

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0160		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2011 TIME 17:03

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 ORTHOPAEDIC HOSPITAL, LLC 15-0160 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	29,420	48,402	0		
100	TOTAL	0	29,420	48,402	0		

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.

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	15,478,969		15,478,969	527,600.00	29.34	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	562,678		562,678	10,860.00	51.81	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	4,198,174		4,198,174			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	119,888		119,888	3,734.00	32.11	
22 ADMINISTRATIVE & GENERAL	2,599,355		2,599,355	95,886.00	27.11	
22.01 A & G UNDER CONTRACT	45,645		45,645	3,104.00	14.71	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT	659,363		659,363	37,725.00	17.48	
27 DIETARY						
27.01 DIETARY UNDER CONTRACT	711,222		711,222	35,581.00	19.99	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY	231,764		231,764	12,006.00	19.30	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	468,787		468,787	22,578.00	20.76	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	16,895,199		16,895,199	604,010.00	27.97	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	16,895,199		16,895,199	604,010.00	27.97	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	562,678		562,678	10,860.00	51.81	
5 SUBTOTAL WAGE-RELATED COSTS	4,198,174		4,198,174		24.85	
6 TOTAL	21,656,051		21,656,051	614,870.00	35.22	
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	4,836,024		4,836,024	210,614.00	22.96	

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	1,248,446
17.01	GROSS MEDICAID REVENUES	4,073,272
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	5,321,718
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)	.360078
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	

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0160
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		11,069,478	11,069,478	-193,762	10,875,716
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	119,888	4,376,565	4,496,453		4,496,453
6	0600 ADMINISTRATIVE & GENERAL	2,599,355	7,556,577	10,155,932	79,867	10,235,799
8	0800 OPERATION OF PLANT		153,136	153,136	62,383	215,519
11	1100 DIETARY		1,256,371	1,256,371	-1,041,105	215,266
12	1200 CAFETERIA				1,041,105	1,041,105
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	231,764	38,282	270,046		270,046
17	1700 MEDICAL RECORDS & LIBRARY	468,787	50,235	519,022		519,022
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,761,570	622,304	4,383,874		4,383,874
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,125,015	5,046,717	11,171,732	51,512	11,223,244
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	95,666	210,191	305,857		305,857
41	4100 RADIOLOGY-DIAGNOSTIC	444,067	839,865	1,283,932		1,283,932
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	181,075	646,432	827,507		827,507
50	5000 PHYSICAL THERAPY	1,344,404	508,285	1,852,689		1,852,689
51	5100 OCCUPATIONAL THERAPY	107,378	12,855	120,233		120,233
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		17,595,557	17,595,557	-14,637,921	2,957,636
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				14,637,921	14,637,921
56	5600 DRUGS CHARGED TO PATIENTS		1,958,993	1,958,993		1,958,993
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	15,478,969	51,941,843	67,420,812	-0-	67,420,812
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS		388,127	388,127		388,127
101	TOTAL	15,478,969	52,329,970	67,808,939	-0-	67,808,939

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0160
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	549,452	11,425,168
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	2,307	4,498,760
6	0600 ADMINISTRATIVE & GENERAL	-1,226,384	9,009,415
8	0800 OPERATION OF PLANT	23	215,542
11	1100 DIETARY	-16,412	198,854
12	1200 CAFETERIA	-279,356	761,749
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY	600	270,646
17	1700 MEDICAL RECORDS & LIBRARY	-11,364	507,658
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	2,761	4,386,635
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-652,758	10,570,486
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	53	305,910
41	4100 RADIOLOGY-DIAGNOSTIC	-246,168	1,037,764
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	63	827,570
50	5000 PHYSICAL THERAPY	556	1,853,245
51	5100 OCCUPATIONAL THERAPY		120,233
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-50,844	2,906,792
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		14,637,921
56	5600 DRUGS CHARGED TO PATIENTS	5,064	1,964,057
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-1,922,407	65,498,405
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		388,127
101	TOTAL	-1,922,407	65,886,532

