

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | PROVIDER NO: 15-0162 | 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: 5/24/2011 TIME 18:10

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST FRANCIS HOSPITAL & HEALTH CENTERS 15-0162 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 4 columns: TITLE V, TITLE XVIII (A, B), TITLE XIX. Row 1: HOSPITAL 0, -838,503, 533,342, 0. Row 2: TOTAL 0, -838,503, 533,342, 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 AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 8111 S. EMERSON AVENUE      P.O. BOX:  
 1.01 CITY: INDIANAPOLIS      STATE: IN      ZIP CODE: 46237-      COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	15-0162	2.01	5/1/2006	V XVIII XIX 4 5 6 N P P

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

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



MI SCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y  
 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 15-1, 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: SISTERS OF ST FRANCIS HEALTH SERVICE FI/CONTRACTOR NAME NATIONAL GOV'T SERVICES FI/CONTRACTOR # 0130  
 40.02 STREET: 1515 DRAGON TRAIL P.O. BOX:  
 40.03 CITY: MISHAWAKA STATE: IN ZIP CODE: 46546-

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 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? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 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  
 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 338,322  
 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 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



COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	94	34,310				3,684	8,887
2 HMO						2,961	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDIATRIC INTENSIVE CARE UNIT	94	34,310				3,684	8,887
6 01 NEONATAL INTENSIVE CARE UNIT	23	8,395					1,543
7 CORONARY CARE UNIT	52	18,980				9,320	322
9 SURGICAL INTENSIVE CARE UNIT	25	9,125				2,476	82
11 NURSERY							25
12 TOTAL	194	70,810				15,480	10,859
13 RPCH VISITS							
25 TOTAL	194						
26 OBSERVATION BED DAYS							737
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							627

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYSICIANS 8
1 ADULTS & PEDIATRICS			15,370				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDIATRIC INTENSIVE CARE UNIT			15,370				
6 01 NEONATAL INTENSIVE CARE UNIT			4,165				
7 CORONARY CARE UNIT			13,415				
9 SURGICAL INTENSIVE CARE UNIT			6,874				
11 NURSERY			5,215				
12 TOTAL			45,039			9.37	
13 RPCH VISITS							
25 TOTAL						9.37	
26 OBSERVATION BED DAYS			2,640				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			1,232				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,510	1,266	9,918
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDIATRIC INTENSIVE CARE UNIT							
6 01 NEONATAL INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	9.37	1,141.42			3,510	1,266	9,918
13 RPCH VISITS							
25 TOTAL	9.37	1,141.42					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							



DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 4,390,635
17.01	GROSS MEDICAID REVENUES 16,307,623
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 20,698,258
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .272709
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 104,673,372

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	28,545,371
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	40,636,506
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	11,081,941
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	28,545,371

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0162  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		5,264,772	5,264,772	4,572,929	9,837,701
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		6,847,425	6,847,425	558,911	7,406,336
5	0500 EMPLOYEE BENEFITS					
6.01	0640 ADMITTING	1,876,939	626,968	2,503,907		2,503,907
6.02	0650 PATIENT ACCOUNTING					
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	1,876,001	4,378,927	6,254,928	-286,371	5,968,557
8	0800 OPERATION OF PLANT	2,477,218	4,746,036	7,223,254	-26,305	7,196,949
9	0900 LAUNDRY & LINEN SERVICE	76,706	670,833	747,539		747,539
10	1000 HOUSEKEEPING	1,407,633	982,678	2,390,311		2,390,311
11	1100 DIETARY	645,244	1,354,982	2,000,226	-1,355,086	645,140
12	1200 CAFETERIA	426,823	7,240	434,063	1,343,955	1,778,018
14	1400 NURSING ADMINISTRATION	177,991	56,208	234,199		234,199
15	1500 CENTRAL SERVICES & SUPPLY	291,518	1,194,283	1,485,801	-987,864	497,937
16	1600 PHARMACY	2,529,212	8,073,129	10,602,341	-343,564	10,258,777
17	1700 MEDICAL RECORDS & LIBRARY		2,594	2,594		2,594
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,631,932	2,577,267	10,209,199	-116,005	10,093,194
26	2600 INTENSIVE CARE UNIT					
26.01	2060 NEONATAL INTENSIVE CARE UNIT	2,649,476	1,663,975	4,313,451	-154,130	4,159,321
27	2700 CORONARY CARE UNIT	8,685,170	3,005,258	11,690,428	-213,157	11,477,271
29	2900 SURGICAL INTENSIVE CARE UNIT	4,247,565	1,496,388	5,743,953	-120,429	5,623,524
33	3300 NURSERY	904,981	354,088	1,259,069	-76,158	1,182,911
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	5,189,295	23,175,148	28,364,443	-8,318,543	20,045,900
39	3900 DELIVERY ROOM & LABOR ROOM	2,458,982	1,297,822	3,756,804	-342,468	3,414,336
41	4100 RADIOLOGY-DIAGNOSTIC	6,381,783	15,480,182	21,861,965	-693,025	21,168,940
41.01	3950 CARDIAC NUCLEAR DIAGNOSTIC	26,957	1,739,833	1,766,790	-140,833	1,625,957
41.02	3450 NUCLEAR MEDICINE-DIAGNOSTIC	256,669	951,136	1,207,805	1,156	1,208,961
41.03	3630 ULTRA SOUND	544,762	230,743	775,505		775,505
42	4200 RADIOLOGY-THERAPEUTIC	20,131	1,193,023	1,213,154	-22,400	1,190,754
44	4400 LABORATORY		7,158,572	7,158,572	-20,057	7,138,515
48	4800 INTRAVENOUS THERAPY	32,507	192,374	224,881	-181,719	43,162
49	4900 RESPIRATORY THERAPY	3,067,386	1,479,523	4,546,909	-475,377	4,071,532
50	5000 PHYSICAL THERAPY	845,696	557,907	1,403,603	-254,452	1,149,151
50.01	5001 SPORTS MEDICINE					
51	5100 OCCUPATIONAL THERAPY	216,375	123,065	339,440	-41,284	298,156
52	5200 SPEECH PATHOLOGY	178,196	126,603	304,799	-35,106	269,693
53	5300 ELECTROCARDIOLOGY	796,963	477,164	1,274,127		1,274,127
53.01	3120 CARDIAC CATHETERIZATION LAB	1,624,169	13,383,491	15,007,660	-12,353,740	2,653,920
54	5400 ELECTROENCEPHALOGRAPHY	1,252,666	1,999,698	3,252,364	-242,016	3,010,348
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				14,580,411	14,580,411
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				12,293,077	12,293,077
56	5600 DRUGS CHARGED TO PATIENTS		7,792,459	7,792,459	393,633	8,186,092
57	5700 RENAL DIALYSIS	57,097	36,233	93,330	-3,505	89,825
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	31,523	12,252	43,775		43,775
60.01	6001 HEAD & NECK CLINIC	21,443	6,285	27,728		27,728
60.02	6002 PROMPT CARE	9,327		9,327	64	9,391
60.03	6003 SOUTH INDY MRY & REHAB		3,332,595	3,332,595		3,332,595
60.04	6004 WOUND CARE INSTITUTE	28,286	8,339	36,625		36,625
60.05	6005 CV DIAGNOSTIC SERVICES	3,780,250	6,974,406	10,754,656	-764,090	9,990,566
60.06	6006 PEDIATRIC CLINIC	241,770	118,605	360,375	-34,929	325,446
60.07	6007 CARDIAC REHAB	343,689	245,291	588,980	-121,039	467,941
60.08	6008 GREENWOOD IMAGING		2,622,012	2,622,012	-20,490	2,601,522
60.09	6009 PAIN CLINIC	636,889	597,692	1,234,581	-265,105	969,476
61	6100 EMERGENCY	4,945,373	2,891,633	7,837,006	-438,568	7,398,438
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		2,538,035	2,538,035	-2,538,035	
95	9500 SUBTOTALS	68,892,593	140,045,172	208,937,765	2,758,286	211,696,051
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,795	262,701	371,496		371,496
98	9800 PHYSICIANS' PRIVATE OFFICES	1,116,788	765,541	1,882,329	-98,796	1,783,533
100	7950 MARKETING & COMMUNITY RELATIONS					
100.01	7951 ST. FRANCIS INN	118,712	39,609	158,321		158,321
100.02	7952 WOMEN'S CENTER	125,275	142,368	267,643	-759	266,884
100.03	7953 SOUTH EMERSON SURGERY CTR		4,114,395	4,114,395	-45,331	4,069,064
100.04	7954 SOUTHEAST SURGERY CTR		6,459,478	6,459,478		6,459,478
100.05	7955 FRANCISCAN SURGERY CTR	16,580	13,094,784	13,111,364	-2,613,400	10,497,964
100.06	7956 FRANCISCAN CARDIOVASCULAR LAB					
100.07	7957 CV DIAGNOSTICS JV					
101	TOTAL	70,378,743	164,924,048	235,302,791	-0-	235,302,791

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0162 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,580,376	8,257,325
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	2,331,630	9,737,966
5	0500 EMPLOYEE BENEFITS	2,312,328	2,312,328
6.01	0640 ADMITTING	1,453,005	3,956,912
6.02	0650 PATIENT ACCOUNTING	3,206,047	3,206,047
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	21,222,742	27,191,299
8	0800 OPERATION OF PLANT	45,069	7,242,018
9	0900 LAUNDRY & LINEN SERVICE		747,539
10	1000 HOUSEKEEPING		2,390,311
11	1100 DIETARY	-1,784	643,356
12	1200 CAFETERIA	-1,067,428	710,590
14	1400 NURSING ADMINISTRATION	741,588	975,787
15	1500 CENTRAL SERVICES & SUPPLY	873,894	1,371,831
16	1600 PHARMACY	341,018	10,599,795
17	1700 MEDICAL RECORDS & LIBRARY		2,594
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	1,094,064	1,094,064
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	163,834	163,834
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-7,893	10,085,301
26	2600 INTENSIVE CARE UNIT		
26.01	2060 NEONATAL INTENSIVE CARE UNIT	-122,908	4,036,413
27	2700 CORONARY CARE UNIT		11,477,271
29	2900 SURGICAL INTENSIVE CARE UNIT		5,623,524
33	3300 NURSERY	-6,380	1,176,531
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		20,045,900
39	3900 DELIVERY ROOM & LABOR ROOM		3,414,336
41	4100 RADIOLOGY-DIAGNOSTIC	-3,518,233	17,650,707
41.01	3950 CARDIAC NUCLEAR DIAGNOSTIC		1,625,957
41.02	3450 NUCLEAR MEDICINE-DIAGNOSTIC		1,208,961
41.03	3630 ULTRA SOUND		775,505
42	4200 RADIOLOGY-THERAPEUTIC	-85,355	1,105,399
44	4400 LABORATORY	938,782	8,077,297
48	4800 INTRAVENOUS THERAPY		43,162
49	4900 RESPIRATORY THERAPY	-6,100	4,065,432
50	5000 PHYSICAL THERAPY		1,149,151
50.01	5001 SPORTS MEDICINE		
51	5100 OCCUPATIONAL THERAPY		298,156
52	5200 SPEECH PATHOLOGY		269,693
53	5300 ELECTROCARDIOLOGY		1,274,127
53.01	3120 CARDIAC CATHETERIZATION LAB		2,653,920
54	5400 ELECTROENCEPHALOGRAPHY	-82,775	2,927,573
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,580,411
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		12,293,077
56	5600 DRUGS CHARGED TO PATIENTS	-107	8,185,985
57	5700 RENAL DIALYSIS		89,825
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-28,332	15,443
60.01	6001 HEAD & NECK CLINIC		27,728
60.02	6002 PROMPT CARE	-1,130	8,261
60.03	6003 SOUTH INDY MRY & REHAB		3,332,595
60.04	6004 WOUND CARE INSTITUTE		36,625
60.05	6005 CV DIAGNOSTIC SERVICES	-576,470	9,414,096
60.06	6006 PEDIATRIC CLINIC	-35,504	289,942
60.07	6007 CARDIAC REHAB	-289,352	178,589
60.08	6008 GREENWOOD IMAGING		2,601,522
60.09	6009 PAIN CLINIC	-31,417	938,059
61	6100 EMERGENCY	-506,067	6,892,371
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	9500 SUBTOTALS	26,776,390	238,472,441
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		371,496
98	9800 PHYSICIANS' PRIVATE OFFICES		1,783,533
100	7950 MARKETING & COMMUNITY RELATIONS	3,363,879	3,363,879
100.01	7951 ST. FRANCIS INN		158,321
100.02	7952 WOMEN'S CENTER		266,884
100.03	7953 SOUTH EMERSON SURGERY CTR		4,069,064
100.04	7954 SOUTHEAST SURGERY CTR		6,459,478
100.05	7955 FRANCISCAN SURGERY CTR		10,497,964
100.06	7956 FRANCISCAN CARDIOVASCULAR LAB		
100.07	7957 CV DIAGNOSTICS JV		
101	TOTAL	30,140,269	265,443,060

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	ADMITTING	0640	ADMITTING
6.02	PATIENT ACCOUNTING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CARDIAC NUCLEAR DIAGNOSTIC	3950	OTHER ANCILLARY SERVICE COST CENTERS
41.02	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.03	ULTRA SOUND	3630	ULTRA SOUND
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	SPORTS MEDICINE	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETERIZATION LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEAD & NECK CLINIC	6001	CLINIC
60.02	PROMPT CARE	6002	CLINIC
60.03	SOUTH INDIANRY & REHAB	6003	CLINIC
60.04	WOUND CARE INSTITUTE	6004	CLINIC
60.05	CV DIAGNOSTIC SERVICES	6005	CLINIC
60.06	PEDIATRIC CLINIC	6006	CLINIC
60.07	CARDIAC REHAB	6007	CLINIC
60.08	GREENWOOD IMAGING	6008	CLINIC
60.09	PAIN CLINIC	6009	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MARKETING & COMMUNITY RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ST. FRANCIS INN	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	WOMEN'S CENTER	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SOUTH EMERSON SURGERY CTR	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SOUTHEAST SURGERY CTR	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FRANCISCAN SURGERY CTR	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	FRANCISCAN CARDIOVASCULAR LAB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	CV DIAGNOSTICS JV	7957	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
150162

