REHABILITATION HOSPITAL OF INDIANA
INDIANAPOLIS, INDIANA

PROVIDER NO. 15-3028 AND AIM NO. 100274620A

HOSPITAL STATEMENTS OF REIMBURSABLE COST
(MEDICARE AND MEDICAID PROGRAMS)

DECEMBER 31, 2010

REHABILITATION HOSPITAL OF INDIANA

PROVIDER NO. 15-3028 AND AIM NO. 100274620A

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Accountants' Disclaimer

Hospital Statement of Reimbursable Cost

Bradley Associates
Healthcare Advisors and CPAs

Board of Directors
Rehabilitation Hospital of Indiana
Indianapolis, Indiana

We have compiled the Hospital Statement of Reimbursable Cost (Title XVIII and XIX) of Rehabilitation Hospital of Indiana for the year ended December 31, 2010 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services, information that is the representation of management. We have not audited or reviewed the report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The report is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, this report is not designed for those who are not informed about such differences.

This report is intended to be filed with the Centers for Medicare and Medicaid Services and should not be used for any other purposes.

Bradley Associates

May 31, 2011

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-3028	PERIOD FROM 1/ 1/2010 TO 12/31/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / /	INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2011 TIME 14:18

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 IMPRISIONMENT 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:
REHABILITATION HOSPITAL OF INDIANA 15-3028
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: 5/31/2011 TIME 14:18

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
			A	B		
		1	2	3	4	
1	HOSPITAL	0	157,838	10,816		0
100	TOTAL	0	157,838	10,816		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.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 4141 SHORE DRIVE P.O. BOX:
1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46254- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
	0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	REHABILITATION HOSPITAL OF INDIANA	15-3028		1/ 7/1992	N	P	N

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

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	5
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 AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	N	N			
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION 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.	2	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.	2	N			
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N				
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N				
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /		/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /		/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /		/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /		/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			/ /		/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /		/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /		/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)					/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).					/ /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	Y				
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	Y				
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.	Y				
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)	N	N			
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)	N	N			
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 OCCURING IN ALL NON-PROVIDER SETTINGS.		0.00			
	IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)					
25.09			0000	0.00		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/ /			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02					
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4	
		0	0.0000	0.0000		
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	0.00	0			
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N		
28.03	STAFFING		0.00%			
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).					
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					
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)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
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?			

	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).	Y	
40.01	NAME: FI/CONTRACTOR NAME		FI/CONTRACTOR #
40.02	STREET: P.O. BOX:		
40.03	CITY: STATE: ZIP CODE: -		
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	N	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N	
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:	0
	PAID LOSSES:	0
	AND/OR SELF INSURANCE:	0
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N

		DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 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?	N	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.	Y	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).	Y	N
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	N	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	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). Y 4/ 6/2011

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. N

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-3028 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/31/2011 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS / TRIPS -------- TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	90	32,850			9,027		4,075
2	HMO							161
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	90	32,850			9,027		4,075
12	TOTAL	90	32,850			9,027		4,075
13	RPCH VISITS							
23	CORF							
25	TOTAL	90						
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 / TITLE XIX OBSERVATION BEDS ADMITTED 5.01	NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS ---------- TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			24,349				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			24,349				
12	TOTAL			24,349			2.92	
13	RPCH VISITS							
23	CORF							
25	TOTAL						2.92	
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					599	202	1,503
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
12	TOTAL	2.92	274.56			599	202	1,503
13	RPCH VISITS							
23	CORF							
25	TOTAL	2.92	274.56					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,222,966	1,222,966		1,222,966
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		450,959	450,959		450,959
5	0500	EMPLOYEE BENEFITS	217,067	3,190,412	3,407,479		3,407,479
6.01	0660	ADMIN AND GENERAL	1,658,319	2,187,550	3,845,869	-101,363	3,744,506
6.02	0661	OTHER A & G - NON-FOUNDATION	928,098	1,215,966	2,144,064	-187,361	1,956,703
8	0800	OPERATION OF PLANT	311,526	739,187	1,050,713		1,050,713
9	0900	LAUNDRY & LINEN SERVICE		132,241	132,241		132,241
10	1000	HOUSEKEEPING	233,175	166,273	399,448		399,448
11	1100	DIETARY	56,784	897,239	954,023	-307,100	646,923
12	1200	CAFETERIA				307,100	307,100
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	535,781	132,088	667,869	59,372	727,241
15	1500	CENTRAL SERVICES & SUPPLY	33,092	52,145	85,237		85,237
16	1600	PHARMACY	344,412	216,032	560,444		560,444
17	1700	MEDICAL RECORDS & LIBRARY	182,069	518,335	700,404		700,404
18	1800	SOCIAL SERVICE	264,628	64,982	329,610		329,610
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				220,410	220,410
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	6,140,397	2,066,638	8,207,035		8,207,035
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM					
38	3800	RECOVERY ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	46,865	48,918	95,783		95,783
44	4400	LABORATORY		364,163	364,163		364,163
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	245,578	234,229	479,807		479,807
50	5000	PHYSICAL THERAPY	1,644,271	792,293	2,436,564	386,020	2,822,584
50.01	5001	PHYSICAL THERAPY - CARMEL	263,008	172,566	435,574		435,574
51	5100	OCCUPATIONAL THERAPY	1,285,804	433,438	1,719,242	413,417	2,132,659
52	5200	SPEECH PATHOLOGY	524,357	253,864	778,221	308,848	1,087,069
52.01	5201	VISION	133,171	21,684	154,855		154,855
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		189,513	189,513		189,513
56	5600	DRUGS CHARGED TO PATIENTS		979,884	979,884		979,884
59	0000	PSYCHOLOGY	130,436	47,808	178,244		178,244
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	207,068	629,896	836,964		836,964
60.01	6001	SLEEP CENTER	60,231	12,550	72,781		72,781
61	6100	EMERGENCY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
69	6900	CORF	765,777	342,508	1,108,285	-1,108,285	
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	16,211,914	17,776,327	33,988,241	-8,942	33,979,299
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,513	7,513		7,513
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES	127,793	1,069,214	1,197,007	-220,410	976,597
99	9900	NONPAID WORKERS					
100	7950	FOUNDATION	149,988	54,673	204,661		204,661
100.01	7951	PUBLIC RELATIONS				229,352	229,352
101		TOTAL	16,489,695	18,907,727	35,397,422	-0-	35,397,422

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I 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	-5,316	1,217,650
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		450,959
5	0500	EMPLOYEE BENEFITS		3,407,479
6.01	0660	ADMIN AND GENERAL	-96,341	3,648,165
6.02	0661	OTHER A & G - NON-FOUNDATION	566,194	2,522,897
8	0800	OPERATION OF PLANT	-17,435	1,033,278
9	0900	LAUNDRY & LINEN SERVICE		132,241
10	1000	HOUSEKEEPING		399,448
11	1100	DIETARY		646,923
12	1200	CAFETERIA	-96,043	211,057
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION		727,241
15	1500	CENTRAL SERVICES & SUPPLY		85,237
16	1600	PHARMACY	-3,060	557,384
17	1700	MEDICAL RECORDS & LIBRARY	-342	700,062
18	1800	SOCIAL SERVICE		329,610
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		220,410
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-4,050	8,202,985
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		
38	3800	RECOVERY ROOM		
40	4000	ANESTHESIOLOGY		
41	4100	RADIOLOGY-DIAGNOSTIC		95,783
44	4400	LABORATORY	-91,897	272,266
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY		479,807
50	5000	PHYSICAL THERAPY		2,822,584
50.01	5001	PHYSICAL THERAPY - CARMEL		435,574
51	5100	OCCUPATIONAL THERAPY		2,132,659
52	5200	SPEECH PATHOLOGY		1,087,069
52.01	5201	VISION		154,855
53	5300	ELECTROCARDIOLOGY		
54	5400	ELECTROENCEPHALOGRAPHY		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		189,513
56	5600	DRUGS CHARGED TO PATIENTS		979,884
59	0000	PSYCHOLOGY		178,244
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		836,964
60.01	6001	SLEEP CENTER		72,781
61	6100	EMERGENCY		
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
69	6900	CORF		
		SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	251,710	34,231,009
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,513
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		976,597
99	9900	NONPAID WORKERS		
100	7950	FOUNDATION	1,657,752	1,862,413
100.01	7951	PUBLIC RELATIONS		229,352
101		TOTAL	1,909,462	37,306,884