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-0160	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		
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	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150160

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

PREPARED 5/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----					
	CODE (1)	COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA RECLASS	A	CAFETERIA		12		1,041,105
2 NON-CAPITAL SURGICAL EQUIP RECLASS	B	OPERATING ROOM		37		51,512
3 A&G EXPENSE	C	ADMINISTRATIVE & GENERAL		6		79,867
4 PLANT OPERATIONS	D	OPERATION OF PLANT		8		62,383
5 IMPLANTABLE DEVICE RECLASS	E	IMPL. DEV. CHARGED TO PATIENT		55.30		14,637,921
36 TOTAL RECLASSIFICATIONS						15,872,788

(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:
150160

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

PREPARED 5/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 CAFETERIA RECLASS	A	DIETARY	11		1,041,105	
2 NON-CAPITAL SURGICAL EQUIP RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		51,512	9
3 A&G EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		79,867	9
4 PLANT OPERATIONS	D	NEW CAP REL COSTS-BLDG & FIXT	3		62,383	9
5 IMPLANTABLE DEVICE RECLASS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		14,637,921	
36 TOTAL RECLASSIFICATIONS					15,872,788	

(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:
150160

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

PREPARED 5/24/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,041,105
TOTAL RECLASSIFICATIONS FOR CODE A		1,041,105

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	1,041,105
		1,041,105

RECLASS CODE: B
EXPLANATION : NON-CAPITAL SURGICAL EQUIP RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	51,512
TOTAL RECLASSIFICATIONS FOR CODE B		51,512

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	51,512
		51,512

RECLASS CODE: C
EXPLANATION : A&G EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	79,867
TOTAL RECLASSIFICATIONS FOR CODE C		79,867

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	79,867
		79,867

RECLASS CODE: D
EXPLANATION : PLANT OPERATIONS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT	62,383
TOTAL RECLASSIFICATIONS FOR CODE D		62,383

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	62,383
		62,383

RECLASS CODE: E
EXPLANATION : IMPLANTABLE DEVICE RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	14,637,921
TOTAL RECLASSIFICATIONS FOR CODE E		14,637,921

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
MEDICAL SUPPLIES CHARGED TO PA	55	14,637,921
		14,637,921

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	778,901					778,901	
2 LAND IMPROVEMENTS	140,670	25,761		25,761		166,431	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	19,766,555	4,744,657		4,744,657	27,427	24,483,785	
7 SUBTOTAL	20,686,126	4,770,418		4,770,418	27,427	25,429,117	
8 RECONCILING ITEMS							
9 TOTAL	20,686,126	4,770,418		4,770,418	27,427	25,429,117	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								8	
3	NEW CAP REL COSTS-BL	945,332		945,332	.037175				
4	NEW CAP REL COSTS-MV	24,483,785		24,483,785	.962825				
5	TOTAL	25,429,117		25,429,117	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
3	NEW CAP REL COSTS-BL	11,321,256	103,912					11,425,168
4	NEW CAP REL COSTS-MV							
5	TOTAL	11,321,256	103,912					11,425,168

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

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
3	NEW CAP REL COSTS-BL	11,069,478						11,069,478
4	NEW CAP REL COSTS-MV							
5	TOTAL	11,069,478						11,069,478

