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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0056	PERIOD FROM 1/ 1/2008 TO 12/31/2008	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 6/10/2009 TIME 12:34

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
CLARIAN HEALTH PARTNERS, INC. 15-0056
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	11,948,542	159,589	0
2	SUBPROVIDER	0	-122,498	-823	0
7	HOSPITAL-BASED HHA	0	0	-995	0
9 .10	FQHC	0	0	6,295	0
9 .11	FQHC II	0	0	0	0
9 .12	FQHC III	0	0	0	0
100	TOTAL	0	11,826,044	164,066	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: I-65 AT 21ST STREET P.O. BOX: 7010
1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46202- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0		COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6
02.00	HOSPITAL	CLARIAN HEALTH PARTNERS, INC.	15-0056		7/ 1/1966	N	P	P
03.00	SUBPROVIDER	CLARIAN BEHAVIORAL CARE CTR.	15-S056		7/ 1/1984	N	P	N
09.00	HOSPITAL-BASED HHA	CLARIAN HOME CARE-INDIANAPOLIS	15-7158		8/ 5/1985	N	O	N
12.00	HOSP-BASED HOSPICE	YELLOW ROSE UNIT	15-1511		7/ 1/1966			
14.10	HOSPITAL-BASED FQHC	HEALTHNET	15-1804		7/ 1/1966	N	O	N
14.11	HOSPITAL-BASED FQHC 2	SOUTHEAST HEALTH CTR.	15-1801		3/ 1/1974	N	O	N
14.12	HOSPITAL-BASED FQHC 3	SOUTHWEST HEALTH CTR.	15-1802		3/ 1/1974	N	O	N
16.00	RENAL DIALYSIS	CLARIAN DIALYSIS	15-3510		1/ 1/1997			
16.01	RENAL DIALYSIS 2	METHODIST HOSPITAL DIALYSIS	15-2306		10/15/2001			
16.02	RENAL DIALYSIS 3	CLARIAN	15-3515		4/26/2002			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008
1 2
18 TYPE OF CONTROL 13

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 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 OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. Y

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 10/17/1996 / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 10/17/1996 / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 3/11/1993 / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 2/ 2/1995 / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 7/ 1/1999 / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	Y Y
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N / /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1 2 3 4 0 0.0000 0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
28.07		0.00%	
28.08		0.00%	
28.09		0.00%	
28.10		0.00%	
28.11		0.00%	
28.12		0.00%	
28.13		0.00%	
28.14		0.00%	
28.15		0.00%	
28.16		0.00%	
28.17		0.00%	
28.18		0.00%	
28.19		0.00%	
28.20		0.00%	

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N

MISCELLANEOUS COST REPORT INFORMATION

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

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE			

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 15H059
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? 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? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, 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
48.00 SUBPROVIDER	N	N	N	N	N
50.00 HHA	N	N			

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

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		Y	0.00	N	0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTICAMPUS

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

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

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS / TRIPS: TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	1,141	417,606			82,148		44,092
2	HMO					7,938		58,721
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	1,141	417,606			82,148		44,092
6	INTENSIVE CARE UNIT	61	22,326			7,419		3,410
7	CORONARY CARE UNIT	83	30,378			6,715		2,273
7 01	NEONATAL INTENSIVE CARE UNIT	35	12,810					1,616
8	BURN INTENSIVE CARE UNIT	7	2,562					298
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC	18	6,588			2,318		963
9 03	UH NS 3IC	9	3,294			779		383
9 04	RH PED IC	35	12,810			11		1,551
9 07	PEDIATRIC CANCER CENTER	6	2,196					305
11	NURSERY							2,589
12	TOTAL	1,395	510,570			99,390		57,480
13	RPCH VISITS							
14	SUBPROVIDER	45	16,470			2,308		
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE					1,953		
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C					5,118		
25	TOTAL	1,440						
26	OBSERVATION BED DAYS							4,346
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS					272		
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I/P DAYS / TRIPS: TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TRIPS: TOTAL ALL PATS	TOTAL OBSERVATION BEDS ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES: TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			258,620				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			258,620				
6	INTENSIVE CARE UNIT			20,001				
7	CORONARY CARE UNIT			13,331				
7 01	NEONATAL INTENSIVE CARE UNIT			9,481				
8	BURN INTENSIVE CARE UNIT			1,747				
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC			5,650				
9 03	UH NS 3IC			2,248				
9 04	RH PED IC			9,099				
9 07	PEDIATRIC CANCER CENTER			1,790				
11	NURSERY			8,137				
12	TOTAL			330,104			613.42	
13	RPCH VISITS							
14	SUBPROVIDER			6,959			4.15	
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY			50,568				
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE			1,953				
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C			132,622				
25	TOTAL						617.57	
26	OBSERVATION BED DAYS	500	3,846	16,299	2,091	14,208		
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I & R FTES: NET	FULL TIME EQUIV: EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES: TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					14,858	15,699	53,163
2	HMO							

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET S-3
PART I

	COMPONENT	I & R FTES NET	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
7	01 NEONATAL INTENSIVE CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
9	02 UH SURG 6IC							
9	03 UH NS 3IC							
9	04 RH PED IC							
9	07 PEDIATRIC CANCER CENTER							
11	NURSERY							
12	TOTAL	613.42	10,742.87			14,858	15,699	53,163
13	RPCH VISITS							
14	SUBPROVIDER	4.15	59.59			228		1,012
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16	01 ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY		289.55					
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE		31.53					
23	CORF							
24	10 FEDERALLY QUALIFIED HEALTH C		249.42					
25	TOTAL	617.57	11,372.96					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	537,770,058	-9,530,243	528,239,815	17,680,156.12	29.88	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	704,351		704,351	5,474.76	128.65	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	72,129		72,129	1,045.71	68.98	
5 PHYSICIAN - PART B	5,005,373		5,005,373	92,146.18	54.32	
5.01 NON-PHYSICIAN - PART B	3,064,233		3,064,233	103,334.40	29.65	
6 INTERNS & RESIDENTS (APPRVD)	26,454,001	-1,756,641	24,697,360	1,169,651.29	21.12	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	57,744,582	4,988,138	62,732,720	1,664,561.25	37.69	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:		9,529,941	9,529,941	186,261.42	51.16	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	118,837,659		118,837,659	4,343,420.16	27.36	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	155,197,247		155,197,247			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	18,404,332		18,404,332			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	188,625		188,625			CMS 339
18.01 PART A TEACHING PHYSICIANS	18,165		18,165			CMS 339
19 PHYSICIAN PART B	2,191,504		2,191,504			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)	738,181		738,181			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	9,340,966		9,340,966			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS		4,539,550	4,539,550			
22 ADMINISTRATIVE & GENERAL	12,956,446	-121,763	12,834,683	432,350.39	29.69	
22.01 A & G UNDER CONTRACT	4,088,760		4,088,760	27,941.91	146.33	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,676,743	-19,632	2,657,111	219,133.54	12.13	
25 LAUNDRY & LINEN SERVICE	593,046	-6,493	586,553	43,162.34	13.59	
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	6,854,868	-74,993	6,779,875	372,210.54	18.22	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	13,095,767	500,676	13,596,443	465,256.61	29.22	
31 CENTRAL SERVICE AND SUPPLY	3,160,155	-139,749	3,020,406	163,801.11	18.44	
32 PHARMACY	19,142,691	-674,888	18,467,803	548,948.65	33.64	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	200,551	-2,361	198,190	10,651.38	18.61	
34 SOCIAL SERVICE	3,142,655	-28,610	3,114,045	129,600.03	24.03	
35 OTHER GENERAL SERVICE	2,055,115	-21,261	2,033,854	151,569.00	13.42	

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	507,263,082	-7,773,602	499,489,480	16,341,920.45	30.56
2 EXCLUDED AREA SALARIES	57,744,582	4,988,138	62,732,720	1,664,561.25	37.69
3 SUBTOTAL SALARIES	449,518,500	-12,761,740	436,756,760	14,677,359.20	29.76
4 SUBTOTAL OTHER WAGES & RELATED COSTS	118,837,659	9,529,941	128,367,600	4,529,681.58	28.34
5 SUBTOTAL WAGE-RELATED COSTS	155,385,872		155,385,872		35.58
6 TOTAL	723,742,031	-3,231,799	720,510,232	19,207,040.78	37.51
7 NET SALARIES					
8 EXCLUDED AREA SALARIES					
9 SUBTOTAL SALARIES					
10 SUBTOTAL OTHER WAGES & RELATED COSTS					
11 SUBTOTAL WAGE-RELATED COSTS					
12 TOTAL					
13 TOTAL OVERHEAD COSTS	67,966,797	3,950,476	71,917,273	2,564,625.50	28.04

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET S-4
HHA NO:	TO 12/31/2008	
15-7158		
COUNTY:		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	21,801	8,641	3,174	9,986
2	UNDUPLICATED CENSUS COUNT				

		TOTAL 5
1	HOME HEALTH AIDE HOURS	43,602
2	UNDUPLICATED CENSUS COUNT	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

		STAFF 1	CONTRACT 2	TOTAL 3
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5	OTHER ADMINISTRATIVE PERSONEL	107.95		107.95
6	DIRECTING NURSING SERVICE	34.34		34.34
7	NURSING SUPERVISOR			
8	PHYSICAL THERAPY SERVICE	10.72		10.72
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE	3.53		3.53
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE	.01		.01
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE	1.09		1.09
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	10.48		10.48
17	HOME HEALTH AIDE SUPERVISOR			
18	INFUSION	49.23		49.23
18.01	RT	13.76		13.76
	HOME HEALTH AGENCY MSA CODES	1	1.01	
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	0	
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).			

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	7,686	133	216	114
22	SKILLED NURSING VISIT CHARGES	1,253,715	20,850	35,975	19,625
23	PHYSICAL THERAPY VISITS	6,459	0	25	104
24	PHYSICAL THERAPY VISIT CHARGES	1,158,525	0	4,900	18,900
25	OCCUPATIONAL THERAPY VISITS	2,167	0	8	36
26	OCCUPATIONAL THERAPY VISIT CHARGES	384,475	0	1,400	6,300
27	SPEECH PATHOLOGY VISITS	173	0	0	0
28	SPEECH PATHOLOGY VISIT CHARGES	30,800	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	371	0	5	3
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	76,300	0	1,050	525
31	HOME HEALTH AIDE VISITS	2,986	32	1	33
32	HOME HEALTH AIDE VISIT CHARGES	192,320	1,920	60	2,220
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	19,842	165	255	290
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	3,096,135	22,770	43,385	47,570
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,100	0	95	32
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	1
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	109,411	2,567	3,134	1,479

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 15-0056
HHA NO: 15-7158
COUNTY:

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/10/2009
WORKSHEET S-4

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

		SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21	SKILLED NURSING VISITS	13	0	8,162
22	SKILLED NURSING VISIT CHARGES	2,250	0	1,332,415
23	PHYSICAL THERAPY VISITS	6	0	6,594
24	PHYSICAL THERAPY VISIT CHARGES	1,050	0	1,183,375
25	OCCUPATIONAL THERAPY VISITS	0	0	2,211
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	392,175
27	SPEECH PATHOLOGY VISITS	0	0	173
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	30,800
29	MEDICAL SOCIAL SERVICE VISITS	0	0	379
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	77,875
31	HOME HEALTH AIDE VISITS	0	0	3,052
32	HOME HEALTH AIDE VISIT CHARGES	0	0	196,520
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	19	0	20,571
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	3,300	0	3,213,160
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	1,227
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	1
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	116,591

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET S-5

	DESCRIPTION	OUTPATIENT REGULAR 1	OUTPATIENT HIGH FLUX 2	TRAINING HEMO-DIALYSIS 3	TRAINING CAPD CCPD 4	HOME HEMO-DIALYSIS 5	HOME CAPD CCPD 6
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	1	225	4	7	58	94
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00	7.00		7.00	6.00	7.00
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.50	5.00		11.00		
4	CAPD EXCHANGES PER DAY				4.00		4.00
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	199	314				
6	NUMBER OF STATIONS	8	79				
7	TREATMENT CAPACITY PER DAY PER STATION	2	6				
8	UTILIZATION (SEE INSTRUCTIONS)	1.04	71.32				
9	AVERAGE TIMES DIALYZERS RE-USED						
10	PERCENTAGE OF PATIENTS RE-USING DIALYSIZERS						
	TRANSPLANT INFORMATION						
11	NUMBER OF PATIENTS ON TRANSPLANT LIST						
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
	EPOIETIN						
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
	PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15	MCP [X] INITIAL METHOD [ ]						
	ARANESP						
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER PROVIDER STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET S-8
COMPONENT NO:	TO 12/31/2008	
15-1804		

FQHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 3401 E. RAYMOND ST.

1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46203 COUNTY: MARION

2 DESIGNATION (FOR FQHCS ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN U

SOURCE OF FEDERAL FUNDS:	GRANT AWARD 1	DATE 2
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	CHRYSTAL ANDERSON	264420GGG
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JENNIFER ANKNEY	264420CCCC
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	EMILY BOWSHER	264420QQQQ
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MEGAN, CLARY	264420LLLL
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KATHLEEN COHENOUR	264420I
9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	RUSSELL DAUGHERTY	264420VV
9.06 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	CAROL DELLINGER	264420RRR
9.07 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MARK FAKHOURY	264420V
9.08 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MEG FEEMSTER	264420FFFF
9.09 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KARLA FEHD	264420BBBB
9.10 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MARY FRAZIER	264420MMM
9.11 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SELENA HARRIS	264420RRRR
9.12 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KRISTIN HEM	264420JJJ
9.13 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	PHIL JOHNSTON	264420D
9.14 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KENDRA KARNER	264420EEE
9.15 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MARSHALL KELTNER	264420CC
9.16 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	PETER KIM	264420UU
9.17 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	TAMARA MENDEZ	264420OOO
9.18 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	LEE ANN OSBORN	264420W
9.19 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	STEVEN PENNAL	264420YYY
9.20 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ARUNDATHI PRASAD	264420ZZZ
9.21 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	RICK REIFENBERG	264420MM
9.22 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SCOTT, RENSHAW	264420DDD
9.23 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JUDY ROBINSON	264420SSS
9.24 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MARY JO STINE	264420NN
9.25 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DONALD TRAINOR	264420K
9.26 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	WILLIAM VAN OSDOL	264420L
9.27 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MARK WILSON	264420WWW
9.28 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ANN WOJTALIK	264420EEEE
9.29 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ASHLEY WRIGHT	264420UUU
9.30 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MARTHA YODER	264420U

	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DONALD TRAINOR	1,768.00

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) Y 16

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION 0	SUNDAY FROM 1	SUNDAY TO 2	MONDAY FROM 3	MONDAY TO 4	TUESDAY FROM 5	TUESDAY TO 6	WEDNESDAY FROM 7	WEDNESDAY TO 8	THURSDAY FROM 9	THURSDAY TO 10	FRIDAY FROM 11	FRIDAY TO 12	SATURDAY FROM 13	SATURDAY TO 14
12 CLINIC			800	2000	800	2000	800	2000	800	2000	800	1700		
12.01 PEOPLES HEALTH CENTER			800	1700	800	1700	800	2000	800	1700	800	1700		
12.02 BARRINGTON HEALTH			800	1700	800	2000	800	1700	800	1700	800	1700		
12.03 SOUTHEAST HC			800	2000	800	1700	800	1700	800	1700	800	1700		
12.04 SOUTHEAST OB			800	2000	800	1700	800	1700	800	1700	800	1700		
12.05 SOUTHWEST HC			800	1700	800	1700	800	1700	800	2000	800	1700		
12.06 SOUTHWEST OB			800	1700	800	1700	800	1700	800	2000	800	1700		
12.07 MARTINDALE/BRIGHTWOOD HC			800	2000	800	1700	800	1700	800	1700	800	1700		
12.08 OB CARE CENTER			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