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

PREPARED 5/24/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA RECLASS	A	CAFETERIA	12	356,221	987,734
2 JV CHARGEABLE DRUGS RECLASS	B	DRUGS CHARGED TO PATIENTS	56		393,633
3					
4					
5 CHARGEABLE MEDICAL SUPPLIES RECLASS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		14,580,411
6		NUCLEAR MEDICINE-DIAGNOSTIC	41.02		1,156
7		RADIOLOGY-THERAPEUTIC	42		41,104
8		LABORATORY	44		4,274
9		SPEECH PATHOLOGY	52		10
10		PROMPT CARE	60.02		64
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 RENTAL EQUIPMENT RECLASS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		558,911
28		CV DIAGNOSTIC SERVICES	60.05		10,648
29					
30					
31					
32					
33					
34					
35					
1 RENTAL EQUIPMENT RECLASS	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 PROPERTY TAX	E	NEW CAP REL COSTS-BLDG & FIXT	3		296,845
12					
13					
14 BUILDING RENTAL RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3		1,738,049
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		2,538,035
29 IMPLANTABLE DEVICES	H	IMPL. DEV. CHARGED TO PATIENT	55.30		12,293,077
30					
31					
32					
36 TOTAL RECLASSIFICATIONS				356,221	33,443,951

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 CAFETERIA RECLASS	A	DIETARY	11		356,221	987,734	
2 JV CHARGEABLE DRUGS RECLASS	B	RADIOLOGY-DIAGNOSTIC	41			27	
3		SOUTH EMERSON SURGERY CTR	100.03			45,331	
4		FRANCISCAN SURGERY CTR	100.05			348,275	
5 CHARGEABLE MEDICAL SUPPLIES RECLASS	C	CENTRAL SERVICES & SUPPLY	15			981,709	
6		ADULTS & PEDIATRICS	25			111,823	
7		NEONATAL INTENSIVE CARE UNIT	26.01			152,023	
8		CORONARY CARE UNIT	27			209,026	
9		SURGICAL INTENSIVE CARE UNIT	29			115,929	
10		NURSERY	33			71,671	
11		OPERATING ROOM	37			5,888,734	
12		DELIVERY ROOM & LABOR ROOM	39			340,361	
13		RADIOLOGY-DIAGNOSTIC	41			18,472	
14		INTRAVENOUS THERAPY	48			181,719	
15		RESPIRATORY THERAPY	49			371,125	
16		PHYSICAL THERAPY	50			15,548	
17		OCCUPATIONAL THERAPY	51			6,613	
18		CARDIAC CATHETERIZATION LAB	53.01			3,016,890	
19		RENAL DIALYSIS	57			3,505	
20		CV DIAGNOSTIC SERVICES	60.05			352,891	
21		CARDIAC REHAB	60.07			4,048	
22		PAIN CLINIC	60.09			63,370	
23		EMERGENCY	61			435,868	
24		PHYSICIANS' PRIVATE OFFICES	98			79	
25		FRANCISCAN SURGERY CTR	100.05			2,265,125	
26		GREENWOOD IMAGING	60.08			20,490	
27 RENTAL EQUIPMENT RECLASS	D	OTHER ADMINISTRATIVE AND GENERAL	6.03			343	10
28		OPERATION OF PLANT	8			26,305	10
29		DIETARY	11			11,131	10
30		CENTRAL SERVICES & SUPPLY	15			6,155	10
31		PHARMACY	16			343,564	10
32		ADULTS & PEDIATRICS	25			4,182	10
33		NEONATAL INTENSIVE CARE UNIT	26.01			2,107	10
34		CORONARY CARE UNIT	27			4,131	10
35		SURGICAL INTENSIVE CARE UNIT	29			4,500	10
1 RENTAL EQUIPMENT RECLASS	D	NURSERY	33			4,487	10
2		OPERATING ROOM	37			7,759	10
3		DELIVERY ROOM & LABOR ROOM	39			2,107	10
4		CARDIAC NUCLEAR DIAGNOSTIC	41.01			4,599	10
5		RADIOLOGY-THERAPEUTIC	42			18,396	10
6		RESPIRATORY THERAPY	49			104,252	10
7		CARDIAC CATHETERIZATION LAB	53.01			20,055	10
8		ELECTROENCEPHALOGRAPHY	54			2,027	10
9		EMERGENCY	61			2,700	10
10		WOMEN'S CENTER	100.02			759	10
11 PROPERTY TAX	E	OTHER ADMINISTRATIVE AND GENERAL	6.03			286,028	13
12		CARDIAC NUCLEAR DIAGNOSTIC	41.01			8,294	13
13		CV DIAGNOSTIC SERVICES	60.05			2,523	13
14 BUILDING RENTAL RECLASS	F						10
15		RADIOLOGY-DIAGNOSTIC	41			153,013	10
16		CARDIAC NUCLEAR DIAGNOSTIC	41.01			127,940	10
17		RADIOLOGY-THERAPEUTIC	42			45,108	10
18		LABORATORY	44			24,331	10
19		PHYSICAL THERAPY	50			238,904	10
20		OCCUPATIONAL THERAPY	51			34,671	10
21		SPEECH PATHOLOGY	52			35,116	10
22		ELECTROENCEPHALOGRAPHY	54			239,989	10
23		CV DIAGNOSTIC SERVICES	60.05			386,605	10
24		PEDIATRIC CLINIC	60.06			34,929	10
25		CARDIAC REHAB	60.07			116,991	10
26		PAIN CLINIC	60.09			201,735	10
27		PHYSICIANS' PRIVATE OFFICES	98			98,717	10
28 INTEREST EXPENSE	G	INTEREST EXPENSE	88			2,538,035	11
29 IMPLANTABLE DEVICES	H	OPERATING ROOM	37			2,422,050	
30		RADIOLOGY-DIAGNOSTIC	41			521,513	
31		CARDIAC CATHETERIZATION LAB	53.01			9,316,795	
32		CV DIAGNOSTIC SERVICES	60.05			32,719	
36 TOTAL RECLASSIFICATIONS					356,221	33,443,951	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
150162

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

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

RECLASS CODE: A  
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,343,955	DIETARY	11	1,343,955	
TOTAL RECLASSIFICATIONS FOR CODE A			1,343,955				

RECLASS CODE: B  
EXPLANATION : JV CHARGEABLE DRUGS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	393,633	RADIOLOGY-DIAGNOSTIC	41	27	
2.00			0	SOUTH EMERSON SURGERY CTR	100.03	45,331	
3.00			0	FRANCISCAN SURGERY CTR	100.05	348,275	
TOTAL RECLASSIFICATIONS FOR CODE B			393,633	393,633			

RECLASS CODE: C  
EXPLANATION : CHARGEABLE MEDICAL SUPPLIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	14,580,411	CENTRAL SERVICES & SUPPLY	15	981,709	
2.00	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	1,156	ADULTS & PEDIATRICS	25	111,823	
3.00	RADIOLOGY-THERAPEUTIC	42	41,104	NEONATAL INTENSIVE CARE UNIT	26.01	152,023	
4.00	LABORATORY	44	4,274	CORONARY CARE UNIT	27	209,026	
5.00	SPEECH PATHOLOGY	52	10	SURGICAL INTENSIVE CARE UNIT	29	115,929	
6.00	PROMPT CARE	60.02	64	NURSERY	33	71,671	
7.00			0	OPERATING ROOM	37	5,888,734	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	340,361	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	18,472	
10.00			0	INTRAVENOUS THERAPY	48	181,719	
11.00			0	RESPIRATORY THERAPY	49	371,125	
12.00			0	PHYSICAL THERAPY	50	15,548	
13.00			0	OCCUPATIONAL THERAPY	51	6,613	
14.00			0	CARDIAC CATHETERIZATION LAB	53.01	3,016,890	
15.00			0	RENAL DIALYSIS	57	3,505	
16.00			0	CV DIAGNOSTIC SERVICES	60.05	352,891	
17.00			0	CARDIAC REHAB	60.07	4,048	
18.00			0	PAIN CLINIC	60.09	63,370	
19.00			0	EMERGENCY	61	435,868	
20.00			0	PHYSICIANS' PRIVATE OFFICES	98	79	
21.00			0	FRANCISCAN SURGERY CTR	100.05	2,265,125	
22.00			0	GREENWOOD IMAGING	60.08	20,490	
TOTAL RECLASSIFICATIONS FOR CODE C			14,627,019	14,627,019			

RECLASS CODE: D  
EXPLANATION : RENTAL EQUIPMENT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	558,911	OTHER ADMINISTRATIVE AND GENER	6.03	343	
2.00	CV DIAGNOSTIC SERVICES	60.05	10,648	OPERATION OF PLANT	8	26,305	
3.00			0	DIETARY	11	11,131	
4.00			0	CENTRAL SERVICES & SUPPLY	15	6,155	
5.00			0	PHARMACY	16	343,564	
6.00			0	ADULTS & PEDIATRICS	25	4,182	
7.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	2,107	
8.00			0	CORONARY CARE UNIT	27	4,131	
9.00			0	SURGICAL INTENSIVE CARE UNIT	29	4,500	
10.00			0	NURSERY	33	4,487	
11.00			0	OPERATING ROOM	37	7,759	
12.00			0	DELIVERY ROOM & LABOR ROOM	39	2,107	
13.00			0	CARDIAC NUCLEAR DIAGNOSTIC	41.01	4,599	
14.00			0	RADIOLOGY-THERAPEUTIC	42	18,396	
15.00			0	RESPIRATORY THERAPY	49	104,252	
16.00			0	CARDIAC CATHETERIZATION LAB	53.01	20,055	
17.00			0	ELECTROENCEPHALOGRAPHY	54	2,027	
18.00			0	EMERGENCY	61	2,700	
19.00			0	WOMEN'S CENTER	100.02	759	
TOTAL RECLASSIFICATIONS FOR CODE D			569,559	569,559			

RECLASS CODE: E  
EXPLANATION : PROPERTY TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	296,845	OTHER ADMINISTRATIVE AND GENER	6.03	286,028	

RECLASSIFICATIONS

PROVIDER NO: 150162	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/24/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: E  
EXPLANATION: PROPERTY TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	CARDIAC NUCLEAR DIAGNOSTIC	41.01	8,294	
3.00			0	CV DIAGNOSTIC SERVICES	60.05	2,523	
TOTAL RECLASSIFICATIONS FOR CODE E			296,845				296,845

RECLASS CODE: F  
EXPLANATION: BUILDING RENTAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,738,049			0	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	153,013	
3.00			0	CARDIAC NUCLEAR DIAGNOSTIC	41.01	127,940	
4.00			0	RADIOLOGY-THERAPEUTIC	42	45,108	
5.00			0	LABORATORY	44	24,331	
6.00			0	PHYSICAL THERAPY	50	238,904	
7.00			0	OCCUPATIONAL THERAPY	51	34,671	
8.00			0	SPEECH PATHOLOGY	52	35,116	
9.00			0	ELECTROENCEPHALOGRAPHY	54	239,989	
10.00			0	CV DIAGNOSTIC SERVICES	60.05	386,605	
11.00			0	PEDIATRIC CLINIC	60.06	34,929	
12.00			0	CARDIAC REHAB	60.07	116,991	
13.00			0	PAIN CLINIC	60.09	201,735	
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	98,717	
TOTAL RECLASSIFICATIONS FOR CODE F			1,738,049				1,738,049

RECLASS CODE: G  
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,538,035	INTEREST EXPENSE	88	2,538,035	
TOTAL RECLASSIFICATIONS FOR CODE G			2,538,035				2,538,035

RECLASS CODE: H  
EXPLANATION: IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	12,293,077	OPERATING ROOM	37	2,422,050	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	521,513	
3.00			0	CARDIAC CATHETERIZATION LAB	53.01	9,316,795	
4.00			0	CV DIAGNOSTIC SERVICES	60.05	32,719	
TOTAL RECLASSIFICATIONS FOR CODE H			12,293,077				12,293,077

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	6,687,047					6,687,047	
2 LAND IMPROVEMENTS	5,478,252					5,454,464	
3 BUILDINGS & FIXTURE	67,301,365	7,024,008		7,024,008	23,788	74,325,373	
4 BUILDING IMPROVEMEN	40,738					40,738	
5 FIXED EQUIPMENT	47,487,080	3,569,705		3,569,705		51,056,785	
6 MOVABLE EQUIPMENT	105,945,024				24,776,606	81,168,418	
7 SUBTOTAL	232,939,506	10,593,713		10,593,713	24,800,394	218,732,825	
8 RECONCILING ITEMS							
9 TOTAL	232,939,506	10,593,713		10,593,713	24,800,394	218,732,825	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	157,564,407		157,564,407	.660003				
4	NEW CAP REL COSTS-MV	81,168,418		81,168,418	.339997				
5	TOTAL	238,732,825		238,732,825	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	5,272,624	1,738,049	949,807		296,845		8,257,325
4	NEW CAP REL COSTS-MV	9,179,055	558,911					9,737,966
5	TOTAL	14,451,679	2,296,960	949,807		296,845		17,995,291

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	5,264,772						5,264,772
4	NEW CAP REL COSTS-MV	6,847,425						6,847,425
5	TOTAL	12,112,197						12,112,197

