



The Indiana Heart Hospital

Indianapolis, Indiana

Provider Number:

15-0154

Hospital Statement of Reimbursable Cost
For the Year Ended December 31, 2010

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0154	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 15:09

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:
INDIANA HEART HOSPITAL LLC 15-0154

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

ECR ENCRYPTION INFORMATION
DATE: 5/27/2011 TIME 15:09

ImN4KJCLDEtiUX2RqRMfgGk41jze:0
FAQ0i0NpIERdHrUKvt2kzVKFYo1rzv
kVB21ZPZnp0Z2yy7

PI ENCRYPTION INFORMATION
DATE: 5/27/2011 TIME 15:09

I.:e9dk.4LSk8nco44LhYsw90a1uN0
ELQe10IMuo55xCuJjkz9pm6qkfpqsm
kaL:5SESJ80:bZ5t

[Signature]
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
[Signature]
TITLE
Chief Financial Officer
DATE
May 31, 2011

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1 HOSPITAL	0		58,318		64,599
100 TOTAL	0		58,318		1,225,208
					64,599
					1,225,208

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 8075 NORTH SHADELAND AVENUE P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46256- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					4	5	6
02.00	HOSPITAL	INDIANA HEART HOSPITAL LLC	15-0154	2/25/2003	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010
 18 TYPE OF CONTROL 1 2
 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. N
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)
- 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
- 25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.
- 25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00
- IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)
- 25.09 0000 0.00
- 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
- 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / / 0
- 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
- 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
- 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
- 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)
- | | 1 | 2 | 3 | 4 |
|-------|------|--------|--------|---|
| 28.02 | 0 | 0.0000 | 0.0000 | |
| | 0.00 | 0 | | |
- 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY
- A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)
- 28.03 STAFFING % Y/N
- 28.04 RECRUITMENT 0.00%
- 28.05 RETENTION 0.00%
- 28.06 TRAINING 0.00%
- 29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
- 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
- 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
- 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
- 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
- 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
- 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
- 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
- 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
- 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
- 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
- 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

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

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

40.01 NAME: FI/CONTRACTOR NAME Y HB0040
 40.02 STREET: P.O. BOX: FI/CONTRACTOR #
 40.03 CITY: STATE: ZIP CODE: -

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 572,001
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEE
	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.		N			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).				0	
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		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).				0	

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0154 I FROM 1/ 1/2010 I WORKSHEET S-3
I I TO 12/31/2010 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS	
				TITLE V	TITLE XVIII	NOT LTCH N/A	TITLE XIX	TITLE XIX	
1 ADULTS & PEDIATRICS	40	14,600	2.01	3	4	5,538		293	
2 HMO						1,573		66	
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	40	14,600				5,538		293	
7 CORONARY CARE UNIT	16	5,840				1,783		296	
12 TOTAL	56	20,440				7,321		589	
13 RPCH VISITS									
25 TOTAL	56								52
26 OBSERVATION BED DAYS									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									
29 LABOR & DELIVERY DAYS									

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES --	
	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED		TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			9,403				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			9,403				
7 CORONARY CARE UNIT			3,303				
12 TOTAL			12,706				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			914				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			127				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		DISCHARGES		TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	
1 ADULTS & PEDIATRICS	9	10	11	12	13	15
2 HMO					1,994	3,553
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						
7 CORONARY CARE UNIT					1,994	3,553
12 TOTAL		626.00			1,994	3,553
13 RPCH VISITS						
25 TOTAL		626.00				
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0154 I FROM 1/ 1/2010 I WORKSHEET S-3
 I I TO 12/31/2010 I 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
1 SALARIES						
2 TOTAL SALARY	68,693,831		68,693,831	1,302,075.00	52.76	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
6 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
7 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	45,435,735	277,123	45,712,858	537,356.00	85.07	
9 OTHER WAGES & RELATED COSTS						
10 CONTRACT LABOR:	639,759		639,759	24,056.00	26.59	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
11 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12 HOME OFFICE SALARIES & WAGE RELATED COSTS	6,830,591		6,830,591	201,860.00	33.84	
13 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14 WAGE RELATED COSTS						
15 WAGE-RELATED COSTS (CORE)	6,221,306		6,221,306			CMS 339
16 WAGE-RELATED COSTS (OTHER)						CMS 339
17 EXCLUDED AREAS	5,843,281		5,843,281			CMS 339
18 NON-PHYS ANESTHETIST PART A						CMS 339
19 NON-PHYS ANESTHETIST PART B						CMS 339
20 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
21 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
23 EMPLOYEE BENEFITS	7,027		7,027	245.00	28.68	
24 ADMINISTRATIVE & GENERAL	1,903,673	-571,236	1,332,437	54,412.00	24.49	
22.01 A & G UNDER CONTRACT	1,952,437		1,952,437	10,780.00	181.12	
25 MAINTENANCE & REPAIRS						
26 OPERATION OF PLANT						
27 LAUNDRY & LINEN SERVICE						
28 HOUSEKEEPING	511,911		511,911	42,382.00	12.08	
26.01 HOUSEKEEPING UNDER CONTRACT	126,489		126,489	4,160.00	30.41	
29 DIETARY	587,031	-485,357	101,674	7,113.00	14.29	
27.01 DIETARY UNDER CONTRACT	368,830		368,830	12,278.00	30.04	
30 CAFETERIA		485,357	485,357	35,491.00	13.68	
31 MAINTENANCE OF PERSONNEL						
32 NURSING ADMINISTRATION	2,133,668		2,133,668	8,077.00	264.17	
33 CENTRAL SERVICE AND SUPPLY						
34 PHARMACY						
35 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	833,423	-569,447	263,976	7,062.00	37.38	
36 SOCIAL SERVICE	420,590		420,590	12,125.00	34.69	
37 OTHER GENERAL SERVICE	204,718		204,718	14,726.00	13.90	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	71,141,587		71,141,587	1,329,293.00	53.52	
2 EXCLUDED AREA SALARIES	45,435,735	277,123	45,712,858	537,356.00	85.07	
3 SUBTOTAL SALARIES	25,705,852	-277,123	25,428,729	791,937.00	32.11	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	7,470,350		7,470,350	225,916.00	33.07	
5 SUBTOTAL WAGE-RELATED COSTS	6,221,306		6,221,306		24.47	
6 TOTAL	39,397,508	-277,123	39,120,385	1,017,853.00	38.43	
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	9,049,797	-1,140,683	7,909,114	208,851.00	37.87	

HOSPITAL UNCOMPENSATED CARE DATA

I
I
I
IPROVIDER NO:
15-0154I PERIOD:
I FROM 1/ 1/2010 I
I TO 12/31/2010 I
IPREPARED 5/27/2011
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 2,681,854

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 2,681,854

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) .240955

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 16,211,370

Health Financial Systems MCRIF32 FOR INDIANA HEART HOSPITAL LLC
HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO: 15-0154 PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011 WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,906,211
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,582,555
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,308,965
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,906,211

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0154 I

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

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	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				3,389,092	3,389,092
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7,344,346	7,344,346
5	0500 EMPLOYEE BENEFITS	7,027	6,327,193	6,334,220	714,807	7,049,027
6	0600 ADMINISTRATIVE & GENERAL	1,903,673	30,619,662	32,523,335	-10,706,566	21,816,769
8	0800 OPERATION OF PLANT		2,406,117	2,406,117	156,777	2,562,894
9	0900 LAUNDRY & LINEN SERVICE				170,238	170,238
10	1000 HOUSEKEEPING	511,911	351,983	863,894	-784	863,110
11	1100 DIETARY	587,031	1,096,898	1,683,929	-1,391,352	292,577
12	1200 CAFETERIA				1,410,194	1,410,194
14	1400 NURSING ADMINISTRATION	2,133,668	1,150,538	3,284,206	-1,417	3,282,789
17	1700 MEDICAL RECORDS & LIBRARY	833,423	825,902	1,659,325	-1,460,200	199,125
18	1800 SOCIAL SERVICE	420,590	454,757	875,347	-165	875,182
19	1950 TRANSPORTATION	204,718	30,580	235,298	-356	234,942
20	2000 NONPHYSICIAN ANESTHETISTS				3,367	3,367
24	2400 PARAMED ED PRGM					
24.01	2401 RESPIRATORY SCHOOL					
24.02	2402 RADIOLOGY SCHOOL	21,632	1,622	23,254	-19,894	3,360
24.03	2403 PHARMACY SCHOOL				10,417	10,417
25	2500 ADULTS & PEDIATRICS	5,679,734	1,129,807	6,809,541	-134,972	6,674,569
27	2700 CORONARY CARE UNIT	2,435,549	363,582	2,799,131	135,332	2,934,463
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,066,340	6,957,751	8,024,091	-5,124,936	2,899,155
37.01	3701 ENDOSCOPY		20,346	20,346	-9,823	10,523
38	3800 RECOVERY ROOM		102	102		102
41	4100 RADIOLOGY-DIAGNOSTIC	736,732	467,567	1,204,299	-866,375	337,924
41.01	4101 RADIOLOGY - ULTRASOUND		12	12	35,681	35,693
41.02	4102 RADIOLOGY - CAT SCAN		115	115	784,986	785,101
41.03	4103 RADIOLOGY - MRI		9,491	9,491		9,491
41.04	4104 NUCLEAR MEDICINE	151,899	373,090	524,989	-280,824	244,165
41.05	4105 RADIOLOGY-DIAGNOSTIC					
44	4400 LABORATORY		2,489,291	2,489,291	-39	2,489,252
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	734,135	203,037	937,172	-130,358	806,814
50	5000 PHYSICAL THERAPY		108,680	108,680	-45,629	63,051
51	5100 OCCUPATIONAL THERAPY				42,370	42,370
52	5200 SPEECH PATHOLOGY				3,259	3,259
53	5300 ELECTROCARDIOLOGY	1,167,248	454,427	1,621,675	-142,301	1,479,374
53.01	5301 CARDIAC TESTING	833,094	-674,584	158,510	-358,175	-199,665
54	5400 ELECTROENCEPHALOGRAPHY		2,995	2,995	-448	2,547
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		656,033	656,033	10,519,034	11,175,067
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				11,962,335	11,962,335
56	5600 DRUGS CHARGED TO PATIENTS		5,281,618	5,281,618	312,796	5,594,414
57	5700 RENAL DIALYSIS		144,673	144,673	-4,279	140,394
59	3120 CARDIAC CATHERIZATION LABORATORY	1,599,671	17,985,496	19,585,167	-17,529,214	2,055,953
59.01	3331 ENDOSCOPY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	121,066	22,264	143,330	102,867	246,197
60.01	6001 HEALTHY HEART CLINIC	564,482	263,859	828,341	-124,968	703,373
61	6100 EMERGENCY	1,566,105	964,624	2,530,729	-17,011	2,513,718
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	23,279,728	80,489,528	103,769,256	-1,252,188	102,517,068
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES		218,647	218,647		218,647
98.01	9801 CHV-IHP PHYSICIANS	29,875,599	305,599	30,181,198	1,555,331	31,736,529
98.02	9802 IHP-IHH CARDIOVASCULAR CLINIC	1,260,751	1,076,355	2,337,106	-57,369	2,279,737
98.03	9803 IHP- NORTH CARDIOVASCULAR CLINIC					
98.04	9804 IHP-EAST CARDIOVASCULAR CLINIC	1,848,056	1,173,146	3,021,202	-96,649	2,924,553
98.05	9805 IHP-SOUTH CARDIOVASCULAR CLINIC	722,046	1,201,808	1,923,854	-68,035	1,855,819
98.06	9806 IHP-ANDERSON CARDIOVASCULAR CLINIC	250,428	106,643	357,071	-5,725	351,346
98.07	9807 IHP-MARTINSVILLE CARDIOVASCULAR CLINIC	60,572	43,876	104,448	-1,224	103,224
98.08	9808 IHP-FRANKLIN CARDIOVASCULAR CLINIC	290,569	204,912	495,481	-16,568	478,913
98.09	9809 IHP-MOBILE CARDIOVASCULAR CLINIC		1,663	1,663	-1,520	143
98.10	9810 IHP-RIVERVIEW CARDIOVASCULAR CLINIC		33,080	33,080	-6,870	26,210
98.11	9811 IHP-HANCOCK CARDIOVASCULAR CLINIC		16,019	16,019		16,019
98.12	9812 IHP-SAXONY CARDIOVASCULAR CLINIC		19,619	19,619		19,619
98.13	9813 PULMONARY PHYSICIANS	9,534,797	-4,720,893	4,813,904	-44,260	4,769,644
98.14	9814 INFECTIOUS DISEASE PHYSICIANS	1,309,148	-423,976	885,172	-4,446	880,726
100	7950 OTHER NONREIMBURSABLE COST CENTERS	262,137	38,573	300,710	-477	300,233
101	TOTAL	68,693,831	79,784,599	148,478,430	-0-	148,478,430

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0154 I FROM 1/ 1/2010 I WORKSHEET A
 I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	83,189	3,472,281
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-1,683,449	5,660,897
5 0500	EMPLOYEE BENEFITS	1,745,588	8,794,615
6 0600	ADMINISTRATIVE & GENERAL	-7,571,240	14,245,529
8 0800	OPERATION OF PLANT	-29,143	2,533,751
9 0900	LAUNDRY & LINEN SERVICE		170,238
10 1000	HOUSEKEEPING		863,110
11 1100	DIETARY	-988	291,589
12 1200	CAFETERIA	-489,666	920,528
14 1400	NURSING ADMINISTRATION	-1,072	3,281,717
17 1700	MEDICAL RECORDS & LIBRARY	515,187	714,312
18 1800	SOCIAL SERVICE		875,182
19 1950	TRANSPORTATION		234,942
20 2000	NONPHYSICIAN ANESTHETISTS		
24 2400	PARAMED ED PRGM		3,367
24.01 2401	RESPIRATORY SCHOOL		
24.02 2402	RADIOLOGY SCHOOL		3,360
24.03 2403	PHARMACY SCHOOL	6,434	16,851
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-57,454	6,617,115
27 2700	CORONARY CARE UNIT	-113,718	2,820,745
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-556,060	2,343,095
37.01 3701	ENDOSCOPY		10,523
38 3800	RECOVERY ROOM		102
41 4100	RADIOLOGY-DIAGNOSTIC	-14,421	323,503
41.01 4101	RADIOLOGY - ULTRASOUND		35,693
41.02 4102	RADIOLOGY - CAT SCAN		785,101
41.03 4103	RADIOLOGY - MRI		9,491
41.04 4104	NUCLEAR MEDICINE		244,165
41.05 4105	RADIOLOGY-DIAGNOSTIC		
44 4400	LABORATORY	-430,694	2,058,558
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		806,814
50 5000	PHYSICAL THERAPY		63,051
51 5100	OCCUPATIONAL THERAPY		42,370
52 5200	SPEECH PATHOLOGY		3,259
53 5300	ELECTROCARDIOLOGY	-1,162,791	316,583
53.01 5301	CARDIAC TESTING	660,656	460,991
54 5400	ELECTROENCEPHALOGRAPHY		2,547
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		11,175,067
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		11,962,335
56 5600	DRUGS CHARGED TO PATIENTS		5,594,414
57 5700	RENAL DIALYSIS		140,394
59 3120	CARDIAC CATHERIZATION LABORATORY	-205,038	1,850,915
59.01 3331	ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-22,627	223,570
60.01 6001	HEALTHY HEART CLINIC	-94,926	608,447
61 6100	EMERGENCY	-684,000	1,829,718
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-10,106,233	92,410,835
	NONREIMBURS COST CENTERS		
98 9800	PHYSICIANS' PRIVATE OFFICES	-209,168	9,479
98.01 9801	CHV-IHP PHYSICIANS	-141,010	31,595,519
98.02 9802	IHP-IHH CARDIOVASCULAR CLINIC		2,279,737
98.03 9803	IHP- NORTH CARDIOVASCULAR CLINIC		
98.04 9804	IHP-EAST CARDIOVASCULAR CLINIC		2,924,553
98.05 9805	IHP-SOUTH CARDIOVASCULAR CLINIC		1,855,819
98.06 9806	IHP-ANDERSON CARDIOVASCULAR CLINIC		351,346
98.07 9807	IHP-MARTINSVILLE CARDIOVASCULAR CLINIC		103,224
98.08 9808	IHP-FRANKLIN CARDIOVASCULAR CLINIC		478,913
98.09 9809	IHP-MOBILE CARDIOVASCULAR CLINIC		143
98.10 9810	IHP-RIVERVIEW CARDIOVASCULAR CLINIC		26,210
98.11 9811	IHP-HANCOCK CARDIOVASCULAR CLINIC		16,019
98.12 9812	IHP-SAXONY CARDIOVASCULAR CLINIC		19,619
98.13 9813	PULMONARY PHYSICIANS		4,769,644
98.14 9814	INFECTIOUS DISEASE PHYSICIANS		880,726
100 7950	OTHER NONREIMBURSABLE COST CENTERS		300,233
101	TOTAL	-10,456,411	138,022,019

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0154 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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	TRANSPORTATION	1950	
20	NONPHYSICIAN ANESTHETISTS	2000	OTHER GENERAL SERVICE COST CENTERS
24	PARAMED ED PRGM	2400	
24.01	RESPIRATORY SCHOOL	2401	PARAMED ED PRGM
24.02	RADIOLOGY SCHOOL	2402	PARAMED ED PRGM
24.03	PHARMACY SCHOOL	2403	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
27	CORONARY CARE UNIT	2700	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY - ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	RADIOLOGY - CAT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	RADIOLOGY - MRI	4103	RADIOLOGY-DIAGNOSTIC
41.04	NUCLEAR MEDICINE	4104	RADIOLOGY-DIAGNOSTIC
41.05	RADIOLOGY-DIAGNOSTIC	4105	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC TESTING	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.01	ENDOSCOPY	3331	ENDOSCOPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEALTHY HEART CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CHV-IHP PHYSICIANS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	IHP-IHH CARDIOVASCULAR CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	IHP- NORTH CARDIOVASCULAR CLINIC	9803	PHYSICIANS' PRIVATE OFFICES
98.04	IHP-EAST CARDIOVASCULAR CLINIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	IHP-SOUTH CARDIOVASCULAR CLINIC	9805	PHYSICIANS' PRIVATE OFFICES
98.06	IHP-ANDERSON CARDIOVASCULAR CLINIC	9806	PHYSICIANS' PRIVATE OFFICES
98.07	IHP-MARTINSVILLE CARDIOVASCULAR CLINIC	9807	PHYSICIANS' PRIVATE OFFICES
98.08	IHP-FRANKLIN CARDIOVASCULAR CLINIC	9808	PHYSICIANS' PRIVATE OFFICES
98.09	IHP-MOBILE CARDIOVASCULAR CLINIC	9809	PHYSICIANS' PRIVATE OFFICES
98.10	IHP-RIVERVIEW CARDIOVASCULAR CLINIC	9810	PHYSICIANS' PRIVATE OFFICES
98.11	IHP-HANCOCK CARDIOVASCULAR CLINIC	9811	PHYSICIANS' PRIVATE OFFICES
98.12	IHP-SAXONY CARDIOVASCULAR CLINIC	9812	PHYSICIANS' PRIVATE OFFICES
98.13	PULMONARY PHYSICIANS	9813	PHYSICIANS' PRIVATE OFFICES
98.14	INFECTIOUS DISEASE PHYSICIANS	9814	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150154