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,678	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,659,479			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-278,944	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-870	MEDICAL RECORDS & LIBRARY	17	
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		**COST CENTER DELETED**	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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 LOBBYING EXPENSE OFFSET	A	-150,936	ADMINISTRATIVE & GENERAL	6	
38 MARKETING EXPENSE OFFSET	A	-455,278	ADMINISTRATIVE & GENERAL	6	
39 APPLICATION FEE REVENUE	B	-18,750	ADMINISTRATIVE & GENERAL	6	
40 NON-ALLOWABLE BAD DEBT EXPENSE	A	-1,738,325	ADMINISTRATIVE & GENERAL	6	
41 RADIOLOGY REVENUE	B	-247,632	RADIOLOGY-DIAGNOSTIC	41	
42 CPNB TRAINING REVENUE	B	-339	ADMINISTRATIVE & GENERAL	6	
43 START UP COSTS	A	24,840	NEW CAP REL COSTS-BLDG &	3	9
44 START UP COSTS	A	2,307	EMPLOYEE BENEFITS	5	
45 START UP COSTS	A	4,437	ADMINISTRATIVE & GENERAL	6	
46 START UP COSTS	A	23	OPERATION OF PLANT	8	
47 START UP COSTS	A	600	CENTRAL SERVICES & SUPPLY	15	
48 START UP COSTS	A	26	MEDICAL RECORDS & LIBRARY	17	
49 START UP COSTS	A	3,086	ADULTS & PEDIATRICS	25	
49.01 START UP COSTS	A	22,974	OPERATING ROOM	37	
49.02 START UP COSTS	A	53	ANESTHESIOLOGY	40	
49.03 START UP COSTS	A	1,464	RADIOLOGY-DIAGNOSTIC	41	
49.04 START UP COSTS	A	63	LABORATORY	44	
49.05 START UP COSTS	A	556	PHYSICAL THERAPY	50	
49.06 START UP COSTS	A	13,607	MEDICAL SUPPLIES CHARGED	55	
49.07 START UP COSTS	A	5,064	DRUGS CHARGED TO PATIENTS	56	
49.08 START UP REVENUE	A	-104	ADMINISTRATIVE & GENERAL	6	
49.09 START UP REVENUE	B	-412	CAFETERIA	12	
49.10 CATERING SERVICE REVENUE	B	-16,412	DIETARY	11	
49.11 MISCELLANEOUS MEDICARE REVENUE	B	-10,520	MEDICAL RECORDS & LIBRARY	17	
49.12 GIFT EXPENSE OFFSET	A	-278	ADMINISTRATIVE & GENERAL	6	
49.13 GIFT EXPENSE OFFSET	A	-325	ADULTS & PEDIATRICS	25	
49.14 GIFT EXPENSE OFFSET	A	-645	OPERATING ROOM	37	
49.15 IOH SOUTH START UP EXPENSES	A	-694,375	OPERATING ROOM	37	
49.16 IOH SOUTH START UP EXPENSES	A	-66,292	MEDICAL SUPPLIES CHARGED	55	
49.17 IOH SOUTH CAPITALIZED START UP EXPEN	A	19,288	OPERATING ROOM	37	
49.18 IOH SOUTH CAPITALIZED START UP EXPEN	A	1,841	MEDICAL SUPPLIES CHARGED	55	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,922,407			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & OI CRC	422,378		422,378	9
2	6	ADMINISTRATIVE & GENERAL OI A&G	1,133,189		1,133,189	
3	6	ADMINISTRATIVE & GENERAL OI CHARGEBACKS	5,935,174	5,935,174		
4	3	NEW CAP REL COSTS-BLDG & NNS	488,083	384,171	103,912	10
5		TOTALS	7,978,824	6,319,345	1,659,479	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	0.00	OI PRACTICE	0.00	
2	C	100.00	NNS	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.