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
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	-11,565	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-297,081	NEW CAP REL COSTS-BLDG &	3	11
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-18,554	PHARMACY	16	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-510,790	OTHER ADMINISTRATIVE AND	6.03	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,207,921			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	48,239,070			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,055,846	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-11,582	CAFETERIA	12	
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 NON-ALLOWABLE INTEREST EXPENSE	A	-1,279,582	NEW CAP REL COSTS-BLDG &	3	11
38 MISC INCOME - CARDIAC SERVICE LINE	B	-111,419	OTHER ADMINISTRATIVE AND	6.03	
39 JV REVENUE	B	-1,993	OPERATION OF PLANT	8	
40 OTHER DIETARY REVENUE	B	-1,784	DIETARY	11	
41 JV REVENUE	B	-10,380	PHARMACY	16	
42 BETTER BEGINNINGS INCOME	B	-2,700	ADULTS & PEDIATRICS	25	
43 BABY PHOTO INCOME	B	-6,380	NURSERY	33	
44 JV REVENUE	B	-3,428,652	RADIOLOGY-DIAGNOSTIC	41	
45 MISC OTHER OPERATING INCOME	B	-85,355	RADIOLOGY-THERAPEUTIC	42	
46 JV REVENUE	B	-28,332	CLINIC	60	
47 PROPERTY RENTAL	B	-35,504	PEDIATRIC CLINIC	60.06	
48 CARDIAC REHAB OTHER REVENUE	B	-289,352	CARDIAC REHAB	60.07	
49 PROPERTY RENTAL	B	-29,542	PAIN CLINIC	60.09	
49.01 MISC OTHER INCOME	B	-225,612	EMERGENCY	61	
49.02 MISC OTHER OPERATING INCOME	B	-6,100	RESPIRATORY THERAPY	49	
49.03 PHYSICIAN GUARANTEE	A	-1,042,959	OTHER ADMINISTRATIVE AND	6.03	
49.04 MISC OTHER INCOME	B	-576,470	CV DIAGNOSTIC SERVICES	60.05	
49.05 JV REVENUE	B	-107	DRUGS CHARGED TO PATIENTS	56	
49.06 ADVERTISING EXPENSE	A	-51,560	OTHER ADMINISTRATIVE AND	6.03	
49.07 CAPITALIZED INTEREST	A	-5,771,679	NEW CAP REL COSTS-BLDG &	3	11
50 TOTAL (SUM OF LINES 1 THRU 49)		30,140,269			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS - SHARE	2,312,328		2,312,328	
2	6 3	OTHER ADMINISTRATIVE AND	ADMIN & GENERAL - SHARED	12,751,065		12,751,065	
3	6 1	ADMITTING	ADMITTING - SHARED SERVICE	1,453,005		1,453,005	
4	6 2	PATIENT ACCOUNTING	PATIENT ACCOUNTING - SHAR	3,206,047		3,206,047	
4.01	8	OPERATION OF PLANT	PLANT OPS - SHARED SERVICE	47,062		47,062	
4.02	14	NURSING ADMINISTRATION	NURSING ADMIN - SHARED SE	741,588		741,588	
4.03	15	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY - SHARED S	873,894		873,894	
4.04	100	MARKETING & COMMUNITY REL	MARKETING - SHARED SERVICE	3,363,879		3,363,879	
4.05	3	NEW CAP REL COSTS-BLDG &	BUILDING DEPRECIATION - H	7,852		7,852	9
4.06	4	NEW CAP REL COSTS-MVBLE E	EQUIPMENT DEPRECIATION -	2,331,630		2,331,630	9
4.07	6 3	OTHER ADMINISTRATIVE AND	OTHER A&G - HOME OFFICE	12,784,075		12,784,075	
4.08	16	PHARMACY	PHARMACY - HOME OFFICE	369,952		369,952	
4.09	3	NEW CAP REL COSTS-BLDG &	INTEREST EXPENSE - HOME O	8,309,714	2,538,035	5,771,679	11
4.10	44	LABORATORY	APHL LABORATORY	7,158,572	6,191,456	967,116	
4.11	22	I&R SERVICES-SALARY & FRI	INDY RESIDENCY COST	1,094,064		1,094,064	
4.12	23	I&R SERVICES-OTHER PRGM C	INDY RESIDENCY COST	163,834		163,834	
5		TOTALS		56,968,561	8,729,491	48,239,070	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	AND/OR HOME OFFICE PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SISTERS OF ST. FRANCIS		100.00	0.00
2				0.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0162  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/24/2011  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 3	AGGREGATE	2,596,270	2,594,995	1,275	138,700	9	600	30
2 25	AGGREGATE	5,193	5,193		138,700			
3 26 1	AGGREGATE	122,908	122,908		138,700			
4 41	AGGREGATE	89,581	89,581		225,300			
5 44	AGGREGATE	28,334	28,334		215,700			
6 54	AGGREGATE	82,775	82,775		138,700			
7 60 9	AGGREGATE	1,875	1,875		138,700			
8 61	AGGREGATE	282,955	280,455	2,500	138,700	50	3,334	167
9 60 2	AGGREGATE	3,630	1,130	2,500	138,700	50	3,334	167
10								
11								
12								
13								
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16								
17								
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20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,213,521	3,207,246	6,275		109	7,268	364



COST ALLOCATION STATISTICS

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	S	GROSS	SALARIES	NOT ENTERED
6.01	ADMITTING	4	INPATIENT	REVENUES	ENTERED
6.02	PATIENT ACCOUNTING	C	GROSS	CHARGES	NOT ENTERED
6.03	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	FTES		ENTERED
14	NURSING ADMINISTRATION	10	PATIENT	DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0162  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	ADMINITTING	PATIENT ACCOUNTING	ACCU	SUBTOTAL
	0	3	4	5	6.01	6.02		6a.02
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &	8,257,325	8,257,325						
005 NEW CAP REL COSTS-MVBLE E	9,737,966		9,737,966					
006 EMPLOYEE BENEFITS	2,312,328			2,312,328				
006 01 ADMINITTING	3,956,912	43,446	51,236	61,667	4,113,261			
006 02 PATIENT ACCOUNTING	3,206,047					3,206,047		
006 03 OTHER ADMINISTRATIVE AND	27,191,299	132,095	155,781	61,636				27,540,811
008 OPERATION OF PLANT	7,242,018	1,322,731	1,559,912	81,389				10,206,050
009 LAUNDRY & LINEN SERVICE	747,539	29,081	34,296	2,520				813,436
010 HOUSEKEEPING	2,390,311	132,468	156,222	46,248				2,725,249
011 DIETARY	643,356	163,482	192,797	9,496				1,009,131
012 CAFETERIA	710,590	74,262	87,578	25,727				898,157
014 NURSING ADMINISTRATION	975,787			5,848				981,635
015 CENTRAL SERVICES & SUPPLY	1,371,831	57,767	68,125	9,578				1,507,301
016 PHARMACY	10,599,795	90,011	106,151	83,097				10,879,054
017 MEDICAL RECORDS & LIBRARY	2,594	84,410	99,546					186,550
022 I&R SERVICES-SALARY & FRI	1,094,064							1,094,064
023 I&R SERVICES-OTHER PRGM C	163,834							163,834
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	10,085,301	720,065	849,182	250,747	252,281	90,371		12,247,947
026 INTENSIVE CARE UNIT								
026 01 NEONATAL INTENSIVE CARE U	4,036,413	115,797	136,561	87,049	160,590	48,270		4,584,680
027 CORONARY CARE UNIT	11,477,271	681,561	803,774	285,387	238,606	71,720		13,558,319
029 SURGICAL INTENSIVE CARE U	5,623,524	376,978	444,575	139,554	147,254	44,261		6,776,146
033 NURSERY	1,176,531	56,098	66,157	29,733	62,965	18,926		1,410,410
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	20,045,900	868,656	1,024,416	170,494	374,688	246,645		22,730,799
039 DELIVERY ROOM & LABOR ROO	3,414,336	264,520	311,951	80,790	261,774	78,686		4,412,057
041 RADIOLOGY-DIAGNOSTIC	17,650,707	676,202	797,453	209,673	178,675	507,911		20,020,621
041 01 CARDIAC NUCLEAR DIAGNOSTI	1,625,957			886	1,538	58,505		1,686,886
041 02 NUCLEAR MEDICINE-DIAGNOST	1,208,961	203,282	239,733	8,433	8,908	11,929		1,681,246
041 03 ULTRA SOUND	775,505	30,201	35,617	17,898	28,979	45,601		933,801
042 RADIOLOGY-THERAPEUTIC	1,105,399			661		163,083		1,269,143
044 LABORATORY	8,077,297	222,238	262,088		304,645	309,720		9,175,988
048 INTRAVENOUS THERAPY	43,162			1,068	11,341	3,880		59,451
049 RESPIRATORY THERAPY	4,065,432	35,121	41,419	100,779	210,007	74,573		4,527,331
050 PHYSICAL THERAPY	1,149,151	61,259	72,244	27,785	26,394	22,853		1,359,686
050 01 SPORTS MEDICINE					14,471			14,471
051 OCCUPATIONAL THERAPY	298,156	61,127	72,088	7,109		6,566		445,046
052 SPEECH PATHOLOGY	269,693	11,883	14,014	5,855	1,955	3,503		306,903
053 ELECTROCARDIOLOGY	1,274,127	226,938	267,631	26,184	78,897	37,210		1,910,987
053 01 CARDIAC CATHETERIZATION L	2,653,920	429,584	506,613	53,362	324,842	168,130		4,136,451
054 ELECTROENCEPHALOGRAPHY	2,927,573			41,156	1,521	60,264		3,030,514
055 MEDICAL SUPPLIES CHARGED	14,580,411	6,150	7,253		756,461	247,391		15,597,666
055 30 IMPL. DEV. CHARGED TO PAT	12,293,077					180,306		12,473,383
056 DRUGS CHARGED TO PATIENTS	8,185,985				472,367	193,503		8,851,855
057 RENAL DIALYSIS	89,825			1,876	12,421	3,942		108,064
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	15,443			1,036		81		16,560
060 01 HEAD & NECK CLINIC	27,728			705		174		28,607
060 02 PROMPT CARE	8,261			306				8,567
060 03 SOUTH INDIANRY & REHAB	3,332,595					24,063		3,356,658
060 04 WOUND CARE INSTITUTE	36,625			929	5,627	1,740		44,921
060 05 CV DIAGNOSTIC SERVICES	9,414,096			124,200	3,626	105,840		9,647,762
060 06 PEDIATRIC CLINIC	289,942			7,943		2,401		300,286
060 07 CARDIAC REHAB	178,589			11,292	5	4,344		194,230
060 08 GREENWOOD IMAGING	2,601,522					22,117		2,623,639
060 09 PAIN CLINIC	938,059			20,925	77	14,895		973,956
061 EMERGENCY	6,892,371	314,028	370,337	162,480	172,346	332,643		8,244,205
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	238,472,441	7,491,441	8,834,750	2,263,501	4,113,261	3,206,047		236,754,514
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	371,496	44,215	52,143	3,574				471,428
098 PHYSICIANS' PRIVATE OFFIC	1,783,533	97,633	115,139	36,692				2,032,997
100 MARKETING & COMMUNITY REL	3,363,879							3,363,879
100 01 ST. FRANCIS INN	158,321	251,736	296,876	3,900				710,833
100 02 WOMEN'S CENTER	266,884	83,707	98,717	4,116				453,424
100 03 SOUTH EMERSON SURGERY CTR	4,069,064							4,069,064
100 04 SOUTHEAST SURGERY CTR	6,459,478							6,459,478
100 05 FRANCISCAN SURGERY CTR	10,497,964	288,593	340,341	545				11,127,443
100 06 FRANCISCAN CARDIOVASCULAR								
100 07 CV DIAGNOSTICS JV								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	265,443,060	8,257,325	9,737,966	2,312,328	4,113,261	3,206,047		265,443,060

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND	27,540,811						
008 OPERATION OF PLANT	1,181,503	11,387,553					
009 LAUNDRY & LINEN SERVICE	94,167	48,995	956,598				
010 HOUSEKEEPING	315,488	223,181		3,263,918			
011 DIETARY	116,822	275,433		80,878	1,482,264		
012 CAFETERIA	103,975	125,116		36,739		1,163,987	
014 NURSING ADMINISTRATION	113,639					3,436	1,098,710
015 CENTRAL SERVICES & SUPPLY	174,493	97,325		28,578		12,012	
016 PHARMACY	1,259,414	151,649		44,530		48,074	
017 MEDICAL RECORDS & LIBRARY	21,596	142,213		41,759			
022 I&R SERVICES-SALARY & FRI	126,654						
023 I&R SERVICES-OTHER PRGM C	18,966						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,417,884	1,213,155	141,481	356,231	667,061	157,143	494,450
026 INTENSIVE CARE UNIT							
026 01 NEONATAL INTENSIVE CARE U	530,745	195,094	9,177	57,287		47,266	
027 CORONARY CARE UNIT	1,569,579	1,148,284	137,672	337,182	539,009	160,618	399,534
029 SURGICAL INTENSIVE CARE U	784,441	635,127	75,830	186,499	276,194	80,495	204,726
033 NURSERY	163,276	94,512	12,395	27,753		16,473	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,631,492	1,463,497	108,762	429,740		102,121	
039 DELIVERY ROOM & LABOR ROO	510,762	445,659	111,952	130,863		46,023	
041 RADIOLOGY-DIAGNOSTIC	2,317,687	1,139,255	41,458	334,531		137,029	
041 01 CARDIAC NUCLEAR DIAGNOSTI	195,282					1,769	
041 02 NUCLEAR MEDICINE-DIAGNOST	194,629	342,487	6,559	100,568		4,410	
041 03 ULTRA SOUND	108,101	50,883	33,087	14,941		10,461	
042 RADIOLOGY-THERAPEUTIC	146,922					372	
044 LABORATORY	1,062,258	374,423	293	109,945			
048 INTRAVENOUS THERAPY	6,882					628	
049 RESPIRATORY THERAPY	524,106	59,172	484	17,375		64,829	
050 PHYSICAL THERAPY	157,404	103,209	12,449	30,306		18,935	
050 01 SPORTS MEDICINE	1,675						
051 OCCUPATIONAL THERAPY	51,521	102,987		30,241		4,333	
052 SPEECH PATHOLOGY	35,529	20,020		5,879		3,756	
053 ELECTROCARDIOLOGY	221,225	382,342	6,317	112,271		17,845	
053 01 CARDIAC CATHETERIZATION L	478,856	723,756	44,010	212,524		27,729	
054 ELECTROENCEPHALOGRAPHY	350,827		949			26,293	
055 MEDICAL SUPPLIES CHARGED	1,805,664	10,362		3,043			
055 30 IMPL. DEV. CHARGED TO PAT	1,443,981						
056 DRUGS CHARGED TO PATIENTS	1,024,735						
057 RENAL DIALYSIS	12,510		2,153			961	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,917					872	
060 01 HEAD & NECK CLINIC	3,312					423	
060 02 PROMPT CARE	992					115	
060 03 SOUTH INDIANRY & REHAB	388,584						
060 04 WOUND CARE INSTITUTE	5,200					526	
060 05 CV DIAGNOSTIC SERVICES	1,116,873					6,320	
060 06 PEDIATRIC CLINIC	34,763					5,012	
060 07 CARDIAC REHAB	22,485					7,987	
060 08 GREENWOOD IMAGING	303,726						
060 09 PAIN CLINIC	112,750		6,660			12,230	
061 EMERGENCY	954,390	529,069	198,029	155,356		103,814	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	24,219,682	10,097,205	949,717	2,885,019	1,482,264	1,130,310	1,098,710
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	54,575	74,492		21,874		4,974	
098 PHYSICIANS' PRIVATE OFFIC	235,350	164,490		48,301		21,447	
100 MARKETING & COMMUNITY REL	389,419						
100 01 ST. FRANCIS INN	82,290	424,121		124,539		4,243	
100 02 WOMEN'S CENTER	52,491	141,028	6,881	41,412		2,628	
100 03 SOUTH EMERSON SURGERY CTR	471,055						
100 04 SOUTHEAST SURGERY CTR	747,781						
100 05 FRANCISCAN SURGERY CTR	1,288,168	486,217		142,773		385	
100 06 FRANCISCAN CARDIOVASCULAR							
100 07 CV DIAGNOSTICS JV							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	27,540,811	11,387,553	956,598	3,263,918	1,482,264	1,163,987	1,098,710

