE CENTER							
60	05 PALLIATIVE CARE							
60	06 SPINE CENTER			1,894,843				
61	EMERGENCY	102,318	102,318	55,418,697	.001846	.001846	30,008	55
62	OBSERVATION BEDS (NON-DIS			11,490,932				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	347,150	347,150	540,547,200			7,165,681	4,185

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 NUCLEAR MEDICINE-DIAGNOST						
41	05 ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY						
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER						
61	EMERGENCY		1,150			2	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL		1,150			2	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
41	RADIOLOGY-DIAGNOSTIC											
41	01 ULTRA SOUND									90,593		
41	02 CAT SCAN											
41	03 MAGNETIC RESONANCE IMAGIN											
41	04 NUCLEAR MEDICINE-DIAGNOST											
41	05 ONCOLOGY											
44	LABORATORY											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
59	CARDIAC CATH LAB											
59	01 ENDOSCOPY											
59	02 MENTAL HEALTH OP											
59	03 CNR											
59	04 PAIN MED PSYCH											
59	05 LUTHERWOOD											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 HEALTHY HEARTS CENTER											
60	02 DIABETIC CARE CENTER											
60	03 PAIN REHAB ADMIN											
60	04 FAMILY PRACTICE CENTER											
60	05 PALLIATIVE CARE											
60	06 SPINE CENTER											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL											

TITLE XVIII, PART A

SUBPROVIDER 2

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			58,466,175			329,337	
38	OPERATING ROOM			14,021,112			239,085	
39	RECOVERY ROOM			31,908,311				
41	DELIVERY ROOM & LABOR ROO			49,472,947	.001831	.001831	22,990	42
41	RADIOLOGY-DIAGNOSTIC	90,593	90,593	8,173,507			3,001	
41	01 ULTRA SOUND			35,409,173			32,657	
41	02 CAT SCAN			21,093,381			12,835	
41	03 MAGNETIC RESONANCE IMAGIN			3,047,022			4,215	
41	04 NUCLEAR MEDICINE-DIAGNOST			53,011				
44	ONCOLOGY			49,381,559			478,791	
48	LABORATORY			1,398,835			3,750	
49	INTRAVENOUS THERAPY			21,245,484			54,312	
50	RESPIRATORY THERAPY			13,986,743			31,482	
51	PHYSICAL THERAPY			7,905,715			9,417	
52	OCCUPATIONAL THERAPY			2,420,570			854	
53	SPEECH PATHOLOGY			7,100,140			14,899	
54	ELECTROCARDIOLOGY			11,864,925			5,249	
55	ELECTROENCEPHALOGRAPHY			33,641,433			10,266	
55	MEDICAL SUPPLIES CHARGED			38,962,093			834	
56	30 IMPL. DEV. CHARGED TO PAT	154,239	154,239	54,273,802	.002842	.002842	791,782	2,250
57	DRUGS CHARGED TO PATIENTS			1,080,970			2,032	
59	RENAL DIALYSIS							
59	CARDIAC CATH LAB							
59	01 ENDOSCOPY			6,457,976			2,669	
59	02 MENTAL HEALTH OP							
59	03 CNR			40,650				
59	04 PAIN MED PSYCH							
59	05 LUTHERWOOD							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			337,194				
60	01 HEALTHY HEARTS CENTER							
60	02 DIABETIC CARE CENTER							
60	03 PAIN REHAB ADMIN							
60	04 FAMILY PRACTICE CENTER							
60	05 PALLIATIVE CARE							
60	06 SPINE CENTER			1,894,843				
61	EMERGENCY	102,318	102,318	55,418,697	.001846	.001846	58,272	108
62	OBSERVATION BEDS (NON-DIS			11,490,932				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	347,150	347,150	540,547,200			2,108,729	2,400

TITLE XVIII, PART A SUBPROVIDER 2 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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 NUCLEAR MEDICINE-DIAGNOST						
41	05 ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY						
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER						
61	EMERGENCY		126				
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		126				