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	NOT ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	11,425,168	11,425,168					
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	4,498,760			4,498,760			
008 ADMINISTRATIVE & GENERAL	9,009,415	538,188		761,367	10,308,970	10,308,970	
011 OPERATION OF PLANT	215,542	2,122,158			2,337,700	433,615	2,771,315
012 DIETARY	198,854	175,556			374,410	69,449	55,508
013 CAFETERIA	761,749	290,474			1,052,223	195,175	91,844
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
017 CENTRAL SERVICES & SUPPLY	270,646	234,352		67,885	572,883	106,263	74,099
025 MEDICAL RECORDS & LIBRARY	507,658	36,401		137,311	681,370	126,386	11,510
035 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	4,386,635	2,788,719		1,101,786	8,277,140	1,535,310	881,754
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	10,570,486	3,835,146		1,794,046	16,199,678	3,004,845	1,212,620
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROOM							
043 ANESTHESIOLOGY	305,910			28,021	333,931	61,940	
044 RADIOLOGY-DIAGNOSTIC	1,037,764	622,419		130,070	1,790,253	332,070	196,800
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY	827,570	143,302		53,038	1,023,910	189,923	45,310
048 PHYSICAL THERAPY	1,853,245	519,112		393,784	2,766,141	513,086	164,136
049 OCCUPATIONAL THERAPY	120,233			31,452	151,685	28,136	
050 SPEECH PATHOLOGY							
051 ELECTROCARDIOLOGY							
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED	2,906,792				2,906,792	539,175	
054 30 IMPL. DEV. CHARGED TO PAT	14,637,921				14,637,921	2,715,159	
055 DRUGS CHARGED TO PATIENTS	1,964,057	119,341			2,083,398	386,445	37,734
056 RENAL DIALYSIS							
057 ASC (NON-DISTINCT PART)							
058 OUTPAT SERVICE COST CNTRS							
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	65,498,405	11,425,168		4,498,760	65,498,405	10,236,977	2,771,315
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
101 OTHER NONREIMBURSABLE COSTS	388,127				388,127	71,993	
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	65,886,532	11,425,168		4,498,760	65,886,532	10,308,970	2,771,315

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	11	12	13	14	15	17	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
011 OPERATION OF PLANT							
012 DIETARY	499,367						
013 CAFETERIA		1,339,242					
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
017 CENTRAL SERVICES & SUPPLY		37,569			790,814		
025 MEDICAL RECORDS & LIBRARY		70,651				889,917	
035 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	499,367	417,331				39,879	11,650,781
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		596,924				488,961	21,503,028
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY		6,509				27,158	429,538
044 RADIOLOGY-DIAGNOSTIC		63,511				42,145	2,424,779
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY						13,328	1,272,471
050 PHYSICAL THERAPY		140,320				37,166	3,620,849
051 OCCUPATIONAL THERAPY		6,427				2,658	188,906
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					790,814	31,440	4,268,221
056 30 IMPL. DEV. CHARGED TO PAT						166,084	17,519,164
057 DRUGS CHARGED TO PATIENTS						41,098	2,548,675
058 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
095 OUTPAT SERVICE COST CNTRS							
096 OBSERVATION BEDS (NON-DIS							
097 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	499,367	1,339,242			790,814	889,917	65,426,412
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
101 RESEARCH							
102 PHYSICIANS' PRIVATE OFFIC							
103 NONPAID WORKERS							
104 OTHER NONREIMBURSABLE COS							460,120
105 CROSS FOOT ADJUSTMENT							
106 NEGATIVE COST CENTER							
107 TOTAL	499,367	1,339,242			790,814	889,917	65,886,532

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL
003 GENERAL SERVICE COST CNTR		27
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
011 OPERATION OF PLANT		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
017 CENTRAL SERVICES & SUPPLY		
025 MEDICAL RECORDS & LIBRARY		
035 INPAT ROUTINE SRVC CNTRS		11,650,781
037 ADULTS & PEDIATRICS		
038 NURSING FACILITY		
039 ANCILLARY SRVC COST CNTRS		21,503,028
040 OPERATING ROOM		
041 RECOVERY ROOM		
042 DELIVERY ROOM & LABOR ROO		
043 ANESTHESIOLOGY		429,538
044 RADIOLOGY-DIAGNOSTIC		2,424,779
045 RADIOLOGY-THERAPEUTIC		
046 RADIOISOTOPE		
047 LABORATORY		1,272,471
048 PHYSICAL THERAPY		3,620,849
049 OCCUPATIONAL THERAPY		188,906
050 SPEECH PATHOLOGY		
051 ELECTROCARDIOLOGY		
052 ELECTROENCEPHALOGRAPHY		
053 MEDICAL SUPPLIES CHARGED		4,268,221
054 30 IMPL. DEV. CHARGED TO PAT		17,519,164
055 DRUGS CHARGED TO PATIENTS		2,548,675
056 RENAL DIALYSIS		
057 ASC (NON-DISTINCT PART)		
058 OUTPAT SERVICE COST CNTRS		
062 OBSERVATION BEDS (NON-DIS		
095 SPEC PURPOSE COST CENTERS		
096 SUBTOTALS		65,426,412
097 NONREIMBURS COST CENTERS		
098 GIFT, FLOWER, COFFEE SHOP		
099 RESEARCH		
100 PHYSICIANS' PRIVATE OFFIC		
101 NONPAID WORKERS		
102 OTHER NONREIMBURSABLE COS		460,120
103 CROSS FOOT ADJUSTMENT		
104 NEGATIVE COST CENTER		
105 TOTAL		65,886,532