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	I&R SERVI	I&R SERVI	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	CES & SUPPLY		DS & LIBRARY	SALARY & FRI	OTHER PRGM C		
	15	16	17	22	23	25	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMIN TTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINI STRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DI ETARY							
012 CAFETERIA							
014 NURSING ADMINI STRATION							
015 CENTRAL SERVICES & SUPPLY	1,819,709						
016 PHARMACY	39,339	12,422,060					
017 MEDICAL RECORDS & LIBRARY			392,118				
022 I&R SERVICES-SALARY & FRI				1,220,718			
023 I&R SERVICES-OTHER PRGM C					182,800		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			11,046	1,220,718	182,800	18,109,916	-1,403,518
026 INTENSIVE CARE UNIT							
026 01 NEONATAL INTENSIVE CARE U			5,900			5,430,149	
027 CORONARY CARE UNIT			8,767			17,858,964	
029 SURGICAL INTENSIVE CARE U			5,410			9,024,868	
033 NURSERY			2,313			1,727,132	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	348		30,148			27,496,907	
039 DELIVERY ROOM & LABOR ROO	8,082		9,618			5,675,016	
041 RADIOLOGY-DIAGNOSTIC			62,319			24,052,900	
041 01 CARDIAC NUCLEAR DIAGNOSTI	1,714		7,151			1,892,802	
041 02 NUCLEAR MEDICINE-DIAGNOST	527		1,458			2,331,884	
041 03 ULTRA SOUND	61		5,574			1,156,909	
042 RADIOLOGY-THERAPEUTIC	11,770		19,934			1,448,141	
044 LABORATORY			37,858			10,760,765	
048 INTRAVENOUS THERAPY			474			67,435	
049 RESPIRATORY THERAPY			9,115			5,202,412	
050 PHYSICAL THERAPY	366		2,793			1,685,148	
050 01 SPORTS MEDICINE						16,146	
051 OCCUPATIONAL THERAPY	464		803			635,395	
052 SPEECH PATHOLOGY			428			372,515	
053 ELECTROCARDIOLOGY	7,062		4,548			2,662,597	
053 01 CARDIAC CATHETERIZATION L			20,551			5,643,877	
054 ELECTROENCEPHALOGRAPHY	2,692		7,366			3,418,641	
055 MEDICAL SUPPLIES CHARGED	1,736,087		30,240			19,183,062	
055 30 IMPL. DEV. CHARGED TO PAT			22,039			13,939,403	
056 DRUGS CHARGED TO PATIENTS		12,422,060	23,653			22,322,303	
057 RENAL DIALYSIS	984		482			125,154	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			10			19,359	
060 01 HEAD & NECK CLINIC			21			32,363	
060 02 PROMPT CARE						9,674	
060 03 SOUTH INDY MRY & REHAB			2,941			3,748,183	
060 04 WOUND CARE INSTITUTE			213			50,860	
060 05 CV DIAGNOSTIC SERVICES	4		12,937			10,783,896	
060 06 PEDIATRIC CLINIC	209		293			340,563	
060 07 CARDIAC REHAB			531			225,233	
060 08 GREENWOOD IMAGING			2,703			2,930,068	
060 09 PAIN CLINIC			1,821			1,107,417	
061 EMERGENCY	8,483		40,660			10,234,006	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,818,192	12,422,060	392,118	1,220,718	182,800	231,722,063	-1,403,518
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						627,343	
098 PHYSICIANS' PRIVATE OFFIC	1,315					2,503,900	
100 MARKETING & COMMUNITY REL						3,753,298	
100 01 ST. FRANCIS INN						1,346,026	
100 02 WOMEN'S CENTER	202					698,066	
100 03 SOUTH EMERSON SURGERY CTR						4,540,119	
100 04 SOUTHEAST SURGERY CTR						7,207,259	
100 05 FRANCI SCAN SURGERY CTR						13,044,986	
100 06 FRANCI SCAN CARDIOVASCULAR							
100 07 CV DIAGNOSTICS JV							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,819,709	12,422,060	392,118	1,220,718	182,800	265,443,060	-1,403,518

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	PATIENT ACCOUNTING	
006 03	OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	16,706,398
026	INTENSIVE CARE UNIT	
026 01	NEONATAL INTENSIVE CARE U	5,430,149
027	CORONARY CARE UNIT	17,858,964
029	SURGICAL INTENSIVE CARE U	9,024,868
033	NURSERY	1,727,132
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	27,496,907
039	DELIVERY ROOM & LABOR ROO	5,675,016
041	RADIOLOGY-DIAGNOSTIC	24,052,900
041 01	CARDIAC NUCLEAR DIAGNOSTI	1,892,802
041 02	NUCLEAR MEDICINE-DIAGNOST	2,331,884
041 03	ULTRA SOUND	1,156,909
042	RADIOLOGY-THERAPEUTIC	1,448,141
044	LABORATORY	10,760,765
048	INTRAVENOUS THERAPY	67,435
049	RESPIRATORY THERAPY	5,202,412
050	PHYSICAL THERAPY	1,685,148
050 01	SPORTS MEDICINE	16,146
051	OCCUPATIONAL THERAPY	635,395
052	SPEECH PATHOLOGY	372,515
053	ELECTROCARDIOLOGY	2,662,597
053 01	CARDIAC CATHETERIZATION L	5,643,877
054	ELECTROENCEPHALOGRAPHY	3,418,641
055	MEDICAL SUPPLIES CHARGED	19,183,062
055 30	IMPL. DEV. CHARGED TO PAT	13,939,403
056	DRUGS CHARGED TO PATIENTS	22,322,303
057	RENAL DIALYSIS	125,154
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	19,359
060 01	HEAD & NECK CLINIC	32,363
060 02	PROMPT CARE	9,674
060 03	SOUTH INDMYRY & REHAB	3,748,183
060 04	WOUND CARE INSTITUTE	50,860
060 05	CV DIAGNOSTIC SERVICES	10,783,896
060 06	PEDIATRIC CLINIC	340,563
060 07	CARDIAC REHAB	225,233
060 08	GREENWOOD IMAGING	2,930,068
060 09	PAIN CLINIC	1,107,417
061	EMERGENCY	10,234,006
062	OBSERVATION BEDS (NON-DIS	
062	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	230,318,545
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	627,343
098	PHYSICIANS' PRIVATE OFFIC	2,503,900
100	MARKETING & COMMUNITY REL	3,753,298
100 01	ST. FRANCIS INN	1,346,026
100 02	WOMEN'S CENTER	698,066
100 03	SOUTH EMERSON SURGERY CTR	4,540,119
100 04	SOUTHEAST SURGERY CTR	7,207,259
100 05	FRANCISCAN SURGERY CTR	13,044,986
100 06	FRANCISCAN CARDIOVASCULAR	
100 07	CV DIAGNOSTICS JV	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	264,039,542

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE ADMITTING FITS 5	PATIENT ACCOUNTING 6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING		43,446	51,236	94,682		94,682	
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND		132,095	155,781	287,876			
008 OPERATION OF PLANT		1,322,731	1,559,912	2,882,643			
009 LAUNDRY & LINEN SERVICE		29,081	34,296	63,377			
010 HOUSEKEEPING		132,468	156,222	288,690			
011 DIETARY		163,482	192,797	356,279			
012 CAFETERIA		74,262	87,578	161,840			
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		57,767	68,125	125,892			
016 PHARMACY		90,011	106,151	196,162			
017 MEDICAL RECORDS & LIBRARY		84,410	99,546	183,956			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		720,065	849,182	1,569,247		5,813	
026 INTENSIVE CARE UNIT							
026 01 NEONATAL INTENSIVE CARE U		115,797	136,561	252,358		3,700	
027 CORONARY CARE UNIT		681,561	803,774	1,485,335		5,498	
029 SURGICAL INTENSIVE CARE U		376,978	444,575	821,553		3,393	
033 NURSERY		56,098	66,157	122,255		1,451	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		868,656	1,024,416	1,893,072		8,634	
039 DELIVERY ROOM & LABOR ROO		264,520	311,951	576,471		6,032	
041 RADIOLOGY-DIAGNOSTIC		676,202	797,453	1,473,655		4,117	
041 01 CARDIAC NUCLEAR DIAGNOSTI						35	
041 02 NUCLEAR MEDICINE-DIAGNOST		203,282	239,733	443,015		205	
041 03 ULTRA SOUND		30,201	35,617	65,818		668	
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY		222,238	262,088	484,326		7,020	
048 INTRAVENOUS THERAPY						261	
049 RESPIRATORY THERAPY		35,121	41,419	76,540		4,839	
050 PHYSICAL THERAPY		61,259	72,244	133,503		608	
050 01 SPORTS MEDICINE						333	
051 OCCUPATIONAL THERAPY		61,127	72,088	133,215			
052 SPEECH PATHOLOGY		11,883	14,014	25,897		45	
053 ELECTROCARDIOLOGY		226,938	267,631	494,569		1,818	
053 01 CARDIAC CATHETERIZATION L		429,584	506,613	936,197		7,485	
054 ELECTROENCEPHALOGRAPHY						35	
055 MEDICAL SUPPLIES CHARGED		6,150	7,253	13,403		17,335	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						10,884	
057 RENAL DIALYSIS						286	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 HEAD & NECK CLINIC							
060 02 PROMPT CARE							
060 03 SOUTH INDIANRY & REHAB							
060 04 WOUND CARE INSTITUTE						130	
060 05 CV DIAGNOSTIC SERVICES						84	
060 06 PEDIATRIC CLINIC							
060 07 CARDIAC REHAB							
060 08 GREENWOOD IMAGING							
060 09 PAIN CLINIC						2	
061 EMERGENCY		314,028	370,337	684,365		3,971	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		7,491,441	8,834,750	16,326,191		94,682	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		44,215	52,143	96,358			
098 PHYSICIANS' PRIVATE OFFIC		97,633	115,139	212,772			
100 MARKETING & COMMUNITY REL							
100 01 ST. FRANCIS INN		251,736	296,876	548,612			
100 02 WOMEN'S CENTER		83,707	98,717	182,424			
100 03 SOUTH EMERSON SURGERY CTR							
100 04 SOUTHEAST SURGERY CTR							
100 05 FRANCISCAN SURGERY CTR		288,593	340,341	628,934			
100 06 FRANCISCAN CARDIOVASCULAR							
100 07 CV DIAGNOSTICS JV							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		8,257,325	9,737,966	17,995,291		94,682	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATION	287,876						
008 OPERATION OF PLANT	12,349	2,894,992					
009 LAUNDRY & LINEN SERVICE	984	12,456	76,817				
010 HOUSEKEEPING	3,298	56,738		348,726			
011 DIETARY	1,221	70,022		8,641	436,163		
012 CAFETERIA	1,087	31,808		3,925		198,660	
014 NURSING ADMINISTRATION	1,188					586	1,774
015 CENTRAL SERVICES & SUPPLY	1,824	24,742		3,053		2,050	
016 PHARMACY	13,164	38,553		4,758		8,205	
017 MEDICAL RECORDS & LIBRARY	226	36,154		4,462			
022 I&R SERVICES-SALARY & FRI	1,324						
023 I&R SERVICES-OTHER PRGM C	198						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,820	308,413	11,361	38,061	196,286	26,820	798
026 INTENSIVE CARE UNIT							
026 01 NEONATAL INTENSIVE CARE U	5,547	49,598	737	6,121		8,067	
027 CORONARY CARE UNIT	16,406	291,922	11,055	36,025	158,606	27,411	645
029 SURGICAL INTENSIVE CARE U	8,199	161,465	6,089	19,926	81,271	13,738	331
033 NURSERY	1,707	24,027	995	2,965		2,812	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	27,517	372,056	8,734	45,915		17,429	
039 DELIVERY ROOM & LABOR ROO	5,339	113,297	8,990	13,982		7,855	
041 RADIOLOGY-DIAGNOSTIC	24,225	289,626	3,329	35,742		23,387	
041 01 CARDIAC NUCLEAR DIAGNOSTI	2,041					302	
041 02 NUCLEAR MEDICINE-DIAGNOST	2,034	87,068	527	10,745		753	
041 03 ULTRA SOUND	1,130	12,936	2,657	1,596		1,785	
042 RADIOLOGY-THERAPEUTIC	1,536					63	
044 LABORATORY	11,103	95,187	24	11,747			
048 INTRAVENOUS THERAPY	72					107	
049 RESPIRATORY THERAPY	5,478	15,043	39	1,856		11,065	
050 PHYSICAL THERAPY	1,645	26,238	1,000	3,238		3,232	
050 01 SPORTS MEDICINE	18						
051 OCCUPATIONAL THERAPY	539	26,182		3,231		740	
052 SPEECH PATHOLOGY	371	5,090		628		641	
053 ELECTROCARDIOLOGY	2,312	97,201	507	11,995		3,046	
053 01 CARDIAC CATHETERIZATION L	5,005	183,996	3,534	22,707		4,733	
054 ELECTROENCEPHALOGRAPHY	3,667		76			4,488	
055 MEDICAL SUPPLIES CHARGED	18,873	2,634		325			
055 30 IMPL. DEV. CHARGED TO PAT	15,093						
056 DRUGS CHARGED TO PATIENTS	10,711						
057 RENAL DIALYSIS	131		173			164	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	20					149	
060 01 HEAD & NECK CLINIC	35					72	
060 02 PROMPT CARE	10					20	
060 03 SOUTH INDIANRY & REHAB	4,062						
060 04 WOUND CARE INSTITUTE	54					90	
060 05 CV DIAGNOSTIC SERVICES	11,674					1,079	
060 06 PEDIATRIC CLINIC	363					855	
060 07 CARDIAC REHAB	235					1,363	
060 08 GREENWOOD IMAGING	3,175						
060 09 PAIN CLINIC	1,178		535			2,087	
061 EMERGENCY	9,975	134,502	15,902	16,599		17,718	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	253,163	2,566,954	76,264	308,243	436,163	192,912	1,774
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	570	18,938		2,337		849	
098 PHYSICIANS' PRIVATE OFFIC	2,460	41,817		5,161		3,660	
100 MARKETING & COMMUNITY REL	4,070						
100 01 ST. FRANCIS INN	860	107,822		13,306		724	
100 02 WOMEN'S CENTER	549	35,853	553	4,425		449	
100 03 SOUTH EMERSON SURGERY CTR	4,924						
100 04 SOUTHEAST SURGERY CTR	7,816						
100 05 FRANCISCAN SURGERY CTR	13,464	123,608		15,254		66	
100 06 FRANCISCAN CARDIOVASCULAR							
100 07 CV DIAGNOSTICS JV							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	287,876	2,894,992	76,817	348,726	436,163	198,660	1,774