TITLE XVIII, PART B HOSPITAL

Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				883,926	
38 RECOVERY ROOM				366,671	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				2,040,490	
41 01 ULTRA SOUND				156,105	
41 02 CAT SCAN				431,054	
41 03 MAGNETIC RESONANCE IMAGING (MRI)				866,533	
41 04 NUCLEAR MEDICINE-DIAGNOSTIC				151,106	
41 05 ONCOLOGY					
44 LABORATORY				146,627	
48 INTRAVENOUS THERAPY				12,735	
49 RESPIRATORY THERAPY				152,296	
50 PHYSICAL THERAPY				332	
51 OCCUPATIONAL THERAPY				118	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				87,817	
54 ELECTROENCEPHALOGRAPHY				386,501	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				131,739	
55 30 IMPL. DEV. CHARGED TO PATIENT				298,887	
56 DRUGS CHARGED TO PATIENTS				353,646	
57 RENAL DIALYSIS					
59 CARDIAC CATH LAB					
59 01 ENDOSCOPY				678,855	
59 02 MENTAL HEALTH OP					
59 03 CNR					
59 04 PAIN MED PSYCH					
59 05 LUTHERWOOD					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				104,247	
60 01 HEALTHY HEARTS CENTER					
60 02 DIABETIC CARE CENTER					
60 03 PAIN REHAB ADMIN					
60 04 FAMILY PRACTICE CENTER					
60 05 PALLIATIVE CARE					
60 06 SPINE CENTER				50	
61 EMERGENCY				1,069,796	
62 OBSERVATION BEDS (NON-DISTINCT PART)				208,662	
101 SUBTOTAL				8,528,193	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,528,193	

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

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.255135	.255135			
38 RECOVERY ROOM	.298233	.298233			
39 DELIVERY ROOM & LABOR ROOM	.424197	.424197			
41 RADIOLOGY-DIAGNOSTIC	.199385	.199385			
41 01 ULTRA SOUND	.217693	.217693			
41 02 CAT SCAN	.096293	.096293			
41 03 MAGNETIC RESONANCE IMAGING (MRI)	.270500	.270500			
41 04 NUCLEAR MEDICINE-DIAGNOSTIC	.277285	.277285			
41 05 ONCOLOGY	.068118	.068118			
44 LABORATORY	.155195	.155195			
48 INTRAVENOUS THERAPY	.384614	.384614			
49 RESPIRATORY THERAPY	.211485	.211485			
50 PHYSICAL THERAPY	.293014	.293014			
51 OCCUPATIONAL THERAPY	.276151	.276151			
52 SPEECH PATHOLOGY	.290423	.290423			
53 ELECTROCARDIOLOGY	.219080	.219080			
54 ELECTROENCEPHALOGRAPHY	.226739	.226739			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.314577	.314577			
55 30 IMPL. DEV. CHARGED TO PATIENT	.463915	.463915			
56 DRUGS CHARGED TO PATIENTS	.295126	.295126			
57 RENAL DIALYSIS	.520774	.520774			
59 CARDIAC CATH LAB					
59 01 ENDOSCOPY	.370123	.370123			
59 02 MENTAL HEALTH OP					
59 03 CNR	.634637	.634637			
59 04 PAIN MED PSYCH					
59 05 LUTHERWOOD					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.513212	.513212			
60 01 HEALTHY HEARTS CENTER					
60 02 DIABETIC CARE CENTER					
60 03 PAIN REHAB ADMIN					
60 04 FAMILY PRACTICE CENTER					
60 05 PALLIATIVE CARE					
60 06 SPINE CENTER	1.095803	1.095803			
61 EMERGENCY	.188987	.188987			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.225753	.225753			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B SUBPROVIDER 2

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
41 01 ULTRA SOUND					
41 02 CAT SCAN					
41 03 MAGNETIC RESONANCE IMAGING (MRI)					
41 04 NUCLEAR MEDICINE-DIAGNOSTIC					
41 05 ONCOLOGY					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 CARDIAC CATH LAB					
59 01 ENDOSCOPY					
59 02 MENTAL HEALTH OP					
59 03 CNR					
59 04 PAIN MED PSYCH					
59 05 LUTHERWOOD					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEALTHY HEARTS CENTER					
60 02 DIABETIC CARE CENTER					
60 03 PAIN REHAB ADMIN					
60 04 FAMILY PRACTICE CENTER					
60 05 PALLIATIVE CARE					
60 06 SPINE CENTER					
61 EMERGENCY					24
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					24
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					24