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL		538,188		538,188		538,188	
011 OPERATION OF PLANT		2,122,158		2,122,158		22,638	2,144,796
012 DIETARY		175,556		175,556		3,626	42,960
013 CAFETERIA		290,474		290,474		10,190	71,081
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
017 CENTRAL SERVICES & SUPPLY		234,352		234,352		5,548	57,347
025 MEDICAL RECORDS & LIBRARY		36,401		36,401		6,598	8,908
035 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS		2,788,719		2,788,719		80,156	682,414
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		3,835,146		3,835,146		156,851	938,478
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY						3,234	
044 RADIOLOGY-DIAGNOSTIC		622,419		622,419		17,337	152,309
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY		143,302		143,302		9,916	35,067
048 PHYSICAL THERAPY		519,112		519,112		26,787	127,029
049 OCCUPATIONAL THERAPY						1,469	
050 SPEECH PATHOLOGY							
051 ELECTROCARDIOLOGY							
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED						28,149	
054 30 IMPL. DEV. CHARGED TO PAT						141,754	
055 DRUGS CHARGED TO PATIENTS		119,341		119,341		20,176	29,203
056 RENAL DIALYSIS							
057 ASC (NON-DISTINCT PART)							
058 OUTPAT SERVICE COST CNTRS							
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS		11,425,168		11,425,168		534,429	2,144,796
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
100 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 OTHER NONREIMBURSABLE COS						3,759	
103 CROSS FOOT ADJUSTMENTS							
104 NEGATIVE COST CENTER							
105 TOTAL		11,425,168		11,425,168		538,188	2,144,796

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
011 OPERATION OF PLANT							
012 DIETARY	222,142						
013 CAFETERIA		371,745					
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
017 CENTRAL SERVICES & SUPPLY		10,428			307,675		
025 MEDICAL RECORDS & LIBRARY		19,611				71,518	
035 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	222,142	115,842				3,208	3,892,481
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		165,694				39,264	5,135,433
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY		1,807				2,185	7,226
044 RADIOLOGY-DIAGNOSTIC		17,629				3,390	813,084
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY						1,072	189,357
050 PHYSICAL THERAPY		38,950				2,990	714,868
051 OCCUPATIONAL THERAPY		1,784				214	3,467
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					307,675	2,529	338,353
056 30 IMPL. DEV. CHARGED TO PAT						13,360	155,114
057 DRUGS CHARGED TO PATIENTS						3,306	172,026
058 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
095 OUTPAT SERVICE COST CNTRS							
096 OBSERVATION BEDS (NON-DIS							
097 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	222,142	371,745			307,675	71,518	11,421,409
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
101 RESEARCH							
102 PHYSICIANS' PRIVATE OFFIC							
103 NONPAID WORKERS							
104 OTHER NONREIMBURSABLE COS							3,759
105 CROSS FOOT ADJUSTMENTS							
106 NEGATIVE COST CENTER							
107 TOTAL	222,142	371,745			307,675	71,518	11,425,168