	TITLE V	TITLE XVIII	TITLE XIX
16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.			
17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS			

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER PROVIDER STATISTICAL DATA	PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/10/2009 WORKSHEET S-8
	COMPONENT NO: 15-1804		

FQHC 1

OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET S-9
HOSPICE NO:	TO 12/31/2008	
15-1511		

HOSPICE 1

PART I - ENROLLMENT DAYS

		TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1	CONTINUOUS HOME CARE				
2	ROUTINE HOME CARE	18,109	2,206	3,042	152
3	INPATIENT RESPITE CARE	378	5		
4	GENERAL INPATIENT CARE	1,764	426	6	1
5	TOTAL HOSPICE DAYS	20,251	2,637	3,048	153

PART I - ENROLLMENT DAYS (CONTINUED)

		OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE		
2	ROUTINE HOME CARE	2,546	22,861
3	INPATIENT RESPITE CARE	50	433
4	GENERAL INPATIENT CARE	434	2,624
5	TOTAL HOSPICE DAYS	3,030	25,918

PART II - CENSUS DATA

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	552	82	42	2
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	36.69	32.16	72.57	76.50
9	UNDUPLICATED CENSUS COUNT	495	78	37	5

PART II - CENSUS DATA (CONTINUED)

		OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	157	791
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	19.30	32.77
9	UNDUPLICATED CENSUS COUNT	151	724

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET S-10
	TO 12/31/2008	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES

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

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) .353490

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET S-10
	TO 12/31/2008	

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: FROM 1/ 1/2008 TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		9,649	9,649	1,235,156	1,244,805
3.01	0301	NEW CAP REL COSTS-INTEREST					
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				28,832,277	28,832,277
5	0500	EMPLOYEE BENEFITS				5,622,341	5,622,341
6.01	0610	NONPATIENT TELEPHONES				2,941,133	2,941,133
6.02	0611	DATA PROCESSING					
6.03	0612	PURCHASING, RECEIVING, & STORES	228,334	58,279	286,613	-7,631	278,982
6.04	0613	ADMITTING					
6.05	0614	CASHIERING					
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	12,728,112	618,053,039	630,781,151	-748,048	630,033,103
7	0700	MAINTENANCE & REPAIRS		185,168	185,168	-185,096	72
7.03	0703	MAINTENANCE & REPAIRS		297	297	-297	
8	0800	OPERATION OF PLANT	2,676,743	1,474,152	4,150,895	-51,514	4,099,381
8.01	0801	IU LEASED SPACE					
9	0900	LAUNDRY & LINEN SERVICE	593,046	3,275,790	3,868,836	-44,557	3,824,279
10	1000	HOUSEKEEPING					
10.01	1001	HOUSEKEEPING - UNIVERSITY					
10.02	1002	HOUSEKEEPING - RILEY					
10.03	1003	HOUSEKEEPING - METHODIST					
11	1100	DIETARY	6,854,868	4,249,611	11,104,479	-362,315	10,742,164
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	13,095,767	7,719,359	20,815,126	-1,116,226	19,698,900
15	1500	CENTRAL SERVICES & SUPPLY	3,160,155	6,992,938	10,153,093	-291,157	9,861,936
16	1600	PHARMACY	19,142,691	75,729,777	94,872,468	-798,112	94,074,356
17	1700	MEDICAL RECORDS & LIBRARY	200,551	325,666	526,217	-40,936	485,281
18	1800	SOCIAL SERVICE	3,142,655	2,216,835	5,359,490	-51,161	5,308,329
19	1950	PATIENT TRANSPORTATION	2,055,115	581,626	2,636,741	-35,790	2,600,951
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	26,454,001	12,331,383	38,785,384	-6,373,609	32,411,775
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	133,841	349,520	483,361	6,229,891	6,713,252
24	2400	PARAMED ED PRGM		56,581	56,581	-56,581	
24.01	2401	PARAMED ED CLINIC LAB	1,148,062	440,946	1,589,008	-1,256,562	332,446
24.02	2402	PARAMED RADIOLOGY-METHODIST	353,296	104,570	457,866	-4,950	452,916
24.03	2403	PARAMED RESPIRATORY THERAPY	227,332	129,942	357,274	101,430	458,704
24.04	2404	DIETARY INTERNSHIP PROG					
24.05	2405	PARAMED EMERGENCY METHODIST	419,844	119,865	539,709	-5,897	533,812
24.06	2406	PARAMED PASTORAL ED	454,367	133,213	587,580	-8,494	579,086
24.07	2407	PARAMED PHYSICAL THERAPY				315,385	315,385
24.08	2408	PARAMED OCCUP THERAPY					
24.09	2409	PARAMED PERFUSION					
24.10	2410	PARAMED PHARMACY				636,397	636,397
24.11	2411	PARAMED NEUROPHYSIOLOGY				29,061	29,061
24.12	2412	RADIATION THERAPY ED-IUMC				290,083	290,083
24.13	2413	NUCLEAR MED ED-IUMC				22,722	22,722
24.14	2414	MEDICAL ASSISTING PROGRAM	145,005	52,412	197,417	-2,136	195,281
24.15	2415	SURGICAL TECHNOLOGY PROGRAM	147,657	49,551	197,208	-8,422	188,786
24.16	2416	PARAMED SPEECH					
24.17	2417	PARAMED ED PRGM				201,142	201,142
24.18	2418	PARAMED ED PRGM				39,535	39,535
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	125,387,541	50,197,543	175,585,084	-5,458,257	170,126,827
26	2600	INTENSIVE CARE UNIT	14,662,828	5,642,271	20,305,099	-414,546	19,890,553
27	2700	CORONARY CARE UNIT	10,911,439	4,508,881	15,420,320	-193,246	15,227,074
27.01	2701	NEONATAL INTENSIVE CARE UNIT	4,709,246	1,847,190	6,556,436	-271,354	6,285,082
28	2800	BURN INTENSIVE CARE UNIT	1,320,470	491,557	1,812,027	-105,125	1,706,902
29	2900	SURGICAL INTENSIVE CARE UNIT					
29.02	2902	UH SURG 6IC	4,564,321	2,433,563	6,997,884	-273,816	6,724,068
29.03	2903	UH NS 3IC	2,112,134	806,287	2,918,421	-37,564	2,880,857
29.04	2904	RH PED IC	8,469,963	3,714,872	12,184,835	-163,106	12,021,729
29.07	2907	PEDIATRIC CANCER CENTER	1,123,198	478,803	1,602,001	-17,942	1,584,059
31	3100	SUBPROVIDER	3,716,598	2,056,106	5,772,704	-72,782	5,699,922
33	3300	NURSERY	2,949,443	1,081,892	4,031,335	1,339,756	5,371,091
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	30,625,447	91,008,161	121,633,608	-5,516,649	116,116,959
37.01	3701	ENDOSCOPY	1,001,115	1,580,742	2,581,857	-250,711	2,331,146
38	3800	RECOVERY ROOM	7,223,031	2,471,246	9,694,277	-170,584	9,523,693
39	3900	DELIVERY ROOM & LABOR ROOM	6,901,902	2,977,005	9,878,907	-288,840	9,590,067
40	4000	ANESTHESIOLOGY	2,427,706	15,186,422	17,614,128	-670,150	16,943,978
40.01	4001	PULMONARY FUNCTION TESTING	2,457,763	1,222,717	3,680,480	-242,226	3,438,254
41	4100	RADIOLOGY-DIAGNOSTIC	23,340,814	34,138,394	57,479,208	-9,040,508	48,438,700
42	4200	RADIOLOGY-THERAPEUTIC	4,907,475	4,139,001	9,046,476	-2,456,481	6,589,995
43	4300	RADIOISOTOPE	1,049,423	2,825,964	3,875,387	-356,708	3,518,679
44	4400	LABORATORY	22,433,222	43,852,749	66,285,971	-2,312,463	63,973,508
44.01	4401	TRANSPLANT IMMUNOLOGY	867,129	2,673,884	3,541,013	-28,648	3,512,365
44.02	4402	BONE MARROW TRANSPLANT LAB	923,330	1,423,458	2,346,788	-70,498	2,276,290
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.	3,153,380	17,156,263	20,309,643	-82,921	20,226,722

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		ANCILLARY SRVC COST CNTRS					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	19,340,880	9,133,852	28,474,732	-746,937	27,727,795
50	5000	PHYSICAL THERAPY	5,857,502	2,229,716	8,087,218	-86,116	8,001,102
51	5100	OCCUPATIONAL THERAPY	2,048,221	664,078	2,712,299	-296,362	2,415,937
52	5200	SPEECH PATHOLOGY	2,750,643	2,158,140	4,908,783	-127,225	4,781,558
53	5300	ELECTROCARDIOLOGY	2,778,393	2,266,689	5,045,082	-219,704	4,825,378
54	5400	ELECTROENCEPHALOGRAPHY	1,868,571	1,576,356	3,444,927	-110,406	3,334,521
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	222,720	252,623	475,343	-4,336	471,007
56	5600	DRUGS CHARGED TO PATIENTS					
56.01	5601	RENAL-RILEY					
56.02	5602	RENAL-ADULT					
56.03	5603	OUTPATIENT RETAIL PHARMACY				19,685,573	19,685,573
57	5700	RENAL DIALYSIS	7,360,774	8,706,766	16,067,540	-414,818	15,652,722
58	5800	ASC (NON-DISTINCT PART)					
58.04	5804	BMTU OUTPATIENT					
59	3020	RH NBN ECMO IC	679,306	347,463	1,026,769	-66,254	960,515
59.01	3021	CARDIOLOGY	1,884,146	14,491,072	16,375,218	-875,320	15,499,898
59.02	3022	PSYCH OTHER ANCILLARY	122,319	1,265,738	1,388,057	-12,957	1,375,100
59.03	3023	CARDIAC CATHERIZATION	3,213,484	11,824,960	15,038,444	-1,103,352	13,935,092
59.04	3024	DAY SURGERY	3,940,281	1,477,193	5,417,474	-140,348	5,277,126
59.05	3025	ONCOLOGY	361,306	392,909	754,215	-32,309	721,906
59.06	3026	DAY SURGERY-RILEY					
59.07	3027	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	6001	AMB SVC-OB & GYN	1,115,198	576,095	1,691,293	-187,213	1,504,080
60.02	6002	MEDICINE/DIAGNOSTIC	2,966,919	3,733,516	6,700,435	-94,830	6,605,605
60.03	6003	AMB SVC-OPTHALMOLOGY	209,521	164,846	374,367	-30,278	344,089
60.04	6004	AMB SVC-PSYCH ADULT	523,278	197,525	720,803	-16,140	704,663
60.05	6005	AMB SVC-DIABETES ADULT		14,287	14,287	-1,062	13,225
60.06	6006	OUTPATIENT SURGERY	1,504,554	459,240	1,963,794	-93,218	1,870,576
60.07	6007	AMB SVC-RILEY CLINICS	4,206,753	2,528,384	6,735,137	-321,633	6,413,504
60.08	6008	DENTAL CLINIC					
60.09	6009	MOTILITY LAB	66,244	120,317	186,561	-6,246	180,315
60.10	6010	AMB SVC-PSYCH CHILD	246,555	104,841	351,396	-13,980	337,416
60.13	6013	ARTHRITIS CENTER					
60.14	6014	GERIATRICS CLINIC	429,322	283,462	712,784	-20,922	691,862
60.15	6015	SLEEP DISORDER CENTER	2,478	40,038	42,516	1,842,883	1,885,399
60.16	6016	O/P CLINIC-ADULT	281,217	147,877	429,094	-10,074	419,020
60.17	6017	O/P CLINIC-PEDIATRIC	359,041	187,586	546,627	205,231	751,858
60.19	6019	NEUROLOGY UH	733,829	231,809	965,638	-60,063	905,575
60.20	6020	ORTHOPEDICS UH	356,239	139,898	496,137	-16,145	479,992
60.21	6021	AMB SVC-UH PHYSICAL MEDICINE	186,843	71,258	258,101	-7,593	250,508
60.22	6022	AMB SVC-DERMATOLOGY CLINIC	260,065	158,382	418,447	-5,578	412,869
60.24	6024	IU CANCER PAVILLION	688,973	201,951	890,924	-27,231	863,693
60.25	6025	CARDIO CLINIC	192,437	74,586	267,023	-16,932	250,091
61	6100	EMERGENCY	17,424,893	9,459,995	26,884,888	-728,234	26,156,654
61.01	6101	EMERGENCY-RILEY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	FAMILY PRACTICE					
63.60	6320	FEDERALLY QUALIFIED HEALTH CTR	21,854,372	10,771,449	32,625,821	-13,830,227	18,795,594
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS	37,640	1,331,458	1,369,098	35,898	1,404,996
65	6500	AMBULANCE SERVICES	5,719,300	9,612,583	15,331,883	-452,301	14,879,582
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY	16,665,361	23,228,626	39,893,987	-5,999,021	33,894,966
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION	566,739	1,513,493	2,080,232	-430,686	1,649,546
83	8300	KIDNEY ACQUISITION	3,246,209	9,853,363	13,099,572	-5,221,101	7,878,471
84	8400	LIVER ACQUISITION	901,328	6,509,343	7,410,671	-552,285	6,858,386
85	8500	HEART ACQUISITION	436,156	566,015	1,002,171	-254,182	747,989
85.01	8510	PANCREAS ACQUISITION	40,164	2,317,683	2,357,847	182,452	2,540,299
85.02	8520	INTESTINE ACQUISITION	230,761	681,024	911,785	-90,643	821,142
86	8600	OTHER ORGAN ACQUISITION	155,672	57,550	213,222	-9,574	203,648
86.01	8601	POST TRANSPLANT EXPENSES				3,752,773	3,752,773
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE	3,827	3,083	6,910	4,057,587	4,064,497
95		SUBTOTALS	514,640,794	1,170,684,258	1,685,325,052	4,920,254	1,690,245,306
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		139	139		139
97	9700	RESEARCH	7,051,235	7,566,341	14,617,576	-1,032,587	13,584,989
97.01	9701	RESEARCH-GCRC		238,480	238,480	-14,141	224,339
98	9800	PHYSICIANS' PRIVATE OFFICES		468,722	468,722	2,819,622	3,288,344
98.01	9801	OTHER NONREIMBURSABLE-METHODIST	11,040,284	36,677,396	47,717,680	-21,976,098	25,741,582
98.02	9802	CAFETERIA-IUMC					
98.03	9803	ORGAN PROC ORG	289,100	66,687	355,787	-508,009	-152,222
98.04	9804	OTHER NONREIMBURSABLE-IUMC	143,571	1,862,685	2,006,256	-1,222	2,005,034
98.05	9805	AOC-PRIVATE PHYSICIANS	120	494,387	494,507	-4,051	490,456
98.06	9806	NONALLOWABLE ADVERTISING					
98.07	9807	PHYSICIANS' PRIVATE OFFICES					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
98.08 9808	MHH NON-REIMBURSABLE RADIOLOGY	223,426	162,737	386,163	-35,911	350,252
98.09 9809	MHH NON-REIMBURSABLE LABORATORY	359,424	191,713	551,137	-8,185	542,952
98.10 9810	SURGERY CENTER	8,371	69,812	78,183	-3,371	74,812
98.11 9811	UNUSED SPACE					
98.12 9812	RHI LAB		-12,340	-12,340	309,274	296,934
98.13 9813	NONALLOWABLE FQHC				15,629,175	15,629,175
98.14 9814	NONALLOWABLE ADVERTISING					
98.15 9815	ARTHRITIS CLINIC - NR	3,340,225	6,022,683	9,362,908	-64,039	9,298,869
98.16 9816	CARDIO PHYSICIANS	673,508	576,256	1,249,764	-30,711	1,219,053
99 9900	NONPAID WORKERS					
101	TOTAL	537,770,058	1,225,069,956	1,762,840,014	-0-	1,762,840,014