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

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		115,965			
38	RECOVERY ROOM		78,628			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		181,616			
41	01 ULTRA SOUND		73,245			
41	02 CAT SCAN		106,880			
41	03 MAGNETIC RESONANCE IMAGING (MRI)		95,078			
41	04 NUCLEAR MEDICINE-DIAGNOSTIC		12,693			
41	05 ONCOLOGY					
44	LABORATORY		184,349			
48	INTRAVENOUS THERAPY		2,856			
49	RESPIRATORY THERAPY		25,920			
50	PHYSICAL THERAPY		24,246			
51	OCCUPATIONAL THERAPY		6,777			
52	SPEECH PATHOLOGY		7,465			
53	ELECTROCARDIOLOGY		20,416			
54	ELECTROENCEPHALOGRAPHY		79,324			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		53,741			
55	30 IMPL. DEV. CHARGED TO PATIENT		27,483			
56	DRUGS CHARGED TO PATIENTS		56,508			
57	RENAL DIALYSIS		599			
59	CARDIAC CATH LAB					
59	01 ENDOSCOPY		16,725			
59	02 MENTAL HEALTH OP					
59	03 CNR					
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		1,742			
60	01 HEALTHY HEARTS CENTER					
60	02 DIABETIC CARE CENTER					
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER					
60	05 PALLIATIVE CARE					
60	06 SPINE CENTER		9,780			
61	EMERGENCY		841,131			
62	OBSERVATION BEDS (NON-DISTINCT PART)		252,429			
101	SUBTOTAL		2,275,596			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		2,275,596			

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,649
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	979.28
85	OBSERVATION BED COST	2,594,113

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	47,244,227		2,594,113	
87	NEW CAPITAL-RELATED COST	6,064,091	.128356	2,594,113	332,970
88	NON PHYSICIAN ANESTHETIST	47,244,227		2,594,113	
89	MEDICAL EDUCATION	47,244,227		2,594,113	
89.01	MEDICAL EDUCATION - ALLIED HEA	47,244,227		2,594,113	
89.02	MEDICAL EDUCATION - ALL OTHER	47,244,227		2,594,113	

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,649
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	985.69
85	OBSERVATION BED COST	2,611,093