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	22	23		
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	157,561						
016 PHARMACY	3,406	264,248					
017 MEDICAL RECORDS & LIBRARY			224,798				
022 I&R SERVICES-SALARY & FRI				1,324			
023 I&R SERVICES-OTHER PRGM C					198		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			6,333			2,177,952	
026 INTENSIVE CARE UNIT							
026 01 NEONATAL INTENSIVE CARE U			3,382			329,510	
027 CORONARY CARE UNIT			5,026			2,037,929	
029 SURGICAL INTENSIVE CARE U			3,102			1,119,067	
033 NURSERY			1,326			157,538	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	30		17,283			2,390,670	
039 DELIVERY ROOM & LABOR ROO	700		5,514			738,180	
041 RADIOLOGY-DIAGNOSTIC			35,729			1,889,810	
041 01 CARDIAC NUCLEAR DIAGNOSTI	148		4,100			6,626	
041 02 NUCLEAR MEDICINE-DIAGNOST	46		836			545,229	
041 03 ULTRA SOUND	5		3,195			89,790	
042 RADIOLOGY-THERAPEUTIC	1,019		11,428			14,046	
044 LABORATORY			21,703			631,110	
048 INTRAVENOUS THERAPY			272			712	
049 RESPIRATORY THERAPY			5,226			120,086	
050 PHYSICAL THERAPY	32		1,601			171,097	
050 01 SPORTS MEDICINE						351	
051 OCCUPATIONAL THERAPY	40		460			164,407	
052 SPEECH PATHOLOGY			245			32,917	
053 ELECTROCARDIOLOGY	611		2,607			614,666	
053 01 CARDIAC CATHETERIZATION L			11,781			1,175,438	
054 ELECTROENCEPHALOGRAPHY	233		4,223			12,722	
055 MEDICAL SUPPLIES CHARGED	150,321		17,336			220,227	
055 30 IMPL. DEV. CHARGED TO PAT			12,635			27,728	
056 DRUGS CHARGED TO PATIENTS		264,248	13,560			299,403	
057 RENAL DIALYSIS	85		276			1,115	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			6			175	
060 01 HEAD & NECK CLINIC			12			119	
060 02 PROMPT CARE						30	
060 03 SOUTH INDIANRY & REHAB			1,686			5,748	
060 04 WOUND CARE INSTITUTE			122			396	
060 05 CV DIAGNOSTIC SERVICES			7,417			20,254	
060 06 PEDIATRIC CLINIC	18		168			1,404	
060 07 CARDIAC REHAB			304			1,902	
060 08 GREENWOOD IMAGING			1,550			4,725	
060 09 PAIN CLINIC			1,044			4,846	
061 EMERGENCY	735		23,310			907,077	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	157,429	264,248	224,798			15,915,002	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						119,052	
098 PHYSICIANS' PRIVATE OFFIC	114					265,984	
100 MARKETING & COMMUNITY REL						4,070	
100 01 ST. FRANCIS INN						671,324	
100 02 WOMEN'S CENTER	18					224,271	
100 03 SOUTH EMERSON SURGERY CTR						4,924	
100 04 SOUTHEAST SURGERY CTR						7,816	
100 05 FRANCSAN SURGERY CTR						781,326	
100 06 FRANCSAN CARDIOVASCULAR							
100 07 CV DIAGNOSTICS JV							
101 CROSS FOOT ADJUSTMENTS				1,324	198	1,522	
102 NEGATIVE COST CENTER							
103 TOTAL	157,561	264,248	224,798	1,324	198	17,995,291	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0162  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	PATIENT ACCOUNTING	
006 03	OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	2,177,952
026	INTENSIVE CARE UNIT	
026 01	NEONATAL INTENSIVE CARE U	329,510
027	CORONARY CARE UNIT	2,037,929
029	SURGICAL INTENSIVE CARE U	1,119,067
033	NURSERY	157,538
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,390,670
039	DELIVERY ROOM & LABOR ROO	738,180
041	RADIOLOGY-DIAGNOSTIC	1,889,810
041 01	CARDIAC NUCLEAR DIAGNOSTI	6,626
041 02	NUCLEAR MEDICINE-DIAGNOST	545,229
041 03	ULTRA SOUND	89,790
042	RADIOLOGY-THERAPEUTIC	14,046
044	LABORATORY	631,110
048	INTRAVENOUS THERAPY	712
049	RESPIRATORY THERAPY	120,086
050	PHYSICAL THERAPY	171,097
050 01	SPORTS MEDICINE	351
051	OCCUPATIONAL THERAPY	164,407
052	SPEECH PATHOLOGY	32,917
053	ELECTROCARDIOLOGY	614,666
053 01	CARDIAC CATHETERIZATION L	1,175,438
054	ELECTROENCEPHALOGRAPHY	12,722
055	MEDICAL SUPPLIES CHARGED	220,227
055 30	IMPL. DEV. CHARGED TO PAT	27,728
056	DRUGS CHARGED TO PATIENTS	299,403
057	RENAL DIALYSIS	1,115
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	175
060 01	HEAD & NECK CLINIC	119
060 02	PROMPT CARE	30
060 03	SOUTH INDIANRY & REHAB	5,748
060 04	WOUND CARE INSTITUTE	396
060 05	CV DIAGNOSTIC SERVICES	20,254
060 06	PEDIATRIC CLINIC	1,404
060 07	CARDIAC REHAB	1,902
060 08	GREENWOOD IMAGING	4,725
060 09	PAIN CLINIC	4,846
061	EMERGENCY	907,077
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	15,915,002
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	119,052
098	PHYSICIANS' PRIVATE OFFIC	265,984
100	MARKETING & COMMUNITY REL	4,070
100 01	ST. FRANCIS INN	671,324
100 02	WOMEN'S CENTER	224,271
100 03	SOUTH EMERSON SURGERY CTR	4,924
100 04	SOUTHEAST SURGERY CTR	7,816
100 05	FRANCISCAN SURGERY CTR	781,326
100 06	FRANCISCAN CARDIOVASCULAR	
100 07	CV DIAGNOSTICS JV	
101	CROSS FOOT ADJUSTMENTS	1,522
102	NEGATIVE COST CENTER	
103	TOTAL	17,995,291

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E OSTS	EMPLOYEE BENEFITS	ADMITTING	PATIENT ACCOUNTING	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(INPATIENT REVENUES)	(GROSS CHARGES)	
	3	4	5	6.01	6.02	6a.03
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	375,938					
004 NEW CAP REL COSTS-MVB		375,938				
005 EMPLOYEE BENEFITS			70,378,743			
006 01 ADMITTING	1,978	1,978	1,876,939	325,710,885		
006 02 PATIENT ACCOUNTING					844,558,474	
006 03 OTHER ADMINISTRATIVE	6,014	6,014	1,876,001			-27,540,811
008 OPERATION OF PLANT	60,221	60,221	2,477,218			
009 LAUNDRY & LINEN SERVI	1,324	1,324	76,706			
010 HOUSEKEEPING	6,031	6,031	1,407,633			
011 DIETARY	7,443	7,443	289,023			
012 CAFETERIA	3,381	3,381	783,044			
014 NURSING ADMINISTRATIO			177,991			
015 CENTRAL SERVICES & SU	2,630	2,630	291,518			
016 PHARMACY	4,098	4,098	2,529,212			
017 MEDICAL RECORDS & LIB	3,843	3,843				
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	32,783	32,783	7,631,932	19,976,321	23,806,820	
026 INTENSIVE CARE UNIT						
026 01 NEONATAL INTENSIVE CA	5,272	5,272	2,649,476	12,715,952	12,715,952	
027 CORONARY CARE UNIT	31,030	31,030	8,685,170	18,893,521	18,893,521	
029 SURGICAL INTENSIVE CA	17,163	17,163	4,247,565	11,660,002	11,660,002	
033 NURSERY	2,554	2,554	904,981	4,985,747	4,985,747	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	39,548	39,548	5,189,295	29,668,833	64,974,894	
039 DELIVERY ROOM & LABOR	12,043	12,043	2,458,982	20,727,973	20,728,642	
041 RADIOLOGY-DIAGNOSTIC	30,786	30,786	6,381,783	14,147,972	133,774,693	
041 01 CARDIAC NUCLEAR DIAGN			26,957	121,784	15,412,339	
041 02 NUCLEAR MEDICINE-DIAG	9,255	9,255	256,669	705,398	3,142,546	
041 03 ULTRA SOUND	1,375	1,375	544,762	2,294,632	12,012,922	
042 RADIOLOGY-THERAPEUTIC			20,131		42,961,719	
044 LABORATORY	10,118	10,118		24,122,673	81,591,205	
048 INTRAVENOUS THERAPY			32,507	897,980	1,022,039	
049 RESPIRATORY THERAPY	1,599	1,599	3,067,386	16,628,937	19,645,105	
050 PHYSICAL THERAPY	2,789	2,789	845,696	2,089,928	6,020,269	
050 01 SPORTS MEDICINE				1,145,892		
051 OCCUPATIONAL THERAPY	2,783	2,783	216,375		1,729,788	
052 SPEECH PATHOLOGY	541	541	178,196	154,787	922,816	
053 ELECTROCARDIOLOGY	10,332	10,332	796,963	6,247,297	9,802,480	
053 01 CARDIAC CATHETERIZATI	19,558	19,558	1,624,169	25,721,949	44,291,260	
054 ELECTROENCEPHALOGRAPH			1,252,666	120,416	15,875,577	
055 MEDICAL SUPPLIES CHAR	280	280		59,910,035	65,171,572	
055 30 IMPL. DEV. CHARGED TO					47,498,827	
056 DRUGS CHARGED TO PATI				37,403,393	50,975,618	
057 RENAL DIALYSIS			57,097	983,496	1,038,566	
OUTPAT SERVICE COST C						
060 CLINIC			31,523		21,259	
060 01 HEAD & NECK CLINIC			21,443		45,880	
060 02 PROMPT CARE			9,327			
060 03 SOUTH INDIANRY & REHA					6,339,070	
060 04 WOUND CARE INSTITUTE			28,286	445,551	458,280	
060 05 CV DIAGNOSTIC SERVICE			3,780,250	287,132	27,881,985	
060 06 PEDIATRIC CLINIC			241,770		632,517	
060 07 CARDIAC REHAB			343,689	396	1,144,302	
060 08 GREENWOOD IMAGING					5,826,411	
060 09 PAIN CLINIC			636,889	6,063	3,923,972	
061 EMERGENCY	14,297	14,297	4,945,373	13,646,825	87,629,879	
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	341,069	341,069	68,892,593	325,710,885	844,558,474	-27,540,811
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2,013	2,013	108,795			
098 PHYSICIANS' PRIVATE O	4,445	4,445	1,116,788			
100 MARKETING & COMMUNITY						
100 01 ST. FRANCIS INN	11,461	11,461	118,712			
100 02 WOMEN'S CENTER	3,811	3,811	125,275			
100 03 SOUTH EMERSON SURGERY						
100 04 SOUTHEAST SURGERY CTR						
100 05 FRANCISCAN SURGERY CT	13,139	13,139	16,580			
100 06 FRANCISCAN CARDIOVASC						
100 07 CV DIAGNOSTICS JV						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	8,257,325	9,737,966	2,312,328	4,113,261	3,206,047	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	21.964593	25.903117	.032855	.012629	.003796	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	PATIENT ACCOU	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	FITS	(INPATIENT	NTING	
	(SQUARE FEET	(SQUARE ) FEET	( GROSS SALARIES	(INPATIENT )EVENUES	R( GROSS ) CHARGES	
NONREIMBURS COST CENT	3	4	5	6.01	6.02	6a.03
106 UNIT COST MULTIPLIER (WRKSHT B, PT III)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)				94,682		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.000291		

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT (ACCUM. COST)	(SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	(SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (PATIENT DAYS)	(PATIENT DAYS)
	6.03	8	9	10	11	12	14	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 ADMINITTING								
006 02 PATIENT ACCOUNTING								
006 03 OTHER ADMINISTRATIVE	237,902,249							
008 OPERATION OF PLANT	10,206,050	307,725						
009 LAUNDRY & LINEN SERVICE	813,436		1,308,305					
010 HOUSEKEEPING	2,725,249	6,031		300,370				
011 DIETARY	1,009,131	7,443		7,443	36,891			
012 CAFETERIA	898,157	3,381		3,381		90,797		
014 NURSING ADMINISTRATION	981,635					268	36,891	
015 CENTRAL SERVICES & SUPPLY	1,507,301	2,630		2,630		937		
016 PHARMACY	10,879,054	4,098		4,098		3,750		
017 MEDICAL RECORDS & LIBRARY	186,550	3,843		3,843				
022 I&R SERVICES-SALARY & BENEFITS	1,094,064							
023 I&R SERVICES-OTHER PERSONNEL	163,834							
025 INPATIENT ROUTINE SERVICES								
026 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	12,247,947	32,783	193,498	32,783	16,602	12,258	16,602	
026 01 NEONATAL INTENSIVE CARE	4,584,680	5,272	12,551	5,272		3,687		
027 CORONARY CARE UNIT	13,558,319	31,030	188,289	31,030	13,415	12,529	13,415	
029 SURGICAL INTENSIVE CARE	6,776,146	17,163	103,710	17,163	6,874	6,279	6,874	
033 NURSERY	1,410,410	2,554	16,952	2,554		1,285		
037 ANCILLARY SERVICE COST CENTER								
039 OPERATING ROOM	22,730,799	39,548	148,750	39,548		7,966		
041 DELIVERY ROOM & LABORATORY	4,412,057	12,043	153,112	12,043		3,590		
041 01 RADIOLOGY-DIAGNOSTIC	20,020,621	30,786	56,700	30,786		10,689		
041 02 RADIOLOGY-THERAPEUTIC	1,686,886					138		
041 03 RADIOLOGY-OTHER	1,681,246	9,255	8,970	9,255		344		
042 ULTRASOUND	933,801	1,375	45,252	1,375		816		
044 RADIOLOGY-OTHER	1,269,143					29		
048 LABORATORY	9,175,988	10,118	401	10,118				
049 INTRAVENOUS THERAPY	59,451					49		
050 RESPIRATORY THERAPY	4,527,331	1,599	662	1,599		5,057		
050 01 PHYSICAL THERAPY	1,359,686	2,789	17,026	2,789		1,477		
051 SPORTS MEDICINE	14,471							
051 OCCUPATIONAL THERAPY	445,046	2,783		2,783		338		
052 SPEECH PATHOLOGY	306,903	541		541		293		
053 ELECTROCARDIOLOGY	1,910,987	10,332	8,639	10,332		1,392		
053 01 CARDIAC CATHETERIZATION	4,136,451	19,558	60,191	19,558		2,163		
054 ELECTROENCEPHALOGRAPHY	3,030,514		1,298			2,051		
055 MEDICAL SUPPLIES CHARACTERIZED	15,597,666	280		280				
055 30 IMPL. DEV. CHARGED TO PATIENT	12,473,383							
056 DRUGS CHARGED TO PATIENT	8,851,855							
057 RENAL DIALYSIS	108,064		2,944			75		
060 OUTPATIENT SERVICE COST CENTER								
060 01 CLINIC	16,560					68		
060 02 HEAD & NECK CLINIC	28,607					33		
060 03 PROMPT CARE	8,567					9		
060 04 SOUTH INDIANARY & REHABILITATION	3,356,658							
060 05 WOUND CARE INSTITUTE	44,921					41		
060 06 CV DIAGNOSTIC SERVICE	9,647,762					493		
060 07 PEDIATRIC CLINIC	300,286					391		
060 08 CARDIAC REHABILITATION	194,230					623		
060 09 GREENWOOD IMAGING	2,623,639							
061 PAIN CLINIC	973,956		9,109			954		
062 EMERGENCY	8,244,205	14,297	270,840	14,297		8,098		
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER) SUBTOTALS	209,213,703	272,856	1,298,894	265,501	36,891	88,170	36,891	
096 NONREIMBURSABLE COST CENTER								
096 01 GIFT, FLOWER, COFFEE	471,428	2,013		2,013		388		
098 PHYSICIANS' PRIVATE OFFICE	2,032,997	4,445		4,445		1,673		
100 MARKETING & COMMUNITY	3,363,879							
100 01 ST. FRANCIS INN	710,833	11,461		11,461		331		
100 02 WOMEN'S CENTER	453,424	3,811	9,411	3,811		205		
100 03 SOUTH EMERSON SURGERY	4,069,064							
100 04 SOUTHEAST SURGERY CENTER	6,459,478							
100 05 FRANCISCAN SURGERY CENTER	11,127,443	13,139		13,139		30		
100 06 FRANCISCAN CARDIOVASCULAR								
100 07 CV DIAGNOSTICS JV								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	27,540,811	11,387,553	956,598	3,263,918	1,482,264	1,163,987	1,098,710	
104 UNIT COST MULTIPLIER (WRKSHT B, PART I)	.115765	37.005615	.731174	10.866325	40.179556	12.819664	29.782603	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								