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE OPERATION OF E & GENERAL PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)
	3	4	5	6a.00	6
					(SQUARE FEET)
					8
003 GENERAL SERVICE COST					
004 NEW CAP REL COSTS-BLD	123,977				
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS			15,359,081		
008 ADMINISTRATIVE & GENERAL	5,840		2,599,355	-10,308,970	55,577,562
011 OPERATION OF PLANT	23,028				2,337,700
012 DIETARY	1,905				374,410
013 CAFETERIA	3,152				1,052,223
014 MAINTENANCE OF PERSONNEL					
015 NURSING ADMINISTRATIVE					
017 CENTRAL SERVICES & SUPPLIES	2,543		231,764		572,883
025 MEDICAL RECORDS & LIBRARY	395		468,787		681,370
035 INPAT ROUTINE SRVC CNTR					
037 ADULTS & PEDIATRICS	30,261		3,761,570		8,277,140
038 NURSING FACILITY					
039 ANCILLARY SRVC COST CTR					
040 OPERATING ROOM	41,616		6,125,015		16,199,678
041 RECOVERY ROOM					
042 DELIVERY ROOM & LABOR					
044 ANESTHESIOLOGY			95,666		333,931
041 RADIOLOGY-DIAGNOSTIC	6,754		444,067		1,790,253
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY	1,555		181,075		1,023,910
050 PHYSICAL THERAPY	5,633		1,344,404		2,766,141
051 OCCUPATIONAL THERAPY			107,378		151,685
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					2,906,792
056 30 IMPL. DEV. CHARGED TO					14,637,921
057 DRUGS CHARGED TO PATIENTS	1,295				2,083,398
058 RENAL DIALYSIS					
062 ASC (NON-DISTINCT PAR					
095 OUTPAT SERVICE COST CENTER					
096 OBSERVATION BEDS (NON					
097 SPEC PURPOSE COST CENTER					
095 SUBTOTALS	123,977		15,359,081	-10,308,970	55,189,435
096 NONREIMBURS COST CENTER					
097 GIFT, FLOWER, COFFEE					
098 RESEARCH					
098 PHYSICIANS' PRIVATE O					
099 NONPAID WORKERS					
100 OTHER NONREIMBURSABLE					388,127
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	11,425,168		4,498,760		10,308,970
(WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER	92.155545		.292906		.185488
(WRKSHT B, PT I)					
105 COST TO BE ALLOCATED					29.138304
(WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED					538,188
(WRKSHT B, PART III)					
108 UNIT COST MULTIPLIER					.009684
(WRKSHT B, PT III)					22.550926

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED) EQUIS.	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	11	12	13	14	15	17
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
011 DIETARY	100					
012 CAFETERIA		427,980				
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY		12,006			100	
017 MEDICAL RECORDS & LIBRARY		22,578				181,700,662
025 INPAT ROUTINE SRVC CN						
035 ADULTS & PEDIATRICS	100	133,366				8,141,995
037 NURSING FACILITY						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM		190,758				99,839,364
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR						
042 ANESTHESIOLOGY		2,080				5,544,744
043 RADIOLOGY-DIAGNOSTIC		20,296				8,604,629
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE						
046 LABORATORY						2,721,073
050 PHYSICAL THERAPY		44,842				7,587,895
051 OCCUPATIONAL THERAPY		2,054				542,707
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR					100	6,418,987
056 30 IMPL. DEV. CHARGED TO						33,908,540
057 DRUGS CHARGED TO PATI						8,390,728
058 RENAL DIALYSIS						
062 ASC (NON-DISTINCT PAR						
095 OUTPAT SERVICE COST C	100	427,980			100	181,700,662
096 OBSERVATION BEDS (NON						
097 SPEC PURPOSE COST CEN						
098 SUBTOTALS						
099 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE						
101 RESEARCH						
102 PHYSICIANS' PRIVATE O						
103 NONPAID WORKERS						
104 OTHER NONREIMBURSABLE						
105 CROSS FOOT ADJUSTMENT						
106 NEGATIVE COST CENTER						
107 COST TO BE ALLOCATED	499,367	1,339,242			790,814	889,917
108 (PER WRKSHT B, PART						
UNIT COST MULTIPLIER		3.129216				.004898
(WRKSHT B, PT I)	4,993.670000				7,908.140000	
109 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER						
(WRKSHT B, PT I I)						
110 COST TO BE ALLOCATED	222,142	371,745			307,675	71,518
111 (PER WRKSHT B, PART						
UNIT COST MULTIPLIER		.868604				.000394
(WRKSHT B, PT I I I)	2,221.420000				3,076.750000	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS NURSING FACILITY	11,650,781		11,650,781		11,650,781
35	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,503,028		21,503,028		21,503,028
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	429,538		429,538		429,538
41	RADIOLOGY-DIAGNOSTIC	2,424,779		2,424,779		2,424,779
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,272,471		1,272,471		1,272,471
50	PHYSICAL THERAPY	3,620,849		3,620,849		3,620,849
51	OCCUPATIONAL THERAPY	188,906		188,906		188,906
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,268,221		4,268,221		4,268,221
55	30 IMPL. DEV. CHARGED TO PAT	17,519,164		17,519,164		17,519,164
56	DRUGS CHARGED TO PATIENTS	2,548,675		2,548,675		2,548,675
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
62	OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,093,090		1,093,090		1,093,090
101	SUBTOTAL	66,519,502		66,519,502		66,519,502
102	LESS OBSERVATION BEDS	1,093,090		1,093,090		1,093,090
103	TOTAL	65,426,412		65,426,412		65,426,412