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		16,926,179	
26	INTENSIVE CARE UNIT		3,561,747	
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.255135	15,262,472	3,893,991
38	RECOVERY ROOM	.298233	2,861,417	853,369
39	DELIVERY ROOM & LABOR ROOM	.424197		
41	RADIOLOGY-DIAGNOSTIC	.199385	2,918,781	581,961
41	01 ULTRA SOUND	.217693	879,972	191,564
41	02 CAT SCAN	.096293	4,661,423	448,862
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.270500	2,194,011	593,480
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.277285	231,555	64,207
41	05 ONCOLOGY	.068118		
44	LABORATORY	.155195	12,035,974	1,867,923
48	INTRAVENOUS THERAPY	.384614	543,146	208,902
49	RESPIRATORY THERAPY	.211485	6,287,111	1,329,630
50	PHYSICAL THERAPY	.293014	1,985,762	581,856
51	OCCUPATIONAL THERAPY	.276151	384,627	106,215
52	SPEECH PATHOLOGY	.290423	178,605	51,871
53	ELECTROCARDIOLOGY	.219080	2,661,687	583,122
54	ELECTROENCEPHALOGRAPHY	.227032	322,157	73,140
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314577	7,460,545	2,346,916
55	30 IMPL. DEV. CHARGED TO PATIENT	.463915	13,135,187	6,093,610
56	DRUGS CHARGED TO PATIENTS	.295126	13,982,802	4,126,688
57	RENAL DIALYSIS	.520774	625,519	325,754
59	CARDIAC CATH LAB			
59	01 ENDOSCOPY	.370123	744,366	275,507
59	02 MENTAL HEALTH OP			
59	03 CNR	.634637		
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS CLINIC	.513212		
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER			
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER			
60	05 PALLIATIVE CARE			
60	06 SPINE CENTER	1.095803		
61	EMERGENCY	.188987	7,038,683	1,330,220
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.225753	176,538	39,854
101	TOTAL		96,572,340	25,968,642
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		96,572,340	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		4,390,010	
31	01 SUBPROVIDER 2 - PSYCH DPU ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.255135	33,124	8,451
38	RECOVERY ROOM	.298233	5,359	1,598
39	DELIVERY ROOM & LABOR ROOM	.424197		
41	RADIOLOGY-DIAGNOSTIC	.199385	84,378	16,824
41	01 ULTRA SOUND	.217693	49,749	10,830
41	02 CAT SCAN	.096293	132,849	12,792
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.270500	36,055	9,753
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.277285	2,061	571
41	05 ONCOLOGY	.068118		
44	LABORATORY	.155195	485,862	75,403
48	INTRAVENOUS THERAPY	.384614	6,142	2,362
49	RESPIRATORY THERAPY	.211485	526,087	111,260
50	PHYSICAL THERAPY	.293014	1,798,785	527,069
51	OCCUPATIONAL THERAPY	.276151	2,055,018	567,495
52	SPEECH PATHOLOGY	.290423	343,046	99,628
53	ELECTROCARDIOLOGY	.219080	18,862	4,132
54	ELECTROENCEPHALOGRAPHY	.227032	12,286	2,789
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314577	118,214	37,187
55	30 IMPL. DEV. CHARGED TO PATIENT	.463915	9,552	4,431
56	DRUGS CHARGED TO PATIENTS	.295126	1,398,915	412,856
57	RENAL DIALYSIS	.520774		
59	CARDIAC CATH LAB			
59	01 ENDOSCOPY	.370123	16,348	6,051
59	02 MENTAL HEALTH OP			
59	03 CNR	.634637	2,981	1,892
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS CLINIC	.513212		
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER			
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER			
60	05 PALLIATIVE CARE			
60	06 SPINE CENTER	1.095803		
61	EMERGENCY	.188987	30,008	5,671
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.225753		
101	TOTAL		7,165,681	1,919,045
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,165,681	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU ANCILLARY SRVC COST CNTRS		3,963,936	
37	OPERATING ROOM	.255135	329,337	84,025
38	RECOVERY ROOM	.298233	239,085	71,303
39	DELIVERY ROOM & LABOR ROOM	.424197		
41	RADIOLOGY-DIAGNOSTIC	.199385	22,990	4,584
41	01 ULTRA SOUND	.217693	3,001	653
41	02 CAT SCAN	.096293	32,657	3,145
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.270500	12,835	3,472
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.277285	4,215	1,169
41	05 ONCOLOGY	.068118		
44	LABORATORY	.155195	478,791	74,306
48	INTRAVENOUS THERAPY	.384614	3,750	1,442
49	RESPIRATORY THERAPY	.211485	54,312	11,486
50	PHYSICAL THERAPY	.293014	31,482	9,225
51	OCCUPATIONAL THERAPY	.276151	9,417	2,601
52	SPEECH PATHOLOGY	.290423	854	248
53	ELECTROCARDIOLOGY	.219080	14,899	3,264
54	ELECTROENCEPHALOGRAPHY	.227032	5,249	1,192
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314577	10,266	3,229
55	30 IMPL. DEV. CHARGED TO PATIENT	.463915	834	387
56	DRUGS CHARGED TO PATIENTS	.295126	791,782	233,675
57	RENAL DIALYSIS	.520774	2,032	1,058
59	CARDIAC CATH LAB			
59	01 ENDOSCOPY	.370123	2,669	988
59	02 MENTAL HEALTH OP			
59	03 CNR	.634637		
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS CLINIC	.513212		
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER			
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER			
60	05 PALLIATIVE CARE			
60	06 SPINE CENTER	1.095803		
61	EMERGENCY	.188987	58,272	11,013
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.225753		
101	TOTAL		2,108,729	522,465
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,108,729	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,919,916	
26	INTENSIVE CARE UNIT		223,920	
26	01 NEONATAL INTENSIVE CARE UNIT		2,969,030	
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.256798	361,126	92,736
38	RECOVERY ROOM	.298233	83,582	24,927
39	DELIVERY ROOM & LABOR ROOM	.424197	1,262,990	535,757
41	RADIOLOGY-DIAGNOSTIC	.199385	122,814	24,487
41	01 ULTRA SOUND	.217693	160,547	34,950
41	02 CAT SCAN	.096293	168,509	16,226
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.270500	84,699	22,911
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.277285	4,938	1,369
41	05 ONCOLOGY	.068118		
44	LABORATORY	.155195	687,739	106,734
48	INTRAVENOUS THERAPY	.384614	27,961	10,754
49	RESPIRATORY THERAPY	.211485	515,906	109,106
50	PHYSICAL THERAPY	.293014	27,501	8,058
51	OCCUPATIONAL THERAPY	.276151	38,989	10,767
52	SPEECH PATHOLOGY	.290423	4,730	1,374
53	ELECTROCARDIOLOGY	.219080	92,479	20,260
54	ELECTROENCEPHALOGRAPHY	.226739	17,956	4,071
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314577	361,662	113,771
55	30 IMPL. DEV. CHARGED TO PATIENT	.463915	153,259	71,099
56	DRUGS CHARGED TO PATIENTS	.295126	1,270,390	374,925
57	RENAL DIALYSIS	.520774	16,916	8,809
59	CARDIAC CATH LAB			