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	38,205,759	39,450,564
3.01	0301	NEW CAP REL COSTS-INTEREST	29,072,052	29,072,052
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	39,008,586	67,840,863
5	0500	EMPLOYEE BENEFITS	20,674,238	26,296,579
6.01	0610	NONPATIENT TELEPHONES	228,184	3,169,317
6.02	0611	DATA PROCESSING	55,088,039	55,088,039
6.03	0612	PURCHASING, RECEIVING, & STORES	5,431,392	5,710,374
6.04	0613	ADMITTING	10,674,109	10,674,109
6.05	0614	CASHIERING	29,491,478	29,491,478
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-542,519,253	87,513,850
7	0700	MAINTENANCE & REPAIRS	17,093,510	17,093,582
7.03	0703	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT	42,944,658	47,044,039
8.01	0801	IU LEASED SPACE	73,307	73,307
9	0900	LAUNDRY & LINEN SERVICE	-4,761	3,819,518
10	1000	HOUSEKEEPING		
10.01	1001	HOUSEKEEPING - UNIVERSITY		
10.02	1002	HOUSEKEEPING - RILEY		
10.03	1003	HOUSEKEEPING - METHODIST	14,127,859	14,127,859
11	1100	DIETARY	-348,049	10,394,115
12	1200	CAFETERIA	2,330,541	2,330,541
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION	4,973,894	24,672,794
15	1500	CENTRAL SERVICES & SUPPLY	5,236,563	15,098,499
16	1600	PHARMACY	-587,267	93,487,089
17	1700	MEDICAL RECORDS & LIBRARY	11,343,904	11,829,185
18	1800	SOCIAL SERVICE	-21,500	5,286,829
19	1950	PATIENT TRANSPORTATION		2,600,951
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	-3,688,930	28,722,845
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,837,129	16,550,381
24	2400	PARAMED ED PRGM		
24.01	2401	PARAMED ED CLINIC LAB	-76,007	256,439
24.02	2402	PARAMED RADIOLOGY-METHODIST	-180,764	272,152
24.03	2403	PARAMED RESPIRATORY THERAPY	-312,164	146,540
24.04	2404	DIETARY INTERNSHIP PROG		
24.05	2405	PARAMED EMERGENCY METHODIST		533,812
24.06	2406	PARAMED PASTORAL ED	-81	579,005
24.07	2407	PARAMED PHYSICAL THERAPY		315,385
24.08	2408	PARAMED OCCUP THERAPY		
24.09	2409	PARAMED PERFUSION		
24.10	2410	PARAMED PHARMACY		636,397
24.11	2411	PARAMED NEUROPHYSIOLOGY		29,061
24.12	2412	RADIATION THERAPY ED-IUMC		290,083
24.13	2413	NUCLEAR MED ED-IUMC		22,722
24.14	2414	MEDICAL ASSISTING PROGRAM	-35,646	159,635
24.15	2415	SURGICAL TECHNOLOGY PROGRAM	-57,282	131,504
24.16	2416	PARAMED SPEECH		
24.17	2417	PARAMED ED PRGM		201,142
24.18	2418	PARAMED ED PRGM		39,535
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-2,813,435	167,313,392
26	2600	INTENSIVE CARE UNIT		19,890,553
27	2700	CORONARY CARE UNIT		15,227,074
27.01	2701	NEONATAL INTENSIVE CARE UNIT	-227,628	6,057,454
28	2800	BURN INTENSIVE CARE UNIT	-8,750	1,698,152
29	2900	SURGICAL INTENSIVE CARE UNIT		
29.02	2902	UH SURG 6IC		6,724,068
29.03	2903	UH NS 3IC		2,880,857
29.04	2904	RH PED IC	-389,926	11,631,803
29.07	2907	PEDIATRIC CANCER CENTER	-35,000	1,549,059
31	3100	SUBPROVIDER	-1,016,449	4,683,473
33	3300	NURSERY	-26,250	5,344,841
34	3400	SKILLED NURSING FACILITY		
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-1,092,175	115,024,784
37.01	3701	ENDOSCOPY		2,331,146
38	3800	RECOVERY ROOM	-14,344	9,509,349
39	3900	DELIVERY ROOM & LABOR ROOM	-2,706	9,587,361
40	4000	ANESTHESIOLOGY	-6,445,089	10,498,889
40.01	4001	PULMONARY FUNCTION TESTING	-3,450	3,434,804
41	4100	RADIOLOGY-DIAGNOSTIC	-59,240	48,379,460
42	4200	RADIOLOGY-THERAPEUTIC	1,107	6,591,102
43	4300	RADIOISOTOPE	38	3,518,717
44	4400	LABORATORY	-11,810,948	52,162,560
44.01	4401	TRANSPLANT IMMUNOLOGY		3,512,365
44.02	4402	BONE MARROW TRANSPLANT LAB		2,276,290
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.	-76,407	20,150,315

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		ANCILLARY SRVC COST CNTRS		
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY	-3,906	27,723,889
50	5000	PHYSICAL THERAPY	-1,316	7,999,786
51	5100	OCCUPATIONAL THERAPY		2,415,937
52	5200	SPEECH PATHOLOGY		4,781,558
53	5300	ELECTROCARDIOLOGY	-847,673	3,977,705
54	5400	ELECTROENCEPHALOGRAPHY	-33,700	3,300,821
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		471,007
56	5600	DRUGS CHARGED TO PATIENTS		
56.01	5601	RENAL-RILEY		
56.02	5602	RENAL-ADULT		
56.03	5603	OUTPATIENT RETAIL PHARMACY	338,605	20,024,178
57	5700	RENAL DIALYSIS	-201,274	15,451,448
58	5800	ASC (NON-DISTINCT PART)		
58.04	5804	BMTU OUTPATIENT		
59	3020	RH NBN ECMO IC		960,515
59.01	3021	CARDIOLOGY	-73,560	15,426,338
59.02	3022	PSYCH OTHER ANCILLARY	-1,185,850	189,250
59.03	3023	CARDIAC CATHERIZATION	-2,543,273	11,391,819
59.04	3024	DAY SURGERY		5,277,126
59.05	3025	ONCOLOGY		721,906
59.06	3026	DAY SURGERY-RILEY		
59.07	3027	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
60.01	6001	AMB SVC-OB & GYN		1,504,080
60.02	6002	MEDICINE/DIAGNOSTIC	-2,046,868	4,558,737
60.03	6003	AMB SVC-OPTHALMOLOGY	-4,358	339,731
60.04	6004	AMB SVC-PSYCH ADULT		704,663
60.05	6005	AMB SVC-DIABETES ADULT	-11,667	1,558
60.06	6006	OUTPATIENT SURGERY		1,870,576
60.07	6007	AMB SVC-RILEY CLINICS	-17,978	6,395,526
60.08	6008	DENTAL CLINIC		
60.09	6009	MOTILITY LAB		180,315
60.10	6010	AMB SVC-PSYCH CHILD		337,416
60.13	6013	ARTHRITIS CENTER		
60.14	6014	GERIATRICS CLINIC	-410,763	281,099
60.15	6015	SLEEP DISORDER CENTER	-38,875	1,846,524
60.16	6016	O/P CLINIC-ADULT		419,020
60.17	6017	O/P CLINIC-PEDIATRIC	-1,875	749,983
60.19	6019	NEUROLOGY UH		905,575
60.20	6020	ORTHOPEDICS UH		479,992
60.21	6021	AMB SVC-UH PHYSICAL MEDICINE		250,508
60.22	6022	AMB SVC-DERMATOLOGY CLINIC		412,869
60.24	6024	IU CANCER PAVILLION		863,693
60.25	6025	CARDIO CLINIC		250,091
61	6100	EMERGENCY	-1,234,217	24,922,437
61.01	6101	EMERGENCY-RILEY		
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950	FAMILY PRACTICE		
63.60	6320	FEDERALLY QUALIFIED HEALTH CTR	-120,092	18,675,502
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		1,404,996
65	6500	AMBULANCE SERVICES		14,879,582
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY	-170,562	33,724,404
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		1,649,546
83	8300	KIDNEY ACQUISITION	-424,496	7,453,975
84	8400	LIVER ACQUISITION	-163,599	6,694,787
85	8500	HEART ACQUISITION		747,989
85.01	8510	PANCREAS ACQUISITION		2,540,299
85.02	8520	INTESTINE ACQUISITION		821,142
86	8600	OTHER ORGAN ACQUISITION		203,648
86.01	8601	POST TRANSPLANT EXPENSES		3,752,773
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D.P.)		
93	9300	HOSPICE		4,064,497
95		SUBTOTALS	-245,214,451	1,445,030,855
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		139
97	9700	RESEARCH	-6,499,138	7,085,851
97.01	9701	RESEARCH-GCRC		224,339
98	9800	PHYSICIANS' PRIVATE OFFICES	-2,468,722	819,622
98.01	9801	OTHER NONREIMBURSABLE-METHODIST	-9,303,139	16,438,443
98.02	9802	CAFETERIA-IUMC		
98.03	9803	ORGAN PROC ORG	152,222	
98.04	9804	OTHER NONREIMBURSABLE-IUMC	-1,914,355	90,679
98.05	9805	AOC-PRIVATE PHYSICIANS		490,456
98.06	9806	NONALLOWABLE ADVERTISING		
98.07	9807	PHYSICIANS' PRIVATE OFFICES		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		NONREIMBURS COST CENTERS		
98.08	9808	MHH NON-REIMBURSABLE RADIOLOGY		350,252
98.09	9809	MHH NON-REIMBURSABLE LABORATORY		542,952
98.10	9810	SURGERY CENTER	-62,081	12,731
98.11	9811	UNUSED SPACE		
98.12	9812	RHI LAB		296,934
98.13	9813	NONALLOWABLE FQHC		15,629,175
98.14	9814	NONALLOWABLE ADVERTISING		
98.15	9815	ARTHRITIS CLINIC - NR	-1,881,466	7,417,403
98.16	9816	CARDIO PHYSICIANS	-128,659	1,090,394
99	9900	NONPAID WORKERS		
101		TOTAL	-267,319,789	1,495,520,225

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-INTEREST	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING, & STORES	0612	NONPATIENT TELEPHONES
6.04	ADMITTING	0613	NONPATIENT TELEPHONES
6.05	CASHIERING	0614	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.03	MAINTENANCE & REPAIRS	0703	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
8.01	IU LEASED SPACE	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING - UNIVERSITY	1001	HOUSEKEEPING
10.02	HOUSEKEEPING - RILEY	1002	HOUSEKEEPING
10.03	HOUSEKEEPING - METHODIST	1003	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PATIENT TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED CLINIC LAB	2401	PARAMED ED PRGM
24.02	PARAMED RADIOLOGY-METHODIST	2402	PARAMED ED PRGM
24.03	PARAMED RESPIRATORY THERAPY	2403	PARAMED ED PRGM
24.04	DIETARY INTERNSHIP PROG	2404	PARAMED ED PRGM
24.05	PARAMED EMERGENCY METHODIST	2405	PARAMED ED PRGM
24.06	PARAMED PASTORAL ED	2406	PARAMED ED PRGM
24.07	PARAMED PHYSICAL THERAPY	2407	PARAMED ED PRGM
24.08	PARAMED OCCUP THERAPY	2408	PARAMED ED PRGM
24.09	PARAMED PERFUSION	2409	PARAMED ED PRGM
24.10	PARAMED PHARMACY	2410	PARAMED ED PRGM
24.11	PARAMED NEUROPHYSIOLOGY	2411	PARAMED ED PRGM
24.12	RADIATION THERAPY ED-IUMC	2412	PARAMED ED PRGM
24.13	NUCLEAR MED ED-IUMC	2413	PARAMED ED PRGM
24.14	MEDICAL ASSISTING PROGRAM	2414	PARAMED ED PRGM
24.15	SURGICAL TECHNOLOGY PROGRAM	2415	PARAMED ED PRGM
24.16	PARAMED SPEECH	2416	PARAMED ED PRGM
24.17	PARAMED ED PRGM	2417	PARAMED ED PRGM
24.18	PARAMED ED PRGM	2418	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	NEONATAL INTENSIVE CARE UNIT	2701	CORONARY CARE UNIT
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
29.02	UH SURG 6IC	2902	SURGICAL INTENSIVE CARE UNIT
29.03	UH NS 3IC	2903	SURGICAL INTENSIVE CARE UNIT
29.04	RH PED IC	2904	SURGICAL INTENSIVE CARE UNIT
29.07	PEDIATRIC CANCER CENTER	2907	SURGICAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PULMONARY FUNCTION TESTING	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	TRANSPLANT IMMUNOLOGY	4401	LABORATORY
44.02	BONE MARROW TRANSPLANT LAB	4402	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	ANCILLARY SRVC COST		
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	RENAL-RILEY	5601	DRUGS CHARGED TO PATIENTS
56.02	RENAL-ADULT	5602	DRUGS CHARGED TO PATIENTS
56.03	OUTPATIENT RETAIL PHARMACY	5603	DRUGS CHARGED TO PATIENTS
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.04	BMTU OUTPATIENT	5804	ASC (NON-DISTINCT PART)
59	RH NBN ECMO IC	3020	ACUPUNCTURE
59.01	CARDIOLOGY	3021	ACUPUNCTURE
59.02	PSYCH OTHER ANCILLARY	3022	ACUPUNCTURE
59.03	CARDIAC CATHERIZATION	3023	ACUPUNCTURE
59.04	DAY SURGERY	3024	ACUPUNCTURE
59.05	ONCOLOGY	3025	ACUPUNCTURE
59.06	DAY SURGERY-RILEY	3026	ACUPUNCTURE
59.07	CARDIOLOGY-RILEY	3027	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	AMB SVC-OB & GYN	6001	CLINIC
60.02	MEDICINE/DIAGNOSTIC	6002	CLINIC
60.03	AMB SVC-OPTHALMOLOGY	6003	CLINIC
60.04	AMB SVC-PSYCH ADULT	6004	CLINIC
60.05	AMB SVC-DIABETES ADULT	6005	CLINIC
60.06	OUTPATIENT SURGERY	6006	CLINIC
60.07	AMB SVC-RILEY CLINICS	6007	CLINIC
60.08	DENTAL CLINIC	6008	CLINIC
60.09	MOTILITY LAB	6009	CLINIC
60.10	AMB SVC-PSYCH CHILD	6010	CLINIC
60.13	ARTHRITIS CENTER	6013	CLINIC
60.14	GERIATRICS CLINIC	6014	CLINIC
60.15	SLEEP DISORDER CENTER	6015	CLINIC
60.16	O/P CLINIC-ADULT	6016	CLINIC
60.17	O/P CLINIC-PEDIATRIC	6017	CLINIC
60.19	NEUROLOGY UH	6019	CLINIC
60.20	ORTHOPEDICS UH	6020	CLINIC
60.21	AMB SVC-UH PHYSICAL MEDICINE	6021	CLINIC
60.22	AMB SVC-DERMATOLOGY CLINIC	6022	CLINIC
60.24	IU CANCER PAVILLION	6024	CLINIC
60.25	CARDIO CLINIC	6025	CLINIC
61	EMERGENCY	6100	
61.01	EMERGENCY-RILEY	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY PRACTICE	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.60	FEDERALLY QUALIFIED HEALTH CTR	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINE ACQUISITION	8520	
86	OTHER ORGAN ACQUISITION	8600	
86.01	POST TRANSPLANT EXPENSES	8601	OTHER ORGAN ACQUISITION (SPECIFY)
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	RESEARCH-GCRC	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NONREIMBURSABLE-METHODIST	9801	PHYSICIANS' PRIVATE OFFICES
98.02	CAFETERIA-IUMC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	ORGAN PROC ORG	9803	PHYSICIANS' PRIVATE OFFICES
98.04	OTHER NONREIMBURSABLE-IUMC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	AOC-PRIVATE PHYSICIANS	9805	PHYSICIANS' PRIVATE OFFICES
98.06	NONALLOWABLE ADVERTISING	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PHYSICIANS' PRIVATE OFFICES	9807	PHYSICIANS' PRIVATE OFFICES
98.08	MHH NON-REIMBURSABLE RADIOLOGY	9808	PHYSICIANS' PRIVATE OFFICES
98.09	MHH NON-REIMBURSABLE LABORATORY	9809	PHYSICIANS' PRIVATE OFFICES
98.10	SURGERY CENTER	9810	PHYSICIANS' PRIVATE OFFICES