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I NOT A CMS WORKSHEET

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	
6.01	ADMIN AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
6.02	OTHER A & G - NON-FOUNDATION	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	PHYSICAL THERAPY - CARMEL	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	VISION	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PSYCHOLOGY	0000	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	SLEEP CENTER	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
69	CORF	6900	
	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	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PUBLIC RELATIONS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	INCREASE SALARY	INCREASE OTHER
	1		2	3	4	5
1	CAFETERIA	A	CAFETERIA	12	18,279	288,821
2	DIRECTOR OF NURSING	B	NURSING ADMINISTRATION	14	59,372	
3	PUBLIC RELATIONS	C	PUBLIC RELATIONS	100.01	41,991	
4	NCR (CORF)	D	PHYSICAL THERAPY	50	266,723	119,297
5			OCCUPATIONAL THERAPY	51	285,653	127,764
6			SPEECH PATHOLOGY	52	213,401	95,447
7	INTERNS & RESIDENTS EXPENSE	F	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		210,498
8	INTERNS & RESIDENTS EXPENSE	G	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		9,912
9	PROGRAM MANAGEMENT	H	PUBLIC RELATIONS	100.01	187,361	
36	TOTAL RECLASSIFICATIONS				1,072,780	851,739

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	CAFETERIA	A	DIETARY	11	18,279	288,821	
2	DIRECTOR OF NURSING	B	ADMIN AND GENERAL	6.01	59,372		
3	PUBLIC RELATIONS	C	ADMIN AND GENERAL	6.01	41,991		
4	NCR (CORF)	D	CORF	69	765,777	342,508	
5							
6							
7	INTERNS & RESIDENTS EXPENSE	F	PHYSICIANS' PRIVATE OFFICES	98		210,498	
8	INTERNS & RESIDENTS EXPENSE	G	PHYSICIANS' PRIVATE OFFICES	98		9,912	
9	PROGRAM MANAGEMENT	H	OTHER A & G - NON-FOUNDATION	6.02	187,361		
36	TOTAL RECLASSIFICATIONS				1,072,780	851,739	

(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 : CAFETERIA

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	307,100	DIETARY	11	307,100
TOTAL RECLASSIFICATIONS FOR CODE A			307,100			307,100

RECLASS CODE: B
EXPLANATION : DIRECTOR OF NURSING

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	59,372	ADMIN AND GENERAL	6.01	59,372
TOTAL RECLASSIFICATIONS FOR CODE B			59,372			59,372

RECLASS CODE: C
EXPLANATION : PUBLIC RELATIONS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PUBLIC RELATIONS	100.01	41,991	ADMIN AND GENERAL	6.01	41,991
TOTAL RECLASSIFICATIONS FOR CODE C			41,991			41,991

RECLASS CODE: D
EXPLANATION : NCR (CORF)

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	386,020	CORF	69	1,108,285
2.00	OCCUPATIONAL THERAPY	51	413,417			0
3.00	SPEECH PATHOLOGY	52	308,848			0
TOTAL RECLASSIFICATIONS FOR CODE D			1,108,285			1,108,285

RECLASS CODE: F
EXPLANATION : INTERNS & RESIDENTS EXPENSE

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	210,498	PHYSICIANS' PRIVATE OFFICES	98	210,498
TOTAL RECLASSIFICATIONS FOR CODE F			210,498			210,498

RECLASS CODE: G
EXPLANATION : INTERNS & RESIDENTS EXPENSE

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	9,912	PHYSICIANS' PRIVATE OFFICES	98	9,912
TOTAL RECLASSIFICATIONS FOR CODE G			9,912			9,912

RECLASS CODE: H
EXPLANATION : PROGRAM MANAGEMENT

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PUBLIC RELATIONS	100.01	187,361	OTHER A & G - NON-FOUNDATION	6.02	187,361
TOTAL RECLASSIFICATIONS FOR CODE H			187,361			187,361

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	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	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	2,506,638					2,506,638	
2	LAND IMPROVEMENTS	248,738	2,000		2,000		250,738	
3	BUILDINGS & FIXTURE	13,688,419				4,442	13,683,977	
4	BUILDING IMPROVEMEN	69,244					69,244	
5	FIXED EQUIPMENT	2,170,408				3,263	2,167,145	
6	MOVABLE EQUIPMENT	7,795,695				957,574	6,838,121	
7	SUBTOTAL	26,479,142	2,000		2,000	965,279	25,515,863	
8	RECONCILING ITEMS							
9	TOTAL	26,479,142	2,000		2,000	965,279	25,515,863	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	16,510,597		16,510,597	.647072				
4	NEW CAP REL COSTS-MV	9,005,266		9,005,266	.352928				
5	TOTAL	25,515,863		25,515,863	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,222,966		-5,316				1,217,650
4	NEW CAP REL COSTS-MV	450,959						450,959
5	TOTAL	1,673,925		-5,316				1,668,609

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,222,966						1,222,966
4	NEW CAP REL COSTS-MV	450,959						450,959
5	TOTAL	1,673,925						1,673,925

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* All lines numbers except line 5 are to be consistent with Workhseet 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).

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 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	-5,316	NEW CAP REL COSTS-BLDG &	3	11
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	ADMIN AND GENERAL	6.01	
7	REFUNDS AND REBATES OF EXPENSES	B	-2,803	ADMIN AND GENERAL	6.01	
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-20,783	ADMIN AND GENERAL	6.01	
9	TELEPHONE SERVICES	A	-31,786	ADMIN AND GENERAL	6.01	
10	TELEVISION AND RADIO SERVICE	A	-14,043	OPERATION OF PLANT	8	
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	474,297			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-96,043	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-3,060	PHARMACY	16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-342	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-3,392	OPERATION OF PLANT	8	
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			**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	LOGOMAN REVENUE	B	-1,031	ADMIN AND GENERAL	6.01	
38	MISC PHYSICIAN REVENUE	B	-4,050	ADULTS & PEDIATRICS	25	
39	MISC REVENUE	B	-6,433	ADMIN AND GENERAL	6.01	
40	RHI FOUNDATION	A	1,657,752	FOUNDATION	100	
41	DONATIONS	A	-20,770	ADMIN AND GENERAL	6.01	
42	ADVERTISING	A	-12,620	ADMIN AND GENERAL	6.01	
43	OTHER ADJUSTMENTS (SPECIFY)					
44	OTHER ADJUSTMENTS (SPECIFY)					
45	OTHER ADJUSTMENTS (SPECIFY)					
46	OTHER ADJUSTMENTS (SPECIFY)					
47	OTHER ADJUSTMENTS (SPECIFY)					
48	OTHER ADJUSTMENTS (SPECIFY)					
49	OTHER ADJUSTMENTS (SPECIFY)					
50	TOTAL (SUM OF LINES 1 THRU 49)		1,909,462			

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

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

LINE NO.		COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3		4	5	6	
1	44	LABORATORY	LABORATORY - CLARION	270,997	362,894	-91,897	
2	5	EMPLOYEE BENEFITS	OVERLAPS - CLARION	4,575	4,575		
3	6 2	OTHER A & G - NON-FOUNDAT	BILLING/CODING SVCS - CLA	13,135	13,135		
4	6 2	OTHER A & G - NON-FOUNDAT	INSURANCE - CLARION	161,183	161,183		
4.01	5	EMPLOYEE BENEFITS	OVERLAPS -ST V	3,150	3,150		
4.02	6 2	OTHER A & G - NON-FOUNDAT	BILLING EXPENSE - CLARION	566,194		566,194	
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
4.09							
4.10							
5		TOTALS		1,019,234	544,937	474,297	

* 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	CLARIAN HEALTH	50.00	CLARIAN HEALTH	0.00	
2	B	ST. VINCENT HEALTH	50.00	ST. VINCENT HEALTH	0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERELATIONSHIP 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

I PROVIDER NO: I PERIOD: I PREPARED 5/31/2011
I 15-3028 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
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	5	GROSS SALARIES	ENTERED
6.01	ADMIN AND GENERAL	#	ACCUM. COST	NOT ENTERED
6.02	OTHER A & G - NON-FOUNDATION	4	ACCUM. COST	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	9	MEALS SERVED	ENTERED
12	CAFETERIA	10	HOURS PAID	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	PATIENT DAYS	ENTERED
18	SOCIAL SERVICE	16	PATIENT DAYS	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	ENTERED