59	01 ENDOSCOPY	.370123	22,863	8,462
59	02 MENTAL HEALTH OP			
59	03 CNR	.832325		
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS CLINIC	.513212		
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER			
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER			
60	05 PALLIATIVE CARE			
60	06 SPINE CENTER	1.095803		
61	EMERGENCY	.190260	216,703	41,230
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.225753	91,990	20,767
101	TOTAL		5,796,249	1,663,550
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,796,249	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		2,759,117	
31	01 SUBPROVIDER 2 - PSYCH DPU ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.256798	10,853	2,787
38	RECOVERY ROOM	.298233	1,939	578
39	DELIVERY ROOM & LABOR ROOM	.424197		
41	RADIOLOGY-DIAGNOSTIC	.199385	26,854	5,354
41	01 ULTRA SOUND	.217693	9,113	1,984
41	02 CAT SCAN	.096293	43,603	4,199
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.270500	15,670	4,239
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.277285	1,618	449
41	05 ONCOLOGY	.068118		
44	LABORATORY	.155195	152,519	23,670
48	INTRAVENOUS THERAPY	.384614	699	269
49	RESPIRATORY THERAPY	.211485	138,516	29,294
50	PHYSICAL THERAPY	.293014	1,188,514	348,251
51	OCCUPATIONAL THERAPY	.276151	1,059,175	292,492
52	SPEECH PATHOLOGY	.290423	656,562	190,681
53	ELECTROCARDIOLOGY	.219080	3,272	717
54	ELECTROENCEPHALOGRAPHY	.226739	13,256	3,006
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314577	3,983	1,253
55	30 IMPL. DEV. CHARGED TO PATIENT	.463915	154,741	71,787
56	DRUGS CHARGED TO PATIENTS	.295126	885,777	261,416
57	RENAL DIALYSIS	.520774		
59	CARDIAC CATH LAB			
59	01 ENDOSCOPY	.370123	19,551	7,236
59	02 MENTAL HEALTH OP			
59	03 CNR	.832325	21,332	17,755
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS CLINIC	.513212		
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER			
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER			
60	05 PALLIATIVE CARE			
60	06 SPINE CENTER	1.095803		
61	EMERGENCY	.190260		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.225753	2,125	480
101	TOTAL		4,409,672	1,267,897
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,409,672	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU ANCILLARY SRVC COST CNTRS		11,868	
37	OPERATING ROOM	.256798		
38	RECOVERY ROOM	.298233		
39	DELIVERY ROOM & LABOR ROOM	.424197		
41	RADIOLOGY-DIAGNOSTIC	.199385		
41	01 ULTRA SOUND	.217693		
41	02 CAT SCAN	.096293		
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.270500		
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.277285		
41	05 ONCOLOGY	.068118		
44	LABORATORY	.155195	2,711	421
48	INTRAVENOUS THERAPY	.384614		
49	RESPIRATORY THERAPY	.211485		
50	PHYSICAL THERAPY	.293014	495	145
51	OCCUPATIONAL THERAPY	.276151		
52	SPEECH PATHOLOGY	.290423		
53	ELECTROCARDIOLOGY	.219080	161	35
54	ELECTROENCEPHALOGRAPHY	.226739		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314577		
55	30 IMPL. DEV. CHARGED TO PATIENTS	.463915		
56	DRUGS CHARGED TO PATIENTS	.295126	688	203
57	RENAL DIALYSIS	.520774		
59	CARDIAC CATH LAB			
59	01 ENDOSCOPY	.370123		
59	02 MENTAL HEALTH OP			
59	03 CNR	.832325		
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD			
60	OUTPAT SERVICE COST CNTRS CLINIC	.513212		
60	01 HEALTHY HEARTS CENTER			
60	02 DIABETIC CARE CENTER			
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER			
60	05 PALLIATIVE CARE			
60	06 SPINE CENTER	1.095803		
61	EMERGENCY	.190260		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.225753		
101	TOTAL		4,055	804
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,055	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-0169
 PREPARED 5/31/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	34,825,007	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	34,825,007	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,830,910	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	42,032	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	11,301	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	58,076	
16 TOTAL	37,767,326	
17 PRIMARY PAYER PAYMENTS	5,946	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37,761,380	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,902,720	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	54,442	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	438,353	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	306,847	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	361,106	
22 SUBTOTAL	35,111,065	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	35,111,065	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	34,035,839	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,075,226	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	1,497,108	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0169	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-0169		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,162
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,495,599
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,341,982
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	32,594
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,162
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	10,715
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	10,715
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)	10,715
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,553
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,162
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,374,576
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,854,142
19	SUBTOTAL (SEE INSTRUCTIONS)	5,523,596
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	6,959
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,530,555
24	PRIMARY PAYER PAYMENTS	793
25	SUBTOTAL	5,529,762
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	216,319
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	151,423
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	191,704
28	SUBTOTAL	5,681,185
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	5,681,185
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,705,156
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-23,971
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