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	
	1	2	3	4	5
1 Depreciation Expense	A	NEW CAP REL COSTS-BLDG & FIXT	3		2,378,098
2		NEW CAP REL COSTS-MVBLE EQUIP	4		3,137,543
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 Interest Expense	B	NEW CAP REL COSTS-MVBLE EQUIP	4		3,093,610
20					
21 Implantable Device Reclass	C	IMPL. DEV. CHARGED TO PATIENT	55.30		11,962,335
22					
23 Laundry and Linen Reclass	D	LAUNDRY & LINEN SERVICE	9		170,238
24					
25 Rent Expense	F	NEW CAP REL COSTS-MVBLE EQUIP	4		1,113,193
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

1 Rent Expense	F				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 Cafeteria Salary	G	CAFETERIA	12	485,357	
21					
22 Cafeteria Other	H	CAFETERIA	12		924,837
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 Cafeteria Other						
2						
3 Chargeable Medical Supplies	I		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		22,843,456
4			DRUGS CHARGED TO PATIENTS	56		2,454
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17 Therapy Other	J		OCCUPATIONAL THERAPY	51		42,370
18			SPEECH PATHOLOGY	52		3,259
19						
20 Drugs Charges to Pat	K		DRUGS CHARGED TO PATIENTS	56		614,895
21						
22						
23						
24						
25						
26						
27 Dietary Food Service Allocation	L		DIETARY	11		19,154
28						
29						
30						
31						
32						
33						
34						
35						
1 Dietary Food Service Allocation	L					
2						
3						
4 PHARMACY PRECEPTOR RECLASS	M		PHARMACY SCHOOL	24.03	9,757	
5						
6 PHARMACY PRECEPTOR OTHER RECLASS	N		PHARMACY SCHOOL	24.03		660
7						
8 Space Rental & Property Tax	O		NEW CAP REL COSTS-BLDG & FIXT	3		894,315
9						
10						
11						
12						
13 Repairs and Maintenance Reclass	P		OPERATION OF PLANT	8		186,494
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33 Pension Expense Reclass	Q		EMPLOYEE BENEFITS	5		728,602
34			CHV-IHP PHYSICIANS	98.01		1,422,947
35						

RECLASSIFICATIONS

PROVIDER NO: 150154	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/27/2011 WORKSHEET A-6 CONTD
------------------------	--	--

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 Capital Insurance Costs	R	NEW CAP REL COSTS-BLDG & FIXT	3		116,679
2					
3 CT and Ultrasound Salary ReClass	S				
4		RADIOLOGY - ULTRASOUND	41.01	21,684	
5		RADIOLOGY - CAT SCAN	41.02	477,059	
6 CT and Ultrasound Other ReClass	T				
7		RADIOLOGY - ULTRASOUND	41.01		13,997
8		RADIOLOGY - CAT SCAN	41.02		307,927
9 IHP Finance Salary ReClass	U	CHV-IHP PHYSICIANS	98.01	902,974	
10					
11 IHP Medical Records Salary ReClass	V	CHV-IHP PHYSICIANS	98.01	569,447	
12					
13 EMS SCHOOL ALLIED HEALTH SALARY	W	PARAMED ED PRGM	24	3,128	
14					
15 EMS ALLIED HEALTH RECLASS	X	PARAMED ED PRGM	24		239
16					
17 RADIOLOGY SCHOOL SALARY RECLASS	Y	RADIOLOGY SCHOOL	24.02	3,121	
18					
19 RADIOLOGY SCHOOL OTHER RECLASS	Z	RADIOLOGY SCHOOL	24.02		239
20					
21 EP CODED TO WRONG MCR LINE NUMBER	AA	CARDIAC CATHERIZATION LABORATORY	59	21,632	1,622
22					
23 RECLASS MEDICAL DIRECTOR EXPENSE	AB	ADMINISTRATIVE & GENERAL	6	331,738	65,775
24		ADULTS & PEDIATRICS	25	75,042	6,135
25		CORONARY CARE UNIT	27	160,042	12,756
26		OPERATING ROOM	37	45,088	2,549
27		ELECTROCARDIOLOGY	53	80,152	3,677
28		CARDIAC TESTING	53.01	162,734	7,459
29		CARDIAC CATHERIZATION LABORATORY	59	237,364	12,999
30		CLINIC	60	97,512	5,625
31					
32 RECLASS PRESIDENT EXPENSE TO A&G	AC	ADMINISTRATIVE & GENERAL	6		849,600
36 TOTAL RECLASSIFICATIONS				3,683,831	50,945,738

(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:
150154

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 Depreciation Expense	A	6					9
2						5,035,997	9
3		ADMINISTRATIVE & GENERAL	6			38,213	
4		MEDICAL RECORDS & LIBRARY	17			18,095	
5		NUCLEAR MEDICINE	41.04			53,340	
6		ELECTROCARDIOLOGY	53			143,732	
7		CARDIAC TESTING	53.01			23,603	
8		CHV-IHP PHYSICIANS	98.01			28,110	
9		IHP-IHH CARDIOVASCULAR CLINIC	98.02			74,507	
10		IHP-EAST CARDIOVASCULAR CLINIC	98.04			55,268	
11		IHP-SOUTH CARDIOVASCULAR CLINIC	98.05			1,808	
12		IHP-ANDERSON CARDIOVASCULAR CLINIC	98.06			1,224	
13		IHP-MARTINSVILLE CARDIOVASCULAR CLIN	98.07			7,180	
14		IHP-FRANKLIN CARDIOVASCULAR CLINIC	98.08			1,520	
15		IHP-MOBILE CARDIOVASCULAR CLINIC	98.09			6,870	
16		IHP-RIVERVIEW CARDIOVASCULAR CLINIC	98.10			25,881	
17		PULMONARY PHYSICIANS	98.13			293	
18		INFECTIOUS DISEASE PHYSICIANS	98.14				11
19 Interest Expense	B					3,093,610	
20		ADMINISTRATIVE & GENERAL	6				
21 Implantable Device Recl	C					11,962,335	
22		MEDICAL SUPPLIES CHARGED TO PATIENTS	55				
23 Laundry and Linen Recl	D					170,238	14
24		MEDICAL SUPPLIES CHARGED TO PATIENTS	55				
25 Rent Expense	F					28,746	
26		ADMINISTRATIVE & GENERAL	6			3,350	
27		OPERATION OF PLANT	8			784	
28		HOUSEKEEPING	10			2,278	
29		DIETARY	11			1,382	
30		NURSING ADMINISTRATION	14			2,745	
31		MEDICAL RECORDS & LIBRARY	17			165	
32		SOCIAL SERVICE	18			203	
33		TRANSPORTATION	19			433	
34		ADULTS & PEDIATRICS	25			449	
35		CORONARY CARE UNIT	27				
1 Rent Expense	F					38,149	
2		OPERATING ROOM	37			827	
3		RADIOLOGY-DIAGNOSTIC	41			39	
4		LABORATORY	44			70,447	
5		RESPIRATORY THERAPY	49			4,372	
6		ELECTROCARDIOLOGY	53			180,195	
7		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			257,331	
8		DRUGS CHARGED TO PATIENTS	56			412,913	
9		CARDIAC CATHETERIZATION LABORATORY	59			248	
10		HEALTHY HEART CLINIC	60.01			390	
11		EMERGENCY	61			7,776	
12		CHV-IHP PHYSICIANS	98.01			28,798	
13		IHP-IHH CARDIOVASCULAR CLINIC	98.02			22,142	
14		IHP-EAST CARDIOVASCULAR CLINIC	98.04			12,767	
15		IHP-SOUTH CARDIOVASCULAR CLINIC	98.05			3,917	
16		IHP-ANDERSON CARDIOVASCULAR CLINIC	98.06			9,388	
17		IHP-FRANKLIN CARDIOVASCULAR CLINIC	98.08			18,379	
18		PULMONARY PHYSICIANS	98.13			4,103	
19		INFECTIOUS DISEASE PHYSICIANS	98.14			477	
20 Cafeteria Salary	G					485,357	
21		DIETARY	11				
22 Cafeteria Other	H					6,476	
23		EMPLOYEE BENEFITS	5			10,370	
24		ADMINISTRATIVE & GENERAL	6			903,161	
25		DIETARY	11			23	
26		TRANSPORTATION	19			579	
27		ADULTS & PEDIATRICS	25			84	
28		CORONARY CARE UNIT	27			73	
29		RESPIRATORY THERAPY	49			293	
30		ELECTROCARDIOLOGY	53			654	
31		CARDIAC TESTING	53.01			224	
32		ELECTROENCEPHALOGRAPHY	54			17	
33		HEALTHY HEART CLINIC	60.01			361	
34		EMERGENCY	61			2,011	
35		CHV-IHP PHYSICIANS	98.01				

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 Cafeteria Other	H	IHP-IHH CARDIOVASCULAR CLINIC	98.02			461	
2		INFECTIOUS DISEASE PHYSICIANS	98.14			50	
3 Chargeable Medical Supplies	I						
4		OPERATION OF PLANT	8			26,367	
5		NURSING ADMINISTRATION	14			35	
6		ADULTS & PEDIATRICS	25			206,503	
7		CORONARY CARE UNIT	27			30,850	
8		OPERATING ROOM	37			5,109,066	
9		ENDOSCOPY	37.01			7,358	
10		RADIOLOGY-DIAGNOSTIC	41			17,263	
11		RESPIRATORY THERAPY	49			55,272	
12		RENAL DIALYSIS	57			4,279	
13		CARDIAC CATHERIZATION LABORATORY	59			17,378,698	
14		HEALTHY HEART CLINIC	60.01			91	
15		EMERGENCY	61			10,128	
16	J						
17 Therapy Other		PHYSICAL THERAPY	50			45,629	
18	K						
19		EMPLOYEE BENEFITS	5			843	
20 Drugs Charges to Pat		CORONARY CARE UNIT	27			18	
21		OPERATING ROOM	37			152	
22		NUCLEAR MEDICINE	41.04			253,886	
23		CARDIAC TESTING	53.01			359,984	
24		HEALTHY HEART CLINIC	60.01			12	
25	L						
26		EMPLOYEE BENEFITS	5			6,476	
27 Dietary Food Service Allocation		ADMINISTRATIVE & GENERAL	6			10,370	
28		TRANSPORTATION	19			23	
29		ADULTS & PEDIATRICS	25			579	
30		CORONARY CARE UNIT	27			84	
31		RESPIRATORY THERAPY	49			73	
32		ELECTROCARDIOLOGY	53			293	
33		CARDIAC TESTING	53.01			654	
34							
35							
1 Dietary Food Service Allocation	L	ELECTROENCEPHALOGRAPHY	54			224	
2		HEALTHY HEART CLINIC	60.01			17	
3		EMERGENCY	61			361	
4 PHARMACY PRECEPTOR RECLASS	M	DRUGS CHARGED TO PATIENTS	56		9,757		
5	N						
6 PHARMACY PRECEPTOR OTHER RECLASS		DRUGS CHARGED TO PATIENTS	56			660	
7	O						
8 Space Rental & Property Tax		ADMINISTRATIVE & GENERAL	6			602,295	
9		DIETARY	11			11,110	
10		ELECTROCARDIOLOGY	53			157,310	
11		HEALTHY HEART CLINIC	60.01			123,600	
12	P						
13 Repairs and Maintenance Reclass		ADMINISTRATIVE & GENERAL	6			1,089	
14		DIETARY	11			8,600	
15		MEDICAL RECORDS & LIBRARY	17			195	
16		TRANSPORTATION	19			107	
17		ADULTS & PEDIATRICS	25			8,055	
18		CORONARY CARE UNIT	27			5,981	
19		OPERATING ROOM	37			25,206	
20		ENDOSCOPY	37.01			2,465	
21		RADIOLOGY-DIAGNOSTIC	41			24,258	
22		NUCLEAR MEDICINE	41.04			8,843	
23		RESPIRATORY THERAPY	49			4,493	
24		ELECTROCARDIOLOGY	53			10,522	
25		CARDIAC TESTING	53.01			23,344	
26		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			11,654	
27		DRUGS CHARGED TO PATIENTS	56			36,805	
28		CARDIAC CATHERIZATION LABORATORY	59			11,220	
29		CLINIC	60			270	
30		HEALTHY HEART CLINIC	60.01			983	
31		EMERGENCY	61			2,404	
32	Q						
33 Pension Expense Reclass		ADMINISTRATIVE & GENERAL	6			2,151,549	
34							
35							

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10 12
			LINE NO 7				
1 Capital Insurance Costs	R		6			116,679	
2		ADMINISTRATIVE & GENERAL		41	498,743		
3 CT and Ultrasound Salary ReClass	S	RADIOLOGY-DIAGNOSTIC					
4				41		321,924	
5	T	RADIOLOGY-DIAGNOSTIC					
6 CT and Ultrasound Other ReClass							
7							
8							
9 IHP Finance Salary ReClass	U	ADMINISTRATIVE & GENERAL	6		902,974		
10							
11 IHP Medical Records Salary ReClass	V	MEDICAL RECORDS & LIBRARY	17		569,447		
12							
13 EMS SCHOOL ALLIED HEALTH SALARY	W	EMERGENCY	61		3,128		
14							
15 EMS ALLIED HEALTH RECLASS	X	EMERGENCY	61			239	
16							
17 RADIOLOGY SCHOOL SALARY RECLASS	Y	RADIOLOGY-DIAGNOSTIC	41		3,121		
18							
19 RADIOLOGY SCHOOL OTHER RECLASS	Z	RADIOLOGY-DIAGNOSTIC	41			239	
20							
21 EP CODED TO WRONG MCR LINE NUMBER	AA	RADIOLOGY SCHOOL	24.02		21,632	1,622	
22							
23 RECLASS MEDICAL DIRECTOR EXPENSE	AB						
24							
25							
26							
27							
28							
29							
30		CHV-IHP PHYSICIANS	98.01		1,189,672	116,975	
31			17			849,600	
32 RECLASS PRESIDENT EXPENSE TO A&G	AC	MEDICAL RECORDS & LIBRARY			3,683,831	50,945,738	
36 TOTAL RECLASSIFICATIONS							

(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.

RECLASS CODE: A
 EXPLANATION : Depreciation Expense

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,378,098
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,137,543
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
TOTAL RECLASSIFICATIONS FOR CODE A			5,515,641

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
		0	
ADMINISTRATIVE & GENERAL	6	5,035,997	
MEDICAL RECORDS & LIBRARY	17	38,213	
NUCLEAR MEDICINE	41.04	18,095	
ELECTROCARDIOLOGY	53	53,340	
CARDIAC TESTING	53.01	143,732	
CHV-IHP PHYSICIANS	98.01	23,603	
IHP-IHH CARDIOVASCULAR CLINIC	98.02	28,110	
IHP-EAST CARDIOVASCULAR CLINIC	98.04	74,507	
IHP-SOUTH CARDIOVASCULAR CLINI	98.05	55,268	
IHP-ANDERSON CARDIOVASCULAR CL	98.06	1,808	
IHP-MARTINSVILLE CARDIOVASCULA	98.07	1,224	
IHP-FRANKLIN CARDIOVASCULAR CL	98.08	7,180	
IHP-MOBILE CARDIOVASCULAR CLIN	98.09	1,520	
IHP-RIVERVIEW CARDIOVASCULAR C	98.10	6,870	
PULMONARY PHYSICIANS	98.13	25,881	
INFECTIOUS DISEASE PHYSICIANS	98.14	293	
		5,515,641	

RECLASS CODE: B
 EXPLANATION : Interest Expense

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,093,610
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			3,093,610

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
ADMINISTRATIVE & GENERAL	6	3,093,610	
		3,093,610	

RECLASS CODE: C
 EXPLANATION : Implantable Device ReClass

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	11,962,335
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			11,962,335

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
MEDICAL SUPPLIES CHARGED TO PA	55	11,962,335	
		11,962,335	

RECLASS CODE: D
 EXPLANATION : Laundry and Linen ReClass

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	170,238
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			170,238

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
MEDICAL SUPPLIES CHARGED TO PA	55	170,238	
		170,238	

RECLASS CODE: F
 EXPLANATION : Rent Expense

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,113,193
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
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
ADMINISTRATIVE & GENERAL	6	28,746	
OPERATION OF PLANT	8	3,350	
HOUSEKEEPING	10	784	
DIETARY	11	2,278	
NURSING ADMINISTRATION	14	1,382	
MEDICAL RECORDS & LIBRARY	17	2,745	
SOCIAL SERVICE	18	165	
TRANSPORTATION	19	203	
ADULTS & PEDIATRICS	25	433	
CORONARY CARE UNIT	27	449	
OPERATING ROOM	37	38,149	
RADIOLOGY-DIAGNOSTIC	41	827	
LABORATORY	44	39	
RESPIRATORY THERAPY	49	70,447	
ELECTROCARDIOLOGY	53	4,372	
MEDICAL SUPPLIES CHARGED TO PA	55	180,195	
DRUGS CHARGED TO PATIENTS	56	257,331	
CARDIAC CATHERIZATION LABORATO	59	412,913	

RECLASSIFICATIONS

RECLASS CODE: F
 EXPLANATION: Rent Expense

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
20.00			0	HEALTHY HEART CLINIC	60.01	248
21.00			0	EMERGENCY	61	390
22.00			0	CHV-IHP PHYSICIANS	98.01	7,776
23.00			0	IHP-IHH CARDIOVASCULAR CLINIC	98.02	28,798
24.00			0	IHP-EAST CARDIOVASCULAR CLINIC	98.04	22,142
25.00			0	IHP-SOUTH CARDIOVASCULAR CLINI	98.05	12,767
26.00			0	IHP-ANDERSON CARDIOVASCULAR CL	98.06	3,917
27.00			0	IHP-FRANKLIN CARDIOVASCULAR CL	98.08	9,388
28.00			0	PULMONARY PHYSICIANS	98.13	18,379
29.00			0	INFECTIOUS DISEASE PHYSICIANS	98.14	4,103
30.00			0	OTHER NONREIMBURSABLE COST CEN	100	477
TOTAL RECLASSIFICATIONS FOR CODE F			1,113,193	1,113,193		