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98.11	UNUSED SPACE	9811	PHYSICIANS' PRIVATE OFFICES
98.12	RHI LAB	9812	PHYSICIANS' PRIVATE OFFICES
98.13	NONALLOWABLE FQHC	9813	PHYSICIANS' PRIVATE OFFICES
98.14	NONALLOWABLE ADVERTISING	9814	PHYSICIANS' PRIVATE OFFICES
98.15	ARTHRITIS CLINIC - NR	9815	PHYSICIANS' PRIVATE OFFICES
98.16	CARDIO PHYSICIANS	9816	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	CONTRACTED LABOR	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		2,238
2			NURSING ADMINISTRATION	14		2,717
3			CENTRAL SERVICES & SUPPLY	15		107,989
4			PHARMACY	16		93,791
5			I&R SERVICES-SALARY & FRINGES APPRVD	22		33,890
6			ADULTS & PEDIATRICS	25		3,191,183
7			INTENSIVE CARE UNIT	26		34,185
8			CORONARY CARE UNIT	27		175,637
9			BURN INTENSIVE CARE UNIT	28		1,416
10			UH SURG 6IC	29.02		94,725
11			UH NS 3IC	29.03		103,533
12			RH PED IC	29.04		2,151
13			SUBPROVIDER	31		136,341
14			NURSERY	33		456
15			OPERATING ROOM	37		1,909,457
16			RECOVERY ROOM	38		67,897
17			DELIVERY ROOM & LABOR ROOM	39		4,632
18			PULMONARY FUNCTION TESTING	40.01		88,328
19			RADIOLOGY-DIAGNOSTIC	41		216,715
20			LABORATORY	44		41,514
21			RESPIRATORY THERAPY	49		1,389,314
22			ELECTROENCEPHALOGRAPHY	54		7,000
23			RENAL DIALYSIS	57		1,319,116
24			CARDIOLOGY	59.01		34,879
25			CARDIAC CATHERIZATION	59.03		15,188
26			ONCOLOGY	59.05		985
27			MEDICINE/DIAGNOSTIC	60.02		77,137
28			AMB SVC-RILEY CLINICS	60.07		24,430
29			AMB SVC-PSYCH CHILD	60.10		14,625
30			IU CANCER PAVILLION	60.24		7,913
31			EMERGENCY	61		143,505
32			RESEARCH	97		5,487
33			OTHER NONREIMBURSABLE-METHODIST	98.01		102,285
34			ARTHRITIS CLINIC - NR	98.15		79,584
35	NURSERY	B	NURSERY	33	1,231,212	198,849
1	RHI	C	RHI LAB	98.12	154,906	154,368
2	THERAPEUTIC RECREATION	D	O/P CLINIC-PEDIATRIC	60.17	237,211	22,456
3	RENAL ADMINISTRATION	E	HOME PROGRAM DIALYSIS	64	32,064	4,660
4	EMPLOYEE BENEFITS	F	EMPLOYEE BENEFITS	5		1,161,174
5			PHARMACY	16		13,031
6			SOCIAL SERVICE	18		3,185
7			PHYSICAL THERAPY	50		7,627
8			MOTILITY LAB	60.09		9,665
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	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
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1	EMPLOYEE BENEFITS	F				
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8	TELEPHONE	G	NONPATIENT TELEPHONES	6.01		2,941,133
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	EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER 1	2	INCREASE LINE NO 3	SALARY 4	OTHER 5
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33	DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		1,244,805
34			NEW CAP REL COSTS-MVBLE EQUIP	4		28,832,277
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1	DEPRECIATION	H				
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7	NON-CAPITAL ITEMS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		9,649
8	PTO	J	EMPLOYEE BENEFITS	5	4,516,023	
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30	PHARMACY	K	OUTPATIENT RETAIL PHARMACY	56.03	2,599,373	17,105,782
31	SLEEP LAB	L	SLEEP DISORDER CENTER	60.15	1,230,801	617,891
32			EMPLOYEE BENEFITS	5	38,841	
33	ORGAN	M	LUNG ACQUISITION	82	47,132	25,883
34			LIVER ACQUISITION	84	608,247	96,206
35			HEART ACQUISITION	85	53,321	22,005

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	ORGAN	M	PANCREAS ACQUISITION	85.01	245,713	111,421
2			INTESTINE ACQUISITION	85.02	1,056	152,347
3	PRE/POST TRANSPLANT	N	POST TRANSPLANT EXPENSES	86.01	2,467,020	1,285,753
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9	PRESERVATION	O	KIDNEY ACQUISITION	83	286,621	213,599
10	ACQUISTION	P	LIVER ACQUISITION	84		8,426
11			HEART ACQUISITION	85		57,703
12						
13	TRANSPLANT INSTITUTE	Q	PHYSICIANS' PRIVATE OFFICES	98	61,336	2,758,286
14	ADVERTISING	R	NONALLOWABLE FQHC	98.13		1,798,948
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1	HOSPICE	S	HOSPICE	93		2,097,371
2			HOSPICE	93	1,960,933	
3			EMPLOYEE BENEFITS	5	53,184	
4	PARAMED ED	T	RADIATION THERAPY ED-IUMC	24.12	269,469	20,614
5			NUCLEAR MED ED-IUMC	24.13	21,107	1,615
6			PARAMED NEUROPHYSIOLOGY	24.11	26,996	2,065
7			PARAMED PHARMACY	24.10	521,853	114,544
8						
9	PARAMED RT	U	PARAMED RESPIRATORY THERAPY	24.03	79,659	24,630
10	PARAMED PHARMACY TECH	V	PARAMED ED PRGM	24.17	151,061	50,081
11	PARAMED CS TECH	W	PARAMED ED PRGM	24.18	39,535	
12	PARAMED PROGRAM	X	PARAMED ED CLINIC LAB	24.01	68,498	78,383
13	NON PARAMED A & G	Y	OTHER ADMINISTRATIVE AND GENERAL	6.06		11,697
14	NON PARAMED PHARMACY	Z	PHARMACY	16	118,589	29,915
15	NON PARAMED NURSING ADMIN	AA	NURSING ADMINISTRATION	14	669,640	229,153
16	NON PARAMED PHARMACY II	AB	NURSING ADMINISTRATION	14		29
17	PARAMED CLINICAL LAB	AC	PARAMED PHYSICAL THERAPY	24.07	231,340	84,045
18	INTERN RESIDENT	AD	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,701,116	4,533,984
19	FQHC NON-ALLOWABLE	AE	NONALLOWABLE FQHC	98.13	9,316,286	4,513,941
36	TOTAL RECLASSIFICATIONS				29,040,143	80,179,439

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

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LINE NO 7	DECREASE SALARY 8	DECREASE OTHER 9	A-7 REF 10
1	CONTRACTED LABOR	A	OTHER ADMINISTRATIVE AND GENERAL	6.06	2,238		
2			NURSING ADMINISTRATION	14	2,717		
3			CENTRAL SERVICES & SUPPLY	15	107,989		
4			PHARMACY	16	93,791		
5			I&R SERVICES-SALARY & FRINGES APPRVD	22	33,890		
6			ADULTS & PEDIATRICS	25	3,191,183		
7			INTENSIVE CARE UNIT	26	34,185		
8			CORONARY CARE UNIT	27	175,637		
9			BURN INTENSIVE CARE UNIT	28	1,416		
10			UH SURG 6IC	29.02	94,725		
11			UH NS 3IC	29.03	103,533		
12			RH PED IC	29.04	2,151		
13			SUBPROVIDER	31	136,341		
14			NURSERY	33	456		
15			OPERATING ROOM	37	1,909,457		
16			RECOVERY ROOM	38	67,897		
17			DELIVERY ROOM & LABOR ROOM	39	4,632		
18			PULMONARY FUNCTION TESTING	40.01	88,328		
19			RADIOLOGY-DIAGNOSTIC	41	216,715		
20			LABORATORY	44	41,514		
21			RESPIRATORY THERAPY	49	1,389,314		
22			ELECTROENCEPHALOGRAPHY	54	7,000		
23			RENAL DIALYSIS	57	1,319,116		
24			CARDIOLOGY	59.01	34,879		
25			CARDIAC CATHERIZATION	59.03	15,188		
26			ONCOLOGY	59.05	985		
27			MEDICINE/DIAGNOSTIC	60.02	77,137		
28			AMB SVC-RILEY CLINICS	60.07	24,430		
29			AMB SVC-PSYCH CHILD	60.10	14,625		
30			IU CANCER PAVILLION	60.24	7,913		
31			EMERGENCY	61	143,505		
32			RESEARCH	97	5,487		
33			OTHER NONREIMBURSABLE-METHODIST	98.01	102,285		
34			ARTHRITIS CLINIC - NR	98.15	79,584		
35	NURSERY	B	ADULTS & PEDIATRICS	25	1,231,212	198,849	
1	RHI	C	LABORATORY	44	154,906	154,368	
2	THERAPEUTIC RECREATION	D	OCCUPATIONAL THERAPY	51	237,211	22,456	
3	RENAL ADMINISTRATION	E	RENAL DIALYSIS	57	32,064	4,660	
4	EMPLOYEE BENEFITS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		37,996	
5			DIETARY	11		9,429	
6			NURSING ADMINISTRATION	14		163,743	
7			CENTRAL SERVICES & SUPPLY	15		171	
8			I&R SERVICES-SALARY & FRINGES APPRVD	22		9,250	
9			PARAMED ED CLINIC LAB	24.01		52	
10			ADULTS & PEDIATRICS	25		130,516	
11			INTENSIVE CARE UNIT	26		139	
12			CORONARY CARE UNIT	27		162	
13			UH SURG 6IC	29.02		70	
14			UH NS 3IC	29.03		97	
15			RH PED IC	29.04		25	
16			SUBPROVIDER	31		318	
17			NURSERY	33		4	
18			OPERATING ROOM	37		56,872	
19			ENDOSCOPY	37.01		159	
20			RECOVERY ROOM	38		104	
21			DELIVERY ROOM & LABOR ROOM	39		27	
22			ANESTHESIOLOGY	40		13	
23			PULMONARY FUNCTION TESTING	40.01		12,130	
24			RADIOLOGY-DIAGNOSTIC	41		73,074	
25			RADIOLOGY-THERAPEUTIC	42		281,616	
26			LABORATORY	44		19,101	
27			BONE MARROW TRANSPLANT LAB	44.02		283	
28			RESPIRATORY THERAPY	49		529	
29			SPEECH PATHOLOGY	52		29,878	
30			ELECTROENCEPHALOGRAPHY	54		8,028	
31			CARDIOLOGY	59.01		15,391	
32			CARDIAC CATHERIZATION	59.03		7,542	
33			AMB SVC-OB & GYN	60.01		13,705	
34			MEDICINE/DIAGNOSTIC	60.02		11,680	
35			AMB SVC-RILEY CLINICS	60.07		191,559	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	EMPLOYEE BENEFITS	F	AMB SVC-PSYCH CHILD	60.10		6,537	
2			CARDIO CLINIC	60.25		9,814	
3			EMERGENCY	61		585	
4			AMBULANCE SERVICES	65		94	
5			OTHER NONREIMBURSABLE-METHODIST	98.01		100,563	
6			SURGERY CENTER	98.10		3,371	
7			CARDIO PHYSICIANS	98.16		55	
8	TELEPHONE	G	PURCHASING, RECEIVING, & STORES	6.03		1,200	
9			OTHER ADMINISTRATIVE AND GENERAL	6.06		135,571	
10			MAINTENANCE & REPAIRS	7.03		297	
11			OPERATION OF PLANT	8		5,864	
12			LAUNDRY & LINEN SERVICE	9		3,623	
13			DIETARY	11		31,178	
14			NURSING ADMINISTRATION	14		27,606	
15			CENTRAL SERVICES & SUPPLY	15		15,206	
16			PHARMACY	16		73,321	
17			MEDICAL RECORDS & LIBRARY	17		2,303	
18			SOCIAL SERVICE	18		25,682	
19			PATIENT TRANSPORTATION	19		9,046	
20			I&R SERVICES-SALARY & FRINGES APPRVD	22		81,411	
21			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		3,888	
22			PARAMED ED PRGM	24		1,368	
23			PARAMED ED CLINIC LAB	24.01		10,933	
24			PARAMED RADIOLOGY-METHODIST	24.02		1,320	
25			PARAMED RESPIRATORY THERAPY	24.03		528	
26			PARAMED EMERGENCY METHODIST	24.05		1,560	
27			PARAMED PASTORAL ED	24.06		2,936	
28			MEDICAL ASSISTING PROGRAM	24.14		648	
29			SURGICAL TECHNOLOGY PROGRAM	24.15		600	
30			ADULTS & PEDIATRICS	25		609,224	
31			INTENSIVE CARE UNIT	26		50,669	
32			CORONARY CARE UNIT	27		45,819	
33			NEONATAL INTENSIVE CARE UNIT	27.01		11,331	
34			BURN INTENSIVE CARE UNIT	28		8,253	
35			UH SURG 6IC	29.02		43,855	
1	TELEPHONE	G	UH NS 3IC	29.03		7,187	
2			RH PED IC	29.04		28,995	
3			PEDIATRIC CANCER CENTER	29.07		7,163	
4			SUBPROVIDER	31		19,981	
5			NURSERY	33		15,154	
6			OPERATING ROOM	37		187,584	
7			ENDOSCOPY	37.01		8,734	
8			RECOVERY ROOM	38		44,596	
9			DELIVERY ROOM & LABOR ROOM	39		47,004	
10			ANESTHESIOLOGY	40		10,390	
11			PULMONARY FUNCTION TESTING	40.01		18,608	
12			RADIOLOGY-DIAGNOSTIC	41		205,772	
13			RADIOLOGY-THERAPEUTIC	42		41,307	
14			RADIOISOTOPE	43		14,613	
15			LABORATORY	44		204,996	
16			TRANSPLANT IMMUNOLOGY	44.01		1,944	
17			BONE MARROW TRANSPLANT LAB	44.02		8,371	
18			BLOOD STORING, PROCESSING & TRANS.	47		14,796	
19			RESPIRATORY THERAPY	49		26,958	
20			PHYSICAL THERAPY	50		14,838	
21			OCCUPATIONAL THERAPY	51		15,031	
22			SPEECH PATHOLOGY	52		34,327	
23			ELECTROCARDIOLOGY	53		17,358	
24			ELECTROENCEPHALOGRAPHY	54		15,410	
25			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,962	
26			RENAL DIALYSIS	57		34,032	
27			RH NBN ECMO IC	59		619	
28			CARDIOLOGY	59.01		21,148	
29			PSYCH OTHER ANCILLARY	59.02		9,391	
30			CARDIAC CATHERIZATION	59.03		33,646	
31			DAY SURGERY	59.04		26,428	
32			ONCOLOGY	59.05		3,853	
33			AMB SVC-OB & GYN	60.01		19,860	
34			MEDICINE/DIAGNOSTIC	60.02		42,427	
35			AMB SVC-OPTHALMOLOGY	60.03		4,049	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	TELEPHONE	G	AMB SVC-PSYCH ADULT	60.04		11,246	
2			AMB SVC-DIABETES ADULT	60.05		54	
3			OUTPATIENT SURGERY	60.06		10,034	
4			AMB SVC-RILEY CLINICS	60.07		70,101	
5			MOTILITY LAB	60.09		312	
6			AMB SVC-PSYCH CHILD	60.10		4,889	
7			GERIATRICS CLINIC	60.14		5,089	
8			SLEEP DISORDER CENTER	60.15		5,809	
9			O/P CLINIC-ADULT	60.16		6,797	
10			O/P CLINIC-PEDIATRIC	60.17		11,082	
11			NEUROLOGY UH	60.19		10,214	
12			ORTHOPEDICS UH	60.20		13,810	
13			AMB SVC-UH PHYSICAL MEDICINE	60.21		3,739	
14			AMB SVC-DERMATOLOGY CLINIC	60.22		1,924	
15			IU CANCER PAVILLION	60.24		16,688	
16			CARDIO CLINIC	60.25		5,280	
17			EMERGENCY	61		111,243	
18			HOME PROGRAM DIALYSIS	64		449	
19			AMBULANCE SERVICES	65		16,377	
20			LUNG ACQUISITION	82		3,864	
21			KIDNEY ACQUISITION	83		38,606	
22			LIVER ACQUISITION	84		9,014	
23			HEART ACQUISITION	85		3,273	
24			INTESTINE ACQUISITION	85.02		2,011	
25			HOSPICE	93		1	
26			RESEARCH	97		42,169	
27			RESEARCH-GCRC	97.01		7,308	
28			OTHER NONREIMBURSABLE-METHODIST	98.01		92,022	
29			ORGAN PROC ORG	98.03		1,538	
30			AOC-PRIVATE PHYSICIANS	98.05		4,051	
31			ARTHRITIS CLINIC - NR	98.15		8,211	
32			CARDIO PHYSICIANS	98.16		10,156	
33	DEPRECIATION	H	PURCHASING, RECEIVING, & STORES	6.03		3,614	9
34			OTHER ADMINISTRATIVE AND GENERAL	6.06		378,355	9
35			MAINTENANCE & REPAIRS	7		185,096	9
1	DEPRECIATION	H	OPERATION OF PLANT	8		26,018	9
2			LAUNDRY & LINEN SERVICE	9		34,441	9
3			DIETARY	11		246,460	9
4			NURSING ADMINISTRATION	14		1,656,606	9
5			CENTRAL SERVICES & SUPPLY	15		244,020	9
6			PHARMACY	16		72,434	9
7			MEDICAL RECORDS & LIBRARY	17		36,272	9
8			SOCIAL SERVICE	18		54	9
9			PATIENT TRANSPORTATION	19		5,483	9
10			I&R SERVICES-SALARY & FRINGES APPRVD	22		26,100	9
11			PARAMED ED PRGM	24		43,516	9
12			PARAMED ED CLINIC LAB	24.01		17,006	9
13			SURGICAL TECHNOLOGY PROGRAM	24.15		6,434	9
14			ADULTS & PEDIATRICS	25		2,164,485	9
15			INTENSIVE CARE UNIT	26		215,846	9
16			CORONARY CARE UNIT	27		35,743	9
17			NEONATAL INTENSIVE CARE UNIT	27.01		210,330	9
18			BURN INTENSIVE CARE UNIT	28		85,847	9
19			UH SURG 6IC	29.02		182,017	9
20			UH NS 3IC	29.03		7,841	9
21			RH PED IC	29.04		42,402	9
22			SUBPROVIDER	31		13,340	9
23			NURSERY	33		49,443	9
24			OPERATING ROOM	37		5,002,480	9
25			ENDOSCOPY	37.01		234,017	9
26			RECOVERY ROOM	38		59,334	9
27			DELIVERY ROOM & LABOR ROOM	39		176,880	9
28			ANESTHESIOLOGY	40		635,459	9
29			PULMONARY FUNCTION TESTING	40.01		184,680	9
30			RADIOLOGY-DIAGNOSTIC	41		8,518,216	9
31			RADIOLOGY-THERAPEUTIC	42		1,801,921	9
32			RADIOISOTOPE	43		307,995	9
33			LABORATORY	44		1,543,214	9
34			TRANSPLANT IMMUNOLOGY	44.01		17,013	9
35			BONE MARROW TRANSPLANT LAB	44.02		51,889	9