	COST CENTER DESCRIPTION	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	
		TRATIVE AND	PLANT	EN SERVICE				ISTRATION	
		( ACCUM. COST )	(SQUARE FEET )	(POUNDS OF LAUNDRY )	(SQUARE FEET )	(PATIENT )AYS	D(FTES )	(PATIENT )AYS	D )
	NONREIMBURS COST CENT	6.03	8	9	10	11	12	14	
106	UNIT COST MULTIPLIER (WRKSHT B, PT I I)								
107	COST TO BE ALLOCATED (WRKSHT B, PART I I I)	287,876	2,894,992	76,817	348,726	436,163	198,660	1,774	
108	UNIT COST MULTIPLIER (WRKSHT B, PT I I I)	.001210	9.407724	.058715	1.160988	11.823019	2.187958	.048088	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.)	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	I&R SERVICES- SALARY & FRI (ASSIGNED) TIME	I&R SERVICES- OTHER PRGM C (ASSIGNED) TIME
	15	16	17	22	23
GENERAL SERVICE COST					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 ADMINISTRATION					
006 02 PATIENT ACCOUNTING					
006 03 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	28,146,413				
016 PHARMACY	608,473	10,000			
017 MEDICAL RECORDS & LIBRARY			844,558,474		
022 I&R SERVICES-SALARY & FRI				100	
023 I&R SERVICES-OTHER PROGRAMS					100
025 INPATIENT ROUTINE SERVICES					
026 ADULTS & PEDIATRICS			23,806,820	100	100
026 INTENSIVE CARE UNIT					
026 01 NEONATAL INTENSIVE CARE			12,715,952		
027 CORONARY CARE UNIT			18,893,521		
029 SURGICAL INTENSIVE CARE			11,660,002		
033 NURSERY			4,985,747		
037 ANCILLARY SERVICE COST CENTER					
039 OPERATING ROOM	5,378		64,974,894		
041 DELIVERY ROOM & LABOR	125,008		20,728,642		
041 RADIOLOGY-DIAGNOSTIC			133,774,693		
041 01 CARDIAC NUCLEAR DIAGNOSTIC	26,518		15,412,339		
041 02 NUCLEAR MEDICINE-DIAGNOSTIC	8,148		3,142,546		
041 03 ULTRA SOUND	939		12,012,922		
042 RADIOLOGY-THERAPEUTIC	182,055		42,961,719		
044 LABORATORY			81,591,205		
048 INTRAVENOUS THERAPY			1,022,039		
049 RESPIRATORY THERAPY			19,645,105		
050 PHYSICAL THERAPY	5,664		6,020,269		
050 01 SPORTS MEDICINE					
051 OCCUPATIONAL THERAPY	7,170		1,729,788		
052 SPEECH PATHOLOGY			922,816		
053 ELECTROCARDIOLOGY	109,226		9,802,480		
053 01 CARDIAC CATHETERIZATION			44,291,260		
054 ELECTROENCEPHALOGRAPHY	41,635		15,875,577		
055 MEDICAL SUPPLIES CHARACTER	26,852,997		65,171,572		
055 30 IMPL. DEV. CHARGED TO			47,498,827		
056 DRUGS CHARGED TO PATIENT		10,000	50,975,618		
057 RENAL DIALYSIS	15,216		1,038,566		
060 OUTPAT SERVICE COST CENTER					
060 01 CLINIC			21,259		
060 02 HEAD & NECK CLINIC			45,880		
060 03 PROMPT CARE					
060 04 SOUTH INDIANARY & REHABILITATION			6,339,070		
060 05 WOUND CARE INSTITUTE			458,280		
060 06 CV DIAGNOSTIC SERVICE	68		27,881,985		
060 07 PEDIATRIC CLINIC	3,232		632,517		
060 08 CARDIAC REHABILITATION			1,144,302		
060 09 GREENWOOD IMAGING			5,826,411		
060 09 PAIN CLINIC			3,923,972		
061 EMERGENCY	131,215		87,629,879		
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)					
095 SUBTOTALS	28,122,942	10,000	844,558,474	100	100
096 NONREIMBURSABLE COST CENTER					
098 GIFT, FLOWER, COFFEE					
100 PHYSICIANS' PRIVATE OFFICE	20,342				
100 MARKETING & COMMUNITY					
100 01 ST. FRANCIS INN					
100 02 WOMEN'S CENTER	3,129				
100 03 SOUTH EMERSON SURGERY					
100 04 SOUTHEAST SURGERY CENTER					
100 05 FRANCISCAN SURGERY CENTER					
100 06 FRANCISCAN CARDIOVASCULAR					
100 07 CV DIAGNOSTICS JV					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART)	1,819,709	12,422,060	392,118	1,220,718	182,800
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.064652	1,242.206000	.000464	12,207.180000	1,828.000000
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART)					



WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,706,398		16,706,398		16,706,398
26	INTENSIVE CARE UNIT					
26 01	NEONATAL INTENSIVE CARE U	5,430,149		5,430,149		5,430,149
27	CORONARY CARE UNIT	17,858,964		17,858,964		17,858,964
29	SURGICAL INTENSIVE CARE U	9,024,868		9,024,868		9,024,868
33	NURSERY	1,727,132		1,727,132		1,727,132
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	27,496,907		27,496,907		27,496,907
39	DELIVERY ROOM & LABOR ROO	5,675,016		5,675,016		5,675,016
41	RADIOLOGY-DIAGNOSTIC	24,052,900		24,052,900		24,052,900
41 01	CARDIAC NUCLEAR DIAGNOSTI	1,892,802		1,892,802		1,892,802
41 02	NUCLEAR MEDICINE-DIAGNOST	2,331,884		2,331,884		2,331,884
41 03	ULTRA SOUND	1,156,909		1,156,909		1,156,909
42	RADIOLOGY-THERAPEUTIC	1,448,141		1,448,141		1,448,141
44	LABORATORY	10,760,765		10,760,765		10,760,765
48	INTRAVENOUS THERAPY	67,435		67,435		67,435
49	RESPIRATORY THERAPY	5,202,412		5,202,412		5,202,412
50	PHYSICAL THERAPY	1,685,148		1,685,148		1,685,148
50 01	SPORTS MEDICINE	16,146		16,146		16,146
51	OCCUPATIONAL THERAPY	635,395		635,395		635,395
52	SPEECH PATHOLOGY	372,515		372,515		372,515
53	ELECTROCARDIOLOGY	2,662,597		2,662,597		2,662,597
53 01	CARDIAC CATHETERIZATION L	5,643,877		5,643,877		5,643,877
54	ELECTROENCEPHALOGRAPHY	3,418,641		3,418,641		3,418,641
55	MEDICAL SUPPLIES CHARGED	19,183,062		19,183,062		19,183,062
55 30	IMPL. DEV. CHARGED TO PAT	13,939,403		13,939,403		13,939,403
56	DRUGS CHARGED TO PATIENTS	22,322,303		22,322,303		22,322,303
57	RENAL DIALYSIS	125,154		125,154		125,154
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	19,359		19,359		19,359
60 01	HEAD & NECK CLINIC	32,363		32,363		32,363
60 02	PROMPT CARE	9,674		9,674		9,674
60 03	SOUTH INDY MRY & REHAB	3,748,183		3,748,183		3,748,183
60 04	WOUND CARE INSTITUTE	50,860		50,860		50,860
60 05	CV DIAGNOSTIC SERVICES	10,783,896		10,783,896		10,783,896
60 06	PEDIATRIC CLINIC	340,563		340,563		340,563
60 07	CARDIAC REHAB	225,233		225,233		225,233
60 08	GREENWOOD IMAGING	2,930,068		2,930,068		2,930,068
60 09	PAIN CLINIC	1,107,417		1,107,417		1,107,417
61	EMERGENCY	10,234,006		10,234,006		10,234,006
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,448,917		2,448,917		2,448,917
101	SUBTOTAL	232,767,462		232,767,462		232,767,462
102	LESS OBSERVATION BEDS	2,448,917		2,448,917		2,448,917
103	TOTAL	230,318,545		230,318,545		230,318,545







WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	27,496,907	2,390,670	25,106,237			27,496,907
39	DELIVERY ROOM & LABOR ROO	5,675,016	738,180	4,936,836			5,675,016
41	RADIOLOGY-DIAGNOSTIC	24,052,900	1,889,810	22,163,090			24,052,900
41 01	CARDIAC NUCLEAR DIAGNOSTI	1,892,802	6,626	1,886,176			1,892,802
41 02	NUCLEAR MEDICINE-DIAGNOST	2,331,884	545,229	1,786,655			2,331,884
41 03	ULTRA SOUND	1,156,909	89,790	1,067,119			1,156,909
42	RADIOLOGY-THERAPEUTIC	1,448,141	14,046	1,434,095			1,448,141
44	LABORATORY	10,760,765	631,110	10,129,655			10,760,765
48	INTRAVENOUS THERAPY	67,435	712	66,723			67,435
49	RESPIRATORY THERAPY	5,202,412	120,086	5,082,326			5,202,412
50	PHYSICAL THERAPY	1,685,148	171,097	1,514,051			1,685,148
50 01	SPORTS MEDICINE	16,146	351	15,795			16,146
51	OCCUPATIONAL THERAPY	635,395	164,407	470,988			635,395
52	SPEECH PATHOLOGY	372,515	32,917	339,598			372,515
53	ELECTROCARDIOLOGY	2,662,597	614,666	2,047,931			2,662,597
53 01	CARDIAC CATHETERIZATION L	5,643,877	1,175,438	4,468,439			5,643,877
54	ELECTROENCEPHALOGRAPHY	3,418,641	12,722	3,405,919			3,418,641
55	MEDICAL SUPPLIES CHARGED	19,183,062	220,227	18,962,835			19,183,062
55 30	IMPL. DEV. CHARGED TO PAT	13,939,403	27,728	13,911,675			13,939,403
56	DRUGS CHARGED TO PATIENTS	22,322,303	299,403	22,022,900			22,322,303
57	RENAL DIALYSIS	125,154	1,115	124,039			125,154
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	19,359	175	19,184			19,359
60 01	HEAD & NECK CLINIC	32,363	119	32,244			32,363
60 02	PROMPT CARE	9,674	30	9,644			9,674
60 03	SOUTH INDY MRY & REHAB	3,748,183	5,748	3,742,435			3,748,183
60 04	WOUND CARE INSTITUTE	50,860	396	50,464			50,860
60 05	CV DIAGNOSTIC SERVICES	10,783,896	20,254	10,763,642			10,783,896
60 06	PEDIATRIC CLINIC	340,563	1,404	339,159			340,563
60 07	CARDIAC REHAB	225,233	1,902	223,331			225,233
60 08	GREENWOOD IMAGING	2,930,068	4,725	2,925,343			2,930,068
60 09	PAIN CLINIC	1,107,417	4,846	1,102,571			1,107,417
61	EMERGENCY	10,234,006	907,077	9,326,929			10,234,006
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,448,917	319,256	2,129,661			2,448,917
101	SUBTOTAL	182,019,951	10,412,262	171,607,689			182,019,951
102	LESS OBSERVATION BEDS	2,448,917	319,256	2,129,661			2,448,917
103	TOTAL	179,571,034	10,093,006	169,478,028			179,571,034