RECLASS CODE: G
 EXPLANATION: Cafeteria Salary

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	485,357	DIETARY	11	485,357
2.00			0			0
TOTAL RECLASSIFICATIONS FOR CODE G			485,357	485,357		

RECLASS CODE: H
 EXPLANATION: Cafeteria Other

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	924,837	EMPLOYEE BENEFITS	5	6,476
2.00			0	ADMINISTRATIVE & GENERAL	6	10,370
3.00			0	DIETARY	11	903,161
4.00			0	TRANSPORTATION	19	23
5.00			0	ADULTS & PEDIATRICS	25	579
6.00			0	CORONARY CARE UNIT	27	84
7.00			0	RESPIRATORY THERAPY	49	73
8.00			0	ELECTROCARDIOLOGY	53	293
9.00			0	CARDIAC TESTING	53.01	654
10.00			0	ELECTROENCEPHALOGRAPHY	54	224
11.00			0	HEALTHY HEART CLINIC	60.01	17
12.00			0	EMERGENCY	61	361
13.00			0	CHV-IHP PHYSICIANS	98.01	2,011
14.00			0	IHP-IHH CARDIOVASCULAR CLINIC	98.02	461
15.00			0	INFECTIOUS DISEASE PHYSICIANS	98.14	50
16.00			0			924,837
TOTAL RECLASSIFICATIONS FOR CODE H			924,837	924,837		

RECLASS CODE: I
 EXPLANATION: Chargeable Medical Supplies

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	22,843,456	OPERATION OF PLANT	8	26,367
2.00	DRUGS CHARGED TO PATIENTS	56	2,454	NURSING ADMINISTRATION	14	35
3.00			0	ADULTS & PEDIATRICS	25	206,503
4.00			0	CORONARY CARE UNIT	27	30,850
5.00			0	OPERATING ROOM	37	5,109,066
6.00			0	ENDOSCOPY	37.01	7,358
7.00			0	RADIOLOGY-DIAGNOSTIC	41	17,263
8.00			0	RESPIRATORY THERAPY	49	55,272
9.00			0	RENAL DIALYSIS	57	4,279
10.00			0	CARDIAC CATHERIZATION LABORATO	59	17,378,698
11.00			0	HEALTHY HEART CLINIC	60.01	91
12.00			0	EMERGENCY	61	10,128
13.00			0			22,845,910
14.00			0			
TOTAL RECLASSIFICATIONS FOR CODE I			22,845,910	22,845,910		

RECLASS CODE: J
 EXPLANATION: Therapy other

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	42,370			0

RECLASS CODE: J
 EXPLANATION : Therapy Other

LINE	COST CENTER	INCREASE	LINE	AMOUNT
2.00	SPEECH PATHOLOGY		52	3,259
3.00				0
TOTAL RECLASSIFICATIONS FOR CODE J				45,629

COST CENTER	DECREASE	LINE	AMOUNT
			0
PHYSICAL THERAPY		50	45,629
			45,629

RECLASS CODE: K
 EXPLANATION : Drugs Charges to Pat

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS		56	614,895
2.00				0
3.00				0
4.00				0
5.00				0
6.00				0
7.00				0
TOTAL RECLASSIFICATIONS FOR CODE K				614,895

COST CENTER	DECREASE	LINE	AMOUNT
			0
EMPLOYEE BENEFITS		5	843
CORONARY CARE UNIT		27	18
OPERATING ROOM		37	152
NUCLEAR MEDICINE		41.04	253,886
CARDIAC TESTING		53.01	359,984
HEALTHY HEART CLINIC		60.01	12
			614,895

RECLASS CODE: L
 EXPLANATION : Dietary Food Service Allocation

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	DIETARY		11	19,154
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
TOTAL RECLASSIFICATIONS FOR CODE L				19,154

COST CENTER	DECREASE	LINE	AMOUNT
			0
EMPLOYEE BENEFITS		5	6,476
ADMINISTRATIVE & GENERAL		6	10,370
TRANSPORTATION		19	23
ADULTS & PEDIATRICS		25	579
CORONARY CARE UNIT		27	84
RESPIRATORY THERAPY		49	73
ELECTROCARDIOLOGY		53	293
CARDIAC TESTING		53.01	654
ELECTROENCEPHALOGRAPHY		54	224
HEALTHY HEART CLINIC		60.01	17
EMERGENCY		61	361
			19,154

RECLASS CODE: M
 EXPLANATION : PHARMACY PRECEPTOR RECLASS

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	PHARMACY SCHOOL		24.03	9,757
2.00				0
TOTAL RECLASSIFICATIONS FOR CODE M				9,757

COST CENTER	DECREASE	LINE	AMOUNT
			0
DRUGS CHARGED TO PATIENTS		56	9,757
			9,757

RECLASS CODE: N
 EXPLANATION : PHARMACY PRECEPTOR OTHER RECLASS

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	PHARMACY SCHOOL		24.03	660
2.00				0
TOTAL RECLASSIFICATIONS FOR CODE N				660

COST CENTER	DECREASE	LINE	AMOUNT
			0
DRUGS CHARGED TO PATIENTS		56	660
			660

RECLASS CODE: O
 EXPLANATION : Space Rental & Property Tax

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT		3	894,315
2.00				0
3.00				0
4.00				0
5.00				0
TOTAL RECLASSIFICATIONS FOR CODE O				894,315

COST CENTER	DECREASE	LINE	AMOUNT
			0
ADMINISTRATIVE & GENERAL		6	602,295
DIETARY		11	11,110
ELECTROCARDIOLOGY		53	157,310
HEALTHY HEART CLINIC		60.01	123,600
			894,315

RECLASS CODE: P
 EXPLANATION : Repairs and Maintenance Reclclass

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	OPERATION OF PLANT		8	186,494

COST CENTER	DECREASE	LINE	AMOUNT
			0

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150154	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: P
 EXPLANATION : Repairs and Maintenance Reclass

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
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
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
TOTAL RECLASSIFICATIONS FOR CODE P			186,494

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,089	
DIETARY	11	8,600	
MEDICAL RECORDS & LIBRARY	17	195	
TRANSPORTATION	19	107	
ADULTS & PEDIATRICS	25	8,055	
CORONARY CARE UNIT	27	5,981	
OPERATING ROOM	37	25,206	
ENDOSCOPY	37.01	2,465	
RADIOLOGY-DIAGNOSTIC	41	24,258	
NUCLEAR MEDICINE	41.04	8,843	
RESPIRATORY THERAPY	49	4,493	
ELECTROCARDIOLOGY	53	10,522	
CARDIAC TESTING	53.01	23,344	
MEDICAL SUPPLIES CHARGED TO PA	55	11,654	
DRUGS CHARGED TO PATIENTS	56	36,805	
CARDIAC CATHERIZATION LABORATO	59	11,220	
CLINIC	60	270	
HEALTHY HEART CLINIC	60.01	983	
EMERGENCY	61	2,404	
		186,494	

RECLASS CODE: Q
 EXPLANATION : Pension Expense Reclass

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	728,602
2.00	CHV-IHP PHYSICIANS	98.01	1,422,947
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE Q			2,151,549

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
		0	
ADMINISTRATIVE & GENERAL	6	2,151,549	
		2,151,549	

RECLASS CODE: R
 EXPLANATION : Capital Insurance Costs

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	116,679
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE R			116,679

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
ADMINISTRATIVE & GENERAL	6	116,679	
		116,679	

RECLASS CODE: S
 EXPLANATION : CT and Ultrasound Salary Reclass

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00			0
2.00	RADIOLOGY - ULTRASOUND	41.01	21,684
3.00	RADIOLOGY - CAT SCAN	41.02	477,059
TOTAL RECLASSIFICATIONS FOR CODE S			498,743

DECREASE			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	498,743	
		0	
		0	
		498,743	

RECLASS CODE: T
 EXPLANATION : CT and Ultrasound Other Reclass

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00			0
2.00	RADIOLOGY - ULTRASOUND	41.01	13,997
3.00	RADIOLOGY - CAT SCAN	41.02	307,927
TOTAL RECLASSIFICATIONS FOR CODE T			321,924

DECREASE			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	321,924	
		0	
		0	
		321,924	

RECLASS CODE: U
 EXPLANATION : IHP Finance Salary Reclass

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CHV-IHP PHYSICIANS	98.01	902,974
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE U			902,974

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
ADMINISTRATIVE & GENERAL	6	902,974	
		902,974	

RECLASS CODE: V
 EXPLANATION : IHP Medical Records Salary Reclass

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CHV-IHP PHYSICIANS	98.01	569,447

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	

RECLASSIFICATIONS

RECLASS CODE: V
EXPLANATION : IHP Medical Records Salary Reclss

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE V			569,447

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	569,447	569,447

RECLASS CODE: W
EXPLANATION : EMS SCHOOL ALLIED HEALTH SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM	24	3,128
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE W			3,128

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	3,128	3,128

RECLASS CODE: X
EXPLANATION : EMS ALLIED HEALTH RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM	24	239
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE X			239

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	239	239

RECLASS CODE: Y
EXPLANATION : RADIOLOGY SCHOOL SALARY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY SCHOOL	24.02	3,121
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE Y			3,121

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	3,121	3,121

RECLASS CODE: Z
EXPLANATION : RADIOLOGY SCHOOL OTHER RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY SCHOOL	24.02	239
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE Z			239

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	239	239

RECLASS CODE: AA
EXPLANATION : EP CODED TO WRONG MCR LINE NUMBER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CARDIAC CATHERIZATION LABORATO	59	23,254
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE AA			23,254

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY SCHOOL	24.02	23,254	23,254

RECLASS CODE: AB
EXPLANATION : RECLASS MEDICAL DIRECTOR EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	397,513
2.00	ADULTS & PEDIATRICS	25	81,177
3.00	CORONARY CARE UNIT	27	172,798
4.00	OPERATING ROOM	37	47,637
5.00	ELECTROCARDIOLOGY	53	83,829
6.00	CARDIAC TESTING	53.01	170,193
7.00	CARDIAC CATHERIZATION LABORATO	59	250,363
8.00	CLINIC	60	103,137
9.00			0
TOTAL RECLASSIFICATIONS FOR CODE AB			1,306,647

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CHV-IHP PHYSICIANS	98.01	1,306,647	1,306,647

RECLASS CODE: AC
EXPLANATION : RECLASS PRESIDENT EXPENSE TO A&G

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	849,600
TOTAL RECLASSIFICATIONS FOR CODE AC			849,600

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	849,600	849,600

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	44,818,163	241,867		241,867	67,429	44,992,601	
4	BUILDING IMPROVEMEN	559,423	15,470		15,470		574,893	
5	FIXED EQUIPMENT	3,912,418				44,266	3,868,152	
6	MOVABLE EQUIPMENT	24,008,853	3,611,068		3,611,068	5,008,237	22,611,684	
7	SUBTOTAL	73,298,857	3,868,405		3,868,405	5,119,932	72,047,330	
8	RECONCILING ITEMS							
9	TOTAL	73,298,857	3,868,405		3,868,405	5,119,932	72,047,330	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
	1	2	3	4	5	6	7
* 1 OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL	49,435,647		49,435,647	.686155			
4 NEW CAP REL COSTS-MV	22,611,684		22,611,684	.313845			
5 TOTAL	72,047,331		72,047,331	1.000000			

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	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	2,461,287			116,679		894,315	3,472,281
4 NEW CAP REL COSTS-MV	4,542,052		5,652			1,113,193	5,660,897
5 TOTAL	7,003,339		5,652	116,679		2,007,508	9,133,178

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

DESCRIPTION	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 workshset A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
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	B	-115,158	ADMINISTRATIVE & GENERAL		6	
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-8,592	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,048,488				
13 SALE OF SCRAP, WASTE, ETC.	B	134,532	ADMINISTRATIVE & GENERAL		6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	3,069,733				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-455,437	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 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			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	-60,339	HEALTHY HEART CLINIC		60.01	
39 Misc Revenue	B	-172	NURSING ADMINISTRATION		14	
40 Misc Revenue	B	-483	MEDICAL RECORDS & LIBRARY		17	
41 Misc Revenue	B	-3,094	CLINIC		60	
42 Misc Revenue	B	-655,431	ELECTROCARDIOLOGY		53	
43 Misc Revenue	B	-38,612	CAFETERIA		12	
44 Misc Revenue	B	-1,373	EMPLOYEE BENEFITS		5	
45 Misc Revenue	B	-50,961	EMPLOYEE BENEFITS		5	
46 Misc Revenue	B	-39,231	ADMINISTRATIVE & GENERAL		6	
47 IHH Leased Employee	B	-377,532	ADMINISTRATIVE & GENERAL		6	
48 Misc Rev Acct 35100	B	-3,919	HEALTHY HEART CLINIC		60.01	
49 Misc Rev Acct 35100	B	-10,652	ADMINISTRATIVE & GENERAL		6	
49.01 Misc Rev Acct 35100	B	-988	DIETARY		11	
49.02 Misc Rev Acct 35100	B	-29,143	OPERATION OF PLANT		8	
49.03 Misc Rev Acct 35100	B	-16,196	EMPLOYEE BENEFITS		5	
49.04 Non-Allowable Penalties	A	-1,224	ADMINISTRATIVE & GENERAL		6	
49.05 Bad Debt Expense	A	-4,470,349	ADMINISTRATIVE & GENERAL		6	
49.06 Bad Debt Expense	A	-437,228	ELECTROCARDIOLOGY		53	
49.07 Non Allow Marketing Expense	A	-209,168	PHYSICIANS' PRIVATE OFFIC		98	
49.08 Non-Allow Interest Expense	A	-3,087,958	NEW CAP REL COSTS-MVBLE E		4	11
49.09 PHARMACY RESIDENCY -ONSET	A	6,434	PHARMACY SCHOOL		24.03	
49.10 CHE MEDICAL DIRECTOR ALLOCATION	A	-217,701	CHV-IHP PHYSICIANS		98.01	
49.11 CHN MEDICAL DIRECOTR ALLOCATION	A	-274,921	CHV-IHP PHYSICIANS		98.01	
49.12 CHS MEDICAL DIRECTOR ALLOCATION	A	-52,760	CHV-IHP PHYSICIANS		98.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,456,411				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 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	2,339,315	2,378,099	-38,784	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	1,404,509		1,404,509	9
3	5	EMPLOYEE BENEFITS HOME OFFICE	1,843,518		1,843,518	
4	6	ADMINISTRATIVE & GENERAL HOME OFFICE	7,919,279	9,543,898	-1,624,619	
4.01	17	MEDICAL RECORDS & LIBRARY HOME OFFICE	515,670		515,670	
4.02	44	LABORATORY MID AMERICA CLINICAL LABS	958,933	1,389,627	-430,694	
4.08	53	1 CARDIAC TESTING Cardiac Testing	-348,562		386,026	
4.09	53	1 CARDIAC TESTING Cardiac Testing	-379,348	-796,465	417,117	
4.10	3	NEW CAP REL COSTS-BLDG & IHH POB	121,973		121,973	9
4.11	12	CAFETERIA IHH POB	4,383		4,383	
4.12	60	1 HEALTHY HEART CLINIC IHH POB	16,239		16,239	
4.13	6	ADMINISTRATIVE & GENERAL IHH POB	50,023		50,023	
4.14	11	DIETARY IHH POB			404,372	
4.16	98	1 CHV-IHP PHYSICIANS IHH POB	404,372		404,372	
5		TOTALS	14,850,304	11,780,571	3,069,733	

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

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

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

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

I PROVIDER NO:
I 15-0154
I

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

I PREPARED 5/27/2011
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	5	29,400	29,400					
2	6	1,331,881		1,331,881	208,000	2,186	218,600	10,930
3	14	900	900					
4	25	83,677	2,500	81,177	208,000	260	26,000	1,300
5	27	172,798		172,798	208,000	585	58,500	2,925
6	37	566,870	519,233	47,637	208,000	108	10,800	540
7	41	14,421	14,421					
8	53	83,826		83,826	165,600	172	13,694	685
9	53 1	170,193		170,193	165,600	348	27,706	1,385
10	59	250,363		250,363	208,000	446	44,600	2,230
11	60	23,788		23,788	165,600	52	4,140	207
12	60 1	79,348		79,348	165,600	393	31,289	1,564
13	61	684,000	684,000					
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,491,465	1,250,454	2,241,011		4,550	435,329	21,766

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0154
I

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

I PREPARED 5/27/2011
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS						29,400
2	6	ADMINISTRATIVE & GENERAL		4,843	4,843	223,443	1,108,438	1,108,438
3	14	NURSING ADMINISTRATION						900
4	25	ADULTS & PEDIATRICS		230	223	26,223	54,954	57,454
5	27	CORONARY CARE UNIT		580	580	59,080	113,718	113,718
6	37	OPERATING ROOM		115	10	10,810	36,827	556,060
7	41	RADIOLOGY-DIAGNOSTIC						14,421
8	53	ELECTROCARDIOLOGY				13,694	70,132	70,132
9	53	1 CARDIAC TESTING		725	725	27,706	142,487	142,487
10	59	CARDIAC CATHERIZATION LAB		115	115	45,325	205,038	205,038
11	60	CLINIC				4,255	19,533	19,533
12	60	1 HEALTHY HEART CLINIC		1,152	1,152	32,441	46,907	46,907
13	61	EMERGENCY						684,000
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL		7,760	7,648	442,977	1,798,034	3,048,488