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
	1	1	6	7	8	9	10
1	DEPRECIATION	H	BLOOD STORING, PROCESSING & TRANS.	47		35,668	9
2			RESPIRATORY THERAPY	49		546,024	9
3			PHYSICAL THERAPY	50		24,543	9
4			OCCUPATIONAL THERAPY	51		57	9
5			SPEECH PATHOLOGY	52		38,902	9
6			ELECTROCARDIOLOGY	53		173,342	9
7			ELECTROENCEPHALOGRAPHY	54		40,106	9
8			RENAL DIALYSIS	57		275,866	9
9			RH NBN ECMO IC	59		60,827	9
10			CARDIOLOGY	59.01		820,106	9
11			PSYCH OTHER ANCILLARY	59.02		2,875	9
12			CARDIAC CATHERIZATION	59.03		988,173	9
13			DAY SURGERY	59.04		75,038	9
14			ONCOLOGY	59.05		22,974	9
15			AMB SVC-OB & GYN	60.01		145,024	9
16			MEDICINE/DIAGNOSTIC	60.02		9,870	9
17			AMB SVC-OPTHALMOLOGY	60.03		23,597	9
18			AMB SVC-PSYCH ADULT	60.04		105	9
19			AMB SVC-DIABETES ADULT	60.05		1,008	9
20			OUTPATIENT SURGERY	60.06		74,675	9
21			AMB SVC-RILEY CLINICS	60.07		22,213	9
22			MOTILITY LAB	60.09		14,503	9
23			GERIATRICS CLINIC	60.14		7,577	9
24			O/P CLINIC-ADULT	60.16		426	9
25			O/P CLINIC-PEDIATRIC	60.17		43,354	9
26			NEUROLOGY UH	60.19		42,658	9
27			AMB SVC-DERMATOLOGY CLINIC	60.22		936	9
28			IU CANCER PAVILLION	60.24		5,750	9
29			EMERGENCY	61		443,119	9
30			AMBULANCE SERVICES	65		343,587	9
31			KIDNEY ACQUISITION	83		145,210	9
32			LIVER ACQUISITION	84		7,416	9
33			HEART ACQUISITION	85		24,513	9
34			RESEARCH	97		908,319	9
35			RESEARCH-GCRC	97.01		6,833	9
1	DEPRECIATION	H	OTHER NONREIMBURSABLE-METHODIST	98.01		113,658	9
2			ORGAN PROC ORG	98.03		3,772	9
3			MHH NON-REIMBURSABLE RADIOLOGY	98.08		32,955	9
4			MHH NON-REIMBURSABLE LABORATORY	98.09		4,878	9
5			ARTHRITIS CLINIC - NR	98.15		10,640	9
6			CARDIO PHYSICIANS	98.16		13,684	9
7	NON-CAPITAL ITEMS	I	NEW CAP REL COSTS-BLDG & FIXT	3		9,649	9
8	PTO	J	PURCHASING, RECEIVING, & STORES	6.03	2,817		
9			OTHER ADMINISTRATIVE AND GENERAL	6.06	116,708		
10			OPERATION OF PLANT	8	19,632		
11			LAUNDRY & LINEN SERVICE	9	6,493		
12			DIETARY	11	74,993		
13			NURSING ADMINISTRATION	14	126,712		
14			CENTRAL SERVICES & SUPPLY	15	31,760		
15			PHARMACY	16	182,246		
16			MEDICAL RECORDS & LIBRARY	17	2,361		
17			SOCIAL SERVICE	18	28,610		
18			PATIENT TRANSPORTATION	19	21,261		
19			I&R SERVICES-SALARY & FRINGES APPRVD	22	21,635		
20			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,321		
21			PARAMED ED CLINIC LAB	24.01	12,741		
22			PARAMED RADIOLOGY-METHODIST	24.02	3,630		
23			PARAMED RESPIRATORY THERAPY	24.03	2,331		
24			PARAMED EMERGENCY METHODIST	24.05	4,337		
25			PARAMED PASTORAL ED	24.06	5,558		
26			MEDICAL ASSISTING PROGRAM	24.14	1,488		
27			SURGICAL TECHNOLOGY PROGRAM	24.15	1,388		
28			ADULTS & PEDIATRICS	25	1,116,496		
29			INTENSIVE CARE UNIT	26	147,892		
30			CORONARY CARE UNIT	27	111,522		
31			NEONATAL INTENSIVE CARE UNIT	27.01	49,693		
32			BURN INTENSIVE CARE UNIT	28	11,025		
33			UH SURG 6IC	29.02	47,874		
34			UH NS 3IC	29.03	22,439		
35			RH PED IC	29.04	91,684		

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	PTO	J	PEDIATRIC CANCER CENTER	29.07	10,779		
2			SUBPROVIDER	31	36,620		
3			NURSERY	33	25,704		
4			OPERATING ROOM	37	269,713		
5			ENDOSCOPY	37.01	7,801		
6			RECOVERY ROOM	38	66,550		
7			DELIVERY ROOM & LABOR ROOM	39	64,929		
8			ANESTHESIOLOGY	40	24,288		
9			PULMONARY FUNCTION TESTING	40.01	26,808		
10			RADIOLOGY-DIAGNOSTIC	41	237,303		
11			RADIOLOGY-THERAPEUTIC	42	41,554		
12			RADIOISOTOPE	43	11,378		
13			LABORATORY	44	235,445		
14			TRANSPLANT IMMUNOLOGY	44.01	9,691		
15			BONE MARROW TRANSPLANT LAB	44.02	9,955		
16			BLOOD STORING, PROCESSING & TRANS.	47	32,457		
17			RESPIRATORY THERAPY	49	173,426		
18			PHYSICAL THERAPY	50	54,362		
19			OCCUPATIONAL THERAPY	51	21,607		
20			SPEECH PATHOLOGY	52	24,118		
21			ELECTROCARDIOLOGY	53	28,989		
22			ELECTROENCEPHALOGRAPHY	54	17,801		
23			MEDICAL SUPPLIES CHARGED TO PATIENTS	55	2,374		
24			RENAL DIALYSIS	57	68,196		
25			RH NBN ECMO IC	59	4,808		
26			CARDIOLOGY	59.01	18,675		
27			PSYCH OTHER ANCILLARY	59.02	691		
28			CARDIAC CATHERIZATION	59.03	32,167		
29			DAY SURGERY	59.04	38,882		
30			ONCOLOGY	59.05	5,482		
31			AMB SVC-OB & GYN	60.01	8,624		
32			MEDICINE/DIAGNOSTIC	60.02	30,853		
33			AMB SVC-OPTHALMOLOGY	60.03	2,632		
34			AMB SVC-PSYCH ADULT	60.04	3,866		
35			OUTPATIENT SURGERY	60.06	8,509		
1	PTO	J	AMB SVC-RILEY CLINICS	60.07	37,649		
2			MOTILITY LAB	60.09	1,096		
3			AMB SVC-PSYCH CHILD	60.10	2,554		
4			GERIATRICS CLINIC	60.14	5,546		
5			O/P CLINIC-ADULT	60.16	2,851		
6			NEUROLOGY UH	60.19	7,191		
7			ORTHOPEDICS UH	60.20	2,335		
8			AMB SVC-UH PHYSICAL MEDICINE	60.21	3,854		
9			AMB SVC-DERMATOLOGY CLINIC	60.22	2,718		
10			IU CANCER PAVILLION	60.24	4,793		
11			CARDIO CLINIC	60.25	1,838		
12			EMERGENCY	61	159,556		
13			HOME PROGRAM DIALYSIS	64	377		
14			AMBULANCE SERVICES	65	56,135		
15			LUNG ACQUISITION	82	5,847		
16			KIDNEY ACQUISITION	83	33,915		
17			LIVER ACQUISITION	84	9,040		
18			HEART ACQUISITION	85	4,508		
19			INTESTINE ACQUISITION	85.02	2,123		
20			OTHER ORGAN ACQUISITION	86	1,904		
21			HOSPICE	93	716		
22			RESEARCH	97	76,240		
23			OTHER NONREIMBURSABLE-METHODIST	98.01	113,637		
24			ORGAN PROC ORG	98.03	2,479		
25			OTHER NONREIMBURSABLE-IUMC	98.04	1,222		
26			MHH NON-REIMBURSABLE RADIOLOGY	98.08	2,956		
27			MHH NON-REIMBURSABLE LABORATORY	98.09	3,307		
28			ARTHRITIS CLINIC - NR	98.15	39,136		
29			CARDIO PHYSICIANS	98.16	6,816		
30	PHARMACY	K	OTHER NONREIMBURSABLE-METHODIST	98.01	2,599,373	17,105,782	
31	SLEEP LAB	L	HOME HEALTH AGENCY	71	1,230,801	617,891	
32			HOME HEALTH AGENCY	71	38,841		
33	ORGAN	M	KIDNEY ACQUISITION	83	955,469	407,862	
34							
35							