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						
38	OPERATING ROOM	21,503,028	5,135,433	16,367,595			21,503,028
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	429,538	7,226	422,312			429,538
42	RADIOLOGY-DIAGNOSTIC	2,424,779	813,084	1,611,695			2,424,779
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,272,471	189,357	1,083,114			1,272,471
50	PHYSICAL THERAPY	3,620,849	714,868	2,905,981			3,620,849
51	OCCUPATIONAL THERAPY	188,906	3,467	185,439			188,906
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,268,221	338,353	3,929,868			4,268,221
55	30 IMPL. DEV. CHARGED TO PAT	17,519,164	155,114	17,364,050			17,519,164
56	DRUGS CHARGED TO PATIENTS	2,548,675	172,026	2,376,649			2,548,675
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
62	OUTPAT SERVICE COST CNTRS						
	OBSERVATION BEDS (NON-DIS	1,093,090	365,197	727,893			1,093,090
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	54,868,721	7,894,125	46,974,596			54,868,721
102	LESS OBSERVATION BEDS	1,093,090	365,197	727,893			1,093,090
103	TOTAL	53,775,631	7,528,928	46,246,703			53,775,631

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						
38	OPERATING ROOM	21,503,028	5,135,433	16,367,595	513,543	949,321	20,040,164
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	429,538	7,226	422,312	723	24,494	404,321
42	RADIOLOGY-DIAGNOSTIC	2,424,779	813,084	1,611,695	81,308	93,478	2,249,993
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,272,471	189,357	1,083,114	18,936	62,821	1,190,714
50	PHYSICAL THERAPY	3,620,849	714,868	2,905,981	71,487	168,547	3,380,815
51	OCCUPATIONAL THERAPY	188,906	3,467	185,439	347	10,755	177,804
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,268,221	338,353	3,929,868	33,835	227,932	4,006,454
55	30 IMPL. DEV. CHARGED TO PAT	17,519,164	155,114	17,364,050	15,511	1,007,115	16,496,538
56	DRUGS CHARGED TO PATIENTS	2,548,675	172,026	2,376,649	17,203	137,846	2,393,626
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
62	OUTPAT SERVICE COST CNTRS						
	OBSERVATION BEDS (NON-DIS	1,093,090	365,197	727,893	36,520	42,218	1,014,352
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	54,868,721	7,894,125	46,974,596	789,413	2,724,527	51,354,781
102	LESS OBSERVATION BEDS	1,093,090	365,197	727,893	36,520	42,218	1,014,352
103	TOTAL	53,775,631	7,528,928	46,246,703	752,893	2,682,309	50,340,429