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	SQUARE	FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	14	FTES		ENTERED
14	NURSING ADMINISTRATION	15	FTES		ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	PATIENT DAYS		ENTERED
19	TRANSPORTATION	18	PATIENT DAYS		ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	NO	STATISTICS	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED
24.01	RESPIRATORY SCHOOL	23	ASSIGNED	TIME	NOT ENTERED
24.02	RADIOLOGY SCHOOL	24	ASSIGNED	TIME	ENTERED
24.03	PHARMACY SCHOOL	25	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &				3,472,281			
003 OLD CAP REL COSTS-MVBLE E					5,660,897		
004 NEW CAP REL COSTS-BLDG &	3,472,281					8,794,615	
005 NEW CAP REL COSTS-MVBLE E	5,660,897					170,580	15,869,821
006 EMPLOYEE BENEFITS	8,794,615			552,677		901,035	4,454,670
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	14,245,529			730,301		1,190,618	170,238
009 LAUNDRY & LINEN SERVICE	2,533,751						1,124,861
010 HOUSEKEEPING	170,238			74,598		121,618	367,148
011 DIETARY	863,110			23,778		38,765	1,281,119
012 CAFETERIA	291,589			113,468		184,987	3,614,416
014 NURSING ADMINISTRATION	920,528			22,638		36,907	748,106
017 MEDICAL RECORDS & LIBRARY	3,281,717						950,252
018 SOCIAL SERVICE	714,312			8,070		13,156	279,946
019 TRANSPORTATION	875,182			7,146		11,650	
020 NONPHYSICIAN ANESTHETISTS	234,942						400
024 PARAMED ED PRGM	3,367						3,767
024 01 RESPIRATORY SCHOOL							400
024 02 RADIOLOGY SCHOOL	3,360						1,249
024 03 PHARMACY SCHOOL	16,851						
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,617,115			832,265		1,356,851	736,732
027 CORONARY CARE UNIT	2,820,745			309,787		505,050	332,290
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	2,343,095			239,871		391,065	142,286
037 01 ENDOSCOPY	10,523						10,523
038 RECOVERY ROOM	102						102
041 RADIOLOGY-DIAGNOSTIC	323,503			58,212		94,904	30,068
041 01 RADIOLOGY - ULTRASOUND	35,693			1,802		2,938	2,776
041 02 RADIOLOGY - CAT SCAN	785,101			24,024		39,167	61,074
041 03 RADIOLOGY - MRI	9,491						19,446
041 04 NUCLEAR MEDICINE	244,165						
041 05 RADIOLOGY-DIAGNOSTIC LABORATORY	2,058,558			15,231		24,831	2,098,620
048 INTRAVENOUS THERAPY				5,513		8,988	93,985
049 RESPIRATORY THERAPY	806,814						915,300
050 PHYSICAL THERAPY	63,051						63,051
051 OCCUPATIONAL THERAPY	42,370						42,370
052 SPEECH PATHOLOGY	3,259			7,269		11,850	3,259
053 ELECTROCARDIOLOGY	316,583						159,693
053 01 CARDIAC TESTING	460,991						127,487
054 ELECTROENCEPHALOGRAPHY	2,547						2,547
055 MEDICAL SUPPLIES CHARGED	11,175,067						11,175,067
055 30 IMPL. DEV. CHARGED TO PAT	11,962,335			18,495		30,153	11,962,335
056 DRUGS CHARGED TO PATIENTS	5,594,414						5,643,062
057 RENAL DIALYSIS	140,394						140,394
059 CARDIAC CATHERIZATION LAB	1,850,915			242,797		395,835	237,948
059 01 ENDOSCOPY							
060 OUTPAT SERVICE COST CNTRS CLINIC	223,570			27,027		44,063	27,983
060 01 HEALTHY HEART CLINIC	608,447			145,608		237,385	72,266
061 EMERGENCY	1,829,718						200,094
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	92,410,835			3,460,577		5,641,816	2,944,444
098 NONREIMBURS COST CENTERS							9,479
098 PHYSICIANS' PRIVATE OFFIC	9,479						3,860,917
098 01 CHV-IHP PHYSICIANS	31,595,519						161,403
098 02 IHP-IHH CARDIOVASCULAR CL	2,279,737						236,590
098 03 IHP- NORTH CARDIOVASCULAR							92,437
098 04 IHP-EAST CARDIOVASCULAR C	2,924,553						32,060
098 05 IHP-SOUTH CARDIOVASCULAR	1,855,819						7,754
098 06 IHP-ANDERSON CARDIOVASCUL	351,346						37,199
098 07 IHP-MARTINSVILLE CARDIOVA	103,224						
098 08 IHP-FRANKLIN CARDIOVASCUL	478,913						143
098 09 IHP-MOBILE CARDIOVASCULAR	143						26,210
098 10 IHP-RIVERVIEW CARDIOVASCUL	26,210						16,019
098 11 IHP-HANCOCK CARDIOVASCULA	16,019						19,619
098 12 IHP-SAXONY CARDIOVASCULAR	19,619						1,220,654
098 13 PULMONARY PHYSICIANS	4,769,644						167,598
098 14 INFECTIOUS DISEASE PHYSIC	880,726			11,704		19,081	33,559
100 OTHER NONREIMBURSABLE COS	300,233						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	138,022,019			3,472,281		5,660,897	8,794,615

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0154 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

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							
006 ADMINISTRATIVE & GENERAL	15,869,821						
008 OPERATION OF PLANT	578,742	5,033,412					
009 LAUNDRY & LINEN SERVICE	22,117		192,355				
010 HOUSEKEEPING	146,140	171,507		1,442,508			
011 DIETARY	47,699	54,667		16,220	485,734		
012 CAFETERIA	166,440	260,873		77,400		1,785,832	
014 NURSING ADMINISTRATION	469,578	52,047		15,442		81,511	4,232,994
017 MEDICAL RECORDS & LIBRARY	97,192					11,115	
018 SOCIAL SERVICE	123,455	18,553		5,505		22,230	
019 TRANSPORTATION	36,370	16,428		4,874		25,935	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM	489						
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY SCHOOL	488						
024 03 PHARMACY SCHOOL	2,352						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,239,803	1,913,454	134,106	567,714	359,462	392,736	2,361,565
027 CORONARY CARE UNIT	515,498	712,231	14,653	211,316	126,272	133,382	802,041
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	404,866	551,487	5,350	163,624		48,166	
037 01 ENDOSCOPY	1,367						
038 RECOVERY ROOM	13						
041 RADIOLOGY-DIAGNOSTIC	65,828	133,835		39,708		11,115	
041 01 RADIOLOGY - ULTRASOUND	5,614	4,143		1,229			
041 02 RADIOLOGY - CAT SCAN	118,143	55,234		16,388		25,935	
041 03 RADIOLOGY - MRI	1,233						
041 04 NUCLEAR MEDICINE	34,248					7,410	
041 05 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY	272,649	35,017		10,389			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	118,914	12,675		3,761		44,461	
050 PHYSICAL THERAPY	8,191						
051 OCCUPATIONAL THERAPY	5,505						
052 SPEECH PATHOLOGY	423						
053 ELECTROCARDIOLOGY	64,361	16,712		4,958		92,626	
053 01 CARDIAC TESTING	76,454					51,871	
054 ELECTROENCEPHALOGRAPHY	331						
055 MEDICAL SUPPLIES CHARGED	1,451,842						
055 30 IMPL. DEV. CHARGED TO PAT	1,554,123						
056 DRUGS CHARGED TO PATIENTS	733,135	42,523		12,616			
057 RENAL DIALYSIS	18,240						
059 CARDIAC CATHETERIZATION LAB	354,351	558,214	13,438	165,620		96,331	579,252
059 01 ENDOSCOPY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	32,681					7,410	
060 01 HEALTHY HEART CLINIC	97,673	62,138		18,436		44,461	
061 EMERGENCY	313,467	334,765	24,808	99,324		81,511	490,136
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,180,015	5,006,503	192,355	1,434,524	485,734	1,178,206	4,232,994
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	1,231						
098 01 CHV-IHP PHYSICIANS	4,606,480					266,763	
098 02 IHP-IHH CARDIOVASCULAR CL	317,148					111,151	
098 03 IHP- NORTH CARDIOVASCULAR							
098 04 IHP-EAST CARDIOVASCULAR C	410,689						
098 05 IHP-SOUTH CARDIOVASCULAR	253,114						
098 06 IHP-ANDERSON CARDIOVASCUL	49,811						
098 07 IHP-MARTINSVILLE CARDIOVA	14,418						
098 08 IHP-FRANKLIN CARDIOVASCUL	67,052						
098 09 IHP-MOBILE CARDIOVASCULAR	19						
098 10 IHP-RIVERVIEW CARDIOVASCUL	3,405						
098 11 IHP-HANCOCK CARDIOVASCULA	2,081						
098 12 IHP-SAXONY CARDIOVASCULAR	2,549						
098 13 PULMONARY PHYSICIANS	778,248					181,547	
098 14 INFECTIOUS DISEASE PHYSIC	136,196					33,345	
100 OTHER NONREIMBURSABLE COS	47,365	26,909		7,984		14,820	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,869,821	5,033,412	192,355	1,442,508	485,734	1,785,832	4,232,994

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 15-0154 I FROM 1/ 1/2010 I WORKSHEET B
 I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	TRANSPORTATIO N	NONPHYSICIAN ANESTHETISTS	PARAMED ED PR GM	RESPIRATORY S CHOO L	RADIOLOGY SCH OOL
	17	18	19	20	24	24.01	24.02
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							
017 NURSING ADMINISTRATION	856,413						
018 MEDICAL RECORDS & LIBRARY		1,119,995					
019 SOCIAL SERVICE			363,553				
020 TRANSPORTATION							
024 NONPHYSICIAN ANESTHETISTS					4,256		
024 01 PARAMED ED PRGM							
024 02 RESPIRATORY SCHOOL							4,248
024 03 RADIOLOGY SCHOOL							
024 03 PHARMACY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	61,603	828,846	269,045				
027 CORONARY CARE UNIT	23,217	291,149	94,508				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	53,355						
038 01 ENDOSCOPY	181						
041 RECOVERY ROOM	124						4,248
041 RADIOLOGY-DIAGNOSTIC	6,634						
041 01 RADIOLOGY - ULTRASOUND	2,463						
041 02 RADIOLOGY - CAT SCAN	13,270						
041 03 RADIOLOGY - MRI	446						
041 04 NUCLEAR MEDICINE	66						
041 05 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY	47,000						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	16,043						
050 PHYSICAL THERAPY	1,149						
051 OCCUPATIONAL THERAPY	771						
052 SPEECH PATHOLOGY	55						
053 ELECTROCARDIOLOGY	70,684						
053 01 CARDIAC TESTING	53,424						
054 ELECTROENCEPHALOGRAPHY	118						
055 MEDICAL SUPPLIES CHARGED	84,094						
055 30 IMPL. DEV. CHARGED TO PAT	100,098						
056 DRUGS CHARGED TO PATIENTS	54,282						
057 RENAL DIALYSIS	1,146						
059 CARDIAC CATHETERIZATION LAB	228,527						
059 01 ENDOSCOPY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	657						
060 01 HEALTHY HEART CLINIC	6,168					4,256	
061 EMERGENCY	30,838						
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	856,413	1,119,995	363,553		4,256		4,248
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CHV-IHP PHYSICIANS							
098 02 IHP-IHH CARDIOVASCULAR CL							
098 03 IHP- NORTH CARDIOVASCULAR							
098 04 IHP-EAST CARDIOVASCULAR C							
098 05 IHP-SOUTH CARDIOVASCULAR							
098 06 IHP-ANDERSON CARDIOVASCUL							
098 07 IHP-MARTINSVILLE CARDIOVA							
098 08 IHP-FRANKLIN CARDIOVASCUL							
098 09 IHP-MOBILE CARDIOVASCULAR							
098 10 IHP-RIVERVIEW CARDIOVASCUL							
098 11 IHP-HANCOCK CARDIOVASCULA							
098 12 IHP-SAXONY CARDIOVASCULAR							
098 13 PULMONARY PHYSICIANS							
098 14 INFECTIOUS DISEASE PHYSIC							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	856,413	1,119,995	363,553		4,256		4,248

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY SCHO OL	SUBTOTAL	I&R COST POST STEP-- DOWN ADJ	TOTAL
	24.03	25	26	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				
017 NURSING ADMINISTRATION				
018 MEDICAL RECORDS & LIBRARY				
019 SOCIAL SERVICE				
020 TRANSPORTATION				
024 NONPHYSICIAN ANESTHETISTS				
024 PARAMED ED PRGM				
024 01 RESPIRATORY SCHOOL				
024 02 RADIOLOGY SCHOOL				
024 03 PHARMACY SCHOOL	20,452			
025 INPAT ROUTINE SRVC CNTRS		17,671,297		17,671,297
027 ADULTS & PEDIATRICS		6,892,139		6,892,139
037 CORONARY CARE UNIT				
037 01 ANCILLARY SRVC COST CNTRS				
037 01 OPERATING ROOM		4,343,165		4,343,165
038 01 ENDOSCOPY		12,071		12,071
041 RECOVERY ROOM		239		239
041 RADIOLOGY-DIAGNOSTIC		768,055		768,055
041 01 RADIOLOGY - ULTRASOUND		56,658		56,658
041 02 RADIOLOGY - CAT SCAN		1,138,336		1,138,336
041 03 RADIOLOGY - MRI		11,170		11,170
041 04 NUCLEAR MEDICINE		305,335		305,335
041 05 RADIOLOGY-DIAGNOSTIC				
044 LABORATORY		2,463,675		2,463,675
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY		1,111,154		1,111,154
050 PHYSICAL THERAPY		72,391		72,391
051 OCCUPATIONAL THERAPY		48,646		48,646
052 SPEECH PATHOLOGY		3,737		3,737
053 ELECTROCARDIOLOGY		744,736		744,736
053 01 CARDIAC TESTING		770,227		770,227
054 ELECTROENCEPHALOGRAPHY		2,996		2,996
055 MEDICAL SUPPLIES CHARGED		12,711,003		12,711,003
055 30 IMPL. DEV. CHARGED TO PAT		13,616,556		13,616,556
056 DRUGS CHARGED TO PATIENTS	20,452	6,506,070		6,506,070
057 RENAL DIALYSIS		159,780		159,780
059 CARDIAC CATHERIZATION LAB		4,723,228		4,723,228
059 01 ENDOSCOPY				
060 OUTPAT SERVICE COST CNTRS		292,301		292,301
060 CLINIC		980,679		980,679
060 01 HEALTHY HEART CLINIC		3,791,910		3,791,910
061 EMERGENCY				
062 OBSERVATION BEDS (NON-DIS				
062 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	20,452	79,197,554		79,197,554
098 NONREIMBURS COST CENTERS		10,710		10,710
098 PHYSICIANS' PRIVATE OFFIC		40,329,679		40,329,679
098 01 CHV-IHP PHYSICIANS		2,869,439		2,869,439
098 02 IHP-IHH CARDIOVASCULAR CL				
098 03 IHP- NORTH CARDIOVASCULAR		3,571,832		3,571,832
098 04 IHP-EAST CARDIOVASCULAR C		2,201,370		2,201,370
098 05 IHP-SOUTH CARDIOVASCULAR		433,217		433,217
098 06 IHP-ANDERSON CARDIOVASCUL		125,396		125,396
098 07 IHP-MARTINSVILLE CARDIOVA		583,164		583,164
098 08 IHP-FRANKLIN CARDIOVASCUL		162		162
098 09 IHP-MOBILE CARDIOVASCULAR		29,615		29,615
098 10 IHP-RIVERVIEW CARDIOVASCUL		18,100		18,100
098 11 IHP-HANCOCK CARDIOVASCULA		22,168		22,168
098 12 IHP-SAXONY CARDIOVASCULAR		6,950,093		6,950,093
098 13 PULMONARY PHYSICIANS		1,217,865		1,217,865
098 14 INFECTIOUS DISEASE PHYSIC		461,655		461,655
100 OTHER NONREIMBURSABLE COS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	20,452	138,022,019		138,022,019

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
	0	1	2	3	4		
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				552,677	901,035	1,453,712	
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT				730,301	1,190,618	1,920,919	
009 LAUNDRY & LINEN SERVICE				74,598	121,618	196,216	
010 HOUSEKEEPING				23,778	38,765	62,543	
011 DIETARY				113,468	184,987	298,455	
012 CAFETERIA				22,638	36,907	59,545	
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY				8,070	13,156	21,226	
018 SOCIAL SERVICE				7,146	11,650	18,796	
019 TRANSPORTATION							
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM							
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY SCHOOL							
024 03 PHARMACY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				832,265	1,356,851	2,189,116	
027 CORONARY CARE UNIT				309,787	505,050	814,837	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM				239,871	391,065	630,936	
037 01 ENDOSCOPY							
038 RECOVERY ROOM				58,212	94,904	153,116	
041 RADIOLOGY-DIAGNOSTIC				1,802	2,938	4,740	
041 01 RADIOLOGY - ULTRASOUND				24,024	39,167	63,191	
041 02 RADIOLOGY - CAT SCAN							
041 03 RADIOLOGY - MRI							
041 04 NUCLEAR MEDICINE							
041 05 RADIOLOGY-DIAGNOSTIC LABORATORY				15,231	24,831	40,062	
044 INTRAVENOUS THERAPY				5,513	8,988	14,501	
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				7,269	11,850	19,119	
053 ELECTROCARDIOLOGY							
053 01 CARDIAC TESTING							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT				18,495	30,153	48,648	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				242,797	395,835	638,632	
059 CARDIAC CATHERIZATION LAB							
059 01 ENDOSCOPY							
060 OUTPAT SERVICE COST CNTRS CLINIC				27,027	44,063	71,090	
060 01 HEALTHY HEART CLINIC				145,608	237,385	382,993	
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)				3,460,577	5,641,816	9,102,393	
095 SUBTOTALS							
098 NONREIMBURS COST CENTERS PHYSICIANS' PRIVATE OFFIC							
098 01 CHV-IHP PHYSICIANS							
098 02 IHP-IHH CARDIOVASCULAR CL							
098 03 IHP- NORTH CARDIOVASCULAR							
098 04 IHP-EAST CARDIOVASCULAR C							
098 05 IHP-SOUTH CARDIOVASCULAR							
098 06 IHP-ANDERSON CARDIOVASCUL							
098 07 IHP-MARTINSVILLE CARDIOVA							
098 08 IHP-FRANKLIN CARDIOVASCUL							
098 09 IHP-MOBILE CARDIOVASCULAR							
098 10 IHP-RIVERVIEW CARDIOVASCU							
098 11 IHP-HANCOCK CARDIOVASCULA							
098 12 IHP-SAXONY CARDIOVASCULAR							
098 13 PULMONARY PHYSICIANS							
098 14 INFECTIOUS DISEASE PHYSIC				11,704	19,081	30,785	
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER				3,472,281	5,660,897	9,133,178	
103 TOTAL							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	1,453,712						
008 ADMINISTRATIVE & GENERAL	53,015	1,973,934					
009 OPERATION OF PLANT	2,026		2,026				
010 LAUNDRY & LINEN SERVICE	13,387	67,259		276,862			
011 HOUSEKEEPING	4,369	21,439		3,113	91,464	430,862	
012 DIETARY	15,247	102,305		14,855		19,666	145,601
014 CAFETERIA	43,015	20,411		2,964		2,682	
017 NURSING ADMINISTRATION	8,903					5,363	
018 MEDICAL RECORDS & LIBRARY	11,309	7,276		1,056		6,257	
019 SOCIAL SERVICE	3,332	6,443		936			
020 TRANSPORTATION							
024 NONPHYSICIAN ANESTHETISTS	45						
024 01 PARAMED ED PRGM							
024 02 RESPIRATORY SCHOOL	45						
024 03 RADIOLOGY SCHOOL	215						
024 03 PHARMACY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS	113,571	750,391	1,413	108,963	67,687	94,752	81,230
027 ADULTS & PEDIATRICS	47,222	279,313	154	40,558	23,777	32,181	27,588
037 CORONARY CARE UNIT							
037 01 ANCILLARY SRVC COST CNTRS	37,087	216,274	56	31,405		11,621	
037 02 OPERATING ROOM	125						
038 01 ENDOSCOPY	1						
038 RECOVERY ROOM	6,030	52,486		7,621		2,682	
041 RADIOLOGY-DIAGNOSTIC	514	1,625		236			
041 01 RADIOLOGY - ULTRASOUND	10,822	21,661		3,145		6,257	
041 02 RADIOLOGY - CAT SCAN	113						
041 03 RADIOLOGY - MRI	3,137					1,788	
041 04 NUCLEAR MEDICINE							
041 05 RADIOLOGY-DIAGNOSTIC	24,976	13,732		1,994			
044 LABORATORY							
048 INTRAVENOUS THERAPY	10,893	4,971		722		10,727	
049 RESPIRATORY THERAPY	750						
050 PHYSICAL THERAPY	504						
051 OCCUPATIONAL THERAPY	39						
052 SPEECH PATHOLOGY	5,896	6,554		952		22,348	
053 ELECTROCARDIOLOGY	7,003					12,515	
053 01 CARDIAC TESTING	30						
054 ELECTROENCEPHALOGRAPHY	132,994						
055 MEDICAL SUPPLIES CHARGED	142,364						
055 30 IMPL. DEV. CHARGED TO PAT	67,158	16,676		2,421			
056 DRUGS CHARGED TO PATIENTS	1,671						
057 RENAL DIALYSIS	32,460	218,913	142	31,788		23,242	19,924
059 CARDIAC CATHORIZATION LAB							
059 01 ENDOSCOPY							
060 OUTPAT SERVICE COST CNTRS	2,994						
060 CLINIC	8,947	24,368		3,538		10,727	
060 01 HEALTHY HEART CLINIC	28,715	131,284	261	19,063		19,666	16,859
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	840,924	1,963,381	2,026	275,330	91,464	284,262	145,601
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	113					64,361	
098 01 CHV-IHP PHYSICIANS	421,946					26,817	
098 02 IHP-IHH CARDIOVASCULAR CL	29,052						
098 03 IHP- NORTH CARDIOVASCULAR							
098 04 IHP-EAST CARDIOVASCULAR C	37,621						
098 05 IHP-SOUTH CARDIOVASCULAR	23,186						
098 06 IHP-ANDERSON CARDIOVASCUL	4,563						
098 07 IHP-MARTINSVILLE CARDIOVA	1,321						
098 08 IHP-FRANKLIN CARDIOVASCUL	6,142						
098 09 IHP-MOBILE CARDIOVASCULAR	2						
098 10 IHP-RIVERVIEW CARDIOVASCUL	312						
098 11 IHP-HANCOCK CARDIOVASCULA	191						
098 12 IHP-SAXONY CARDIOVASCULAR	233					43,801	
098 13 PULMONARY PHYSICIANS	71,291					8,045	
098 14 INFECTIOUS DISEASE PHYSIC	12,476					3,576	
100 OTHER NONREIMBURSABLE COS	4,339						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,453,712	1,973,934	2,026	276,862	91,464	430,862	145,601