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMIN AND GENERAL	OTHER A & G - NON-FOUNDAT
			0	3	4	5	6a.00	6.01	6.02
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &	1,217,650	1,217,650					
004		NEW CAP REL COSTS-MVBLE E	450,959		450,959				
005		EMPLOYEE BENEFITS	3,407,479	20,152	7,463	3,435,094			
006	01	ADMIN AND GENERAL	3,648,165	61,286	22,698	317,261	4,049,410	4,049,410	
006	02	OTHER A & G - NON-FOUNDAT	2,522,897			150,940	2,673,837	325,564	2,999,401
008		OPERATION OF PLANT	1,033,278	11,136	4,124	63,480	1,112,018	135,398	115,890
009		LAUNDRY & LINEN SERVICE	132,241				132,241	16,102	13,782
010		HOUSEKEEPING	399,448	10,438	3,866	47,514	461,266	56,163	48,071
011		DIETARY	646,923	63,835	23,642	7,846	742,246	90,375	77,354
012		CAFETERIA	211,057			3,725	214,782	26,152	22,384
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	727,241	6,172	2,286	121,274	856,973	104,344	89,310
015		CENTRAL SERVICES & SUPPLY	85,237	10,639	3,940	6,743	106,559	12,975	11,105
016		PHARMACY	557,384	5,259	1,948	70,181	634,772	77,289	66,153
017		MEDICAL RECORDS & LIBRARY	700,062	14,034	5,197	37,100	756,393	92,098	78,828
018		SOCIAL SERVICE	329,610	3,730	1,381	53,923	388,644	47,321	40,503
023		I&R SERVICES-OTHER PRGM C	220,410	1,342	497		222,249	27,061	23,162
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	8,202,985	498,902	184,768	1,251,228	10,137,883	1,234,390	1,056,527
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
038		RECOVERY ROOM							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC	95,783	7,044	2,609	9,550	114,986	14,001	11,983
044		LABORATORY	272,266	4,038	1,496		277,800	33,825	28,951
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	479,807	6,695	2,479	50,041	539,022	65,631	56,175
050		PHYSICAL THERAPY	2,822,584	216,112	80,038	389,403	3,508,137	427,147	365,604
050	01	PHYSICAL THERAPY - CARMEL	435,574			53,593	489,167	59,560	50,979
051		OCCUPATIONAL THERAPY	2,132,659	149,701	55,442	320,216	2,658,018	323,638	277,008
052		SPEECH PATHOLOGY	1,087,069	27,692	10,256	150,333	1,275,350	155,285	132,912
052	01	VISION	154,855			27,136	181,991	22,159	18,966
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED	189,513				189,513	23,075	19,750
056		DRUGS CHARGED TO PATIENTS	979,884				979,884	119,310	102,120
059		PSYCHOLOGY	178,244	9,915	3,672	26,579	218,410	26,593	22,762
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	836,964	39,552	14,648	42,194	933,358	113,645	97,271
060	01	SLEEP CENTER	72,781	40,249	14,906	12,273	140,209	17,072	14,612
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
069		CORF							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	34,231,009	1,207,923	447,356	3,212,533	33,995,118	3,646,173	2,842,162
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	7,513				7,513	915	783
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC	976,597	8,788	3,255	26,040	1,014,680	123,546	127,683
099		NONPAID WORKERS							
100		FOUNDATION	1,862,413	939	348	149,786	2,013,486	245,160	
100	01	PUBLIC RELATIONS	229,352			46,735	276,087	33,616	28,773
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	37,306,884	1,217,650	450,959	3,435,094	37,306,884	4,049,410	2,999,401

		COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
			8	9	10	11	12	13	14
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	ADMIN AND GENERAL							
006	02	OTHER A & G - NON-FOUNDAT							
008		OPERATION OF PLANT	1,363,306						
009		LAUNDRY & LINEN SERVICE		162,125					
010		HOUSEKEEPING	12,648		578,148				
011		DIETARY	77,352		33,111	1,020,438			
012		CAFETERIA					263,318		
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	7,478		3,201		11,424		1,072,730
015		CENTRAL SERVICES & SUPPLY	12,892		5,518		1,137		
016		PHARMACY	6,373		2,728		4,150		32,020
017		MEDICAL RECORDS & LIBRARY	17,005		7,279		4,696		36,232
018		SOCIAL SERVICE	4,520		1,935		4,821		
023		I&R SERVICES-OTHER PRGM C	1,626		696				
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	604,545	154,231	258,774	1,020,438	124,611		961,436
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
038		RECOVERY ROOM							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC	8,535		3,653		958		7,392
044		LABORATORY	4,893		2,095				
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	8,112		3,473		4,620		35,650
050		PHYSICAL THERAPY	261,873	6,300	112,094		40,147		
050	01	PHYSICAL THERAPY - CARMEL							
051		OCCUPATIONAL THERAPY	181,399	361	77,648		29,091		
052		SPEECH PATHOLOGY	33,555	270	14,363		13,322		
052	01	VISION					2,505		
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
059		PSYCHOLOGY	12,014		5,143		1,966		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	47,927		20,515		4,493		
060	01	SLEEP CENTER	48,772	963	20,877		1,152		
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
069		CORF							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	1,351,519	162,125	573,103	1,020,438	249,093		1,072,730
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC	10,649		4,558		3,351		
099		NONPAID WORKERS							
100		FOUNDATION	1,138		487		7,264		
100	01	PUBLIC RELATIONS					3,610		
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	1,363,306	162,125	578,148	1,020,438	263,318		1,072,730

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
			15	16	17	18	23	25	26
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	ADMIN AND GENERAL							
006	02	OTHER A & G - NON-FOUNDAT							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY	150,186						
016		PHARMACY	6,387	829,872					
017		MEDICAL RECORDS & LIBRARY	6		992,537				
018		SOCIAL SERVICE				487,744			
023		I&R SERVICES-OTHER PRGM C					274,794		
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	30,950		992,537	487,744	274,794	17,338,860	-274,794
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
038		RECOVERY ROOM							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC	43					161,551	
044		LABORATORY	129					347,693	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	2,880					715,563	
050		PHYSICAL THERAPY	979					4,722,281	
050	01	PHYSICAL THERAPY - CARMEL						599,706	
051		OCCUPATIONAL THERAPY	370					3,547,533	
052		SPEECH PATHOLOGY	125					1,625,182	
052	01	VISION						225,621	
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED						232,338	
056		DRUGS CHARGED TO PATIENTS		829,872				2,031,186	
059		PSYCHOLOGY	1,719					288,607	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	104,428					1,321,637	
060	01	SLEEP CENTER	68					243,725	
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
069		CORF							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	148,084	829,872	992,537	487,744	274,794	33,401,483	-274,794
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						9,211	
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC	2,101					1,286,568	
099		NONPAID WORKERS							
100		FOUNDATION	1					2,267,536	
100	01	PUBLIC RELATIONS						342,086	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	150,186	829,872	992,537	487,744	274,794	37,306,884	-274,794

	COST CENTER DESCRIPTION	TOTAL
		27
	GENERAL SERVICE COST CNTR	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006 01	ADMIN AND GENERAL	
006 02	OTHER A & G - NON-FOUNDAT	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	17,064,066
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	
038	RECOVERY ROOM	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	161,551
044	LABORATORY	347,693
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	715,563
050	PHYSICAL THERAPY	4,722,281
050 01	PHYSICAL THERAPY - CARMEL	599,706
051	OCCUPATIONAL THERAPY	3,547,533
052	SPEECH PATHOLOGY	1,625,182
052 01	VISION	225,621
053	ELECTROCARDIOLOGY	
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	232,338
056	DRUGS CHARGED TO PATIENTS	2,031,186
059	PSYCHOLOGY	288,607
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,321,637
060 01	SLEEP CENTER	243,725
061	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
069	CORF	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	33,126,689
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	9,211
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	1,286,568
099	NONPAID WORKERS	
100	FOUNDATION	2,267,536
100 01	PUBLIC RELATIONS	342,086
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	37,032,090