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	99,839,364	.200724	.210233
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	5,544,744	.072920	.077337
41	RADIOLOGY-DIAGNOSTIC	8,604,629	.261486	.272350
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	2,721,073	.437590	.460677
50	PHYSICAL THERAPY	7,587,895	.445554	.467766
51	OCCUPATIONAL THERAPY	542,707	.327624	.347442
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	6,418,987	.624157	.659666
55	30 IMPL. DEV. CHARGED TO PAT	33,908,540	.486501	.516202
56	DRUGS CHARGED TO PATIENTS	8,390,728	.285270	.301699
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
62	OUTPAT SERVICE COST CNTRS			
	OBSERVATION BEDS (NON-DIS	733,922	1.382098	1.439622
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	174,292,589		
102	LESS OBSERVATION BEDS	733,922		
103	TOTAL	173,558,667		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				3,892,481		3,892,481
101	TOTAL				3,892,481		3,892,481

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	7,024	2,451			554.17	1,358,271
101	TOTAL	7,024	2,451				1,358,271

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

PROVIDER NO: 15-0160
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					7,024	
35	NURSING FACILITY						
101	TOTAL					7,024	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	2,451	
35	NURSING FACILITY		
101	TOTAL	2,451	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			99,839,364			13,368,608	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			5,544,744			610,219	
42	RADIOLOGY-DIAGNOSTIC			8,604,629			133,045	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			2,721,073			545,810	
50	PHYSICAL THERAPY			7,587,895			698,941	
51	OCCUPATIONAL THERAPY			542,707			61,003	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			6,418,987			1,024,836	
55	30 IMPL. DEV. CHARGED TO PAT			33,908,540			8,905,481	
56	DRUGS CHARGED TO PATIENTS			8,390,728			1,255,312	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
62	OUTPAT SERVICE COST CNTRS							
	OBSERVATION BEDS (NON-DIS			733,922				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			174,292,589			26,603,255	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	8,749,422					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	520,656					
42	RADIOLOGY-DIAGNOSTIC	1,999,826					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	67,973					
50	PHYSICAL THERAPY	811					
51	OCCUPATIONAL THERAPY	753					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	409,320					
55	30 IMPL. DEV. CHARGED TO PAT	780,275					
56	DRUGS CHARGED TO PATIENTS	562,781					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
62	OUTPAT SERVICE COST CNTRS						
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	13,091,817					

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	9,966,656	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	9,966,656	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	824,593	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	10,791,249	
17 PRIMARY PAYER PAYMENTS	17,395	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	10,773,854	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	958,068	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	42,028	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	29,420	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	42,028	
22 SUBTOTAL	9,845,206	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	9,845,206	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	9,815,786	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	29,420	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, 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)		

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
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		589,244	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		589,244	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		589,244	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		165,335	
11	ANCILLARY SERVICE CHARGES		1,203,376	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		1,368,711	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		1,368,711	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		779,467	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		589,244	
	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		589,244	
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		589,244	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		589,244	
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)		589,244	
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		589,244	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		589,244	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		589,244	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

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
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		1	2

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		142,026,605		
2	NET INCOME (LOSS)		36,555,168		
3	TOTAL		178,581,773		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		178,581,773		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	149,867,953			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		149,867,953		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		28,713,820		

		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				

DESCRIPTION

1	TOTAL PATIENT REVENUES	181,700,662
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	82,456,720
3	NET PATIENT REVENUES	99,243,942
4	LESS: TOTAL OPERATING EXPENSES	67,808,939
5	NET INCOME FROM SERVICE TO PATIENTS	31,435,003
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	4,476,194
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	6
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	278,944
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS	365,021
25	TOTAL OTHER INCOME	5,120,165
26	TOTAL	36,555,168
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	36,555,168

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	814,389
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	10,204
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	17.44
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.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	824,593
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)	