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	PARAMED ED PR GM	RESPIRATORY SCHOOL	RADIOLOGY SCHOOL
	17	18	19	20	24	24.01	24.02
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							
017 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY	11,585						
018 SOCIAL SERVICE		46,230					
019 TRANSPORTATION			35,764				
020 NONPHYSICIAN ANESTHETISTS						45	
024 PARAMED ED PRGM							
024 01 RESPIRATORY SCHOOL							45
024 02 RADIOLOGY SCHOOL							
024 03 PHARMACY SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	827	34,212	26,467				
027 CORONARY CARE UNIT	312	12,018	9,297				
027 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	717						
037 01 ENDOSCOPY	2						
038 RECOVERY ROOM	2						
041 RADIOLOGY-DIAGNOSTIC	89						
041 01 RADIOLOGY - ULTRASOUND	33						
041 02 RADIOLOGY - CAT SCAN	178						
041 03 RADIOLOGY - MRI	6						
041 04 NUCLEAR MEDICINE	1						
041 05 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY	631						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	215						
050 PHYSICAL THERAPY	15						
051 OCCUPATIONAL THERAPY	10						
052 SPEECH PATHOLOGY	1						
053 ELECTROCARDIOLOGY	949						
053 01 CARDIAC TESTING	718						
054 ELECTROENCEPHALOGRAPHY	2						
055 MEDICAL SUPPLIES CHARGED	1,129						
055 30 IMPL. DEV. CHARGED TO PAT	1,344						
056 DRUGS CHARGED TO PATIENTS	729						
057 RENAL DIALYSIS	15						
059 CARDIAC CATHERIZATION LAB	3,154						
059 01 ENDOSCOPY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	9						
060 01 HEALTHY HEART CLINIC	83						
061 EMERGENCY	414						
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,585	46,230	35,764				
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CHV-IHP PHYSICIANS							
098 02 IHP-IHH CARDIOVASCULAR CL							
098 03 IHP- NORTH CARDIOVASCULAR							
098 04 IHP-EAST CARDIOVASCULAR C							
098 05 IHP-SOUTH CARDIOVASCULAR							
098 06 IHP-ANDERSON CARDIOVASCUL							
098 07 IHP-MARTINSVILLE CARDIOVA							
098 08 IHP-FRANKLIN CARDIOVASCUL							
098 09 IHP-MOBILE CARDIOVASCULAR							
098 10 IHP-RIVERVIEW CARDIOVASCU							
098 11 IHP-HANCOCK CARDIOVASCULA							
098 12 IHP-SAXONY CARDIOVASCULAR							
098 13 PULMONARY PHYSICIANS							
098 14 INFECTIOUS DISEASE PHYSIC							
100 OTHER NONREIMBURSABLE COS						45	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER						45	
103 TOTAL	11,585	46,230	35,764				45

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY SCHO OL	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.03	25	26	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				
017 NURSING ADMINISTRATION				
018 MEDICAL RECORDS & LIBRARY				
019 SOCIAL SERVICE				
020 TRANSPORTATION				
024 NONPHYSICIAN ANESTHETISTS				
024 PARAMED ED PRGM				
024 01 RESPIRATORY SCHOOL				
024 02 RADIOLOGY SCHOOL	215			
024 03 PHARMACY SCHOOL				
025 INPAT ROUTINE SRVC CNTRS		3,468,629		3,468,629
027 ADULTS & PEDIATRICS		1,287,257		1,287,257
037 CORONARY CARE UNIT				
037 ANCLLARY SRVC COST CNTRS		928,096		928,096
037 01 OPERATING ROOM		127		127
037 01 ENDOSCOPY		3		3
038 RECOVERY ROOM		222,024		222,024
041 RADIOLOGY-DIAGNOSTIC		7,148		7,148
041 01 RADIOLOGY - ULTRASOUND		105,254		105,254
041 02 RADIOLOGY - CAT SCAN		119		119
041 03 RADIOLOGY - MRI		4,926		4,926
041 04 NUCLEAR MEDICINE				
041 05 RADIOLOGY-DIAGNOSTIC		81,395		81,395
044 LABORATORY				
048 INTRAVENOUS THERAPY		42,029		42,029
049 RESPIRATORY THERAPY		765		765
050 PHYSICAL THERAPY		514		514
051 OCCUPATIONAL THERAPY		40		40
052 SPEECH PATHOLOGY		55,818		55,818
053 ELECTROCARDIOLOGY		20,236		20,236
053 01 CARDIAC TESTING		32		32
054 ELECTROENCEPHALOGRAPHY		134,123		134,123
055 MEDICAL SUPPLIES CHARGED		143,708		143,708
055 30 IMPL. DEV. CHARGED TO PAT		135,632		135,632
056 DRUGS CHARGED TO PATIENTS		1,686		1,686
057 RENAL DIALYSIS		968,255		968,255
059 CARDIAC CATHERIZATION LAB				
059 01 ENDOSCOPY				
060 OUTPAT SERVICE COST CNTRS		4,791		4,791
060 CLINIC		118,753		118,753
060 01 HEALTHY HEART CLINIC		599,255		599,255
061 EMERGENCY				
062 OBSERVATION BEDS (NON-DIS				
062 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		8,330,615		8,330,615
098 NONREIMBURS COST CENTERS				
098 PHYSICIANS' PRIVATE OFFIC		113		113
098 01 CHV-IHP PHYSICIANS		486,307		486,307
098 02 IHP-IHH CARDIOVASCULAR CL		55,869		55,869
098 03 IHP- NORTH CARDIOVASCULAR				
098 04 IHP-EAST CARDIOVASCULAR C		37,621		37,621
098 05 IHP-SOUTH CARDIOVASCULAR		23,186		23,186
098 06 IHP-ANDERSON CARDIOVASCUL		4,563		4,563
098 07 IHP-MARTINSVILLE CARDIOVA		1,321		1,321
098 08 IHP-FRANKLIN CARDIOVASCUL		6,142		6,142
098 09 IHP-MOBILE CARDIOVASCULAR		2		2
098 10 IHP-RIVERVIEW CARDIOVASCUL		312		312
098 11 IHP-HANCOCK CARDIOVASCULA		191		191
098 12 IHP-SAXONY CARDIOVASCULAR		233		233
098 13 PULMONARY PHYSICIANS		115,092		115,092
098 14 INFECTIOUS DISEASE PHYSIC		20,521		20,521
100 OTHER NONREIMBURSABLE COS		50,785		50,785
101 CROSS FOOT ADJUSTMENTS	215	305		305
102 NEGATIVE COST CENTER				
103 TOTAL	215	9,133,178		9,133,178

COST ALLOCATION - STATISTICAL BASIS

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	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB			225,472			
004 NEW CAP REL COSTS-BLD				225,472		
005 NEW CAP REL COSTS-MVB					68,696,561	
006 EMPLOYEE BENEFITS			35,888	35,888	1,332,437	-15,869,821
008 ADMINISTRATIVE & GENE			47,422	47,422		
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVI			4,844	4,844	511,911	
011 HOUSEKEEPING			1,544	1,544	101,674	
012 DIETARY			7,368	7,368	485,357	
014 CAFETERIA			1,470	1,470	2,133,668	
017 NURSING ADMINISTRATIO					263,976	
018 MEDICAL RECORDS & LIB			524	524	420,590	
019 SOCIAL SERVICE			464	464	204,718	
020 TRANSPORTATION						
024 NONPHYSICIAN ANESTHET					3,128	
024 PARAMED ED PRGM						
024 01 RESPIRATORY SCHOOL					3,121	
024 02 RADIOLOGY SCHOOL					9,757	
024 03 PHARMACY SCHOOL						
025 INPAT ROUTINE SRVC CN			54,043	54,043	5,754,776	
027 ADULTS & PEDIATRICS			20,116	20,116	2,595,591	
037 CORONARY CARE UNIT						
037 01 ANCILLARY SRVC COST C			15,576	15,576	1,111,428	
037 02 OPERATING ROOM						
037 03 ENDOSCOPY						
038 RECOVERY ROOM			3,780	3,780	234,868	
041 RADIOLOGY-DIAGNOSTIC			117	117	21,684	
041 01 RADIOLOGY - ULTRASOUN			1,560	1,560	477,059	
041 02 RADIOLOGY - CAT SCAN						
041 03 RADIOLOGY - MRI					151,899	
041 04 NUCLEAR MEDICINE						
041 05 RADIOLOGY-DIAGNOSTIC			989	989		
044 LABORATORY						
048 INTRAVENOUS THERAPY			358	358	734,135	
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY			472	472	1,247,400	
053 ELECTROCARDIOLOGY					995,828	
053 01 CARDIAC TESTING						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO			1,201	1,201		
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS			15,766	15,766	1,858,667	
059 CARDIAC CATHERIZATION						
059 01 ENDOSCOPY						
060 OUTPAT SERVICE COST C					218,578	
060 CLINIC			1,755	1,755	564,482	
060 01 HEALTHY HEART CLINIC			9,455	9,455	1,562,977	
061 EMERGENCY						
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN			224,712	224,712	22,999,709	-15,869,821
095 SUBTOTALS						
098 NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O					30,158,348	
098 01 CHV-IHP PHYSICIANS					1,260,751	
098 02 IHP-IHH CARDIOVASCULA						
098 03 IHP- NORTH CARDIOVASC					1,848,056	
098 04 IHP-EAST CARDIOVASCUL					722,046	
098 05 IHP-SOUTH CARDIOVASC					250,428	
098 06 IHP-ANDERSON CARDIOVA					60,572	
098 07 IHP-MARTINSVILLE CARD					290,569	
098 08 IHP-FRANKLIN CARDIOVA						
098 09 IHP-MOBILE CARDIOVASC						
098 10 IHP-RIVERVIEW CARDIOV						
098 11 IHP-HANCOCK CARDIOVAS						
098 12 IHP-SAXONY CARDIOVASC					9,534,797	
098 13 PULMONARY PHYSICIANS					1,309,148	
098 14 INFECTIOUS DISEASE PH			760	760	262,137	
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,472,281	5,660,897	8,794,615	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			15.400054	25.106874	.128021	
105 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(FTES)
	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	122,152,198						
009 OPERATION OF PLANT	4,454,670	142,162					
010 LAUNDRY & LINEN SERVICE	170,238		10,607				
011 HOUSEKEEPING	1,124,861	4,844		137,318			
012 DIETARY	367,148	1,544		1,544	32,655		
014 CAFETERIA	1,281,119	7,368		7,368		482	
017 NURSING ADMINISTRATION	3,614,416	1,470		1,470		22	190
018 MEDICAL RECORDS & LIB	748,106					3	
019 SOCIAL SERVICE	950,252	524		524		6	
020 TRANSPORTATION	279,946	464		464		7	
024 NONPHYSICIAN ANESTHET							
024 01 PARAMED ED PRGM	3,767						
024 02 RESPIRATORY SCHOOL							
024 03 RADIOLOGY SCHOOL	3,760						
024 03 PHARMACY SCHOOL	18,100						
025 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS	9,542,963	54,043	7,395	54,043	24,166	106	106
027 CORONARY CARE UNIT	3,967,872	20,116	808	20,116	8,489	36	36
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	3,116,317	15,576	295	15,576		13	
037 01 ENDOSCOPY	10,523						
038 RECOVERY ROOM	102						
041 RADIOLOGY-DIAGNOSTIC	506,687	3,780		3,780		3	
041 01 RADIOLOGY - ULTRASOUN	43,209	117		117			
041 02 RADIOLOGY - CAT SCAN	909,366	1,560		1,560		7	
041 03 RADIOLOGY - MRI	9,491						
041 04 NUCLEAR MEDICINE	263,611					2	
041 05 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY	2,098,620	989		989			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	915,300	358		358		12	
050 PHYSICAL THERAPY	63,051						
051 OCCUPATIONAL THERAPY	42,370						
052 SPEECH PATHOLOGY	3,259						
053 ELECTROCARDIOLOGY	495,395	472		472		25	
053 01 CARDIAC TESTING	588,478					14	
054 ELECTROENCEPHALOGRAPH	2,547						
055 MEDICAL SUPPLIES CHAR	11,175,067						
055 30 IMPL. DEV. CHARGED TO	11,962,335						
056 DRUGS CHARGED TO PATI	5,643,062	1,201		1,201			
057 RENAL DIALYSIS	140,394						
059 CARDIAC CATHETERIZATION	2,727,495	15,766	741	15,766		26	26
059 01 ENDOSCOPY							
060 OUTPAT SERVICE COST C							
060 01 CLINIC	251,553					2	
060 01 HEALTHY HEART CLINIC	751,803	1,755		1,755		12	
061 EMERGENCY	2,412,805	9,455	1,368	9,455		22	22
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	70,660,058	141,402	10,607	136,558	32,655	318	190
098 NONREIMBURS COST CENT							
098 PHYSICIANS' PRIVATE O	9,479						
098 01 CHV-IHP PHYSICIANS	35,456,436					72	
098 02 IHP-IHH CARDIOVASCULA	2,441,140					30	
098 03 IHP- NORTH CARDIOVASC							
098 04 IHP-EAST CARDIOVASCUL	3,161,143						
098 05 IHP-SOUTH CARDIOVASC	1,948,256						
098 06 IHP-ANDERSON CARDIOVA	383,406						
098 07 IHP-MARTINSVILLE CARD	110,978						
098 08 IHP-FRANKLIN CARDIOVA	516,112						
098 09 IHP-MOBILE CARDIOVASC	143						
098 10 IHP-RIVERVIEW CARDIOV	26,210						
098 11 IHP-HANCOCK CARDIOVAS	16,019						
098 12 IHP-SAXONY CARDIOVASC	19,619						
098 13 PULMONARY PHYSICIANS	5,990,298					49	
098 14 INFECTIOUS DISEASE PH	1,048,324					9	
100 OTHER NONREIMBURSABLE	364,577	760		760		4	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	15,869,821	5,033,412	192,355	1,442,508	485,734	1,785,832	4,232,994
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		35.406170		10.504872		3,705.045643	
(WRKSHT B, PT I)	.129918		18.134722		14.874721		22,278.915789
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							

COST ALLOCATION - STATISTICAL BASIS

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)	(FTES)	(FTES)
	6	8	9	10	11	12	14
107 NONREIMBURS COST CENT (WRKSHT B, PT II) COST TO BE ALLOCATED (WRKSHT B, PART III)	1,453,712	1,973,934	2,026	276,862	91,464	430,862	145,601
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.011901	13.885103	.191006	2.016211	2.800919	893.904564	766.321053