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	ORGAN	M					
2							
3	PRE/POST TRANSPLANT	N	LUNG ACQUISITION	82	344,378	119,621	
4			KIDNEY ACQUISITION	83	903,968	383,920	
5			LIVER ACQUISITION	84	707,368	532,326	
6			HEART ACQUISITION	85	271,117	83,445	
7			PANCREAS ACQUISITION	85.01	115,590	51,128	
8			INTESTINE ACQUISITION	85.02	124,599	115,313	
9	PRESERVATION	O	ORGAN PROC ORG	98.03	286,621	213,599	
10	ACQUISTION	P	LUNG ACQUISITION	82		29,991	
11			KIDNEY ACQUISITION	83		28,174	
12			PANCREAS ACQUISITION	85.01		7,964	
13	TRANSPLANT INSTITUTE	Q	KIDNEY ACQUISITION	83	61,336	2,758,286	
14	ADVERTISING	R	OTHER ADMINISTRATIVE AND GENERAL	6.06		100,764	
15			DIETARY	11		255	
16			NURSING ADMINISTRATION	14		846	
17			I&R SERVICES-SALARY & FRINGES APPRVD	22		113	
18			ADULTS & PEDIATRICS	25		7,475	
19			SUBPROVIDER	31		2,523	
20			RADIOLOGY-DIAGNOSTIC	41		6,143	
21			LABORATORY	44		433	
22			ELECTROCARDIOLOGY	53		15	
23			OUTPATIENT RETAIL PHARMACY	56.03		19,582	
24			CARDIAC CATHERIZATION	59.03		41,824	
25			AMB SVC-PSYCH ADULT	60.04		923	
26			AMB SVC-RILEY CLINICS	60.07		111	
27			GERIATRICS CLINIC	60.14		2,710	
28			EMERGENCY	61		8,980	
29			AMBULANCE SERVICES	65		36,108	
30			KIDNEY ACQUISITION	83		4,575	
31			HEART ACQUISITION	85		355	
32			OTHER ORGAN ACQUISITION	86		7,670	
33			RESEARCH	97		5,859	
34			OTHER NONREIMBURSABLE-METHODIST	98.01		1,545,632	
35			ARTHRITIS CLINIC - NR	98.15		6,052	
1	HOSPICE	S	HOME HEALTH AGENCY	71		2,097,371	
2			HOME HEALTH AGENCY	71	1,960,933		
3			HOME HEALTH AGENCY	71	53,184		
4	PARAMED ED	T	RADIOLOGY-THERAPEUTIC	42	269,469	20,614	
5			RADIOISOTOPE	43	21,107	1,615	
6			ELECTROENCEPHALOGRAPHY	54	26,996	2,065	
7			PHARMACY	16	517,440	114,206	
8			EMERGENCY	61	4,413	338	
9	PARAMED RT	U	OTHER NONREIMBURSABLE-METHODIST	98.01	79,659	24,630	
10	PARAMED PHARMACY TECH	V	OTHER NONREIMBURSABLE-METHODIST	98.01	151,061	50,081	
11	PARAMED CS TECH	W	NURSING ADMINISTRATION	14	39,535		
12	PARAMED PROGRAM	X	EMPLOYEE BENEFITS	5	68,498	78,383	
13	NON PARAMED A & G	Y	PARAMED ED PRGM	24		11,697	
14	NON PARAMED PHARMACY	Z	PARAMED ED CLINIC LAB	24.01	118,589	29,915	
15	NON PARAMED NURSING ADMIN	AA	PARAMED ED CLINIC LAB	24.01	669,640	229,153	
16	NON PARAMED PHARMACY II	AB	PARAMED ED CLINIC LAB	24.01		29	
17	PARAMED CLINICAL LAB	AC	PARAMED ED CLINIC LAB	24.01	231,340	84,045	
18	INTERN RESIDENT	AD	I&R SERVICES-SALARY & FRINGES APPRVD	22	1,701,116	4,533,984	
19	FQHC NON-ALLOWABLE	AE	FEDERALLY QUALIFIED HEALTH CTR	63.60	9,316,286	4,513,941	
36	TOTAL RECLASSIFICATIONS				38,570,386	70,649,196	

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

RECLASS CODE: A
EXPLANATION : CONTRACTED LABOR

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	2,238	OTHER ADMINISTRATIVE AND GENER	6.06	2,238
2.00	NURSING ADMINISTRATION	14	2,717	NURSING ADMINISTRATION	14	2,717
3.00	CENTRAL SERVICES & SUPPLY	15	107,989	CENTRAL SERVICES & SUPPLY	15	107,989
4.00	PHARMACY	16	93,791	PHARMACY	16	93,791
5.00	I&R SERVICES-SALARY & FRINGES	22	33,890	I&R SERVICES-SALARY & FRINGES	22	33,890
6.00	ADULTS & PEDIATRICS	25	3,191,183	ADULTS & PEDIATRICS	25	3,191,183
7.00	INTENSIVE CARE UNIT	26	34,185	INTENSIVE CARE UNIT	26	34,185
8.00	CORONARY CARE UNIT	27	175,637	CORONARY CARE UNIT	27	175,637
10.00	BURN INTENSIVE CARE UNIT	28	1,416	BURN INTENSIVE CARE UNIT	28	1,416
11.00	UH SURG 6IC	29.02	94,725	UH SURG 6IC	29.02	94,725
12.00	UH NS 3IC	29.03	103,533	UH NS 3IC	29.03	103,533
13.00	RH PED IC	29.04	2,151	RH PED IC	29.04	2,151
14.00	SUBPROVIDER	31	136,341	SUBPROVIDER	31	136,341
15.00	NURSERY	33	456	NURSERY	33	456
16.00	OPERATING ROOM	37	1,909,457	OPERATING ROOM	37	1,909,457
18.00	RECOVERY ROOM	38	67,897	RECOVERY ROOM	38	67,897
19.00	DELIVERY ROOM & LABOR ROOM	39	4,632	DELIVERY ROOM & LABOR ROOM	39	4,632
21.00	PULMONARY FUNCTION TESTING	40.01	88,328	PULMONARY FUNCTION TESTING	40.01	88,328
22.00	RADIOLOGY-DIAGNOSTIC	41	216,715	RADIOLOGY-DIAGNOSTIC	41	216,715
24.00	LABORATORY	44	41,514	LABORATORY	44	41,514
25.00	RESPIRATORY THERAPY	49	1,389,314	RESPIRATORY THERAPY	49	1,389,314
26.00	ELECTROENCEPHALOGRAPHY	54	7,000	ELECTROENCEPHALOGRAPHY	54	7,000
27.00	RENAL DIALYSIS	57	1,319,116	RENAL DIALYSIS	57	1,319,116
28.00	CARDIOLOGY	59.01	34,879	CARDIOLOGY	59.01	34,879
29.00	CARDIAC CATHERIZATION	59.03	15,188	CARDIAC CATHERIZATION	59.03	15,188
30.00	ONCOLOGY	59.05	985	ONCOLOGY	59.05	985
31.00	MEDICINE/DIAGNOSTIC	60.02	77,137	MEDICINE/DIAGNOSTIC	60.02	77,137
33.00	AMB SVC-RILEY CLINICS	60.07	24,430	AMB SVC-RILEY CLINICS	60.07	24,430
34.00	AMB SVC-PSYCH CHILD	60.10	14,625	AMB SVC-PSYCH CHILD	60.10	14,625
35.00	IU CANCER PAVILLION	60.24	7,913	IU CANCER PAVILLION	60.24	7,913
36.00	EMERGENCY	61	143,505	EMERGENCY	61	143,505
40.00	RESEARCH	97	5,487	RESEARCH	97	5,487
41.00	OTHER NONREIMBURSABLE-METHODIS	98.01	102,285	OTHER NONREIMBURSABLE-METHODIS	98.01	102,285
42.00	ARTHRITIS CLINIC - NR	98.15	79,584	ARTHRITIS CLINIC - NR	98.15	79,584
TOTAL RECLASSIFICATIONS FOR CODE A			9,530,243			9,530,243

RECLASS CODE: B
EXPLANATION : NURSERY

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	1,430,061	ADULTS & PEDIATRICS	25	1,430,061
TOTAL RECLASSIFICATIONS FOR CODE B			1,430,061			1,430,061

RECLASS CODE: C
EXPLANATION : RHI

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RHI LAB	98.12	309,274	LABORATORY	44	309,274
TOTAL RECLASSIFICATIONS FOR CODE C			309,274			309,274

RECLASS CODE: D
EXPLANATION : THERAPEUTIC RECREATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	O/P CLINIC-PEDIATRIC	60.17	259,667	OCCUPATIONAL THERAPY	51	259,667
TOTAL RECLASSIFICATIONS FOR CODE D			259,667			259,667

RECLASS CODE: E
EXPLANATION : RENAL ADMINISTRATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOME PROGRAM DIALYSIS	64	36,724	RENAL DIALYSIS	57	36,724
TOTAL RECLASSIFICATIONS FOR CODE E			36,724			36,724

RECLASS CODE: F
EXPLANATION : EMPLOYEE BENEFITS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,161,174	OTHER ADMINISTRATIVE AND GENER	6.06	37,996

RECLASS CODE: F
EXPLANATION : EMPLOYEE BENEFITS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	PHARMACY	16	13,031	DIETARY	11	9,429
3.00	SOCIAL SERVICE	18	3,185	NURSING ADMINISTRATION	14	163,743
4.00	PHYSICAL THERAPY	50	7,627	CENTRAL SERVICES & SUPPLY	15	171
5.00	MOTILITY LAB	60.09	9,665	I&R SERVICES-SALARY & FRINGES	22	9,250
6.00			0	PARAMED ED CLINIC LAB	24.01	52
7.00			0	ADULTS & PEDIATRICS	25	130,516
8.00			0	INTENSIVE CARE UNIT	26	139
9.00			0	CORONARY CARE UNIT	27	162
10.00			0	UH SURG 6IC	29.02	70
11.00			0	UH NS 3IC	29.03	97
12.00			0	RH PED IC	29.04	25
13.00			0	SUBPROVIDER	31	318
14.00			0	NURSERY	33	4
15.00			0	OPERATING ROOM	37	56,872
16.00			0	ENDOSCOPY	37.01	159
17.00			0	RECOVERY ROOM	38	104
18.00			0	DELIVERY ROOM & LABOR ROOM	39	27
19.00			0	ANESTHESIOLOGY	40	13
20.00			0	PULMONARY FUNCTION TESTING	40.01	12,130
21.00			0	RADIOLOGY-DIAGNOSTIC	41	73,074
22.00			0	RADIOLOGY-THERAPEUTIC	42	281,616
23.00			0	LABORATORY	44	19,101
24.00			0	BONE MARROW TRANSPLANT LAB	44.02	283
25.00			0	RESPIRATORY THERAPY	49	529
26.00			0	SPEECH PATHOLOGY	52	29,878
27.00			0	ELECTROENCEPHALOGRAPHY	54	8,028
28.00			0	CARDIOLOGY	59.01	15,391
29.00			0	CARDIAC CATHERIZATION	59.03	7,542
30.00			0	AMB SVC-OB & GYN	60.01	13,705
31.00			0	MEDICINE/DIAGNOSTIC	60.02	11,680
32.00			0	AMB SVC-RILEY CLINICS	60.07	191,559
33.00			0	AMB SVC-PSYCH CHILD	60.10	6,537
34.00			0	CARDIO CLINIC	60.25	9,814
35.00			0	EMERGENCY	61	585
36.00			0	AMBULANCE SERVICES	65	94
37.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	100,563
38.00			0	SURGERY CENTER	98.10	3,371
39.00			0	CARDIO PHYSICIANS	98.16	55
TOTAL RECLASSIFICATIONS FOR CODE F			1,194,682			1,194,682

RECLASS CODE: G
EXPLANATION : TELEPHONE

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	2,941,133	PURCHASING, RECEIVING, & STORE	6.03	1,200
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	135,571
3.00			0	MAINTENANCE & REPAIRS	7.03	297
4.00			0	OPERATION OF PLANT	8	5,864
5.00			0	LAUNDRY & LINEN SERVICE	9	3,623
6.00			0	DIETARY	11	31,178
7.00			0	NURSING ADMINISTRATION	14	27,606
8.00			0	CENTRAL SERVICES & SUPPLY	15	15,206
9.00			0	PHARMACY	16	73,321
10.00			0	MEDICAL RECORDS & LIBRARY	17	2,303
11.00			0	SOCIAL SERVICE	18	25,682
12.00			0	PATIENT TRANSPORTATION	19	9,046
13.00			0	I&R SERVICES-SALARY & FRINGES	22	81,411
14.00			0	I&R SERVICES-OTHER PRGM COSTS	23	3,888
15.00			0	PARAMED ED PRGM	24	1,368
16.00			0	PARAMED ED CLINIC LAB	24.01	10,933
17.00			0	PARAMED RADIOLOGY-METHODIST	24.02	1,320
18.00			0	PARAMED RESPIRATORY THERAPY	24.03	528
19.00			0	PARAMED EMERGENCY METHODIST	24.05	1,560
20.00			0	PARAMED PASTORAL ED	24.06	2,936
21.00			0	MEDICAL ASSISTING PROGRAM	24.14	648
22.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	600
23.00			0	ADULTS & PEDIATRICS	25	609,224
24.00			0	INTENSIVE CARE UNIT	26	50,669
25.00			0	CORONARY CARE UNIT	27	45,819
26.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	11,331
27.00			0	BURN INTENSIVE CARE UNIT	28	8,253
28.00			0	UH SURG 6IC	29.02	43,855
29.00			0	UH NS 3IC	29.03	7,187

RECLASS CODE: G
EXPLANATION : TELEPHONE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
30.00			0	RH PED IC	29.04	28,995
31.00			0	PEDIATRIC CANCER CENTER	29.07	7,163
32.00			0	SUBPROVIDER	31	19,981
33.00			0	NURSERY	33	15,154
34.00			0	OPERATING ROOM	37	187,584
35.00			0	ENDOSCOPY	37.01	8,734
36.00			0	RECOVERY ROOM	38	44,596
37.00			0	DELIVERY ROOM & LABOR ROOM	39	47,004
38.00			0	ANESTHESIOLOGY	40	10,390
39.00			0	PULMONARY FUNCTION TESTING	40.01	18,608
40.00			0	RADIOLOGY-DIAGNOSTIC	41	205,772
41.00			0	RADIOLOGY-THERAPEUTIC	42	41,307
42.00			0	RADIOISOTOPE	43	14,613
43.00			0	LABORATORY	44	204,996
44.00			0	TRANSPLANT IMMUNOLOGY	44.01	1,944
45.00			0	BONE MARROW TRANSPLANT LAB	44.02	8,371
46.00			0	BLOOD STORING, PROCESSING & TR	47	14,796
47.00			0	RESPIRATORY THERAPY	49	26,958
48.00			0	PHYSICAL THERAPY	50	14,838
49.00			0	OCCUPATIONAL THERAPY	51	15,031
50.00			0	SPEECH PATHOLOGY	52	34,327
51.00			0	ELECTROCARDIOLOGY	53	17,358
52.00			0	ELECTROENCEPHALOGRAPHY	54	15,410
53.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,962
54.00			0	RENAL DIALYSIS	57	34,032
55.00			0	RH NBN ECMO IC	59	619
56.00			0	CARDIOLOGY	59.01	21,148
57.00			0	PSYCH OTHER ANCILLARY	59.02	9,391
58.00			0	CARDIAC CATHERIZATION	59.03	33,646
59.00			0	DAY SURGERY	59.04	26,428
60.00			0	ONCOLOGY	59.05	3,853
61.00			0	AMB SVC-OB & GYN	60.01	19,860
62.00			0	MEDICINE/DIAGNOSTIC	60.02	42,427
63.00			0	AMB SVC-OPTHALMOLOGY	60.03	4,049
64.00			0	AMB SVC-PSYCH ADULT	60.04	11,246
65.00			0	AMB SVC-DIABETES ADULT	60.05	54
66.00			0	OUTPATIENT SURGERY	60.06	10,034
67.00			0	AMB SVC-RILEY CLINICS	60.07	70,101
68.00			0	MOTILITY LAB	60.09	312
69.00			0	AMB SVC-PSYCH CHILD	60.10	4,889
70.00			0	GERIATRICS CLINIC	60.14	5,089
71.00			0	SLEEP DISORDER CENTER	60.15	5,809
72.00			0	O/P CLINIC-ADULT	60.16	6,797
73.00			0	O/P CLINIC-PEDIATRIC	60.17	11,082
74.00			0	NEUROLOGY UH	60.19	10,214
75.00			0	ORTHOPEDICS UH	60.20	13,810
76.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	3,739
77.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	1,924
78.00			0	IU CANCER PAVILLION	60.24	16,688
79.00			0	CARDIO CLINIC	60.25	5,280
80.00			0	EMERGENCY	61	111,243
81.00			0	HOME PROGRAM DIALYSIS	64	449
82.00			0	AMBULANCE SERVICES	65	16,377
83.00			0	LUNG ACQUISITION	82	3,864
84.00			0	KIDNEY ACQUISITION	83	38,606
85.00			0	LIVER ACQUISITION	84	9,014
86.00			0	HEART ACQUISITION	85	3,273
87.00			0	INTESTINE ACQUISITION	85.02	2,011
88.00			0	HOSPICE	93	1
89.00			0	RESEARCH	97	42,169
90.00			0	RESEARCH-GCRC	97.01	7,308
91.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	92,022
92.00			0	ORGAN PROC ORG	98.03	1,538
93.00			0	AOC-PRIVATE PHYSICIANS	98.05	4,051
94.00			0	ARTHRITIS CLINIC - NR	98.15	8,211
95.00			0	CARDIO PHYSICIANS	98.16	10,156
TOTAL RECLASSIFICATIONS FOR CODE G			2,941,133			2,941,133