PROVIDER NO:	PERIOD:	PREPARED
15-0169	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-T169		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	442
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	215
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	477
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	2
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	442
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,499
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,499
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,499
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,057
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	442
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	479
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	921
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	921
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	921
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	921
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	921
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	900
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	21
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

PROVIDER NO:	PERIOD:	PREPARED
15-0169	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-S169		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	72
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	24
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	50
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	72
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	245
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	245
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)	245
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	173
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	72
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	50
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	122
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	122
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	122
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	122
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	122
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	124
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-2
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)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		32,530,840		5,640,240
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/5/2010	1,115,238	8/5/2010	64,916
ADJUSTMENTS TO PROVIDER .02	12/16/2010	389,761		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		1,504,999		64,916
4 TOTAL INTERIM PAYMENTS		34,035,839		5,705,156
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,075,226		23,971
7 TOTAL MEDICARE PROGRAM LIABILITY		35,111,065		5,681,185

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,543,405		900
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		4,543,405		900
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		497,825		21
7 TOTAL MEDICARE PROGRAM LIABILITY		5,041,230		921

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2,291,912	3	124
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		2,291,912		124
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			22,100	2
7 TOTAL MEDICARE PROGRAM LIABILITY		2,314,012		122

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		4,343,935
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		486,938
1.05	OUTLIER PAYMENTS		253,950
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		5,084,823
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		32,413,699
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		5,084,823
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		5,084,823
7	DEDUCTIBLES		27,500
8	SUBTOTAL		5,057,323
9	COINSURANCE		26,950
10	SUBTOTAL		5,030,373
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		9,531
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		6,672
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		550
12	SUBTOTAL		5,037,045
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		4,185
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,041,230
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,543,405
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	497,825
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		2,266,140
1.09	NET IPF PPS OUTLIER PAYMENTS		147,254
1.10	NET IPF PPS ECT PAYMENTS		50,943
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		12.016438
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		2,464,337
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		2,464,337
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,464,337
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		2,464,337
7	DEDUCTIBLES		168,300
8	SUBTOTAL		2,296,037
9	COINSURANCE		4,125
10	SUBTOTAL		2,291,912
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		28,143
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		19,700
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		2,200
12	SUBTOTAL		2,311,612
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		2,400
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,314,012
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,291,912
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	22,100
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		6,124,251	
2	MEDICAL AND OTHER SERVICES		2,275,596	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		8,399,847	
7	INPATIENT PRIMARY PAYER PAYMENTS		1,851,156	
8	OUTPATIENT PRIMARY PAYER PAYMENTS		170,315	
9	SUBTOTAL		6,378,376	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		5,112,866	
11	ANCILLARY SERVICE CHARGES		17,944,328	
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		23,057,194	
	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)		23,057,194	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		16,678,818	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		6,378,376	
	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		6,378,376	
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		6,378,376	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		6,378,376	
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)		6,378,376	
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		6,378,376	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		6,378,376	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		9,760,213	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		-3,381,837	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
PROVIDER NO:	PERIOD:	PREPARED
15-0169	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	1.86
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	1.86	1.86
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		1.83
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		1.83
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.83
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		1.83
3.10	SEE INSTRUCTIONS		1.83
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		80,383.66
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		1.83
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		1.14
3.21	SEE INSTRUCTIONS	RES INIT YEARS	1.60
3.22	SEE INSTRUCTIONS		1.60
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		80,383.66
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		128,614
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		128,614

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		23,887
5	TOTAL INPATIENT DAYS		72,592
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.329058
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	42,321	42,321
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		4,384
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		72,592
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		6,670
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,080,970
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	51,536,992
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	5,946
16	TOTAL PART A REASONABLE COST	51,531,046