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	64,974,894	.423193	.423193
39	DELIVERY ROOM & LABOR ROO	20,728,642	.273777	.273777
41	RADIOLOGY-DIAGNOSTIC	133,774,693	.179802	.179802
41 01	CARDIAC NUCLEAR DIAGNOSTI	15,412,339	.122811	.122811
41 02	NUCLEAR MEDICINE-DIAGNOST	3,142,546	.742037	.742037
41 03	ULTRA SOUND	12,012,922	.096305	.096305
42	RADIOLOGY-THERAPEUTIC	42,961,719	.033708	.033708
44	LABORATORY	81,591,205	.131886	.131886
48	INTRAVENOUS THERAPY	1,022,039	.065981	.065981
49	RESPIRATORY THERAPY	19,645,105	.264820	.264820
50	PHYSICAL THERAPY	6,020,269	.279912	.279912
50 01	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY	1,729,788	.367325	.367325
52	SPEECH PATHOLOGY	922,816	.403672	.403672
53	ELECTROCARDIOLOGY	9,802,480	.271625	.271625
53 01	CARDIAC CATHETERIZATION L	44,291,260	.127426	.127426
54	ELECTROENCEPHALOGRAPHY	15,875,577	.215340	.215340
55	MEDICAL SUPPLIES CHARGED	65,171,572	.294347	.294347
55 30	IMPL. DEV. CHARGED TO PAT	47,498,827	.293468	.293468
56	DRUGS CHARGED TO PATIENTS	50,975,618	.437902	.437902
57	RENAL DIALYSIS	1,038,566	.120507	.120507
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	21,259	.910626	.910626
60 01	HEAD & NECK CLINIC	45,880	.705384	.705384
60 02	PROMPT CARE			
60 03	SOUTH INDY MRY & REHAB	6,339,070	.591283	.591283
60 04	WOUND CARE INSTITUTE	458,280	.110980	.110980
60 05	CV DIAGNOSTIC SERVICES	27,881,985	.386769	.386769
60 06	PEDIATRIC CLINIC	632,517	.538425	.538425
60 07	CARDIAC REHAB	1,144,302	.196830	.196830
60 08	GREENWOOD IMAGING	5,826,411	.502894	.502894
60 09	PAIN CLINIC	3,923,972	.282218	.282218
61	EMERGENCY	87,629,879	.116787	.116787
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,830,499	.639321	.639321
101	SUBTOTAL	776,326,931		
102	LESS OBSERVATION BEDS	3,830,499		
103	TOTAL	772,496,432		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	27,496,907	2,390,670	25,106,237			27,496,907
39	DELIVERY ROOM & LABOR ROO	5,675,016	738,180	4,936,836			5,675,016
41	RADIOLOGY-DIAGNOSTIC	24,052,900	1,889,810	22,163,090			24,052,900
41 01	CARDIAC NUCLEAR DIAGNOSTI	1,892,802	6,626	1,886,176			1,892,802
41 02	NUCLEAR MEDICINE-DIAGNOST	2,331,884	545,229	1,786,655			2,331,884
41 03	ULTRA SOUND	1,156,909	89,790	1,067,119			1,156,909
42	RADIOLOGY-THERAPEUTIC	1,448,141	14,046	1,434,095			1,448,141
44	LABORATORY	10,760,765	631,110	10,129,655			10,760,765
48	INTRAVENOUS THERAPY	67,435	712	66,723			67,435
49	RESPIRATORY THERAPY	5,202,412	120,086	5,082,326			5,202,412
50	PHYSICAL THERAPY	1,685,148	171,097	1,514,051			1,685,148
50 01	SPORTS MEDICINE	16,146	351	15,795			16,146
51	OCCUPATIONAL THERAPY	635,395	164,407	470,988			635,395
52	SPEECH PATHOLOGY	372,515	32,917	339,598			372,515
53	ELECTROCARDIOLOGY	2,662,597	614,666	2,047,931			2,662,597
53 01	CARDIAC CATHETERIZATION L	5,643,877	1,175,438	4,468,439			5,643,877
54	ELECTROENCEPHALOGRAPHY	3,418,641	12,722	3,405,919			3,418,641
55	MEDICAL SUPPLIES CHARGED	19,183,062	220,227	18,962,835			19,183,062
55 30	IMPL. DEV. CHARGED TO PAT	13,939,403	27,728	13,911,675			13,939,403
56	DRUGS CHARGED TO PATIENTS	22,322,303	299,403	22,022,900			22,322,303
57	RENAL DIALYSIS	125,154	1,115	124,039			125,154
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	19,359	175	19,184			19,359
60 01	HEAD & NECK CLINIC	32,363	119	32,244			32,363
60 02	PROMPT CARE	9,674	30	9,644			9,674
60 03	SOUTH INDY MRY & REHAB	3,748,183	5,748	3,742,435			3,748,183
60 04	WOUND CARE INSTITUTE	50,860	396	50,464			50,860
60 05	CV DIAGNOSTIC SERVICES	10,783,896	20,254	10,763,642			10,783,896
60 06	PEDIATRIC CLINIC	340,563	1,404	339,159			340,563
60 07	CARDIAC REHAB	225,233	1,902	223,331			225,233
60 08	GREENWOOD IMAGING	2,930,068	4,725	2,925,343			2,930,068
60 09	PAIN CLINIC	1,107,417	4,846	1,102,571			1,107,417
61	EMERGENCY	10,234,006	907,077	9,326,929			10,234,006
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,448,917	319,256	2,129,661			2,448,917
101	SUBTOTAL	182,019,951	10,412,262	171,607,689			182,019,951
102	LESS OBSERVATION BEDS	2,448,917	319,256	2,129,661			2,448,917
103	TOTAL	179,571,034	10,093,006	169,478,028			179,571,034

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	64,974,894	.423193	.423193
39	DELIVERY ROOM & LABOR ROO	20,728,642	.273777	.273777
41	RADIOLOGY-DIAGNOSTIC	133,774,693	.179802	.179802
41 01	CARDIAC NUCLEAR DIAGNOSTI	15,412,339	.122811	.122811
41 02	NUCLEAR MEDICINE-DIAGNOST	3,142,546	.742037	.742037
41 03	ULTRA SOUND	12,012,922	.096305	.096305
42	RADIOLOGY-THERAPEUTIC	42,961,719	.033708	.033708
44	LABORATORY	81,591,205	.131886	.131886
48	INTRAVENOUS THERAPY	1,022,039	.065981	.065981
49	RESPIRATORY THERAPY	19,645,105	.264820	.264820
50	PHYSICAL THERAPY	6,020,269	.279912	.279912
50 01	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY	1,729,788	.367325	.367325
52	SPEECH PATHOLOGY	922,816	.403672	.403672
53	ELECTROCARDIOLOGY	9,802,480	.271625	.271625
53 01	CARDIAC CATHETERIZATION L	44,291,260	.127426	.127426
54	ELECTROENCEPHALOGRAPHY	15,875,577	.215340	.215340
55	MEDICAL SUPPLIES CHARGED	65,171,572	.294347	.294347
55 30	IMPL. DEV. CHARGED TO PAT	47,498,827	.293468	.293468
56	DRUGS CHARGED TO PATIENTS	50,975,618	.437902	.437902
57	RENAL DIALYSIS	1,038,566	.120507	.120507
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	21,259	.910626	.910626
60 01	HEAD & NECK CLINIC	45,880	.705384	.705384
60 02	PROMPT CARE			
60 03	SOUTH INDY MRY & REHAB	6,339,070	.591283	.591283
60 04	WOUND CARE INSTITUTE	458,280	.110980	.110980
60 05	CV DIAGNOSTIC SERVICES	27,881,985	.386769	.386769
60 06	PEDIATRIC CLINIC	632,517	.538425	.538425
60 07	CARDIAC REHAB	1,144,302	.196830	.196830
60 08	GREENWOOD IMAGING	5,826,411	.502894	.502894
60 09	PAIN CLINIC	3,923,972	.282218	.282218
61	EMERGENCY	87,629,879	.116787	.116787
62	OBSERVATION BEDS (NON-DIS	3,830,499	.639321	.639321
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	776,326,931		
102	LESS OBSERVATION BEDS	3,830,499		
103	TOTAL	772,496,432		



TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	18,010	3,684			120.93	445,506
26	INTENSIVE CARE UNIT						
26 01	NEONATAL INTENSIVE CARE U	4,165				79.11	
27	CORONARY CARE UNIT	13,415	9,320			151.91	1,415,801
29	SURGICAL INTENSIVE CARE U	6,874	2,476			162.80	403,093
33	NURSERY	5,215				30.21	
101	TOTAL	47,679	15,480				2,264,400

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,390,670	64,974,894	10,110,415		
39	DELIVERY ROOM & LABOR ROO		738,180	20,728,642	55,244		
41	RADIOLOGY-DIAGNOSTIC		1,889,810	133,774,693	7,341,660		
41 01	CARDIAC NUCLEAR DIAGNOSTI		6,626	15,412,339	105,642		
41 02	NUCLEAR MEDICINE-DIAGNOST		545,229	3,142,546	36,942		
41 03	ULTRA SOUND		89,790	12,012,922	1,469,679		
42	RADIOLOGY-THERAPEUTIC		14,046	42,961,719	3,909		
44	LABORATORY		631,110	81,591,205	11,464,575		
48	INTRAVENOUS THERAPY		712	1,022,039	22,884		
49	RESPIRATORY THERAPY		120,086	19,645,105	5,018,584		
50	PHYSICAL THERAPY		171,097	6,020,269	1,283,375		
50 01	SPORTS MEDICINE		351				
51	OCCUPATIONAL THERAPY		164,407	1,729,788	587,207		
52	SPEECH PATHOLOGY		32,917	922,816	95,947		
53	ELECTROCARDIOLOGY		614,666	9,802,480	3,159,759		
53 01	CARDIAC CATHETERIZATION L		1,175,438	44,291,260	12,463,842		
54	ELECTROENCEPHALOGRAPHY		12,722	15,875,577	88,016		
55	MEDICAL SUPPLIES CHARGED		220,227	65,171,572	20,665,852		
55 30	IMPL. DEV. CHARGED TO PAT		27,728	47,498,827	14,767,656		
56	DRUGS CHARGED TO PATIENTS		299,403	50,975,618	17,171,186		
57	RENAL DIALYSIS		1,115	1,038,566	702,960		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		175	21,259			
60 01	HEAD & NECK CLINIC		119	45,880			
60 02	PROMPT CARE		30				
60 03	SOUTH INDY MRY & REHAB		5,748	6,339,070			
60 04	WOUND CARE INSTITUTE		396	458,280	51,183		
60 05	CV DIAGNOSTIC SERVICES		20,254	27,881,985	264,925		
60 06	PEDIATRIC CLINIC		1,404	632,517	54		
60 07	CARDIAC REHAB		1,902	1,144,302	593		
60 08	GREENWOOD IMAGING		4,725	5,826,411			
60 09	PAIN CLINIC		4,846	3,923,972	1,727		
61	EMERGENCY		907,077	87,629,879	6,133,679		
62	OBSERVATION BEDS (NON-DIS		319,256	3,830,499	1,057,966		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		10,412,262	776,326,931	114,125,461		



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

PROVIDER NO: 15-0162  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					18,010	
26	INTENSIVE CARE UNIT						
26 01	NEONATAL INTENSIVE CARE U					4,165	
27	CORONARY CARE UNIT					13,415	
29	SURGICAL INTENSIVE CARE U					6,874	
33	NURSERY					5,215	
101	TOTAL					47,679	

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

PROVIDER NO:	PERIOD:	PREPARED
15-0162	FROM 1/ 1/2010	5/24/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		3,684
26	INTENSIVE CARE UNIT		
26 01	NEONATAL INTENSIVE CARE U		
27	CORONARY CARE UNIT		9,320
29	SURGICAL INTENSIVE CARE U		2,476
33	NURSERY		
101	TOTAL		15,480

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CARDIAC NUCLEAR DIAGNOSTI						
41 02	NUCLEAR MEDICINE-DIAGNOST						
41 03	ULTRA SOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HEAD & NECK CLINIC						
60 02	PROMPT CARE						
60 03	SOUTH INDY MRY & REHAB						
60 04	WOUND CARE INSTITUTE						
60 05	CV DIAGNOSTIC SERVICES						
60 06	PEDIATRIC CLINIC						
60 07	CARDIAC REHAB						
60 08	GREENWOOD IMAGING						
60 09	PAIN CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			64,974,894			10,110,415	
39	DELIVERY ROOM & LABOR ROO			20,728,642			55,244	
41	RADIOLOGY-DIAGNOSTIC			133,774,693			7,341,660	
41 01	CARDIAC NUCLEAR DIAGNOSTI			15,412,339			105,642	
41 02	NUCLEAR MEDICINE-DIAGNOST			3,142,546			36,942	
41 03	ULTRA SOUND			12,012,922			1,469,679	
42	RADIOLOGY-THERAPEUTIC			42,961,719			3,909	
44	LABORATORY			81,591,205			11,464,575	
48	INTRAVENOUS THERAPY			1,022,039			22,884	
49	RESPIRATORY THERAPY			19,645,105			5,018,584	
50	PHYSICAL THERAPY			6,020,269			1,283,375	
50 01	SPORTS MEDICINE							
51	OCCUPATIONAL THERAPY			1,729,788			587,207	
52	SPEECH PATHOLOGY			922,816			95,947	
53	ELECTROCARDIOLOGY			9,802,480			3,159,759	
53 01	CARDIAC CATHETERIZATION L			44,291,260			12,463,842	
54	ELECTROENCEPHALOGRAPHY			15,875,577			88,016	
55	MEDICAL SUPPLIES CHARGED			65,171,572			20,665,852	
55 30	IMPL. DEV. CHARGED TO PAT			47,498,827			14,767,656	
56	DRUGS CHARGED TO PATIENTS			50,975,618			17,171,186	
57	RENAL DIALYSIS			1,038,566			702,960	
60	OUTPAT SERVICE COST CNTRS CLINIC			21,259				
60 01	HEAD & NECK CLINIC			45,880				
60 02	PROMPT CARE							
60 03	SOUTH INDY MRY & REHAB			6,339,070				
60 04	WOUND CARE INSTITUTE			458,280			51,183	
60 05	CV DIAGNOSTIC SERVICES			27,881,985			264,925	
60 06	PEDIATRIC CLINIC			632,517			54	
60 07	CARDIAC REHAB			1,144,302			593	
60 08	GREENWOOD IMAGING			5,826,411				
60 09	PAIN CLINIC			3,923,972			1,727	
61	EMERGENCY			87,629,879			6,133,679	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			3,830,499			1,057,966	
101	TOTAL			776,326,931			114,125,461	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,425,379					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	32,768,572					
41 01	CARDIAC NUCLEAR DIAGNOSTI	6,530,496					
41 02	NUCLEAR MEDICINE-DIAGNOST	2,509,759					
41 03	ULTRA SOUND	1,869,256					
42	RADIOLOGY-THERAPEUTIC	609,128					
44	LABORATORY	1,424,444					
48	INTRAVENOUS THERAPY	514					
49	RESPIRATORY THERAPY	663,898					
50	PHYSICAL THERAPY						
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	27,555					
53	ELECTROCARDIOLOGY	746,161					
53 01	CARDIAC CATHETERIZATION L	6,900,877					
54	ELECTROENCEPHALOGRAPHY	3,665,158					
55	MEDICAL SUPPLIES CHARGED	5,964,565					
55 30	IMPL. DEV. CHARGED TO PAT	14,234,988					
56	DRUGS CHARGED TO PATIENTS	20,001,258					
57	RENAL DIALYSIS	5,105					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HEAD & NECK CLINIC						
60 02	PROMPT CARE						
60 03	SOUTH INDY MRY & REHAB	399,914					
60 04	WOUND CARE INSTITUTE						
60 05	CV DIAGNOSTIC SERVICES	10,814,356					
60 06	PEDIATRIC CLINIC						
60 07	CARDIAC REHAB	440,154					
60 08	GREENWOOD IMAGING	1,605,269					
60 09	PAIN CLINIC	1,363,029					
61	EMERGENCY	12,544,497					
62	OBSERVATION BEDS (NON-DIS	2,467,162					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	130,981,494					





TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,449,596	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				5,891,855	
41 01 CARDIAC NUCLEAR DIAGNOSTIC				802,017	
41 02 NUCLEAR MEDICINE-DIAGNOSTIC				1,862,334	
41 03 ULTRA SOUND				180,019	
42 RADIOLOGY-THERAPEUTIC				20,532	
44 LABORATORY				187,864	
48 INTRAVENOUS THERAPY				34	
49 RESPIRATORY THERAPY				175,813	
50 PHYSICAL THERAPY					
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				11,123	
53 ELECTROCARDIOLOGY				202,676	
53 01 CARDIAC CATHETERIZATION LAB				879,351	
54 ELECTROENCEPHALOGRAPHY				789,255	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,755,652	
55 30 IMPL. DEV. CHARGED TO PATIENT				4,177,513	
56 DRUGS CHARGED TO PATIENTS				8,758,591	33,157
57 RENAL DIALYSIS				615	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEAD & NECK CLINIC					
60 02 PROMPT CARE					
60 03 SOUTH INDY MRY & REHAB				236,462	
60 04 WOUND CARE INSTITUTE					
60 05 CV DIAGNOSTIC SERVICES				4,182,658	
60 06 PEDIATRIC CLINIC					
60 07 CARDIAC REHAB				86,636	
60 08 GREENWOOD IMAGING				807,280	
60 09 PAIN CLINIC				384,671	
61 EMERGENCY				1,465,034	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,577,308	
101 SUBTOTAL				35,884,889	33,157
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				35,884,889	33,157

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





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	18,010	8,887			120.93	1,074,705
26	INTENSIVE CARE UNIT						
26 01	NEONATAL INTENSIVE CARE U	4,165	1,543			79.11	122,067
27	CORONARY CARE UNIT	13,415	322			151.91	48,915
29	SURGICAL INTENSIVE CARE U	6,874	82			162.80	13,350
33	NURSERY	5,215	25			30.21	755
101	TOTAL	47,679	10,859				1,259,792





APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO: 15-0162  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,403,518		1,403,518	18,010	77.93
26	INTENSIVE CARE UNIT						
26 01	NEONATAL INTENSIVE CARE U					4,165	
27	CORONARY CARE UNIT					13,415	
29	SURGICAL INTENSIVE CARE U					6,874	
33	NURSERY					5,215	
101	TOTAL		1,403,518		1,403,518	47,679	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	8,887	692,564
26	INTENSIVE CARE UNIT		
26 01	NEONATAL INTENSIVE CARE U	1,543	
27	CORONARY CARE UNIT	322	
29	SURGICAL INTENSIVE CARE U	82	
33	NURSERY	25	
101	TOTAL	10,859	692,564

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CARDIAC NUCLEAR DIAGNOSTI						
41 02	NUCLEAR MEDICINE-DIAGNOST						
41 03	ULTRA SOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	HEAD & NECK CLINIC						
60 02	PROMPT CARE						
60 03	SOUTH INDY MRY & REHAB						
60 04	WOUND CARE INSTITUTE						
60 05	CV DIAGNOSTIC SERVICES						
60 06	PEDIATRIC CLINIC						
60 07	CARDIAC REHAB						
60 08	GREENWOOD IMAGING						
60 09	PAIN CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3	3.01	4	5	5.01	6	7	
37	ANCILLARY SRVC COST CNTRS			64,974,894			1,217,283		
	OPERATING ROOM								
39	DELIVERY ROOM & LABOR ROO			20,728,642			8,534,616		
41	RADIOLOGY-DIAGNOSTIC			133,774,693			1,131,871		
41 01	CARDIAC NUCLEAR DIAGNOSTI			15,412,339			6,106		
41 02	NUCLEAR MEDICINE-DIAGNOST			3,142,546			48,491		
41 03	ULTRA SOUND			12,012,922			322,119		
42	RADIOLOGY-THERAPEUTIC			42,961,719					
44	LABORATORY			81,591,205			3,195,371		
48	INTRAVENOUS THERAPY			1,022,039			2,954		
49	RESPIRATORY THERAPY			19,645,105			1,725,788		
50	PHYSICAL THERAPY			6,020,269			202,002		
50 01	SPORTS MEDICINE								
51	OCCUPATIONAL THERAPY			1,729,788			220,752		
52	SPEECH PATHOLOGY			922,816			14,662		
53	ELECTROCARDIOLOGY			9,802,480			408,199		
53 01	CARDIAC CATHETERIZATION L			44,291,260			1,438,196		
54	ELECTROENCEPHALOGRAPHY			15,875,577			12,387		
55	MEDICAL SUPPLIES CHARGED			65,171,572			4,468,305		
55 30	IMPL. DEV. CHARGED TO PAT			47,498,827			852,977		
56	DRUGS CHARGED TO PATIENTS			50,975,618			5,292,387		
57	RENAL DIALYSIS			1,038,566			64,659		
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			21,259					
60 01	HEAD & NECK CLINIC			45,880					
60 02	PROMPT CARE								
60 03	SOUTH INDY MRY & REHAB			6,339,070					
60 04	WOUND CARE INSTITUTE			458,280					
60 05	CV DIAGNOSTIC SERVICES			27,881,985			3,242		
60 06	PEDIATRIC CLINIC			632,517					
60 07	CARDIAC REHAB			1,144,302					
60 08	GREENWOOD IMAGING			5,826,411					
60 09	PAIN CLINIC			3,923,972					
61	EMERGENCY			87,629,879			1,400,612		
62	OBSERVATION BEDS (NON-DIS			3,830,499					
	OTHER REIMBURS COST CNTRS								
101	TOTAL			776,326,931			30,562,979		

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	677,999					
39	DELIVERY ROOM & LABOR ROO	9,515					
41	RADIOLOGY-DIAGNOSTIC	5,406,096					
41 01	CARDIAC NUCLEAR DIAGNOSTI	308,326					
41 02	NUCLEAR MEDICINE-DIAGNOST	341,854					
41 03	ULTRA SOUND	513,805					
42	RADIOLOGY-THERAPEUTIC	195,266					
44	LABORATORY	2,319,241					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	130,701					
50	PHYSICAL THERAPY	37,316					
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	11,580					
52	SPEECH PATHOLOGY	20,974					
53	ELECTROCARDIOLOGY	101,869					
53 01	CARDIAC CATHETERIZATION L	593,958					
54	ELECTROENCEPHALOGRAPHY	468,744					
55	MEDICAL SUPPLIES CHARGED	824,791					
55 30	IMPL. DEV. CHARGED TO PAT	854,889					
56	DRUGS CHARGED TO PATIENTS	2,212,292					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,783					
60 01	HEAD & NECK CLINIC						
60 02	PROMPT CARE						
60 03	SOUTH INDY MRY & REHAB						
60 04	WOUND CARE INSTITUTE						
60 05	CV DIAGNOSTIC SERVICES	599,780					
60 06	PEDIATRIC CLINIC	131,963					
60 07	CARDIAC REHAB	26,699					
60 08	GREENWOOD IMAGING	100,939					
60 09	PAIN CLINIC	18,983					
61	EMERGENCY	7,446,915					
62	OBSERVATION BEDS (NON-DIS	305,371					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	23,662,649					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.423193				677,999
39 DELIVERY ROOM & LABOR ROOM	.273777				9,515
41 RADIOLOGY-DIAGNOSTIC	.179802				5,406,096
41 01 CARDIAC NUCLEAR DIAGNOSTIC	.122811				308,326
41 02 NUCLEAR MEDICINE-DIAGNOSTIC	.742037				341,854
41 03 ULTRA SOUND	.096305				513,805
42 RADIOLOGY-THERAPEUTIC	.033708				195,266
44 LABORATORY	.131886				2,319,241
48 INTRAVENOUS THERAPY	.065981				
49 RESPIRATORY THERAPY	.264820				130,701
50 PHYSICAL THERAPY	.279912				37,316
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY	.367325				11,580
52 SPEECH PATHOLOGY	.403672				20,974
53 ELECTROCARDIOLOGY	.271625				101,869
53 01 CARDIAC CATHETERIZATION LAB	.127426				593,958
54 ELECTROENCEPHALOGRAPHY	.215340				468,744
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.294347				824,791
55 30 IMPL. DEV. CHARGED TO PATIENT	.293468				854,889
56 DRUGS CHARGED TO PATIENTS	.437902				2,212,292
57 RENAL DIALYSIS	.120507				
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.910626				2,783
60 01 HEAD & NECK CLINIC	.705384				
60 02 PROMPT CARE					
60 03 SOUTH INDY MRY & REHAB	.591283				
60 04 WOUND CARE INSTITUTE	.110980				
60 05 CV DIAGNOSTIC SERVICES	.386769				599,780
60 06 PEDIATRIC CLINIC	.538425				131,963
60 07 CARDIAC REHAB	.196830				26,699
60 08 GREENWOOD IMAGING	.502894				100,939
60 09 PAIN CLINIC	.282218				18,983
61 EMERGENCY	.116787				7,446,915
62 OBSERVATION BEDS (NON-DISTINCT PART)	.639321				305,371
101 SUBTOTAL					23,662,649
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					23,662,649

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CARDIAC NUCLEAR DIAGNOSTIC					
41 02 NUCLEAR MEDICINE-DIAGNOSTIC					
41 03 ULTRA SOUND					
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC CATHETERIZATION LAB					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEAD & NECK CLINIC					
60 02 PROMPT CARE					
60 03 SOUTH INDY MRY & REHAB					
60 04 WOUND CARE INSTITUTE					
60 05 CV DIAGNOSTIC SERVICES					
60 06 PEDIATRIC CLINIC					
60 07 CARDIAC REHAB					
60 08 GREENWOOD IMAGING					
60 09 PAIN CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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







TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,640
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	927.62
85	OBSERVATION BED COST	2,448,917

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	16,706,398		2,448,917	
87	NEW CAPITAL-RELATED COST	2,177,952	.130366	2,448,917	319,256
88	NON PHYSICIAN ANESTHETIST	16,706,398		2,448,917	
89	MEDICAL EDUCATION	16,706,398		2,448,917	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,640
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,005.55
85	OBSERVATION BED COST	2,654,652

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	18,109,916		2,654,652	
87	NEW CAPITAL-RELATED COST	2,177,952	.120263	2,654,652	319,256
88	NON PHYSICIAN ANESTHETIST	18,109,916		2,654,652	
89	MEDICAL EDUCATION	1,403,518	.077500	2,654,652	205,736
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	32,257,419	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	5,477,745	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,855,095	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	186.77	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	4.13	
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	4.13	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	9.37	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	4.13	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	3.87	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	6.65	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	4.88	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.026128	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.020494	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.020494	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	420,294	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	420,294	420,294
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.65	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	24.82	
4.02 SUM OF LINES 4 AND 4.01	27.47	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	11.88	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,832,181	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	38,364,989	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	38,364,989	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	3,004,655	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	88,020	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	41,457,664	
17 PRIMARY PAYER PAYMENTS	19,953	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	41,437,711	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,753,280	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	33,550	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	228,219	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	159,753	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	81,717	
22 SUBTOTAL	38,810,634	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	-22,325	
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	38,788,309	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	39,626,812	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-838,503	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	306,445	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	33,157
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	35,884,889
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	25,281,757
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	33,157
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	75,718
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	75,718
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)	75,718
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	42,561
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	33,157
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	25,281,757
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,542,453
19	SUBTOTAL (SEE INSTRUCTIONS)	19,772,461
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	62,855
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	19,835,316
24	PRIMARY PAYER PAYMENTS	2,011
25	SUBTOTAL	19,833,305
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	673,213
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	471,249
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	442,420
28	SUBTOTAL	20,304,554
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	20,304,554
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	19,771,212
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	533,342
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		38,410,832		19,759,701
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	8/12/2010	913,918	8/12/2010	11,511
ADJUSTMENTS TO PROVIDER .02	12/30/2010	302,062		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		1,215,980		11,511
4 TOTAL INTERIM PAYMENTS		39,626,812		19,771,212
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		838,503		533,342
7 TOTAL MEDICARE PROGRAM LIABILITY		38,788,309		20,304,554

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

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

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

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		1	2

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	4.13
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		4.13
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		9.37
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		4.13
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.		8.85
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		8.85
3.10	SEE INSTRUCTIONS		3.90
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		3.66
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		5.21
3.21	SEE INSTRUCTIONS	RES INIT YEARS	4.26
3.22	SEE INSTRUCTIONS		4.26
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		78,259.59
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		333,386
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		333,386

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		15,480
5	TOTAL INPATIENT DAYS		39,824
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.388710
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	129,590	129,590
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,961
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		39,824
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.		21,285
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,038,566
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)	50,315,325
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	19,953
16	TOTAL PART A REASONABLE COST	50,295,372

PART B REASONABLE COST

17	REASONABLE COST	35,918,046
18	PRIMARY PAYER PAYMENTS	2,011
19	TOTAL PART B REASONABLE COST	35,916,035
20	TOTAL REASONABLE COST	86,211,407
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.583396
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.416604

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)	150,875
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	88,020
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	62,855





		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		374,197,839		
2	NET INCOME (LOSS)		-15,936,548		
3	TOTAL		358,261,291		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ROUNDING	1			
6					
7					
8					
9					
10	TOTAL ADDITIONS			1	
11	SUBTOTAL		358,261,292		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		358,261,292		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	19,976,321		19,976,321
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	19,976,321		19,976,321
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
10 01 NEONATAL INTENSIVE CARE UNIT	12,715,952		12,715,952
11 00 CORONARY CARE UNIT	18,893,521		18,893,521
13 00 SURGICAL INTENSIVE CARE UNIT	11,660,002		11,660,002
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	43,269,475		43,269,475
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	63,245,796		63,245,796
17 00 ANCILLARY SERVICES	262,480,238	568,267,041	830,747,279
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	325,726,034	568,267,041	893,993,075

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	235,302,791		
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		235,302,791	



PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,639,401
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	180,760
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	109.11
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	4.88
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.27
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	33,520
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.65
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	24.82
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	27.47
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.72
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	150,974
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,004,655

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