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMIN AND GENERAL	OTHER A & G - NON-FOUNDAT
			0	3	4	4a	5	6.01	6.02
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS		20,152	7,463	27,615	27,615		
006	01	ADMIN AND GENERAL		61,286	22,698	83,984	2,550	86,534	
006	02	OTHER A & G - NON-FOUNDAT					1,213	6,957	8,170
008		OPERATION OF PLANT		11,136	4,124	15,260	510	2,893	316
009		LAUNDRY & LINEN SERVICE						344	38
010		HOUSEKEEPING		10,438	3,866	14,304	382	1,200	131
011		DIETARY		63,835	23,642	87,477	63	1,931	211
012		CAFETERIA					30	559	61
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION		6,172	2,286	8,458	975	2,230	243
015		CENTRAL SERVICES & SUPPLY		10,639	3,940	14,579	54	277	30
016		PHARMACY		5,259	1,948	7,207	564	1,652	180
017		MEDICAL RECORDS & LIBRARY		14,034	5,197	19,231	298	1,968	215
018		SOCIAL SERVICE		3,730	1,381	5,111	433	1,011	110
023		I&R SERVICES-OTHER PRGM C		1,342	497	1,839		578	63
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		498,902	184,768	683,670	10,062	26,378	2,875
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
038		RECOVERY ROOM							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC		7,044	2,609	9,653	77	299	33
044		LABORATORY		4,038	1,496	5,534		723	79
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY		6,695	2,479	9,174	402	1,403	153
050		PHYSICAL THERAPY		216,112	80,038	296,150	3,130	9,128	997
050	01	PHYSICAL THERAPY - CARMEL					431	1,273	139
051		OCCUPATIONAL THERAPY		149,701	55,442	205,143	2,574	6,916	755
052		SPEECH PATHOLOGY		27,692	10,256	37,948	1,208	3,318	362
052	01	VISION					218	474	52
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED						493	54
056		DRUGS CHARGED TO PATIENTS						2,550	278
059		PSYCHOLOGY		9,915	3,672	13,587	214	568	62
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		39,552	14,648	54,200	339	2,429	265
060	01	SLEEP CENTER		40,249	14,906	55,155	99	365	40
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
069		CORF							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS		1,207,923	447,356	1,655,279	25,826	77,917	7,742
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						20	2
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC		8,788	3,255	12,043	209	2,640	348
099		NONPAID WORKERS							
100		FOUNDATION		939	348	1,287	1,204	5,239	
100	01	PUBLIC RELATIONS					376	718	78
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL		1,217,650	450,959	1,668,609	27,615	86,534	8,170

		COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
			8	9	10	11	12	13	14
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	ADMIN AND GENERAL							
006	02	OTHER A & G - NON-FOUNDAT							
008		OPERATION OF PLANT	18,979						
009		LAUNDRY & LINEN SERVICE		382					
010		HOUSEKEEPING	176		16,193				
011		DIETARY	1,077		927	91,686			
012		CAFETERIA					650		
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	104		90		28		12,128
015		CENTRAL SERVICES & SUPPLY	179		155		3		
016		PHARMACY	89		76		10		362
017		MEDICAL RECORDS & LIBRARY	237		204		12		410
018		SOCIAL SERVICE	63		54		12		
023		I&R SERVICES-OTHER PRGM C	23		19				
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	8,416	363	7,247	91,686	308		10,869
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
038		RECOVERY ROOM							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC	119		102		2		84
044		LABORATORY	68		59				
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	113		97		11		403
050		PHYSICAL THERAPY	3,646	15	3,140		99		
050	01	PHYSICAL THERAPY - CARMEL							
051		OCCUPATIONAL THERAPY	2,525	1	2,175		72		
052		SPEECH PATHOLOGY	467	1	402		33		
052	01	VISION					6		
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
059		PSYCHOLOGY	167		144		5		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	667		575		11		
060	01	SLEEP CENTER	679	2	585		3		
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
069		CORF							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	18,815	382	16,051	91,686	615		12,128
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC	148		128		8		
099		NONPAID WORKERS							
100		FOUNDATION	16		14		18		
100	01	PUBLIC RELATIONS					9		
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	18,979	382	16,193	91,686	650		12,128

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
			15	16	17	18	23	25	26
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	ADMIN AND GENERAL							
006	02	OTHER A & G - NON-FOUNDAT							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY	15,277						
016		PHARMACY	650	10,790					
017		MEDICAL RECORDS & LIBRARY	1		22,576				
018		SOCIAL SERVICE				6,794			
023		I&R SERVICES-OTHER PRGM C					2,522		
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	3,148		22,576	6,794		874,392	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
038		RECOVERY ROOM							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC	4					10,373	
044		LABORATORY	13					6,476	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	293					12,049	
050		PHYSICAL THERAPY	100					316,405	
050	01	PHYSICAL THERAPY - CARMEL						1,843	
051		OCCUPATIONAL THERAPY	38					220,199	
052		SPEECH PATHOLOGY	13					43,752	
052	01	VISION						750	
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED						547	
056		DRUGS CHARGED TO PATIENTS		10,790				13,618	
059		PSYCHOLOGY	175					14,922	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	10,621					69,107	
060	01	SLEEP CENTER	7					56,935	
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
069		CORF							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	15,063	10,790	22,576	6,794		1,641,368	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						22	
097		RESEARCH							
098		PHYSICIANS' PRIVATE OFFIC	214					15,738	
099		NONPAID WORKERS							
100		FOUNDATION						7,778	
100	01	PUBLIC RELATIONS						1,181	
101		CROSS FOOT ADJUSTMENTS					2,522	2,522	
102		NEGATIVE COST CENTER							
103		TOTAL	15,277	10,790	22,576	6,794	2,522	1,668,609	

		COST CENTER DESCRIPTION	TOTAL
			27
		GENERAL SERVICE COST CNTR	
003		NEW CAP REL COSTS-BLDG &	
004		NEW CAP REL COSTS-MVBLE E	
005		EMPLOYEE BENEFITS	
006	01	ADMIN AND GENERAL	
006	02	OTHER A & G - NON-FOUNDAT	
008		OPERATION OF PLANT	
009		LAUNDRY & LINEN SERVICE	
010		HOUSEKEEPING	
011		DIETARY	
012		CAFETERIA	
013		MAINTENANCE OF PERSONNEL	
014		NURSING ADMINISTRATION	
015		CENTRAL SERVICES & SUPPLY	
016		PHARMACY	
017		MEDICAL RECORDS & LIBRARY	
018		SOCIAL SERVICE	
023		I&R SERVICES-OTHER PRGM C	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	874,392
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	
038		RECOVERY ROOM	
040		ANESTHESIOLOGY	
041		RADIOLOGY-DIAGNOSTIC	10,373
044		LABORATORY	6,476
048		INTRAVENOUS THERAPY	
049		RESPIRATORY THERAPY	12,049
050		PHYSICAL THERAPY	316,405
050	01	PHYSICAL THERAPY - CARMEL	1,843
051		OCCUPATIONAL THERAPY	220,199
052		SPEECH PATHOLOGY	43,752
052	01	VISION	750
053		ELECTROCARDIOLOGY	
054		ELECTROENCEPHALOGRAPHY	
055		MEDICAL SUPPLIES CHARGED	547
056		DRUGS CHARGED TO PATIENTS	13,618
059		PSYCHOLOGY	14,922
		OUTPAT SERVICE COST CNTRS	
060		CLINIC	69,107
060	01	SLEEP CENTER	56,935
061		EMERGENCY	
062		OBSERVATION BEDS (NON-DIS	
		OTHER REIMBURS COST CNTRS	
069		CORF	
		SPEC PURPOSE COST CENTERS	
095		SUBTOTALS	1,641,368
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	22
097		RESEARCH	
098		PHYSICIANS' PRIVATE OFFIC	15,738
099		NONPAID WORKERS	
100		FOUNDATION	7,778
100	01	PUBLIC RELATIONS	1,181
101		CROSS FOOT ADJUSTMENTS	2,522
102		NEGATIVE COST CENTER	
103		TOTAL	1,668,609