PART B REASONABLE COST

17	REASONABLE COST	8,532,110
18	PRIMARY PAYER PAYMENTS	793
19	TOTAL PART B REASONABLE COST	8,531,317
20	TOTAL REASONABLE COST	60,062,363
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.857959
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.142041

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	48,991
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	42,032
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	6,959

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	4,982,476			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	200,979,862			
5 OTHER RECEIVABLES	72,407			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-155,415,504			
7 INVENTORY	3,153,366			
8 PREPAID EXPENSES	6,127			
9 OTHER CURRENT ASSETS	1,321,974			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	55,100,708			
FIXED ASSETS				
12 LAND	2,705,851			
12.01 LAND IMPROVEMENTS	3,116,937			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	280,750,811			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	4,909,201			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	3,118,039			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	83,178,889			
18.01 LESS ACCUMULATED DEPRECIATION	-157,834,654			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	219,945,074			
OTHER ASSETS				
22 INVESTMENTS	-7,758,274			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	377,753,217			
26 TOTAL OTHER ASSETS	369,994,943			
27 TOTAL ASSETS	645,040,725			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	370,553			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	370,553			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	19,136,040			
42 TOTAL LONG-TERM LIABILITIES	19,136,040			
43 TOTAL LIABILITIES	19,506,593			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	625,534,132			
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	625,534,132			
52 TOTAL LIABILITIES AND FUND BALANCES	645,040,725			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		533,151,640		
2	NET INCOME (LOSS)		82,368,582		
3	TOTAL		615,520,222		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	10,013,910			
6					
7					
8					
9					
10	TOTAL ADDITIONS		10,013,910		
11	SUBTOTAL		625,534,132		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		625,534,132		

		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				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	87,382,980		87,382,980
2 00 SUBPROVIDER	12,661,953		12,661,953
2 01 SUBPROVIDER 2 - PSYCH DPU	5,861,080		5,861,080
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	105,906,013		105,906,013
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,154,383		8,154,383
10 01 NEONATAL INTENSIVE CARE UNIT	36,332,351		36,332,351
11 00 CORONARY CARE UNIT	1,125		1,125
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	44,487,859		44,487,859
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	150,393,872		150,393,872
17 00 ANCILLARY SERVICES	290,101,819	272,063,345	562,165,164
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	440,495,691	272,063,345	712,559,036

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	290,043,973		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		290,043,973	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0169
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	712,559,036
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	411,761,514
3	NET PATIENT REVENUES	300,797,522
4	LESS: TOTAL OPERATING EXPENSES	290,043,973
5	NET INCOME FROM SERVICE TO PATIENTS	10,753,549
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	28,552,057
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,607,403
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	3,668,404
23	GOVERNMENTAL APPROPRIATIONS	
24		37,787,169
25	TOTAL OTHER INCOME	71,615,033
26	TOTAL OTHER EXPENSES	82,368,582
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	82,368,582