RECLASS CODE: H
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,244,805	PURCHASING, RECEIVING, & STORE	6.03	3,614

RECLASS CODE: H
EXPLANATION : DEPRECIATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	28,832,277	OTHER ADMINISTRATIVE AND GENER	6.06	378,355
3.00			0	MAINTENANCE & REPAIRS	7	185,096
4.00			0	OPERATION OF PLANT	8	26,018
5.00			0	LAUNDRY & LINEN SERVICE	9	34,441
6.00			0	DIETARY	11	246,460
7.00			0	NURSING ADMINISTRATION	14	1,656,606
8.00			0	CENTRAL SERVICES & SUPPLY	15	244,020
9.00			0	PHARMACY	16	72,434
10.00			0	MEDICAL RECORDS & LIBRARY	17	36,272
11.00			0	SOCIAL SERVICE	18	54
12.00			0	PATIENT TRANSPORTATION	19	5,483
13.00			0	I&R SERVICES-SALARY & FRINGES	22	26,100
14.00			0	PARAMED ED PRGM	24	43,516
15.00			0	PARAMED ED CLINIC LAB	24.01	17,006
16.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	6,434
17.00			0	ADULTS & PEDIATRICS	25	2,164,485
18.00			0	INTENSIVE CARE UNIT	26	215,846
19.00			0	CORONARY CARE UNIT	27	35,743
20.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	210,330
21.00			0	BURN INTENSIVE CARE UNIT	28	85,847
22.00			0	UH SURG 6IC	29.02	182,017
23.00			0	UH NS 3IC	29.03	7,841
24.00			0	RH PED IC	29.04	42,402
25.00			0	SUBPROVIDER	31	13,340
26.00			0	NURSERY	33	49,443
27.00			0	OPERATING ROOM	37	5,002,480
28.00			0	ENDOSCOPY	37.01	234,017
29.00			0	RECOVERY ROOM	38	59,334
30.00			0	DELIVERY ROOM & LABOR ROOM	39	176,880
31.00			0	ANESTHESIOLOGY	40	635,459
32.00			0	PULMONARY FUNCTION TESTING	40.01	184,680
33.00			0	RADIOLOGY-DIAGNOSTIC	41	8,518,216
34.00			0	RADIOLOGY-THERAPEUTIC	42	1,801,921
35.00			0	RADIOISOTOPE	43	307,995
36.00			0	LABORATORY	44	1,543,214
37.00			0	TRANSPLANT IMMUNOLOGY	44.01	17,013
38.00			0	BONE MARROW TRANSPLANT LAB	44.02	51,889
39.00			0	BLOOD STORING, PROCESSING & TR	47	35,668
40.00			0	RESPIRATORY THERAPY	49	546,024
41.00			0	PHYSICAL THERAPY	50	24,543
42.00			0	OCCUPATIONAL THERAPY	51	57
43.00			0	SPEECH PATHOLOGY	52	38,902
44.00			0	ELECTROCARDIOLOGY	53	173,342
45.00			0	ELECTROENCEPHALOGRAPHY	54	40,106
46.00			0	RENAL DIALYSIS	57	275,866
47.00			0	RH NBN ECMO IC	59	60,827
48.00			0	CARDIOLOGY	59.01	820,106
49.00			0	PSYCH OTHER ANCILLARY	59.02	2,875
50.00			0	CARDIAC CATHERIZATION	59.03	988,173
51.00			0	DAY SURGERY	59.04	75,038
52.00			0	ONCOLOGY	59.05	22,974
53.00			0	AMB SVC-OB & GYN	60.01	145,024
54.00			0	MEDICINE/DIAGNOSTIC	60.02	9,870
55.00			0	AMB SVC-OPTHALMOLOGY	60.03	23,597
56.00			0	AMB SVC-PSYCH ADULT	60.04	105
57.00			0	AMB SVC-DIABETES ADULT	60.05	1,008
58.00			0	OUTPATIENT SURGERY	60.06	74,675
59.00			0	AMB SVC-RILEY CLINICS	60.07	22,213
60.00			0	MOTILITY LAB	60.09	14,503
61.00			0	GERIATRICS CLINIC	60.14	7,577
62.00			0	O/P CLINIC-ADULT	60.16	426
63.00			0	O/P CLINIC-PEDIATRIC	60.17	43,354
64.00			0	NEUROLOGY UH	60.19	42,658
65.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	936
66.00			0	IU CANCER PAVILLION	60.24	5,750
67.00			0	EMERGENCY	61	443,119
68.00			0	AMBULANCE SERVICES	65	343,587
69.00			0	KIDNEY ACQUISITION	83	145,210
70.00			0	LIVER ACQUISITION	84	7,416
71.00			0	HEART ACQUISITION	85	24,513
72.00			0	RESEARCH	97	908,319
73.00			0	RESEARCH-GCRC	97.01	6,833
74.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	113,658
75.00			0	ORGAN PROC ORG	98.03	3,772
76.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	32,955

RECLASS CODE: H
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
77.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	4,878
78.00			0	ARTHRITIS CLINIC - NR	98.15	10,640
79.00			0	CARDIO PHYSICIANS	98.16	13,684
TOTAL RECLASSIFICATIONS FOR CODE H			30,077,082			30,077,082

RECLASS CODE: I
EXPLANATION : NON-CAPITAL ITEMS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	9,649	NEW CAP REL COSTS-BLDG & FIXT	3	9,649
TOTAL RECLASSIFICATIONS FOR CODE I			9,649			9,649

RECLASS CODE: J
EXPLANATION : PTO

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	4,516,023	PURCHASING, RECEIVING, & STORE	6.03	2,817
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	116,708
3.00			0	OPERATION OF PLANT	8	19,632
4.00			0	LAUNDRY & LINEN SERVICE	9	6,493
5.00			0	DIETARY	11	74,993
6.00			0	NURSING ADMINISTRATION	14	126,712
7.00			0	CENTRAL SERVICES & SUPPLY	15	31,760
8.00			0	PHARMACY	16	182,246
9.00			0	MEDICAL RECORDS & LIBRARY	17	2,361
10.00			0	SOCIAL SERVICE	18	28,610
11.00			0	PATIENT TRANSPORTATION	19	21,261
12.00			0	I&R SERVICES-SALARY & FRINGES	22	21,635
13.00			0	I&R SERVICES-OTHER PRGM COSTS	23	1,321
14.00			0	PARAMED ED CLINIC LAB	24.01	12,741
15.00			0	PARAMED RADIOLOGY-METHODIST	24.02	3,630
16.00			0	PARAMED RESPIRATORY THERAPY	24.03	2,331
17.00			0	PARAMED EMERGENCY METHODIST	24.05	4,337
18.00			0	PARAMED PASTORAL ED	24.06	5,558
19.00			0	MEDICAL ASSISTING PROGRAM	24.14	1,488
20.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	1,388
21.00			0	ADULTS & PEDIATRICS	25	1,116,496
22.00			0	INTENSIVE CARE UNIT	26	147,892
23.00			0	CORONARY CARE UNIT	27	111,522
24.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	49,693
25.00			0	BURN INTENSIVE CARE UNIT	28	11,025
26.00			0	UH SURG 6IC	29.02	47,874
27.00			0	UH NS 3IC	29.03	22,439
28.00			0	RH PED IC	29.04	91,684
29.00			0	PEDIATRIC CANCER CENTER	29.07	10,779
30.00			0	SUBPROVIDER	31	36,620
31.00			0	NURSERY	33	25,704
32.00			0	OPERATING ROOM	37	269,713
33.00			0	ENDOSCOPY	37.01	7,801
34.00			0	RECOVERY ROOM	38	66,550
35.00			0	DELIVERY ROOM & LABOR ROOM	39	64,929
36.00			0	ANESTHESIOLOGY	40	24,288
37.00			0	PULMONARY FUNCTION TESTING	40.01	26,808
38.00			0	RADIOLOGY-DIAGNOSTIC	41	237,303
39.00			0	RADIOLOGY-THERAPEUTIC	42	41,554
40.00			0	RADIOISOTOPE	43	11,378
41.00			0	LABORATORY	44	235,445
42.00			0	TRANSPLANT IMMUNOLOGY	44.01	9,691
43.00			0	BONE MARROW TRANSPLANT LAB	44.02	9,955
44.00			0	BLOOD STORING, PROCESSING & TR	47	32,457
45.00			0	RESPIRATORY THERAPY	49	173,426
46.00			0	PHYSICAL THERAPY	50	54,362
51.00			0	OCCUPATIONAL THERAPY	51	21,607
52.00			0	SPEECH PATHOLOGY	52	24,118
53.00			0	ELECTROCARDIOLOGY	53	28,989
54.00			0	ELECTROENCEPHALOGRAPHY	54	17,801
55.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	2,374
56.00			0	RENAL DIALYSIS	57	68,196
57.00			0	RH NBN ECMO IC	59	4,808
58.00			0	CARDIOLOGY	59.01	18,675
59.00			0	PSYCH OTHER ANCILLARY	59.02	691

RECLASS CODE: J
EXPLANATION : PTO

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
60.00			0	CARDIAC CATHERIZATION	59.03	32,167
61.00			0	DAY SURGERY	59.04	38,882
62.00			0	ONCOLOGY	59.05	5,482
63.00			0	AMB SVC-OB & GYN	60.01	8,624
64.00			0	MEDICINE/DIAGNOSTIC	60.02	30,853
65.00			0	AMB SVC-OPTHALMOLOGY	60.03	2,632
66.00			0	AMB SVC-PSYCH ADULT	60.04	3,866
67.00			0	OUTPATIENT SURGERY	60.06	8,509
68.00			0	AMB SVC-RILEY CLINICS	60.07	37,649
69.00			0	MOTILITY LAB	60.09	1,096
70.00			0	AMB SVC-PSYCH CHILD	60.10	2,554
71.00			0	GERIATRICS CLINIC	60.14	5,546
72.00			0	O/P CLINIC-ADULT	60.16	2,851
73.00			0	NEUROLOGY UH	60.19	7,191
74.00			0	ORTHOPEDICS UH	60.20	2,335
75.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	3,854
76.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	2,718
77.00			0	IU CANCER PAVILLION	60.24	4,793
78.00			0	CARDIO CLINIC	60.25	1,838
79.00			0	EMERGENCY	61	159,556
80.00			0	HOME PROGRAM DIALYSIS	64	377
81.00			0	AMBULANCE SERVICES	65	56,135
82.00			0	LUNG ACQUISITION	82	5,847
83.00			0	KIDNEY ACQUISITION	83	33,915
84.00			0	LIVER ACQUISITION	84	9,040
85.00			0	HEART ACQUISITION	85	4,508
86.00			0	INTESTINE ACQUISITION	85.02	2,123
87.00			0	OTHER ORGAN ACQUISITION	86	1,904
88.00			0	HOSPICE	93	716
89.00			0	RESEARCH	97	76,240
90.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	113,637
91.00			0	ORGAN PROC ORG	98.03	2,479
92.00			0	OTHER NONREIMBURSABLE-IUMC	98.04	1,222
93.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	2,956
94.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	3,307
95.00			0	ARTHRITIS CLINIC - NR	98.15	39,136
96.00			0	CARDIO PHYSICIANS	98.16	6,816
TOTAL RECLASSIFICATIONS FOR CODE J			4,516,023			4,516,023

RECLASS CODE: K
EXPLANATION : PHARMACY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OUTPATIENT RETAIL PHARMACY	56.03	19,705,155	OTHER NONREIMBURSABLE-METHODIS	98.01	19,705,155
TOTAL RECLASSIFICATIONS FOR CODE K			19,705,155			19,705,155

RECLASS CODE: L
EXPLANATION : SLEEP LAB

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SLEEP DISORDER CENTER	60.15	1,848,692	HOME HEALTH AGENCY	71	1,848,692
2.00	EMPLOYEE BENEFITS	5	38,841	HOME HEALTH AGENCY	71	38,841
TOTAL RECLASSIFICATIONS FOR CODE L			1,887,533			1,887,533

RECLASS CODE: M
EXPLANATION : ORGAN

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	73,015	KIDNEY ACQUISITION	83	1,363,331
2.00	LIVER ACQUISITION	84	704,453			0
3.00	HEART ACQUISITION	85	75,326			0
4.00	PANCREAS ACQUISITION	85.01	357,134			0
5.00	INTESTINE ACQUISITION	85.02	153,403			0
TOTAL RECLASSIFICATIONS FOR CODE M			1,363,331			1,363,331

RECLASS CODE: N
EXPLANATION : PRE/POST TRANSPLANT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	POST TRANSPLANT EXPENSES	86.01	3,752,773	LUNG ACQUISITION	82	463,999

RECLASS CODE: N
EXPLANATION : PRE/POST TRANSPLANT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00			0	KIDNEY ACQUISITION	83	1,287,888
3.00			0	LIVER ACQUISITION	84	1,239,694
4.00			0	HEART ACQUISITION	85	354,562
5.00			0	PANCREAS ACQUISITION	85.01	166,718
6.00			0	INTESTINE ACQUISITION	85.02	239,912
TOTAL RECLASSIFICATIONS FOR CODE N			3,752,773			3,752,773

RECLASS CODE: O
EXPLANATION : PRESERVATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	500,220	ORGAN PROC ORG	98.03	500,220
TOTAL RECLASSIFICATIONS FOR CODE O			500,220			500,220

RECLASS CODE: P
EXPLANATION : ACQUISTION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LIVER ACQUISITION	84	8,426	LUNG ACQUISITION	82	29,991
2.00	HEART ACQUISITION	85	57,703	KIDNEY ACQUISITION	83	28,174
3.00			0	PANCREAS ACQUISITION	85.01	7,964
TOTAL RECLASSIFICATIONS FOR CODE P			66,129			66,129

RECLASS CODE: Q
EXPLANATION : TRANSPLANT INSTITUTE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	2,819,622	KIDNEY ACQUISITION	83	2,819,622
TOTAL RECLASSIFICATIONS FOR CODE Q			2,819,622			2,819,622