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE & (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMIN AND GENERAL (ACCUM. COST)	OTHER A & G - NON-FOUNDAT (ACCUM. COST)
			3	4	5	6a.01	6.01	6.02
		GENERAL SERVICE COST						
003		NEW CAP REL COSTS-BLD	90,758					
004		NEW CAP REL COSTS-MVB		90,758				
005		EMPLOYEE BENEFITS	1,502	1,502	16,857,713			
006	01	ADMIN AND GENERAL	4,568	4,568	1,556,956	-4,049,410	33,257,474	
006	02	OTHER A & G - NON-FOU			740,737		2,673,837	32,313,860
008		OPERATION OF PLANT	830	830	311,526		1,112,018	1,248,533
009		LAUNDRY & LINEN SERVI					132,241	148,475
010		HOUSEKEEPING	778	778	233,175		461,266	517,892
011		DIETARY	4,758	4,758	38,505		742,246	833,366
012		CAFETERIA			18,279		214,782	241,149
013		MAINTENANCE OF PERSON						
014		NURSING ADMINISTRATIO	460	460	595,153		856,973	962,178
015		CENTRAL SERVICES & SU	793	793	33,092		106,559	119,641
016		PHARMACY	392	392	344,412		634,772	712,699
017		MEDICAL RECORDS & LIB	1,046	1,046	182,069		756,393	849,250
018		SOCIAL SERVICE	278	278	264,628		388,644	436,355
023		I&R SERVICES-OTHER PR	100	100			222,249	249,533
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS	37,186	37,186	6,140,397		10,137,883	11,382,452
		ANCILLARY SRVC COST C						
037		OPERATING ROOM						
038		RECOVERY ROOM						
040		ANESTHESIOLOGY						
041		RADIOLOGY-DIAGNOSTIC	525	525	46,865		114,986	129,102
044		LABORATORY	301	301			277,800	311,904
048		INTRAVENOUS THERAPY						
049		RESPIRATORY THERAPY	499	499	245,578		539,022	605,194
050		PHYSICAL THERAPY	16,108	16,108	1,910,994		3,508,137	3,938,806
050	01	PHYSICAL THERAPY - CA			263,008		489,167	549,219
051		OCCUPATIONAL THERAPY	11,158	11,158	1,571,457		2,658,018	2,984,324
052		SPEECH PATHOLOGY	2,064	2,064	737,757		1,275,350	1,431,916
052	01	VISION			133,171		181,991	204,333
053		ELECTROCARDIOLOGY						
054		ELECTROENCEPHALOGRAPH						
055		MEDICAL SUPPLIES CHAR					189,513	212,778
056		DRUGS CHARGED TO PATI					979,884	1,100,177
059		PSYCHOLOGY	739	739	130,436		218,410	245,223
		OUTPAT SERVICE COST C						
060		CLINIC	2,948	2,948	207,068		933,358	1,047,940
060	01	SLEEP CENTER	3,000	3,000	60,231		140,209	157,421
061		EMERGENCY						
062		OBSERVATION BEDS (NON						
		OTHER REIMBURS COST C						
069		CORF						
		SPEC PURPOSE COST CEN						
095		SUBTOTALS	90,033	90,033	15,765,494	-4,049,410	29,945,708	30,619,860
		NONREIMBURS COST CENT						
096		GIFT, FLOWER, COFFEE					7,513	8,435
097		RESEARCH						
098		PHYSICIANS' PRIVATE O	655	655	127,793		1,014,680	1,375,585
099		NONPAID WORKERS						
100		FOUNDATION	70	70	735,074		2,013,486	
100	01	PUBLIC RELATIONS			229,352		276,087	309,980
101		CROSS FOOT ADJUSTMENT						
102		NEGATIVE COST CENTER						
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	1,217,650	450,959	3,435,094		4,049,410	2,999,401
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.416448	4.968807	.203770		.121759	.092821
105		COST TO BE ALLOCATED (WRKSHT B, PART II)						
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107		COST TO BE ALLOCATED (WRKSHT B, PART III			27,615		86,534	8,170
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)			.001638		.002602	.000253

		COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS PAID)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECTING HRS)
			8	9	10	11	12	13	14
		GENERAL SERVICE COST							
003		NEW CAP REL COSTS-BLD							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006	01	ADMIN AND GENERAL							
006	02	OTHER A & G - NON-FOU							
008		OPERATION OF PLANT	83,858						
009		LAUNDRY & LINEN SERVI		271,851					
010		HOUSEKEEPING	778		83,080				
011		DIETARY	4,758		4,758	73,047			
012		CAFETERIA					460,644		
013		MAINTENANCE OF PERSON							
014		NURSING ADMINISTRATIO	460		460		19,985		243,224
015		CENTRAL SERVICES & SU	793		793		1,989		
016		PHARMACY	392		392		7,260		7,260
017		MEDICAL RECORDS & LIB	1,046		1,046		8,215		8,215
018		SOCIAL SERVICE	278		278		8,434		
023		I&R SERVICES-OTHER PR	100		100				
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	37,186	258,614	37,186	73,047	217,990		217,990
		ANCILLARY SRVC COST C							
037		OPERATING ROOM							
038		RECOVERY ROOM							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC	525		525		1,676		1,676
044		LABORATORY	301		301				
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	499		499		8,083		8,083
050		PHYSICAL THERAPY	16,108	10,564	16,108		70,233		
050	01	PHYSICAL THERAPY - CA							
051		OCCUPATIONAL THERAPY	11,158	606	11,158		50,891		
052		SPEECH PATHOLOGY	2,064	453	2,064		23,305		
052	01	VISION					4,383		
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPH							
055		MEDICAL SUPPLIES CHAR							
056		DRUGS CHARGED TO PATI							
059		PSYCHOLOGY	739		739		3,439		
		OUTPAT SERVICE COST C							
060		CLINIC	2,948		2,948		7,860		
060	01	SLEEP CENTER	3,000	1,614	3,000		2,015		
061		EMERGENCY							
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
069		CORF							
		SPEC PURPOSE COST CEN							
095		SUBTOTALS	83,133	271,851	82,355	73,047	435,758		243,224
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE							
097		RESEARCH							
098		PHYSICIANS' PRIVATE O	655		655		5,863		
099		NONPAID WORKERS							
100		FOUNDATION	70		70		12,707		
100	01	PUBLIC RELATIONS					6,316		
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	1,363,306	162,125	578,148	1,020,438	263,318		1,072,730
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	16.257316	.596374	6.958931	13.969609	.571630		4.410461
105		COST TO BE ALLOCATED (WRKSHT B, PART II)							
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107		COST TO BE ALLOCATED (WRKSHT B, PART III	18,979	382	16,193	91,686	650		12,128
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.226323	.001405	.194909	1.255164	.001411		.049864

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.)	PHARMACY (COSTED EQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	I&R SERVICES-OTHER PRGM (ASSIGNED TIME)
			15	16	17	18	23
		GENERAL SERVICE COST					
003		NEW CAP REL COSTS-BLD					
004		NEW CAP REL COSTS-MVB					
005		EMPLOYEE BENEFITS					
006	01	ADMIN AND GENERAL					
006	02	OTHER A & G - NON-FOU					
008		OPERATION OF PLANT					
009		LAUNDRY & LINEN SERVI					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
013		MAINTENANCE OF PERSON					
014		NURSING ADMINISTRATIO					
015		CENTRAL SERVICES & SU	751,141				
016		PHARMACY	31,943	100			
017		MEDICAL RECORDS & LIB	30		24,349		
018		SOCIAL SERVICE				24,349	
023		I&R SERVICES-OTHER PR					100
		INPAT ROUTINE SRVC CN					
025		ADULTS & PEDIATRICS	154,794		24,349	24,349	100
		ANCILLARY SRVC COST C					
037		OPERATING ROOM					
038		RECOVERY ROOM					
040		ANESTHESIOLOGY					
041		RADIOLOGY-DIAGNOSTIC	215				
044		LABORATORY	647				
048		INTRAVENOUS THERAPY					
049		RESPIRATORY THERAPY	14,402				
050		PHYSICAL THERAPY	4,898				
050	01	PHYSICAL THERAPY - CA					
051		OCCUPATIONAL THERAPY	1,853				
052		SPEECH PATHOLOGY	625				
052	01	VISION					
053		ELECTROCARDIOLOGY					
054		ELECTROENCEPHALOGRAPH					
055		MEDICAL SUPPLIES CHAR					
056		DRUGS CHARGED TO PATI		100			
059		PSYCHOLOGY	8,595				
		OUTPAT SERVICE COST C					
060		CLINIC	522,287				
060	01	SLEEP CENTER	339				
061		EMERGENCY					
062		OBSERVATION BEDS (NON					
		OTHER REIMBURS COST C					
069		CORF					
		SPEC PURPOSE COST CEN					
095		SUBTOTALS	740,628	100	24,349	24,349	100
		NONREIMBURS COST CENT					
096		GIFT, FLOWER, COFFEE					
097		RESEARCH					
098		PHYSICIANS' PRIVATE O	10,510				
099		NONPAID WORKERS					
100		FOUNDATION	3				
100	01	PUBLIC RELATIONS					
101		CROSS FOOT ADJUSTMENT					
102		NEGATIVE COST CENTER					
103		COST TO BE ALLOCATED (PER WRKSHT B, PART	150,186	829,872	992,537	487,744	274,794
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.199944	8,298.720000	40.762947	20.031377	2,747.940000
105		COST TO BE ALLOCATED (PER WRKSHT B, PART					
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107		COST TO BE ALLOCATED (PER WRKSHT B, PART	15,277	10,790	22,576	6,794	2,522
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020338	107.900000	.927184	.279026	25.220000