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	RESPIRATORY SCHOOL	RADIOLOGY SCHOOL
(GROSS CHARGES)	(PATIENT DAYS)	(PATIENT DAYS)	(NO STATISTICS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
17	18	19	20	24	24.01	24.02	
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATIO							
017 MEDICAL RECORDS & LIB	328,681,375						
018 SOCIAL SERVICE		12,706					
019 TRANSPORTATION			12,706				
020 NONPHYSICIAN ANESTHET							
024 PARAMED ED PRGM					100		
024 01 RESPIRATORY SCHOOL							100
024 02 RADIOLOGY SCHOOL							
024 03 PHARMACY SCHOOL							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	23,638,761	9,403	9,403				
027 CORONARY CARE UNIT	8,909,017	3,303	3,303				
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	20,473,940						
037 01 ENDOSCOPY	69,498						
038 RECOVERY ROOM	47,722						
041 RADIOLOGY-DIAGNOSTIC	2,545,628						100
041 01 RADIOLOGY - ULTRASOUN	945,074						
041 02 RADIOLOGY - CAT SCAN	5,092,160						
041 03 RADIOLOGY - MRI	171,318						
041 04 NUCLEAR MEDICINE	25,273						
041 05 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY	18,035,320						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	6,156,078						
050 PHYSICAL THERAPY	441,054						
051 OCCUPATIONAL THERAPY	295,845						
052 SPEECH PATHOLOGY	21,255						
053 ELECTROCARDIOLOGY	27,123,509						
053 01 CARDIAC TESTING	20,500,535						
054 ELECTROENCEPHALOGRAPH	45,353						
055 MEDICAL SUPPLIES CHAR	32,269,462						
055 30 IMPL. DEV. CHARGED TO	38,410,751						
056 DRUGS CHARGED TO PATI	20,829,615						
057 RENAL DIALYSIS	439,636						
059 CARDIAC CATHERIZATION	87,742,123						
059 01 ENDOSCOPY							
060 OUTPAT SERVICE COST C							
060 CLINIC	252,115						
060 01 HEALTHY HEART CLINIC	2,366,980					100	
061 EMERGENCY	11,833,353						
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	328,681,375	12,706	12,706		100		100
NONREIMBURS COST CENT							
098 PHYSICIANS' PRIVATE O							
098 01 CHV-IHP PHYSICIANS							
098 02 IHP-IHH CARDIOVASCULA							
098 03 IHP- NORTH CARDIOVASC							
098 04 IHP-EAST CARDIOVASCUL							
098 05 IHP-SOUTH CARDIOVASCU							
098 06 IHP-ANDERSON CARDIOVA							
098 07 IHP-MARTINSVILLE CARD							
098 08 IHP-FRANKLIN CARDIOVA							
098 09 IHP-MOBILE CARDIOVASC							
098 10 IHP-RIVERVIEW CARDIOV							
098 11 IHP-HANCOCK CARDIOVAS							
098 12 IHP-SAXONY CARDIOVASC							
098 13 PULMONARY PHYSICIANS							
098 14 INFECTIOUS DISEASE PH							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER					4,256		4,248
103 COST TO BE ALLOCATED	856,413	1,119,995	363,553				
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.002606	88.146938	28.612703		42.560000		42.480000
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	PARAMEDIC	ED PR	RESPIRATORY SCHOOL	RADIOLOGY SCHOOL
	(GROSS CHARGES)	(PATIENT DAYS)	(PATIENT DAYS)	(NO STATISTICS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT (WRKSHT B, PT II)	17	18	19	20	24	24.01	24.02		
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	11,585	46,230	35,764			45		45	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000035	3.638439	2.814733			.450000		.450000	

COST CENTER	PHARMACY SCHO	OL
DESCRIPTION	(ASSIGNED	TIME)
	24.03	
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 & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
017 NURSING ADMINISTRATIO		
018 MEDICAL RECORDS & LIB		
019 SOCIAL SERVICE		
020 TRANSPORTATION		
024 NONPHYSICIAN ANESTHET		
024 01 PARAMED ED PRGM		
024 02 RESPIRATORY SCHOOL		
024 03 RADIOLOGY SCHOOL	100	
024 03 PHARMACY SCHOOL		
025 INPAT ROUTINE SRVC CN		
027 ADULTS & PEDIATRICS		
037 CORONARY CARE UNIT		
037 01 ANCILLARY SRVC COST C		
038 OPERATING ROOM		
041 ENDOSCOPY		
041 RECOVERY ROOM		
041 RADIOLOGY-DIAGNOSTIC		
041 01 RADIOLOGY - ULTRASOUN		
041 02 RADIOLOGY - CAT SCAN		
041 03 RADIOLOGY - MRI		
041 04 NUCLEAR MEDICINE		
041 05 RADIOLOGY-DIAGNOSTIC		
044 LABORATORY		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		
053 01 CARDIAC TESTING		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
055 30 IMPL. DEV. CHARGED TO	100	
056 DRUGS CHARGED TO PATI		
057 RENAL DIALYSIS		
059 CARDIAC CATHERIZATION		
059 01 ENDOSCOPY		
060 OUTPAT SERVICE COST C		
060 CLINIC		
060 01 HEALTHY HEART CLINIC		
061 EMERGENCY		
062 OBSERVATION BEDS (NON		
095 SPEC PURPOSE COST CEN	100	
095 SUBTOTALS		
098 NONREIMBURS COST CENT		
098 PHYSICIANS' PRIVATE O		
098 01 CHV-IHP PHYSICIANS		
098 02 IHP-IHH CARDIOVASCULA		
098 03 IHP- NORTH CARDIOVASC		
098 04 IHP-EAST CARDIOVASCUL		
098 05 IHP-SOUTH CARDIOVASCU		
098 06 IHP-ANDERSON CARDIOVA		
098 07 IHP-MARTINSVILLE CARD		
098 08 IHP-FRANKLIN CARDIOVA		
098 09 IHP-MOBILE CARDIOVASC		
098 10 IHP-RIVERVIEW CARDIOV		
098 11 IHP-HANCOCK CARDIOVAS		
098 12 IHP-SAXONY CARDIOVASC		
098 13 PULMONARY PHYSICIANS		
098 14 INFECTIOUS DISEASE PH		
100 OTHER NONREIMBURSABLE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	20,452	
104 (PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER	204.520000	
105 (WRKSHT B, PT I)		
105 COST TO BE ALLOCATED		
106 (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		

Health Financial Systems MCRIF32 FOR INDIANA HEART HOSPITAL LLC
COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD
I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0154 I FROM 1/ 1/2010 I WORKSHEET B-1
I TO 12/31/2010 I

COST CENTER DESCRIPTION	PHARMACY SCHO OL (ASSIGNED TIME)
NONREIMBURS COST CENT (WRKSHT B, PT II)	24.03
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	215
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.150000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	17,671,297		17,671,297	54,954	17,726,251
27	CORONARY CARE UNIT ANCILLARY SRVC COST CNTRS	6,892,139		6,892,139	113,718	7,005,857
37	OPERATING ROOM	4,343,165		4,343,165	36,827	4,379,992
37	01 ENDOSCOPY	12,071		12,071		12,071
38	RECOVERY ROOM	239		239		239
41	RADIOLOGY-DIAGNOSTIC	768,055		768,055		768,055
41	01 RADIOLOGY - ULTRASOUND	56,658		56,658		56,658
41	02 RADIOLOGY - CAT SCAN	1,138,336		1,138,336		1,138,336
41	03 RADIOLOGY - MRI	11,170		11,170		11,170
41	04 NUCLEAR MEDICINE	305,335		305,335		305,335
41	05 RADIOLOGY-DIAGNOSTIC					
44	LABORATORY	2,463,675		2,463,675		2,463,675
48	INTRAVENOUS THERAPY	1,111,154		1,111,154		1,111,154
49	RESPIRATORY THERAPY	72,391		72,391		72,391
50	PHYSICAL THERAPY	48,646		48,646		48,646
51	OCCUPATIONAL THERAPY	3,737		3,737		3,737
52	SPEECH PATHOLOGY	744,736		744,736	70,132	814,868
53	ELECTROCARDIOLOGY	770,227		770,227	142,487	912,714
53	01 CARDIAC TESTING	2,996		2,996		2,996
54	ELECTROENCEPHALOGRAPHY	12,711,003		12,711,003		12,711,003
55	MEDICAL SUPPLIES CHARGED	13,616,556		13,616,556		13,616,556
55	30 IMPL. DEV. CHARGED TO PAT	6,506,070		6,506,070		6,506,070
56	DRUGS CHARGED TO PATIENTS	159,780		159,780		159,780
57	RENAL DIALYSIS	4,723,228		4,723,228	205,038	4,928,266
59	CARDIAC CATHERIZATION LAB					
59	01 ENDOSCOPY					
60	OUTPAT SERVICE COST CNTRS CLINIC	292,301		292,301	19,533	311,834
60	01 HEALTHY HEART CLINIC	980,679		980,679	46,907	1,027,586
61	EMERGENCY	3,791,910		3,791,910		3,791,910
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,570,398		1,570,398		1,570,398
101	SUBTOTAL	80,767,952		80,767,952	689,596	81,457,548
102	LESS OBSERVATION BEDS	1,570,398		1,570,398		1,570,398
103	TOTAL	79,197,554		79,197,554	689,596	79,887,150

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,153,541		16,153,541			
27	CORONARY CARE UNIT	8,909,017		8,909,017			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	20,030,876	443,064	20,473,940	.212131	.212131	.213930
37	01 ENDOSCOPY	64,978	4,520	69,498	.173688	.173688	.173688
38	RECOVERY ROOM	40,907	6,815	47,722	.005008	.005008	.005008
41	RADIOLOGY-DIAGNOSTIC	1,724,008	821,620	2,545,628	.301715	.301715	.301715
41	01 RADIOLOGY - ULTRASOUND	493,399	451,675	945,074	.059951	.059951	.059951
41	02 RADIOLOGY - CAT SCAN	1,430,820	3,661,340	5,092,160	.223547	.223547	.223547
41	03 RADIOLOGY - MRI	140,674	30,644	171,318	.065200	.065200	.065200
41	04 NUCLEAR MEDICINE	17,143	8,130	25,273	12.081470	12.081470	12.081470
41	05 RADIOLOGY-DIAGNOSTIC LABORATORY	11,899,521	6,135,799	18,035,320	.136603	.136603	.136603
48	INTRAVENOUS THERAPY		395,019	6,156,078	.180497	.180497	.180497
49	RESPIRATORY THERAPY	5,761,059	7,201	441,054	.164132	.164132	.164132
50	PHYSICAL THERAPY	433,853	4,811	295,845	.164431	.164431	.164431
51	OCCUPATIONAL THERAPY	291,034	346	21,255	.175817	.175817	.175817
52	SPEECH PATHOLOGY	20,909	21,725,496	27,123,509	.027457	.027457	.030043
53	ELECTROCARDIOLOGY	5,398,013	20,500,535	20,500,535	.037571	.037571	.044521
53	01 CARDIAC TESTING		2,945	45,353	.066060	.066060	.066060
54	ELECTROENCEPHALOGRAPHY	42,408	11,631,879	32,269,462	.393902	.393902	.393902
55	MEDICAL SUPPLIES CHARGED	20,637,583	14,907,204	38,410,751	.354499	.354499	.354499
55	30 IMPL. DEV. CHARGED TO PAT	23,503,547	5,606,669	20,829,615	.312347	.312347	.312347
56	DRUGS CHARGED TO PATIENTS	15,222,946	30,390	439,636	.363437	.363437	.363437
57	RENAL DIALYSIS	409,246	45,519,164	87,742,123	.053831	.053831	.056168
59	CARDIAC CATHERIZATION LAB	42,222,959					
59	01 ENDOSCOPY OUTPAT SERVICE COST CNTRS		55,516	252,115	1.159396	1.159396	1.236872
60	CLINIC	196,599	2,361,439	2,366,980	.414317	.414317	.434134
60	01 HEALTHY HEART CLINIC	5,541	9,117,092	11,833,353	.320443	.320443	.320443
61	EMERGENCY	2,716,261	7,143,358	7,485,220	.209800	.209800	.209800
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	341,862					
101	SUBTOTAL	178,108,704	150,572,671	328,681,375			
102	LESS OBSERVATION BEDS						
103	TOTAL	178,108,704	150,572,671	328,681,375			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	17,671,297		17,671,297	54,954	17,726,251
27	CORONARY CARE UNIT ANCILLARY SRVC COST CNTRS	6,892,139		6,892,139	113,718	7,005,857
37	OPERATING ROOM	4,343,165		4,343,165	36,827	4,379,992
37	01 ENDOSCOPY	12,071		12,071		12,071
38	RECOVERY ROOM	239		239		239
41	RADIOLOGY-DIAGNOSTIC	768,055		768,055		768,055
41	01 RADIOLOGY - ULTRASOUND	56,658		56,658		56,658
41	02 RADIOLOGY - CAT SCAN	1,138,336		1,138,336		1,138,336
41	03 RADIOLOGY - MRI	11,170		11,170		11,170
41	04 NUCLEAR MEDICINE	305,335		305,335		305,335
41	05 RADIOLOGY-DIAGNOSTIC	2,463,675		2,463,675		2,463,675
44	LABORATORY					
48	INTRAVENOUS THERAPY	1,111,154		1,111,154		1,111,154
49	RESPIRATORY THERAPY	72,391		72,391		72,391
50	PHYSICAL THERAPY	48,646		48,646		48,646
51	OCCUPATIONAL THERAPY	3,737		3,737		3,737
52	SPEECH PATHOLOGY	744,736		744,736	70,132	814,868
53	ELECTROCARDIOLOGY	770,227		770,227	142,487	912,714
53	01 CARDIAC TESTING	2,996		2,996		2,996
54	ELECTROENCEPHALOGRAPHY	12,711,003		12,711,003		12,711,003
55	MEDICAL SUPPLIES CHARGED	13,616,556		13,616,556		13,616,556
55	30 IMPL. DEV. CHARGED TO PAT	6,506,070		6,506,070		6,506,070
56	DRUGS CHARGED TO PATIENTS	159,780		159,780		159,780
57	RENAL DIALYSIS	4,723,228		4,723,228	205,038	4,928,266
59	CARDIAC CATHETERIZATION LAB					
59	01 ENDOSCOPY					
60	OUTPAT SERVICE COST CNTRS	292,301		292,301	19,533	311,834
60	CLINIC	980,679		980,679	46,907	1,027,586
60	01 HEALTHY HEART CLINIC	3,791,910		3,791,910		3,791,910
61	EMERGENCY	1,570,398		1,570,398		1,570,398
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	80,767,952		80,767,952	689,596	81,457,548
101	SUBTOTAL	1,570,398		1,570,398		1,570,398
102	LESS OBSERVATION BEDS	79,197,554		79,197,554	689,596	79,887,150
103	TOTAL					

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS	16,153,541		16,153,541			
27	ADULTS & PEDIATRICS	8,909,017		8,909,017			
37	CORONARY CARE UNIT						
37	ANCILLARY SRVC COST CNTRS	20,030,876	443,064	20,473,940	.212131	.212131	.213930
37	OPERATING ROOM	64,978	4,520	69,498	.173688	.173688	.173688
37	01 ENDOSCOPY	40,907	6,815	47,722	.005008	.005008	.005008
38	RECOVERY ROOM	1,724,008	821,620	2,545,628	.301715	.301715	.301715
41	RADIOLOGY-DIAGNOSTIC	493,399	451,675	945,074	.059951	.059951	.059951
41	01 RADIOLOGY - ULTRASOUND	1,430,820	3,661,340	5,092,160	.223547	.223547	.223547
41	02 RADIOLOGY - CAT SCAN	140,674	30,644	171,318	.065200	.065200	.065200
41	03 RADIOLOGY - MRI	17,143	8,130	25,273	12.081470	12.081470	12.081470
41	04 NUCLEAR MEDICINE						
41	05 RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	11,899,521	6,135,799	18,035,320	.136603	.136603	.136603
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,761,059	395,019	6,156,078	.180497	.180497	.180497
50	PHYSICAL THERAPY	433,853	7,201	441,054	.164132	.164132	.164132
51	OCCUPATIONAL THERAPY	291,034	4,811	295,845	.164431	.164431	.164431
52	SPEECH PATHOLOGY	20,909	346	21,255	.175817	.175817	.175817
53	ELECTROCARDIOLOGY	5,398,013	21,725,496	27,123,509	.027457	.027457	.030043
53	01 CARDIAC TESTING		20,500,535	20,500,535	.037571	.037571	.044521
54	ELECTROENCEPHALOGRAPHY	42,408	2,945	45,353	.066060	.066060	.066060
55	MEDICAL SUPPLIES CHARGED	20,637,583	11,631,879	32,269,462	.393902	.393902	.393902
55	30 IMPL. DEV. CHARGED TO PAT	23,503,547	14,907,204	38,410,751	.354499	.354499	.354499
56	DRUGS CHARGED TO PATIENTS	15,222,946	5,606,669	20,829,615	.312347	.312347	.312347
57	RENAL DIALYSIS	409,246	30,390	439,636	.363437	.363437	.363437
59	CARDIAC CATHERIZATION LAB	42,222,959	45,519,164	87,742,123	.053831	.053831	.056168
59	01 ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	196,599	55,516	252,115	1.159396	1.159396	1.236872
60	01 HEALTHY HEART CLINIC	5,541	2,361,439	2,366,980	.414317	.414317	.434134
61	EMERGENCY	2,716,261	9,117,092	11,833,353	.320443	.320443	.320443
62	OBSERVATION BEDS (NON-DIS	341,862	7,143,358	7,485,220	.209800	.209800	.209800
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	178,108,704	150,572,671	328,681,375			
102	LESS OBSERVATION BEDS						
103	TOTAL	178,108,704	150,572,671	328,681,375			

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						4,343,165
37	01 OPERATING ROOM	4,343,165	928,096	3,415,069			12,071
37	01 ENDOSCOPY	12,071	127	11,944			239
38	RECOVERY ROOM	239	3	236			768,055
41	RADIOLOGY-DIAGNOSTIC	768,055	222,024	546,031			56,658
41	01 RADIOLOGY - ULTRASOUND	56,658	7,148	49,510			1,138,336
41	02 RADIOLOGY - CAT SCAN	1,138,336	105,254	1,033,082			11,170
41	03 RADIOLOGY - MRI	11,170	119	11,051			305,335
41	04 NUCLEAR MEDICINE	305,335	4,926	300,409			
41	05 RADIOLOGY-DIAGNOSTIC						2,463,675
44	LABORATORY	2,463,675	81,395	2,382,280			
48	INTRAVENOUS THERAPY						1,111,154
49	RESPIRATORY THERAPY	1,111,154	42,029	1,069,125			72,391
50	PHYSICAL THERAPY	72,391	765	71,626			48,646
51	OCCUPATIONAL THERAPY	48,646	514	48,132			3,737
52	SPEECH PATHOLOGY	3,737	40	3,697			744,736
53	ELECTROCARDIOLOGY	744,736	55,818	688,918			770,227
53	01 CARDIAC TESTING	770,227	20,236	749,991			2,996
54	ELECTROENCEPHALOGRAPHY	2,996	32	2,964			12,711,003
55	MEDICAL SUPPLIES CHARGED	12,711,003	134,123	12,576,880			13,616,556
55	30 IMPL. DEV. CHARGED TO PAT	13,616,556	143,708	13,472,848			6,506,070
56	DRUGS CHARGED TO PATIENTS	6,506,070	135,632	6,370,438			159,780
57	RENAL DIALYSIS	159,780	1,686	158,094			4,723,228
59	CARDIAC CATHETERIZATION LAB	4,723,228	968,255	3,754,973			
59	01 ENDOSCOPY						292,301
60	OUTPAT SERVICE COST CNTRS						980,679
60	CLINIC	292,301	4,791	287,510			3,791,910
60	01 HEALTHY HEART CLINIC	980,679	118,753	861,926			1,570,398
61	EMERGENCY	3,791,910	599,255	3,192,655			
62	OBSERVATION BEDS (NON-DIS	1,570,398	307,292	1,263,106			
	OTHER REIMBURS COST CNTRS						56,204,516
101	SUBTOTAL	56,204,516	3,882,021	52,322,495			1,570,398
102	LESS OBSERVATION BEDS	1,570,398	307,292	1,263,106			54,634,118
103	TOTAL	54,634,118	3,574,729	51,059,389			