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0169	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0169		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,505,169
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	196,976
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	160.89
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	1.60
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.28
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	7,014
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.44
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.99
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	23.43
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.86
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	121,751
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,830,910
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	15,013,969	3,630,587	11,383,382	363,059	660,236	13,990,674
38	RECOVERY ROOM	4,181,555	549,840	3,631,715	54,984	210,639	3,915,932
39	DELIVERY ROOM & LABOR ROO	13,535,420	2,027,437	11,507,983	202,744	667,463	12,665,213
41	RADIOLOGY-DIAGNOSTIC	9,864,153	2,168,349	7,695,804	216,835	446,357	9,200,961
41 01	ULTRA SOUND	1,779,312	192,102	1,587,210	19,210	92,058	1,668,044
41 02	CAT SCAN	3,409,669	387,167	3,022,502	38,717	175,305	3,195,647
41 03	MAGNETIC RESONANCE IMAGIN	5,705,758	456,326	5,249,432	45,633	304,467	5,355,658
41 04	NUCLEAR MEDICINE-DIAGNOST	844,892	84,700	760,192	8,470	44,091	792,331
41 05	ONCOLOGY	3,611	181	3,430	18	199	3,394
44	LABORATORY	7,663,788	491,383	7,172,405	49,138	415,999	7,198,651
48	INTRAVENOUS THERAPY	538,011	36,289	501,722	3,629	29,100	505,282
49	RESPIRATORY THERAPY	4,493,092	478,508	4,014,584	47,851	232,846	4,212,395
50	PHYSICAL THERAPY	4,098,310	414,192	3,684,118	41,419	213,679	3,843,212
51	OCCUPATIONAL THERAPY	2,183,170	221,526	1,961,644	22,153	113,775	2,047,242
52	SPEECH PATHOLOGY	702,990	71,358	631,632	7,136	36,635	659,219
53	ELECTROCARDIOLOGY	1,555,496	77,355	1,478,141	7,736	85,732	1,462,028
54	ELECTROENCEPHALOGRAPHY	2,690,247	477,956	2,212,291	47,796	128,313	2,514,138
55	MEDICAL SUPPLIES CHARGED	10,582,828	501,054	10,081,774	50,105	584,743	9,947,980
55 30	IMPL. DEV. CHARGED TO PAT	18,075,116	855,759	17,219,357	85,576	998,723	16,990,817
56	DRUGS CHARGED TO PATIENTS	16,017,624	1,902,799	14,114,825	190,280	818,660	15,008,684
57	RENAL DIALYSIS	562,941	28,357	534,584	2,836	31,006	529,099
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY	2,390,244	419,183	1,971,061	41,918	114,322	2,234,004
59 02	MENTAL HEALTH OP						
59 03	CNR	33,834	1,221	32,613	122	1,892	31,820
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	173,052	10,372	162,680	1,037	9,435	162,580
60 01	HEALTHY HEARTS CENTER						
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE						
60 06	SPIRE CENTER	2,076,375	326,308	1,750,067	32,631	101,504	1,942,240
61	EMERGENCY	10,543,954	1,080,876	9,463,078	108,088	548,859	9,887,007
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,594,113	332,970	2,261,143	33,297	131,146	2,429,670
101	SUBTOTAL	141,313,524	17,224,155	124,089,369	1,722,418	7,197,184	132,393,922
102	LESS OBSERVATION BEDS	2,594,113	332,970	2,261,143	33,297	131,146	2,429,670
103	TOTAL	138,719,411	16,891,185	121,828,226	1,689,121	7,066,038	129,964,252

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	58,466,175	.239295	.250588
38	RECOVERY ROOM	14,021,112	.279288	.294311
39	DELIVERY ROOM & LABOR ROO	31,908,311	.396925	.417843
41	RADIOLOGY-DIAGNOSTIC	49,472,947	.185980	.195002
41 01	ULTRA SOUND	8,173,507	.204079	.215342
41 02	CAT SCAN	35,409,173	.090249	.095200
41 03	MAGNETIC RESONANCE IMAGIN	21,093,381	.253902	.268337
41 04	NUCLEAR MEDICINE-DIAGNOST	3,047,022	.260035	.274505
41 05	ONCOLOGY	53,011	.064024	.067778
44	LABORATORY	49,381,559	.145776	.154200
48	INTRAVENOUS THERAPY	1,398,835	.361216	.382019
49	RESPIRATORY THERAPY	21,245,484	.198272	.209232
50	PHYSICAL THERAPY	13,986,743	.274775	.290053
51	OCCUPATIONAL THERAPY	7,905,715	.258957	.273349
52	SPEECH PATHOLOGY	2,420,570	.272340	.287475
53	ELECTROCARDIOLOGY	7,100,140	.205915	.217990
54	ELECTROENCEPHALOGRAPHY	11,864,925	.211897	.222711
55	MEDICAL SUPPLIES CHARGED	33,641,433	.295706	.313088
55 30	IMPL. DEV. CHARGED TO PAT	38,962,093	.436086	.461719
56	DRUGS CHARGED TO PATIENTS	54,273,802	.276536	.291620
57	RENAL DIALYSIS	1,080,970	.489467	.518150
59	CARDIAC CATH LAB			
59 01	ENDOSCOPY	6,457,976	.345929	.363632
59 02	MENTAL HEALTH OP			
59 03	CNR	40,650	.782780	.829323
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD			
	OUTPAT SERVICE COST CNTRS			
	CLINIC	337,194	.482156	.510137
60 01	HEALTHY HEARTS CENTER			
60 02	DIABETIC CARE CENTER			
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER			
60 05	PALLIATIVE CARE			
60 06	SPINE CENTER	1,894,843	1.025014	1.078582
61	EMERGENCY	55,418,697	.178406	.188309
62	OBSERVATION BEDS (NON-DIS	11,490,932	.211442	.222855
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	540,547,200		
102	LESS OBSERVATION BEDS	11,490,932		
103	TOTAL	529,056,268		