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	17,064,066		17,064,066		17,064,066
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
38		RECOVERY ROOM					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC	161,551		161,551		161,551
44		LABORATORY	347,693		347,693		347,693
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	715,563		715,563		715,563
50		PHYSICAL THERAPY	4,722,281		4,722,281		4,722,281
50	01	PHYSICAL THERAPY - CARMEL	599,706		599,706		599,706
51		OCCUPATIONAL THERAPY	3,547,533		3,547,533		3,547,533
52		SPEECH PATHOLOGY	1,625,182		1,625,182		1,625,182
52	01	VISION	225,621		225,621		225,621
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED	232,338		232,338		232,338
56		DRUGS CHARGED TO PATIENTS	2,031,186		2,031,186		2,031,186
59		PSYCHOLOGY	288,607		288,607		288,607
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	1,321,637		1,321,637		1,321,637
60	01	SLEEP CENTER	243,725		243,725		243,725
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
101		SUBTOTAL	33,126,689		33,126,689		33,126,689
102		LESS OBSERVATION BEDS					
103		TOTAL	33,126,689		33,126,689		33,126,689

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	30,066,458		30,066,458			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC	183,874	506	184,380	.876185	.876185	.876185
44		LABORATORY	1,374,107	4,177	1,378,284	.252265	.252265	.252265
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	2,100,065	936	2,101,001	.340582	.340582	.340582
50		PHYSICAL THERAPY	10,147,168	4,558,352	14,705,520	.321123	.321123	.321123
50	01	PHYSICAL THERAPY - CARMEL		1,199,085	1,199,085	.500136	.500136	.500136
51		OCCUPATIONAL THERAPY	9,103,326	2,249,479	11,352,805	.312481	.312481	.312481
52		SPEECH PATHOLOGY	3,951,236	1,321,317	5,272,553	.308234	.308234	.308234
52	01	VISION	90,738	434,925	525,663	.429212	.429212	.429212
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	1,381,247	47,838	1,429,085	.162578	.162578	.162578
56		DRUGS CHARGED TO PATIENTS	4,292,165	119,632	4,411,797	.460399	.460399	.460399
59		PSYCHOLOGY		429,611	429,611	.671787	.671787	.671787
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		2,437,253	2,437,253	.542265	.542265	.542265
60	01	SLEEP CENTER	84,800	455,704	540,504	.450922	.450922	.450922
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	62,775,184	13,258,815	76,033,999			
102		LESS OBSERVATION BEDS						
103		TOTAL	62,775,184	13,258,815	76,033,999			

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	17,338,860		17,338,860		17,338,860
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
38		RECOVERY ROOM					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC	161,551		161,551		161,551
44		LABORATORY	347,693		347,693		347,693
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	715,563		715,563		715,563
50		PHYSICAL THERAPY	4,722,281		4,722,281		4,722,281
50	01	PHYSICAL THERAPY - CARMEL	599,706		599,706		599,706
51		OCCUPATIONAL THERAPY	3,547,533		3,547,533		3,547,533
52		SPEECH PATHOLOGY	1,625,182		1,625,182		1,625,182
52	01	VISION	225,621		225,621		225,621
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED	232,338		232,338		232,338
56		DRUGS CHARGED TO PATIENTS	2,031,186		2,031,186		2,031,186
59		PSYCHOLOGY	288,607		288,607		288,607
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	1,321,637		1,321,637		1,321,637
60	01	SLEEP CENTER	243,725		243,725		243,725
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
101		SUBTOTAL	33,401,483		33,401,483		33,401,483
102		LESS OBSERVATION BEDS					
103		TOTAL	33,401,483		33,401,483		33,401,483

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-3028 PERIOD: FROM 1/ 1/2010 TO 12/31/2010 PREPARED 5/31/2011 WORKSHEET C PART I

WKST A LINE	NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	30,066,458		30,066,458			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC	183,874	506	184,380	.876185	.876185	.876185
44		LABORATORY	1,374,107	4,177	1,378,284	.252265	.252265	.252265
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	2,100,065	936	2,101,001	.340582	.340582	.340582
50		PHYSICAL THERAPY	10,147,168	4,558,352	14,705,520	.321123	.321123	.321123
50	01	PHYSICAL THERAPY - CARMEL		1,199,085	1,199,085	.500136	.500136	.500136
51		OCCUPATIONAL THERAPY	9,103,326	2,249,479	11,352,805	.312481	.312481	.312481
52		SPEECH PATHOLOGY	3,951,236	1,321,317	5,272,553	.308234	.308234	.308234
52	01	VISION	90,738	434,925	525,663	.429212	.429212	.429212
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	1,381,247	47,838	1,429,085	.162578	.162578	.162578
56		DRUGS CHARGED TO PATIENTS	4,292,165	119,632	4,411,797	.460399	.460399	.460399
59		PSYCHOLOGY		429,611	429,611	.671787	.671787	.671787
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		2,437,253	2,437,253	.542265	.542265	.542265
60	01	SLEEP CENTER	84,800	455,704	540,504	.450922	.450922	.450922
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	62,775,184	13,258,815	76,033,999			
102		LESS OBSERVATION BEDS						
103		TOTAL	62,775,184	13,258,815	76,033,999			

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC	161,551	10,373	151,178			161,551
44		LABORATORY	347,693	6,476	341,217			347,693
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	715,563	12,049	703,514			715,563
50		PHYSICAL THERAPY	4,722,281	316,405	4,405,876			4,722,281
50	01	PHYSICAL THERAPY - CARMEL	599,706	1,843	597,863			599,706
51		OCCUPATIONAL THERAPY	3,547,533	220,199	3,327,334			3,547,533
52		SPEECH PATHOLOGY	1,625,182	43,752	1,581,430			1,625,182
52	01	VISION	225,621	750	224,871			225,621
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	232,338	547	231,791			232,338
56		DRUGS CHARGED TO PATIENTS	2,031,186	13,618	2,017,568			2,031,186
59		PSYCHOLOGY	288,607	14,922	273,685			288,607
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	1,321,637	69,107	1,252,530			1,321,637
60	01	SLEEP CENTER	243,725	56,935	186,790			243,725
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	16,062,623	766,976	15,295,647			16,062,623
102		LESS OBSERVATION BEDS						
103		TOTAL	16,062,623	766,976	15,295,647			16,062,623

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM			
38		RECOVERY ROOM			
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC	184,380	.876185	.876185
44		LABORATORY	1,378,284	.252265	.252265
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	2,101,001	.340582	.340582
50		PHYSICAL THERAPY	14,705,520	.321123	.321123
50	01	PHYSICAL THERAPY - CARMEL	1,199,085	.500136	.500136
51		OCCUPATIONAL THERAPY	11,352,805	.312481	.312481
52		SPEECH PATHOLOGY	5,272,553	.308234	.308234
52	01	VISION	525,663	.429212	.429212
53		ELECTROCARDIOLOGY			
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED	1,429,085	.162578	.162578
56		DRUGS CHARGED TO PATIENTS	4,411,797	.460399	.460399
59		PSYCHOLOGY	429,611	.671787	.671787
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	2,437,253	.542265	.542265
60	01	SLEEP CENTER	540,504	.450922	.450922
61		EMERGENCY			
62		OBSERVATION BEDS (NON-DIS			
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	45,967,541		
102		LESS OBSERVATION BEDS			
103		TOTAL	45,967,541		

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC	161,551	10,373	151,178	1,037	8,768	151,746
44		LABORATORY	347,693	6,476	341,217	648	19,791	327,254
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	715,563	12,049	703,514	1,205	40,804	673,554
50		PHYSICAL THERAPY	4,722,281	316,405	4,405,876	31,641	255,541	4,435,099
50	01	PHYSICAL THERAPY - CARMEL	599,706	1,843	597,863	184	34,676	564,846
51		OCCUPATIONAL THERAPY	3,547,533	220,199	3,327,334	22,020	192,985	3,332,528
52		SPEECH PATHOLOGY	1,625,182	43,752	1,581,430	4,375	91,723	1,529,084
52	01	VISION	225,621	750	224,871	75	13,043	212,503
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	232,338	547	231,791	55	13,444	218,839
56		DRUGS CHARGED TO PATIENTS	2,031,186	13,618	2,017,568	1,362	117,019	1,912,805
59		PSYCHOLOGY	288,607	14,922	273,685	1,492	15,874	271,241
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	1,321,637	69,107	1,252,530	6,911	72,647	1,242,079
60	01	SLEEP CENTER	243,725	56,935	186,790	5,694	10,834	227,197
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	16,062,623	766,976	15,295,647	76,699	887,149	15,098,775
102		LESS OBSERVATION BEDS						
103		TOTAL	16,062,623	766,976	15,295,647	76,699	887,149	15,098,775