Health Financial Systems MCRIF32 FOR INDIANA HEART HOSPITAL LLC
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 15-0154 I FROM 1/ 1/2010 I WORKSHEET C
 I TO 12/31/2010 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	20,473,940	.212131	.212131
37 01	ENDOSCOPY	69,498	.173688	.173688
38	RECOVERY ROOM	47,722	.005008	.005008
41	RADIOLOGY-DIAGNOSTIC	2,545,628	.301715	.301715
41 01	RADIOLOGY - ULTRASOUND	945,074	.059951	.059951
41 02	RADIOLOGY - CAT SCAN	5,092,160	.223547	.223547
41 03	RADIOLOGY - MRI	171,318	.065200	.065200
41 04	NUCLEAR MEDICINE	25,273	12.081470	12.081470
41 05	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	18,035,320	.136603	.136603
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	6,156,078	.180497	.180497
50	PHYSICAL THERAPY	441,054	.164132	.164132
51	OCCUPATIONAL THERAPY	295,845	.164431	.164431
52	SPEECH PATHOLOGY	21,255	.175817	.175817
53	ELECTROCARDIOLOGY	27,123,509	.027457	.027457
53 01	CARDIAC TESTING	20,500,535	.037571	.037571
54	ELECTROENCEPHALOGRAPHY	45,353	.066060	.066060
55	MEDICAL SUPPLIES CHARGED	32,269,462	.393902	.393902
55 30	IMPL. DEV. CHARGED TO PAT	38,410,751	.354499	.354499
56	DRUGS CHARGED TO PATIENTS	20,829,615	.312347	.312347
57	RENAL DIALYSIS	439,636	.363437	.363437
59	CARDIAC CATHERIZATION LAB	87,742,123	.053831	.053831
59 01	ENDOSCOPY			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	252,115	1.159396	1.159396
60 01	HEALTHY HEART CLINIC	2,366,980	.414317	.414317
61	EMERGENCY	11,833,353	.320443	.320443
62	OBSERVATION BEDS (NON-DIS	7,485,220	.209800	.209800
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	303,618,817		
102	LESS OBSERVATION BEDS	7,485,220		
103	TOTAL	296,133,597		

Health Financial Systems MCRIF32
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

FOR INDIANA HEART HOSPITAL LLC
 I PROVIDER NO:
 I 15-0154
 I

**NOT A CMS WORKSHEET ** (09/2000)
 I PERIOD: I PREPARED 5/27/2011
 I FROM 1/ 1/2010 I WORKSHEET C
 I TO 12/31/2010 I PART II

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	4,343,165	928,096	3,415,069	92,810	198,074	4,052,281
37	01 OPERATING ROOM	12,071	127	11,944	13	693	11,365
38	RECOVERY ROOM	239	3	236		14	225
41	RADIOLOGY-DIAGNOSTIC	768,055	222,024	546,031	22,202	31,670	714,183
41	01 RADIOLOGY - ULTRASOUND	56,658	7,148	49,510	715	2,872	53,071
41	02 RADIOLOGY - CAT SCAN	1,138,336	105,254	1,033,082	10,525	59,919	1,067,892
41	03 RADIOLOGY - MRI	11,170	119	11,051	12	641	10,517
41	04 NUCLEAR MEDICINE	305,335	4,926	300,409	493	17,424	287,418
41	05 RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	2,463,675	81,395	2,382,280	8,140	138,172	2,317,363
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,111,154	42,029	1,069,125	4,203	62,009	1,044,942
50	PHYSICAL THERAPY	72,391	765	71,626	77	4,154	68,160
51	OCCUPATIONAL THERAPY	48,646	514	48,132	51	2,792	45,803
52	SPEECH PATHOLOGY	3,737	40	3,697	4	214	3,519
53	ELECTROCARDIOLOGY	744,736	55,818	688,918	5,582	39,957	699,197
53	01 CARDIAC TESTING	770,227	20,236	749,991	2,024	43,499	724,704
54	ELECTROENCEPHALOGRAPHY	2,996	32	2,964	3	172	2,821
55	MEDICAL SUPPLIES CHARGED	12,711,003	134,123	12,576,880	13,412	729,459	11,968,132
55	30 IMPL. DEV. CHARGED TO PAT	13,616,556	143,708	13,472,848	14,371	781,425	12,820,760
56	DRUGS CHARGED TO PATIENTS	6,506,070	135,632	6,370,438	13,563	369,485	6,123,022
57	RENAL DIALYSIS	159,780	1,686	158,094	169	9,169	150,442
59	CARDIAC CATHERIZATION LAB	4,723,228	968,255	3,754,973	96,826	217,788	4,408,614
59	01 ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	292,301	4,791	287,510	479	16,676	275,146
60	01 HEALTHY HEART CLINIC	980,679	118,753	861,926	11,875	49,992	918,812
61	EMERGENCY	3,791,910	599,255	3,192,655	59,926	185,174	3,546,810
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,570,398	307,292	1,263,106	30,729	73,260	1,466,409
101	SUBTOTAL	56,204,516	3,882,021	52,322,495	388,204	3,034,704	52,781,608
102	LESS OBSERVATION BEDS	1,570,398	307,292	1,263,106	30,729	73,260	1,466,409
103	TOTAL	54,634,118	3,574,729	51,059,389	357,475	2,961,444	51,315,199

Health Financial Systems MCRIF32
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

FOR INDIANA HEART HOSPITAL LLC
 I PROVIDER NO:
 I 15-0154
 I

**NOT A CMS WORKSHEET **
 I PERIOD:
 I FROM 1/ 1/2010 I
 I TO 12/31/2010 I

(09/2000)
 PREPARED 5/27/2011
 WORKSHEET C
 PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGR RATIO	I/P PT B COST TO CHRGR RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	20,473,940	.197924	.207598
37	01 ENDOSCOPY	69,498	.163530	.173501
38	RECOVERY ROOM	47,722	.004715	.005008
41	RADIOLOGY-DIAGNOSTIC	2,545,628	.280553	.292994
41	01 RADIOLOGY - ULTRASOUND	945,074	.056155	.059194
41	02 RADIOLOGY - CAT SCAN	5,092,160	.209713	.221480
41	03 RADIOLOGY - MRI	171,318	.061389	.065130
41	04 NUCLEAR MEDICINE	25,273	11.372532	12.061963
41	05 RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	18,035,320	.128490	.136151
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	6,156,078	.169742	.179814
50	PHYSICAL THERAPY	441,054	.154539	.163957
51	OCCUPATIONAL THERAPY	295,845	.154821	.164258
52	SPEECH PATHOLOGY	21,255	.165561	.175629
53	ELECTROCARDIOLOGY	27,123,509	.025778	.027251
53	01 CARDIAC TESTING	20,500,535	.035350	.037472
54	ELECTROENCEPHALOGRAPHY	45,353	.062201	.065993
55	MEDICAL SUPPLIES CHARGED	32,269,462	.370881	.393486
55	30 IMPL. DEV. CHARGED TO PAT	38,410,751	.333781	.354124
56	DRUGS CHARGED TO PATIENTS	20,829,615	.293958	.311696
57	RENAL DIALYSIS	439,636	.342197	.363053
59	CARDIAC CATHORIZATION LAB	87,742,123	.050245	.052727
59	01 ENDOSCOPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	252,115	1.091351	1.157496
60	01 HEALTHY HEART CLINIC	2,366,980	.388179	.409300
61	EMERGENCY	11,833,353	.299730	.315378
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,485,220	.195907	.205695
101	SUBTOTAL	303,618,817		
102	LESS OBSERVATION BEDS	7,485,220		
103	TOTAL	296,133,597		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				3,468,629		3,468,629
27	ADULTS & PEDIATRICS				1,287,257		1,287,257
101	CORONARY CARE UNIT				4,755,886		4,755,886
	TOTAL						

TITLE XVIII, PART A

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	10,317	5,538			336.21	1,861,931
27	ADULTS & PEDIATRICS	3,303	1,783			389.72	694,871
101	CORONARY CARE UNIT	13,620	7,321				2,556,802
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS		928,096	20,473,940	10,089,005		
37	OPERATING ROOM		127	69,498	41,561		
37 01	ENDOSCOPY		3	47,722			
38	RECOVERY ROOM		222,024	2,545,628	1,242,950		
41	RADIOLOGY-DIAGNOSTIC		7,148	945,074	330,559		
41 01	RADIOLOGY - ULTRASOUND		105,254	5,092,160	1,218,956		
41 02	RADIOLOGY - CAT SCAN		119	171,318	87,978		
41 03	RADIOLOGY - MRI		4,926	25,273	17,143		
41 04	NUCLEAR MEDICINE						
41 05	RADIOLOGY-DIAGNOSTIC		81,395	18,035,320	6,889,645		
44	LABORATORY						
48	INTRAVENOUS THERAPY		42,029	6,156,078	2,979,184		
49	RESPIRATORY THERAPY		765	441,054	298,857		
50	PHYSICAL THERAPY		514	295,845	193,232		
51	OCCUPATIONAL THERAPY		40	21,255	9,451		
52	SPEECH PATHOLOGY		55,818	27,123,509	3,391,000		
53	ELECTROCARDIOLOGY		20,236	20,500,535			
53 01	CARDIAC TESTING		32	45,353	30,884		
54	ELECTROENCEPHALOGRAPHY		134,123	32,269,462	11,863,648		
55	MEDICAL SUPPLIES CHARGED		143,708	38,410,751	14,545,540		
55 30	IMPL. DEV. CHARGED TO PAT		135,632	20,829,615	8,429,333		
56	DRUGS CHARGED TO PATIENTS		1,686	439,636	290,665		
57	RENAL DIALYSIS		968,255	87,742,123	24,503,982		
59	CARDIAC CATHETERIZATION LAB						
59 01	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS		4,791	252,115	87,424		
60	CLINIC		118,753	2,366,980	5,541		
60 01	HEALTHY HEART CLINIC		599,255	11,833,353	1,948,892		
61	EMERGENCY		307,292	7,485,220			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL		3,882,021	303,618,817	88,495,430		

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.045331	457,345
37	01 ENDOSCOPY	.001827	76
38	RECOVERY ROOM	.000063	
41	RADIOLOGY-DIAGNOSTIC	.087218	108,408
41	01 RADIOLOGY - ULTRASOUND	.007563	2,500
41	02 RADIOLOGY - CAT SCAN	.020670	25,196
41	03 RADIOLOGY - MRI	.000695	61
41	04 NUCLEAR MEDICINE	.194912	3,341
41	05 RADIOLOGY-DIAGNOSTIC		
44	LABORATORY	.004513	31,093
48	INTRAVENOUS THERAPY	.006827	20,339
49	RESPIRATORY THERAPY	.001734	518
50	PHYSICAL THERAPY	.001737	336
51	OCCUPATIONAL THERAPY	.001882	18
52	SPEECH PATHOLOGY	.002058	6,979
53	ELECTROCARDIOLOGY	.000987	
53	01 CARDIAC TESTING	.000706	22
54	ELECTROENCEPHALOGRAPHY	.004156	49,305
55	MEDICAL SUPPLIES CHARGED	.003741	54,415
55	30 IMPL. DEV. CHARGED TO PAT	.006511	54,883
56	DRUGS CHARGED TO PATIENTS	.003835	1,115
57	RENAL DIALYSIS	.011035	270,401
59	CARDIAC CATHERIZATION LAB		
59	01 ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.019003	1,661
60	01 HEALTHY HEART CLINIC	.050171	278
61	EMERGENCY	.050641	98,694
62	OBSERVATION BEDS (NON-DIS	.041053	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,186,984

PPS

Health Financial Systems MCRIF32

FOR INDIANA HEART HOSPITAL LLC

IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO:
I 15-0154
I

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

I PREPARED 5/27/2011
I WORKSHEET D
I PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
27	CORONARY CARE UNIT						
101	TOTAL						

Health Financial Systems MCRIF32

FOR INDIANA HEART HOSPITAL LLC

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0154 I FROM 1/ 1/2010 I WORKSHEET D
I I TO 12/31/2010 I PART III

WKST A	COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPAT PROG	INPAT PROG
LINE NO.		PATIENT DAYS		DAYS	PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	10,317		5,538	
27	CORONARY CARE UNIT	3,303		1,783	
101	TOTAL	13,620		7,321	

Health Financial Systems MCRIF32 FOR INDIANA HEART HOSPITAL LLC
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0154 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-0154 I

TITLE XVIII, PART A		HOSPITAL	PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
37	01 ENDOSCOPY					
38	RECOVERY ROOM				4,248	
41	RADIOLOGY-DIAGNOSTIC					
41	01 RADIOLOGY - ULTRASOUND					
41	02 RADIOLOGY - CAT SCAN					
41	03 RADIOLOGY - MRI					
41	04 NUCLEAR MEDICINE					
41	05 RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53	01 CARDIAC TESTING					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT				20,452	
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	CARDIAC CATHERIZATION LAB					
59	01 ENDOSCOPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 HEALTHY HEART CLINIC				4,256	
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS				28,956	
101	TOTAL					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS			20,473,940			10,089,005	
37	OPERATING ROOM			69,498			41,561	
37 01	ENDOSCOPY			47,722				
38	RECOVERY ROOM			2,545,628	.001669	.001669	1,242,950	2,074
41	RADIOLOGY-DIAGNOSTIC	4,248	4,248	945,074			330,559	
41 01	RADIOLOGY - ULTRASOUND			5,092,160			1,218,956	
41 02	RADIOLOGY - CAT SCAN			171,318			87,978	
41 03	RADIOLOGY - MRI			25,273			17,143	
41 04	NUCLEAR MEDICINE							
41 05	RADIOLOGY-DIAGNOSTIC			18,035,320			6,889,645	
44	LABORATORY							
48	INTRAVENOUS THERAPY			6,156,078			2,979,184	
49	RESPIRATORY THERAPY			441,054			298,857	
50	PHYSICAL THERAPY			295,845			193,232	
51	OCCUPATIONAL THERAPY			21,255			9,451	
52	SPEECH PATHOLOGY			27,123,509			3,391,000	
53	ELECTROCARDIOLOGY			20,500,535				
53 01	CARDIAC TESTING			45,353			30,884	
54	ELECTROENCEPHALOGRAPHY			32,269,462			11,863,648	
55	MEDICAL SUPPLIES CHARGED			38,410,751			14,545,540	
55 30	IMPL. DEV. CHARGED TO PAT			20,829,615	.000982	.000982	8,429,333	8,278
56	DRUGS CHARGED TO PATIENTS	20,452	20,452	439,636			290,665	
57	RENAL DIALYSIS			87,742,123			24,503,982	
59	CARDIAC CATHETERIZATION LAB							
59 01	ENDOSCOPY							
60	OUTPAT SERVICE COST CNTRS			252,115			87,424	
60	CLINIC			2,366,980			5,541	
60 01	HEALTHY HEART CLINIC			11,833,353	.000360	.000360	1,948,892	702
61	EMERGENCY	4,256	4,256	7,485,220				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	28,956	28,956	303,618,817			88,495,430	11,054

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	260,897					
37	01 ENDOSCOPY	3,394					
38	RECOVERY ROOM	1,315					
41	RADIOLOGY-DIAGNOSTIC	231,019			386		
41	01 RADIOLOGY - ULTRASOUND	175,219					
41	02 RADIOLOGY - CAT SCAN	1,346,686					
41	03 RADIOLOGY - MRI	1					
41	04 NUCLEAR MEDICINE	2,358					
41	05 RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	165,601					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	62,194					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	6,233,072					
53	01 CARDIAC TESTING	7,783,946					
54	ELECTROENCEPHALOGRAPHY	589					
55	MEDICAL SUPPLIES CHARGED	2,922,311					
55	30 IMPL. DEV. CHARGED TO PAT	6,674,598					
56	DRUGS CHARGED TO PATIENTS	2,393,546			2,350		
57	RENAL DIALYSIS						
59	CARDIAC CATHERIZATION LAB	18,849,250					
59	01 ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	17,864					
60	01 HEALTHY HEART CLINIC	967,716					
61	EMERGENCY	2,132,458			768		
62	OBSERVATION BEDS (NON-DIS	1,918,517					
	OTHER REIMBURS COST CNTRS				3,504		
101	TOTAL	52,142,551					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS	.212131	.212131			
37 OPERATING ROOM	.173688	.173688			
37 01 ENDOSCOPY	.005008	.005008			
38 RECOVERY ROOM	.301715	.301715			
41 RADIOLOGY-DIAGNOSTIC	.059951	.059951			
41 01 RADIOLOGY - ULTRASOUND	.223547	.223547			
41 02 RADIOLOGY - CAT SCAN	.065200	.065200			
41 03 RADIOLOGY - MRI	12.081470	12.081470			
41 04 NUCLEAR MEDICINE					
41 05 RADIOLOGY-DIAGNOSTIC	.136603	.136603			
44 LABORATORY					
48 INTRAVENOUS THERAPY	.180497	.180497			
49 RESPIRATORY THERAPY	.164132	.164132			
50 PHYSICAL THERAPY	.164431	.164431			
51 OCCUPATIONAL THERAPY	.175817	.175817			
52 SPEECH PATHOLOGY	.027457	.027457			
53 ELECTROCARDIOLOGY	.037571	.037571			
53 01 CARDIAC TESTING	.066060	.066060			
54 ELECTROENCEPHALOGRAPHY	.393902	.393902			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.354499	.354499			
55 30 IMPL. DEV. CHARGED TO PATIENT	.312347	.312347			
56 DRUGS CHARGED TO PATIENTS	.363437	.363437			
57 RENAL DIALYSIS	.053831	.053831			
59 CARDIAC CATHERIZATION LABORATORY					
59 01 ENDOSCOPY					
60 OUTPAT SERVICE COST CNTRS	1.159396	1.159396			
60 CLINIC	.414317	.414317			
60 01 HEALTHY HEART CLINIC	.320443	.320443			
61 EMERGENCY	.209800	.209800			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

All other (1) PPS Services Non-PPS PPS Services Outpatient
 FYB to 12/31 Services Services 1/1 to FYE Ambulatory
 surgical Ctr

Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS		260,897			
37 OPERATING ROOM		3,394			
37 01 ENDOSCOPY		1,315			
38 RECOVERY ROOM		231,019			
41 RADIOLOGY-DIAGNOSTIC		175,219			
41 01 RADIOLOGY - ULTRASOUND		1,346,686			
41 02 RADIOLOGY - CAT SCAN		1			
41 03 RADIOLOGY - MRI		2,358			
41 04 NUCLEAR MEDICINE					
41 05 RADIOLOGY-DIAGNOSTIC		165,601			
44 LABORATORY					
48 INTRAVENOUS THERAPY		62,194			
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		6,233,072			
53 ELECTROCARDIOLOGY		7,783,946			
53 01 CARDIAC TESTING		589			
54 ELECTROENCEPHALOGRAPHY		2,922,311			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,674,598			
55 30 IMPL. DEV. CHARGED TO PATIENT		2,393,546			
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS		18,849,250			
59 CARDIAC CATHETERIZATION LABORATORY					
59 01 ENDOSCOPY					
OUTPAT SERVICE COST CNTRS		17,864			
60 CLINIC		967,716			
60 01 HEALTHY HEART CLINIC		2,132,458			
61 EMERGENCY		1,918,517			
62 OBSERVATION BEDS (NON-DISTINCT PART)		52,142,551			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES		52,142,551			
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Outpatient
Radiology

Other
Outpatient
diagnostic

All Other

PPS Services
FYB to 12/31

Non-PPS
Services

7

8

9

9.01

9.02

Cost Center Description

(A)	ANCILLARY SRVC COST CNTRS				55,344	
37	OPERATING ROOM				589	
37	01 ENDOSCOPY				7	
38	RECOVERY ROOM				69,702	
41	RADIOLOGY-DIAGNOSTIC				10,505	
41	01 RADIOLOGY - ULTRASOUND				301,048	
41	02 RADIOLOGY - CAT SCAN					
41	03 RADIOLOGY - MRI				28,488	
41	04 NUCLEAR MEDICINE					
41	05 RADIOLOGY-DIAGNOSTIC				22,622	
44	LABORATORY					
48	INTRAVENOUS THERAPY				11,226	
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY				171,141	
53	ELECTROCARDIOLOGY				292,451	
53	01 CARDIAC TESTING				39	
54	ELECTROENCEPHALOGRAPHY				1,151,104	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,366,138	
55	30 IMPL. DEV. CHARGED TO PATIENT				747,617	
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS				1,014,674	
59	CARDIAC CATHERIZATION LABORATORY					
59	01 ENDOSCOPY				20,711	
60	OUTPAT SERVICE COST CNTRS				400,941	
60	CLINIC				683,331	
60	01 HEALTHY HEART CLINIC				402,505	
61	EMERGENCY				7,750,183	
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES				7,750,183	
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges

Hospital I/P
part B Costs

9.03

10

11

Cost Center Description

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 ENDOSCOPY
- 38 RECOVERY ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 RADIOLOGY - ULTRASOUND
- 41 02 RADIOLOGY - CAT SCAN
- 41 03 RADIOLOGY - MRI
- 41 04 NUCLEAR MEDICINE
- 41 05 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC TESTING
- 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 CATHERIZATION LABORATORY
- 59 01 ENDOSCOPY
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 HEALTHY HEART CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems MCRIF32 FOR INDIANA HEART HOSPITAL LLC IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST
 TITLE XVIII, PART B HOSPITAL
 PART VI - VACCINE COST APPORTIONMENT

PROVIDER NO: 15-0154
 COMPONENT NO: 15-0154
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART VI

1 DRUGS CHARGED TO PATIENTS--RATIO OF COST TO CHARGES
 2 PROGRAM VACCINE CHARGES
 3 PROGRAM COSTS

1
 .312347
 21,774
 6,801

TITLE XIX - O/P	HOSPITAL				All other (1)
	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	
Cost Center Description	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					21,063
37 OPERATING ROOM	.197924				639
37 01 ENDOSCOPY	.163530				39,584
38 RECOVERY ROOM	.004715				15,193
41 RADIOLOGY-DIAGNOSTIC	.280553				201,862
41 01 RADIOLOGY - ULTRASOUND	.056155				11,226
41 02 RADIOLOGY - CAT SCAN	.209713				1,472
41 03 RADIOLOGY - MRI	.061389				274,146
41 04 NUCLEAR MEDICINE	11.372532				16,212
41 05 RADIOLOGY-DIAGNOSTIC	.128490				390
44 LABORATORY					424,488
48 INTRAVENOUS THERAPY	.169742				881,280
49 RESPIRATORY THERAPY	.154539				640
50 PHYSICAL THERAPY	.154821				421,641
51 OCCUPATIONAL THERAPY	.165561				503,036
52 SPEECH PATHOLOGY	.025778				178,005
53 ELECTROCARDIOLOGY	.035350				1,612,878
53 01 CARDIAC TESTING	.062201				1,947
54 ELECTROENCEPHALOGRAPHY	.370881				37,131
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.333781				471,720
55 30 IMPL. DEV. CHARGED TO PATIENT	.293958				245,650
56 DRUGS CHARGED TO PATIENTS	.342197				5,360,203
57 RENAL DIALYSIS	.050245				
59 CARDIAC CATHERIZATION LABORATORY					
59 01 ENDOSCOPY					1,947
60 OUTPAT SERVICE COST CNTRS	1.091351				37,131
60 CLINIC	.388179				471,720
60 01 HEALTHY HEART CLINIC	.299730				245,650
61 EMERGENCY	.195907				5,360,203
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					5,360,203
104 NET CHARGES					

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

TITLE XIX - O/P

HOSPITAL

PPS Services
FYB to 12/31

Non-PPS
Services

PPS Services
1/1 to FYE

Outpatient
Ambulatory
Surgical Ctr

Outpatient
Radiology

5.01

5.02

5.03

6

7

Cost Center Description

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 ENDOSCOPY
- 38 RECOVERY ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 RADIOLOGY - ULTRASOUND
- 41 02 RADIOLOGY - CAT SCAN
- 41 03 RADIOLOGY - MRI
- 41 04 NUCLEAR MEDICINE
- 41 05 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC TESTING
- 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 CATHERIZATION LABORATORY
- 59 01 ENDOSCOPY
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 HEALTHY HEART CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- 104 PROGRAM ONLY CHARGES
- 104 NET CHARGES

TITLE XIX - O/P	HOSPITAL	All other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	
Cost Center Description	Other Outpatient Diagnostic	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS			4,169			
37 OPERATING ROOM						
37 01 ENDOSCOPY			3			
38 RECOVERY ROOM			11,105			
41 RADIOLOGY-DIAGNOSTIC			853			
41 01 RADIOLOGY - ULTRASOUND			42,333			
41 02 RADIOLOGY - CAT SCAN			689			
41 03 RADIOLOGY - MRI			16,740			
41 04 NUCLEAR MEDICINE						
41 05 RADIOLOGY-DIAGNOSTIC			35,225			
44 LABORATORY						
48 INTRAVENOUS THERAPY			2,752			
49 RESPIRATORY THERAPY			60			
50 PHYSICAL THERAPY						
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY			10,942			
53 ELECTROCARDIOLOGY			31,153			
53 01 CARDIAC TESTING			40			
54 ELECTROENCEPHALOGRAPHY			156,379			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			167,904			
55 30 IMPL. DEV. CHARGED TO PATIENT			52,326			
56 DRUGS CHARGED TO PATIENTS						
57 RENAL DIALYSIS			81,039			
59 CARDIAC CATHERIZATION LABORATORY						
59 01 ENDOSCOPY						
60 OUTPAT SERVICE COST CNTRS			2,125			
60 CLINIC			14,413			
60 01 HEALTHY HEART CLINIC			141,389			
61 EMERGENCY			48,125			
62 OBSERVATION BEDS (NON-DISTINCT PART)			819,764			
101 SUBTOTAL						
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-						
PROGRAM ONLY CHARGES			819,764			
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 A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,317
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,317
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,317
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,538
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17,726,251
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	17,726,251
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,246,528
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,246,528
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14.220500
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	120.82
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	17,726,251
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,718.16
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,515,170
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					9,515,170
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43					
44	7,005,857	3,303	2,121.06	1,783	3,781,850
45	CORONARY CARE UNIT				
46	BURN INTENSIVE CARE UNIT				
47	SURGICAL INTENSIVE CARE UNIT				
	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					2,556,802
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,198,038
52	TOTAL PROGRAM EXCLUDABLE COST					3,754,840
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					28,932,596

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	914
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,718.16
85	OBSERVATION BED COST	1,570,398

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		17,726,251		1,570,398	
87 NEW CAPITAL-RELATED COST	3,468,629	17,726,251	.195678	1,570,398	307,292
88 NON PHYSICIAN ANESTHETIST		17,726,251		1,570,398	
89 MEDICAL EDUCATION		17,726,251		1,570,398	
89.01 MEDICAL EDUCATION - ALLIED HEA		17,726,251		1,570,398	
89.02 MEDICAL EDUCATION - ALL OTHER		17,726,251		1,570,398	

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,317
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,317
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,317
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	293
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	17,671,297
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	17,671,297
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,246,528
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,246,528
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,176,414
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	120.82
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	17,671,297
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

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

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,712.83
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					501,859
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					501,859
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	6,892,139	3,303	2,086.63	296	617,642
45	CORONARY CARE UNIT				
46	BURN INTENSIVE CARE UNIT				
47	SURGICAL INTENSIVE CARE UNIT				
	OTHER SPECIAL CARE				
					1
					1,573,722
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

- PART IV - COMPUTATION OF OBSERVATION BED COST
- 83 TOTAL OBSERVATION BED DAYS 914
 - 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,712.83
 - 85 OBSERVATION BED COST 1,565,527

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A		HOSPITAL		
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.		1	2	3
	INPAT ROUTINE SRVC CNTRS		9,672,678	
25	ADULTS & PEDIATRICS		4,750,591	
27	CORONARY CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.213930	10,089,005	2,158,341
37	01 ENDOSCOPY	.173688	41,561	7,219
38	RECOVERY ROOM	.005008		
41	RADIOLOGY-DIAGNOSTIC	.301715	1,242,950	375,017
41	01 RADIOLOGY - ULTRASOUND	.059951	330,559	19,817
41	02 RADIOLOGY - CAT SCAN	.223547	1,218,956	272,494
41	03 RADIOLOGY - MRI	.065200	87,978	5,736
41	04 NUCLEAR MEDICINE	12.081470	17,143	207,113
41	05 RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	.136603	6,889,645	941,146
48	INTRAVENOUS THERAPY	.180497	2,979,184	537,734
49	RESPIRATORY THERAPY	.164132	298,857	49,052
50	PHYSICAL THERAPY	.164431	193,232	31,773
51	OCCUPATIONAL THERAPY	.175817	9,451	1,662
52	SPEECH PATHOLOGY	.030043	3,391,000	101,876
53	ELECTROCARDIOLOGY	.044521		
53	01 CARDIAC TESTING	.066060	30,884	2,040
54	ELECTROENCEPHALOGRAPHY	.393902	11,863,648	4,673,115
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.354499	14,545,540	5,156,379
55	30 IMPL. DEV. CHARGED TO PATIENT	.312347	8,429,333	2,632,877
56	DRUGS CHARGED TO PATIENTS	.363437	290,665	105,638
57	RENAL DIALYSIS	.056168	24,503,982	1,376,340
59	CARDIAC CATHETERIZATION LABORATORY			
59	01 ENDOSCOPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.236872	87,424	108,132
60	01 HEALTHY HEART CLINIC	.434134	5,541	2,406
61	EMERGENCY	.320443	1,948,892	624,509
62	OBSERVATION BEDS (NON-DISTINCT PART)	.209800		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		88,495,430	19,390,416
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		88,495,430	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

HOSPITAL

TITLE XIX

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		584,535	
27	CORONARY CARE UNIT		706,016	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.212131	1,220,686	258,945
37	01 ENDOSCOPY	.173688	8,526	1,481
38	RECOVERY ROOM	.005008	1,536	8
41	RADIOLOGY-DIAGNOSTIC	.301715	138,798	41,877
41	01 RADIOLOGY - ULTRASOUND	.059951	21,343	1,280
41	02 RADIOLOGY - CAT SCAN	.223547	92,633	20,708
41	03 RADIOLOGY - MRI	.065200	8,941	583
41	04 NUCLEAR MEDICINE	12.081470		
41	05 RADIOLOGY-DIAGNOSTIC LABORATORY	.136603	514,590	70,295
48	INTRAVENOUS THERAPY	.180497	486,386	87,791
49	RESPIRATORY THERAPY	.164132	29,240	4,799
50	PHYSICAL THERAPY	.164431	17,524	2,881
51	OCCUPATIONAL THERAPY	.175817	11,458	2,015
52	SPEECH PATHOLOGY	.027457	192,048	5,273
53	ELECTROCARDIOLOGY	.037571		
53	01 CARDIAC TESTING	.066060	3,415	226
54	ELECTROENCEPHALOGRAPHY	.393902	867,887	341,862
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.354499	1,147,995	406,963
55	30 IMPL. DEV. CHARGED TO PATIENT	.312347	724,467	226,285
56	DRUGS CHARGED TO PATIENTS	.363437	4,908	1,784
57	RENAL DIALYSIS	.053831	1,398,911	75,305
59	CARDIAC CATHERIZATION LABORATORY			
59	01 ENDOSCOPY			
60	OUTPAT SERVICE COST CNTRS CLINIC	1.159396	4,892	5,672
60	01 HEALTHY HEART CLINIC	.414317		
61	EMERGENCY	.320443	55,201	17,689
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.209800		
101	TOTAL		6,951,385	1,573,722
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		6,951,385	
103	NET CHARGES			

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	23,707,283	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	662,248	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	53.50	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(vii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGs 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGs 652 AND 682 - 685. (SEE INSTRUCTIONS)		

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 INSTRUCTIONS)		
5.06 TOTAL ADDITIONAL PAYMENT		24,369,531
6 SUBTOTAL (SEE INSTRUCTIONS)		
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)		24,369,531
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		2,131,067
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
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)		13,650
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		11,054
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		26,525,302
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		47,280
16 TOTAL		26,478,022
17 PRIMARY PAYER PAYMENTS		1,435,308
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		12,100
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		211,004
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		147,703
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		134,397
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		25,178,317
22 SUBTOTAL		
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		25,178,317
26 AMOUNT DUE PROVIDER		
27 SEQUESTRATION ADJUSTMENT		25,119,999
28 INTERIM PAYMENTS		
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		58,318
29 BALANCE DUE PROVIDER (PROGRAM)		
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0154 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART B
 I 15-0154 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,801
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,746,679
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,788,966
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	3,504
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,801

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
	ANCILLARY SERVICE CHARGES	21,774
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	21,774
11	CUSTOMARY CHARGES	
	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)	21,774
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	14,973
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,801
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,792,470

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,076,891
19	SUBTOTAL (SEE INSTRUCTIONS)	9,722,380
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	9,722,380
24	PRIMARY PAYER PAYMENTS	1,023
25	SUBTOTAL	9,721,357

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	337,012
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	235,908
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	219,015
28	SUBTOTAL	9,957,265
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	9,957,265
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,892,666
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	64,599
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVIII HOSPITAL
 DESCRIPTION

INPATIENT-PART A MM/DD/YYYY	AMOUNT	P A R T B	
		MM/DD/YYYY	AMOUNT
1	2	3	4
	25,119,999		NONE
	NONE		NONE
		8/12/2010	48,843
			48,843
	NONE		48,843
	25,119,999		9,892,666
			NONE
			64,599
			58,318
			9,957,265

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
- 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.
- 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
- 4 TOTAL INTERIM PAYMENTS
 - 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
 - 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)
 - SETTLEMENT TO PROVIDER .01
 - SETTLEMENT TO PROGRAM .02
- 7 TOTAL MEDICARE PROGRAM LIABILITY

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0154 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I - I I

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
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	2,693,223	
3	MEDICAL AND OTHER SERVICES	819,764	
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	3,512,987	
8	INPATIENT PRIMARY PAYER PAYMENTS	220,144	
9	OUTPATIENT PRIMARY PAYER PAYMENTS	110,219	
	SUBTOTAL	3,182,624	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	1,290,551	
11	ANCILLARY SERVICE CHARGES	12,311,588	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	13,602,139	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	13,602,139	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	10,419,515	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	3,182,624	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	3,182,624	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	3,182,624	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	3,182,624	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	3,182,624	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	3,182,624	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	3,182,624	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	1,957,416	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	1,225,208	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

Health Financial Systems MCRIF32 FOR INDIANA HEART HOSPITAL LLC
CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
PROVIDER NO: 15-0154
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET E-3
PART III

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

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

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

ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	9,451,555			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	69,858,982			
5 OTHER RECEIVABLES	43,354			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-48,635,990			
7 INVENTORY	2,244,583			
8 PREPAID EXPENSES	394,641			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	33,357,125			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	47,060,601			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	574,893			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	24,411,837			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION	-34,766,015			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	37,281,316			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	6,717,491			
26 TOTAL OTHER ASSETS	6,717,491			
27 TOTAL ASSETS	77,355,932			

I
I
I

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,244,259			
29 SALARIES, WAGES & FEES PAYABLE	11,358,675			
30 PAYROLL TAXES PAYABLE	763,605			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,191,207			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	762,491			
36 TOTAL CURRENT LIABILITIES	18,320,237			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	33,635,214			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	728,602			
42 TOTAL LONG-TERM LIABILITIES	34,363,816			
43 TOTAL LIABILITIES	52,684,053			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	24,671,879			
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	24,671,879			
52 TOTAL LIABILITIES AND FUND BALANCES	77,355,932			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		20,671,668		
2 NET INCOME (LOSS)		4,000,211		
3 TOTAL		24,671,879		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		24,671,879		
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		24,671,879		

	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	1,246,528		1,246,528
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,246,528		1,246,528
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
11 00 CORONARY CARE UNIT	3,805,232		3,805,232
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,805,232		3,805,232
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,051,760		5,051,760
17 00 ANCILLARY SERVICES	174,857,132	236,487,470	411,344,602
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	179,908,892	236,487,470	416,396,362

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	148,478,430		
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		148,478,430	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
I	15-0154	I	FROM	I	1/ 1/2010	WORKSHEET G-3
I		I	TO	I	12/31/2010	

DESCRIPTION

1	TOTAL PATIENT REVENUES	416,396,362
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	266,410,116
3	NET PATIENT REVENUES	149,986,246
4	LESS: TOTAL OPERATING EXPENSES	148,478,430
5	NET INCOME FROM SERVICE TO PATIENTS	1,507,816
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	28,284
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	270,820
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		2,193,291
25	TOTAL OTHER INCOME	2,492,395
26	TOTAL	4,000,211
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,000,211

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0154 I FROM 1/ 1/2010 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV
 I 15-0154 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,939,998
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	191,069
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	35.16
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	.00
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,131,067
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)	