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM			
38		RECOVERY ROOM			
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC	184,380	.823007	.870561
44		LABORATORY	1,378,284	.237436	.251795
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	2,101,001	.320587	.340008
50		PHYSICAL THERAPY	14,705,520	.301594	.318971
50	01	PHYSICAL THERAPY - CARMEL	1,199,085	.471064	.499983
51		OCCUPATIONAL THERAPY	11,352,805	.293542	.310541
52		SPEECH PATHOLOGY	5,272,553	.290008	.307405
52	01	VISION	525,663	.404257	.429070
53		ELECTROCARDIOLOGY			
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED	1,429,085	.153132	.162540
56		DRUGS CHARGED TO PATIENTS	4,411,797	.433566	.460090
59		PSYCHOLOGY	429,611	.631364	.668314
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	2,437,253	.509623	.539429
60	01	SLEEP CENTER	540,504	.420343	.440387
61		EMERGENCY			
62		OBSERVATION BEDS (NON-DIS			
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	45,967,541		
102		LESS OBSERVATION BEDS			
103		TOTAL	45,967,541		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 15-3028 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/31/2011 | WORKSHEET D PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				874,392		874,392
101	TOTAL				874,392		874,392

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,349	9,027			35.91	324,160
101	TOTAL	24,349	9,027				324,160

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I WORKSHEET D PART II

I COMPONENT NO: 15-3028

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						
37		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC		10,373	184,380	60,492		
44		LABORATORY		6,476	1,378,284	520,864		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		12,049	2,101,001	570,769		
50		PHYSICAL THERAPY		316,405	14,705,520	3,892,198		
50	01	PHYSICAL THERAPY - CARMEL		1,843	1,199,085			
51		OCCUPATIONAL THERAPY		220,199	11,352,805	3,480,962		
52		SPEECH PATHOLOGY		43,752	5,272,553	1,325,233		
52	01	VISION		750	525,663			
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED		547	1,429,085	741,813		
56		DRUGS CHARGED TO PATIENTS		13,618	4,411,797	1,591,540		
59		PSYCHOLOGY		14,922	429,611			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		69,107	2,437,253			
60	01	SLEEP CENTER		56,935	540,504	27,906		
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL		766,976	45,967,541	12,211,777		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2011
15-3028	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART II
15-3028		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM		
38		RECOVERY ROOM		
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC	.056259	3,403
44		LABORATORY	.004699	2,448
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.005735	3,273
50		PHYSICAL THERAPY	.021516	83,745
50	01	PHYSICAL THERAPY - CARMEL	.001537	
51		OCCUPATIONAL THERAPY	.019396	67,517
52		SPEECH PATHOLOGY	.008298	10,997
52	01	VISION	.001427	
53		ELECTROCARDIOLOGY		
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED	.000383	284
56		DRUGS CHARGED TO PATIENTS	.003087	4,913
59		PSYCHOLOGY	.034734	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.028354	
60	01	SLEEP CENTER	.105337	2,940
61		EMERGENCY		
62		OBSERVATION BEDS (NON-DIS		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		179,520

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

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					24,349	
101	TOTAL					24,349	

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

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	9,027	
101	TOTAL	9,027	

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
50	01	PHYSICAL THERAPY - CARMEL						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
52	01	VISION						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		PSYCHOLOGY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	SLEEP CENTER						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
38	RECOVERY ROOM							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			184,380			60,492	
44	LABORATORY			1,378,284			520,864	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,101,001			570,769	
50	PHYSICAL THERAPY			14,705,520			3,892,198	
50 01	PHYSICAL THERAPY - CARMEL			1,199,085				
51	OCCUPATIONAL THERAPY			11,352,805			3,480,962	
52	SPEECH PATHOLOGY			5,272,553			1,325,233	
52 01	VISION			525,663				
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			1,429,085			741,813	
56	DRUGS CHARGED TO PATIENTS			4,411,797			1,591,540	
59	PSYCHOLOGY			429,611				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,437,253				
60 01	SLEEP CENTER			540,504			27,906	
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			45,967,541			12,211,777	

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC	3,359					
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	3,743					
50	01	PHYSICAL THERAPY - CARMEL						
51		OCCUPATIONAL THERAPY	4,067					
52		SPEECH PATHOLOGY						
52	01	VISION						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	8,256					
56		DRUGS CHARGED TO PATIENTS	522,260					
59		PSYCHOLOGY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	187,615					
60	01	SLEEP CENTER	96,664					
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL	825,964					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 15-3028 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/31/2011 | WORKSHEET D PART V

COMPONENT NO: 15-3028

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
38		RECOVERY ROOM					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC	.876185	.876185			
44		LABORATORY	.252265	.252265			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.340582	.340582			
50		PHYSICAL THERAPY	.321123	.321123			
50	01	PHYSICAL THERAPY - CARMEL	.500136	.500136			
51		OCCUPATIONAL THERAPY	.312481	.312481			
52		SPEECH PATHOLOGY	.308234	.308234			
52	01	VISION	.429212	.429212			
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.162578	.162578			
56		DRUGS CHARGED TO PATIENTS	.460399	.460399			
59		PSYCHOLOGY	.671787	.671787			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	.542265	.542265			
60	01	SLEEP CENTER	.450922	.450922			
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					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011
I COMPONENT NO: 15-3028 I WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		3,359			
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY		3,743			
50 01	PHYSICAL THERAPY - CARMEL					
51	OCCUPATIONAL THERAPY		4,067			
52	SPEECH PATHOLOGY					
52 01	VISION					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,256			
56	DRUGS CHARGED TO PATIENTS		522,260			
59	PSYCHOLOGY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		187,615			
60 01	SLEEP CENTER		96,664			
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL		825,964			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		825,964			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 15-3028 | COMPONENT NO: 15-3028 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/31/2011 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Outpatient Radiology 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
38		RECOVERY ROOM					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC				2,943	
44		LABORATORY					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY				1,202	
50	01	PHYSICAL THERAPY - CARMEL					
51		OCCUPATIONAL THERAPY				1,271	
52		SPEECH PATHOLOGY					
52	01	VISION					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				1,342	
56		DRUGS CHARGED TO PATIENTS				240,448	
59		PSYCHOLOGY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC				101,737	
60	01	SLEEP CENTER				43,588	
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
101		SUBTOTAL				392,531	
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES				392,531	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2011
15-3028	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART V
15-3028		

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
			9.03	10	11
(A)		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM			
38		RECOVERY ROOM			
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC			
44		LABORATORY			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY			
50	01	PHYSICAL THERAPY - CARMEL			
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
52	01	VISION			
53		ELECTROCARDIOLOGY			
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS			
56		DRUGS CHARGED TO PATIENTS			
59		PSYCHOLOGY			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	SLEEP CENTER			
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			

(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)	24,349
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,349
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,349
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)	9,027
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	17,064,066
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17,064,066
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	30,066,458
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30,066,458
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.567545
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,234.81
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	17,064,066

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	700.81
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,326,212
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,326,212

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	3,990,810
49	TOTAL PROGRAM INPATIENT COSTS	10,317,022
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	324,160
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	179,520
52	TOTAL PROGRAM EXCLUDABLE COST	503,680
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	9,813,342
	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, NURSINGFACILITY & 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	700.81
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		17,064,066			
87	NEW CAPITAL-RELATED COST	874,392	17,064,066	.051242		
88	NON PHYSICIAN ANESTHETIST		17,064,066			
89	MEDICAL EDUCATION		17,064,066			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-3028 I PREPARED 5/31/2011 I WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		10,692,414	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM			
38		RECOVERY ROOM			
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC	.876185	60,492	53,002
44		LABORATORY	.252265	520,864	131,396
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	.340582	570,769	194,394
50		PHYSICAL THERAPY	.321123	3,892,198	1,249,874
50	01	PHYSICAL THERAPY - CARMEL	.500136		
51		OCCUPATIONAL THERAPY	.312481	3,480,962	1,087,734
52		SPEECH PATHOLOGY	.308234	1,325,233	408,482
52	01	VISION	.429212		
53		ELECTROCARDIOLOGY			
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.162578	741,813	120,602
56		DRUGS CHARGED TO PATIENTS	.460399	1,591,540	732,743
59		PSYCHOLOGY	.671787		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.542265		
60	01	SLEEP CENTER	.450922	27,906	12,583
61		EMERGENCY			
62		OBSERVATION BEDS (NON-DISTINCT PART)			
		OTHER REIMBURS COST CNTRS			
101		TOTAL		12,211,777	3,990,810
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		12,211,777	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I WORKSHEET D-4

I COMPONENT NO: 15-3028

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		4,353,975	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM			
38		RECOVERY ROOM			
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC	.876185	23,442	20,540
44		LABORATORY	.252265	170,633	43,045
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	.340582	230,307	78,438
50		PHYSICAL THERAPY	.321123	1,328,810	426,711
50	01	PHYSICAL THERAPY - CARMEL	.500136		
51		OCCUPATIONAL THERAPY	.312481	1,244,946	389,022
52		SPEECH PATHOLOGY	.308234	682,164	210,266
52	01	VISION	.429212	16,949	7,275
53		ELECTROCARDIOLOGY			
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.162578		
56		DRUGS CHARGED TO PATIENTS	.460399	572,633	263,640
59		PSYCHOLOGY	.671787		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.542265		
60	01	SLEEP CENTER	.450922	6,572	2,963
61		EMERGENCY			
62		OBSERVATION BEDS (NON-DISTINCT PART)			
		OTHER REIMBURS COST CNTRS			
101		TOTAL		4,276,456	1,441,900
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		4,276,456	

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	392,531
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	301,753
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.866
1.04	LINE 1.01 TIMES LINE 1.03.	339,932
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	88.77
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	301,753
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	64,677
19	SUBTOTAL (SEE INSTRUCTIONS)	237,076
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,945
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	240,021
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	240,021
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	15,773
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	11,041
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	15,773
28	SUBTOTAL	251,062
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	251,062
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	240,246
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	10,816
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 5/31/2011
I 15-3028	I FROM 1/ 1/2010	I WORKSHEET E-1
I COMPONENT NO:	I TO 12/31/2010	I
I 15-3028	I	I

TITLE XVIII HOSPITAL

	DESCRIPTION			INPATIENT-PART A MM/DD/YYYY 1	INPATIENT-PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				10,854,105		237,076
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.				NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
		ADJUSTMENTS TO PROVIDER	.01	8/ 5/2010	24,308	8/ 5/2010	1,836
		ADJUSTMENTS TO PROVIDER	.02			12/23/2010	1,334
		ADJUSTMENTS TO PROVIDER	.03				
		ADJUSTMENTS TO PROVIDER	.04				
		ADJUSTMENTS TO PROVIDER	.05				
		ADJUSTMENTS TO PROVIDER	.49				
		ADJUSTMENTS TO PROGRAM	.50	12/23/2010	68,614		
		ADJUSTMENTS TO PROGRAM	.51				
		ADJUSTMENTS TO PROGRAM	.52				
		ADJUSTMENTS TO PROGRAM	.53				
		ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL		.99		-44,306		3,170
4	TOTAL INTERIM PAYMENTS				10,809,799		240,246
	TO BE COMPLETED BY INTERMEDIARY						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
		TENTATIVE TO PROVIDER	.01				
		TENTATIVE TO PROVIDER	.02				
		TENTATIVE TO PROVIDER	.03				
		TENTATIVE TO PROGRAM	.50				
		TENTATIVE TO PROGRAM	.51				
		TENTATIVE TO PROGRAM	.52				
	SUBTOTAL		.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01		157,838		10,816
		SETTLEMENT TO PROGRAM	.02				
7	TOTAL MEDICARE PROGRAM LIABILITY				10,967,637		251,062

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	9,929,002
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0296
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	886,014
1.05	OUTLIER PAYMENTS	204,622
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	11,054,409
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	.34
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	2.92
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	.34
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	66.709589
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	.003502
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	34,771
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	11,054,409
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	11,054,409
7	DEDUCTIBLES	29,668
8	SUBTOTAL	11,024,741
9	COINSURANCE	157,025
10	SUBTOTAL	10,867,716
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	32,158
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	22,511
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	32,158
12	SUBTOTAL	10,890,227
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	77,410
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/31/2011
15-3028	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
15-3028		

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,967,637
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	10,809,799
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	157,838
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
	----- FI ONLY ----------	
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUC TIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)			
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY			
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)			
3	AGGREGATE APPROVED AMOUNT			
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96			
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)			
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03		2.92
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	2.92		2.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS			2.92
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.			2.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			2.92
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			2.92
3.10	SEE INSTRUCTIONS			2.92
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			
3.12	SEE INSTRUCTIONS			2.92
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			2.54
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			3.29
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	2.92
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)			2.92
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			74,228.58
3.18	SEE INSTRUCTIONS			216,747
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			
3.21	SEE INSTRUCTIONS		RES INIT YEARS	
3.22	SEE INSTRUCTIONS			
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			216,747
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS			9,027
5	TOTAL INPATIENT DAYS			24,349
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.370734
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	80,355		80,355
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			24,349
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)			100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.			
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)			
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			

		TITLE XVIII
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY	
	PART A REASONABLE COST	
12	REASONABLE COST (SEE INSTRUCTIONS)	10,317,022
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	10,317,022
	PART B REASONABLE COST	
17	REASONABLE COST	392,531
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	392,531
20	TOTAL REASONABLE COST	10,709,553
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.963348
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.036652
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	80,355
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	77,410
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,945

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	2,075,945			
2	TEMPORARY INVESTMENTS	-357,902			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	19,118,642			
5	OTHER RECEIVABLES	-14,674,479			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11,235,132			
7	INVENTORY	199,144			
8	PREPAID EXPENSES	135,902			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	-4,737,880			
	FIXED ASSETS				
12	LAND	2,506,638			
12.01					
13	LAND IMPROVEMENTS	250,738			
13.01	LESS ACCUMULATED DEPRECIATION	-115,554			
14	BUILDINGS	13,683,977			
14.01	LESS ACCUMULATED DEPRECIATION	-8,569,580			
15	LEASEHOLD IMPROVEMENTS	69,244			
15.01	LESS ACCUMULATED DEPRECIATION	-66,762			
16	FIXED EQUIPMENT	2,167,145			
16.01	LESS ACCUMULATED DEPRECIATION	-1,691,271			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	6,732,138			
18.01	LESS ACCUMULATED DEPRECIATION	-5,326,441			
19	MINOR EQUIPMENT DEPRECIABLE	105,983			
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	9,746,255			
	OTHER ASSETS				
22	INVESTMENTS	2,175,145			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	146,188			
26	TOTAL OTHER ASSETS	2,321,333			
27	TOTAL ASSETS	7,329,708			

	LIABILITIES AND FUND BALANCE	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	-5,620,910			
29	SALARIES, WAGES & FEES PAYABLE	-2,784,893			
30	PAYROLL TAXES PAYABLE	112,050			
31	NOTES AND LOANS PAYABLE (SHORT TERM)	1,096,266			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	1,233,374			
36	TOTAL CURRENT LIABILITIES	-5,964,113			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE	14,942,303			
38	NOTES PAYABLE				
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES				
42	TOTAL LONG-TERM LIABILITIES	14,942,303			
43	TOTAL LIABILITIES	8,978,190			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	-1,648,482			
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	-1,648,482			
52	TOTAL LIABILITIES AND FUND BALANCES	7,329,708			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO:	PERIOD:	PREPARED
15-3028	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		-1,361,577		
2	NET INCOME (LOSS)		418,406		
3	TOTAL		-943,171		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		-943,171		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM	705,311			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		705,311		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-1,648,482		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: 15-3028 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/31/2011 I WORKSHEET G-2 I PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	30,066,458		30,066,458
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	30,066,458		30,066,458
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	30,066,458		30,066,458
17	00	ANCILLARY SERVICES	32,708,726	13,258,816	45,967,542
18	00	OUTPATIENT SERVICES		235,320	235,320
21	00	CORF			
24	00				
25	00	TOTAL PATIENT REVENUES	62,775,184	13,494,136	76,269,320

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES	35,397,422	
		ADD (SPECIFY)		
27	00	ADD (SPECIFY)		
28	00			
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		
		DEDUCT (SPECIFY)		
34	00	DEDUCT (SPECIFY)		
35	00			
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		
40	00	TOTAL OPERATING EXPENSES	35,397,422	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-3028 PERIOD: FROM 1/ 1/2010 TO 12/31/2010 PREPARED 5/31/2011 WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	76,269,320
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	39,246,412
3	NET PATIENT REVENUES	37,022,908
4	LESS: TOTAL OPERATING EXPENSES	35,397,422
5	NET INCOME FROM SERVICE TO PATIENTS	1,625,486
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,162
7	INCOME FROM INVESTMENTS	5,316
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	115
11	REBATES AND REFUNDS OF EXPENSES	2,803
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	96,043
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	3,060
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	342
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	4,129
21	RENTAL OF VENDING MACHINES	3,392
22	RENTAL OF HOSPITAL SPACE	20,783
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS	11,514
24.01	LOSS ON SALE OF ASSET	-4,382
24.02	INTER-CO ELIMINATIONS	-2,162
24.03	NET UNREALIZED LOSS	-205,352
25	TOTAL OTHER INCOME	-62,237
26	TOTAL	1,563,249
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	1,144,843
28		
29		
30	TOTAL OTHER EXPENSES	1,144,843
31	NET INCOME (OR LOSS) FOR THE PERIOD	418,406