RECLASS CODE: R
EXPLANATION : ADVERTISING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONALLOWABLE FQHC	98.13	1,798,948	OTHER ADMINISTRATIVE AND GENER	6.06	100,764
2.00			0	DIETARY	11	255
3.00			0	NURSING ADMINISTRATION	14	846
4.00			0	I&R SERVICES-SALARY & FRINGES	22	113
5.00			0	ADULTS & PEDIATRICS	25	7,475
6.00			0	SUBPROVIDER	31	2,523
7.00			0	RADIOLOGY-DIAGNOSTIC	41	6,143
8.00			0	LABORATORY	44	433
9.00			0	ELECTROCARDIOLOGY	53	15
10.00			0	OUTPATIENT RETAIL PHARMACY	56.03	19,582
11.00			0	CARDIAC CATHERIZATION	59.03	41,824
12.00			0	AMB SVC-PSYCH ADULT	60.04	923
13.00			0	AMB SVC-RILEY CLINICS	60.07	111
14.00			0	GERIATRICS CLINIC	60.14	2,710
15.00			0	EMERGENCY	61	8,980
16.00			0	AMBULANCE SERVICES	65	36,108
17.00			0	KIDNEY ACQUISITION	83	4,575
18.00			0	HEART ACQUISITION	85	355
19.00			0	OTHER ORGAN ACQUISITION	86	7,670
20.00			0	RESEARCH	97	5,859
21.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	1,545,632
22.00			0	ARTHRITIS CLINIC - NR	98.15	6,052
TOTAL RECLASSIFICATIONS FOR CODE R			1,798,948			1,798,948

RECLASS CODE: S
EXPLANATION : HOSPICE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	2,097,371	HOME HEALTH AGENCY	71	2,097,371
2.00	HOSPICE	93	1,960,933	HOME HEALTH AGENCY	71	1,960,933
3.00	EMPLOYEE BENEFITS	5	53,184	HOME HEALTH AGENCY	71	53,184
TOTAL RECLASSIFICATIONS FOR CODE S			4,111,488			4,111,488

RECLASS CODE: T
EXPLANATION : PARAMED ED

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIATION THERAPY ED-IUMC	24.12	290,083	RADIOLOGY-THERAPEUTIC	42	290,083
2.00	NUCLEAR MED ED-IUMC	24.13	22,722	RADIOISOTOPE	43	22,722
3.00	PARAMED NEUROPHYSIOLOGY	24.11	29,061	ELECTROENCEPHALOGRAPHY	54	29,061
4.00	PARAMED PHARMACY	24.10	636,397	PHARMACY	16	631,646
5.00			0	EMERGENCY	61	4,751
TOTAL RECLASSIFICATIONS FOR CODE T			978,263			978,263

RECLASS CODE: U
EXPLANATION : PARAMED RT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED RESPIRATORY THERAPY	24.03	104,289	OTHER NONREIMBURSABLE-METHODIS	98.01	104,289
TOTAL RECLASSIFICATIONS FOR CODE U			104,289			104,289

RECLASS CODE: V
EXPLANATION : PARAMED PHARMACY TECH

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM	24.17	201,142	OTHER NONREIMBURSABLE-METHODIS	98.01	201,142
TOTAL RECLASSIFICATIONS FOR CODE V			201,142			201,142

RECLASS CODE: W
EXPLANATION : PARAMED CS TECH

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM	24.18	39,535	NURSING ADMINISTRATION	14	39,535
TOTAL RECLASSIFICATIONS FOR CODE W			39,535			39,535

RECLASS CODE: X
EXPLANATION : PARAMED PROGRAM

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED CLINIC LAB	24.01	146,881	EMPLOYEE BENEFITS	5	146,881
TOTAL RECLASSIFICATIONS FOR CODE X			146,881			146,881

RECLASS CODE: Y
EXPLANATION : NON PARAMED A & G

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	11,697	PARAMED ED PRGM	24	11,697
TOTAL RECLASSIFICATIONS FOR CODE Y			11,697			11,697

RECLASS CODE: Z
EXPLANATION : NON PARAMED PHARMACY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHARMACY	16	148,504	PARAMED ED CLINIC LAB	24.01	148,504
TOTAL RECLASSIFICATIONS FOR CODE Z			148,504			148,504

RECLASS CODE: AA
EXPLANATION : NON PARAMED NURSING ADMIN

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	898,793	PARAMED ED CLINIC LAB	24.01	898,793
TOTAL RECLASSIFICATIONS FOR CODE AA			898,793			898,793

RECLASS CODE: AB
EXPLANATION : NON PARAMED PHARMACY II

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	29	PARAMED ED CLINIC LAB	24.01	29
TOTAL RECLASSIFICATIONS FOR CODE AB			29			29

RECLASS CODE: AC
EXPLANATION : PARAMED CLINICAL LAB

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED PHYSICAL THERAPY	24.07	315,385	PARAMED ED CLINIC LAB	24.01	315,385
TOTAL RECLASSIFICATIONS FOR CODE AC			315,385			315,385

RECLASS CODE: AD
EXPLANATION : INTERN RESIDENT

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	6,235,100	I&R SERVICES-SALARY & FRINGES	22	6,235,100
TOTAL RECLASSIFICATIONS FOR CODE AD			6,235,100			6,235,100

RECLASS CODE: AE
EXPLANATION : FQHC NON-ALLOWABLE

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONALLOWABLE FQHC	98.13	13,830,227	FEDERALLY QUALIFIED HEALTH CTR	63.60	13,830,227
TOTAL RECLASSIFICATIONS FOR CODE AE			13,830,227			13,830,227

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	128,292,934	776,066		776,066		129,069,000	
2	LAND IMPROVEMENTS	16,304,666				101,666	16,203,000	
3	BUILDINGS & FIXTURE	475,241,524	356,476		356,476		475,598,000	
4	BUILDING IMPROVEMEN	501,043,416	8,063,584		8,063,584		509,107,000	
5	FIXED EQUIPMENT	45,528,193	774,807		774,807		46,303,000	
6	MOVABLE EQUIPMENT	930,418,271	40,171,729		40,171,729		970,590,000	
7	SUBTOTAL	2,096,829,004	50,142,662		50,142,662	101,666	2,146,870,000	
8	RECONCILING ITEMS							
9	TOTAL	2,096,829,004	50,142,662		50,142,662	101,666	2,146,870,000	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	1000,908,000		1000,908,000	.248020				
3 01	NEW CAP REL COSTS-IN	1016,893,000		1016,893,000	.251980				
4	NEW CAP REL COSTS-MV	2017,801,000		2017,801,000	.500000				
5	TOTAL	4035,602,000		4035,602,000	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	39,450,564						39,450,564
3 01	NEW CAP REL COSTS-IN			29,072,052				29,072,052
4	NEW CAP REL COSTS-MV	67,840,863						67,840,863
5	TOTAL	107,291,427		29,072,052				136,363,479

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	9,649						9,649
3 01	NEW CAP REL COSTS-IN							
4	NEW CAP REL COSTS-MV							
5	TOTAL	9,649						9,649

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-0056 | I PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-31,525,843			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	141,593,009			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	IU REVENUE SHARE	A	-245,483,194	OTHER ADMINISTRATIVE AND	6.06	
38	GARAGE DIRECT EXPENSE	A	-842,193	OPERATION OF PLANT	8	
39	GARAGE DIRECT EXPENSE	A	-9,649	NEW CAP REL COSTS-BLDG &	3	9
40	GARAGE DEPRECIATION EXPENSE	A	-429,251	NEW CAP REL COSTS-BLDG &	3	9
41	PHARMACY RESEARCH	A	-397,314	PHARMACY	16	
42	MISC REV-OTHER ADMIN & GEN'L	B	-1,624,875	OTHER ADMINISTRATIVE AND	6.06	
43	LAUNDRY & LINEN	B	-4,761	LAUNDRY & LINEN SERVICE	9	
44	MISC REV-DIETARY	B	-291,799	DIETARY	11	
45	MISC REV-NURSING ADMIN	B	1,824	NURSING ADMINISTRATION	14	
46	MISC REV-CSS	B	-18,645	CENTRAL SERVICES & SUPPLY	15	
47	MISC REV-SOCIAL SERVICE	B	-21,500	SOCIAL SERVICE	18	
48	MISC REV-INTERN & RESIDENT	B	-631,581	I&R SERVICES-SALARY & FRI	22	
49	MISC REV-PARAMED-CLINICAL LAB	B	-76,007	PARAMED ED CLINIC LAB	24.01	
49.01	MISC REV-MED IMAGE & THERAPY	B	-180,764	PARAMED RADIOLOGY-METHODI	24.02	
49.02	MISC REV-CARDIOPULMONARY SCIENCE	B	-312,164	PARAMED RESPIRATORY THERA	24.03	
49.03	MISC REV-PASTORAL ED	B	-81	PARAMED PASTORAL ED	24.06	
49.04	MISC REV-MEDICAL ASSISTING PROGRAM	B	-35,646	MEDICAL ASSISTING PROGRAM	24.14	
49.05	MISC REV-SURGICAL TECH PROGRAM	B	-57,282	SURGICAL TECHNOLOGY PROGR	24.15	
49.06	MISC REV-ADULTS & PEDS	B	-572,976	ADULTS & PEDIATRICS	25	
49.07	MISC REV	B	-15	SUBPROVIDER	31	
49.08	MISC REV-OPERATING ROOM	B	-11,310	OPERATING ROOM	37	
49.09	MISC REV-PULMONARY REHAB	B	-3,450	PULMONARY FUNCTION TESTIN	40.01	
49.10	MISC REV-RADIOLOGY-DIAG	B	-83,079	RADIOLOGY-DIAGNOSTIC	41	
49.11	MISC REV-RADIOLOGY-THERAPEUTIC	B	-494	RADIOISOTOPE	43	
49.12	MISC REV-LABORATORY	B	-4,698,947	LABORATORY	44	
49.13	MISC REV-BLOOD BANK	B	-76,407	BLOOD STORING, PROCESSING	47	
49.14	MISC REV-ELECTROENCEPHALOGRAPHY	B	-417	ELECTROENCEPHALOGRAPHY	54	
49.15	MISC REV-PEDS CARD	B	-73,560	CARDIOLOGY	59.01	
49.16	MISC REV-AMB SVC-OPTHALMOLOGY	B	-4,358	AMB SVC-OPTHALMOLOGY	60.03	
49.17	MISC REV	B	-17,391	AMB SVC-RILEY CLINICS	60.07	
49.18	MISC REV-LIFELINE	B	-2,000	KIDNEY ACQUISITION	83	
49.19	MISC REV-RESEARCH	B	-3,903	RESEARCH	97	
49.20	LEASED SPACE IUSOM	A	73,307	IU LEASED SPACE	8.01	
49.21	NON-ALLOWABLE INTEREST EXPENSE	A	-58,108	OTHER ADMINISTRATIVE AND	6.06	
49.22	PHYSICIAN BILLING	A	-4,444	NURSING ADMINISTRATION	14	
49.23	PHYSICIAN BILLING	A	-93	OPERATING ROOM	37	
49.24	PHYSICIAN BILLING	A	-41,271	GERIATRICS CLINIC	60.14	
49.25	MALPRACTICE INSURANCE FOR PHYSICIANS	A	-37,354	NURSING ADMINISTRATION	14	
49.26	MALPRACTICE INSURANCE FOR PHYSICIANS	A	-4,956	SUBPROVIDER	31	
49.27	MISC REV-INTERN & RESIDENTS	A	10,000,004	I&R SERVICES-OTHER PRGM C	23	
49.28	BAD DEBT	A	-102,657,919	OTHER ADMINISTRATIVE AND	6.06	
49.29	BAD DEBT	A	-29,533	RADIOLOGY-DIAGNOSTIC	41	
49.30	BAD DEBT-RETAIL PHARMACY	A	478,647	OUTPATIENT RETAIL PHARMAC	56.03	
49.31	BAD DEBT	A	-587	AMB SVC-RILEY CLINICS	60.07	
49.32	NON-ALLOW INT EXPENSE LATE CHARGE	A	-7	PURCHASING, RECEIVING, &	6.03	
49.33	NON-ALLOW INT EXPENSE LATE CHARGE	A	-4	OPERATING ROOM	37	
49.34	NON-ALLOW INT EXPENSE LATE CHARGE	A	-18,665	RADIOLOGY-DIAGNOSTIC	41	
49.35	NON-ALLOW INT EXPENSE LATE CHARGE	A	-32,315	LABORATORY	44	
49.36	NON-ALLOW INT EXPENSE LATE CHARGE	A	-24	RENAL DIALYSIS	57	

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
49.37	ACCRUED PTO SLEEP LAB	A	-38,841	EMPLOYEE BENEFITS	5	
49.38	ACCRUED PTO HOSPICE	A	-53,184	EMPLOYEE BENEFITS	5	
49.39	PTO EXPENSE	A	-4,516,023	EMPLOYEE BENEFITS	5	
49.40	IOPO PAYMENTS	A	152,222	ORGAN PROC ORG	98.03	
49.41	BENEFITS	A	-1,161,174	EMPLOYEE BENEFITS	5	
49.42	FQHC OTHER INCOME	B	-120,092	FEDERALLY QUALIFIED HEALT	63.60	
49.43	TELEPHONE	A	-2,941,133	NONPATIENT TELEPHONES	6.01	
49.44	CN SLEEP LAB	A	-170,562	HOME HEALTH AGENCY	71	
49.45	RESEARCH PRO FEES	A	-6,495,235	RESEARCH	97	
49.46	PHYS PRIV OFC PRO FEES	A	-468,722	PHYSICIANS' PRIVATE OFFIC	98	
49.47	OTHER NRCC - METH PRO FEES	A	-9,291,139	OTHER NONREIMBURSABLE-MET	98.01	
49.48	OTHER NRCC - IU PRO FEES	A	-1,914,355	OTHER NONREIMBURSABLE-IUM	98.04	
49.49	SURGERY CENTER PRO FEES	A	-62,081	SURGERY CENTER	98.10	
49.50	RHI LAB PRO FEES	A	-1,881,466	ARTHRITIS CLINIC - NR	98.15	
49.51	ARTHRITIS CENTER PRO FEES	A	-128,659	CARDIO PHYSICIANS	98.16	
49.52						
49.53						
49.54						
49.55						
50	TOTAL (SUM OF LINES 1 THRU 49)		-267,319,789			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 3	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS - BLDG	38,644,659		38,644,659	9
2 3 1	NEW CAP REL COSTS-INTERES	NEW CAP REL COSTS - INTER	29,072,052		29,072,052	11
3 4	NEW CAP REL COSTS-MVBLE E	NEW CAP REL COSTS - MVBLE	39,008,586		39,008,586	9
4 5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	26,443,460		26,443,460	
4.01 6 1	NONPATIENT TELEPHONES	NONTELEPHONES	3,169,317		3,169,317	
4.02 6 2	DATA PROCESSING	DATA PROCESSING	55,088,039		55,088,039	
4.03 6 3	PURCHASING, RECEIVING, &	PURCHASING RECEIVING AND	5,431,399		5,431,399	
4.04 6 4	ADMITTING	ADMITTING	10,674,109		10,674,109	
4.05 6 5	CASHIERING	CASHIERING/ACCOUNTS RECEI	29,491,478		29,491,478	
4.06 6 6	OTHER ADMINISTRATIVE AND	OTHER ADMINISTRATIVE AND	60,902,163	242,277,258	-181,375,095	
4.07 7	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	17,093,510		17,093,510	
4.08 8	OPERATION OF PLANT	OPERATION OF PLANT	43,786,851		43,786,851	
4.09 10 1	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - UNIVERSITY				
4.10 10 2	HOUSEKEEPING - RILEY	HOUSEKEEPING - RILEY				
4.11 10 3	HOUSEKEEPING - METHODIST	HOUSEKEEPING - METHODIST	14,127,859		14,127,859	
4.12 12	CAFETERIA	CAFETERIA	2,330,541		2,330,541	
4.13 14	NURSING ADMINISTRATION	NURSING ADMINISTRATION	5,018,312		5,018,312	
4.14 15	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES & SUPPLY	5,255,208		5,255,208	
4.15 17	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	11,343,904		11,343,904	
4.16 25	ADULTS & PEDIATRICS	ADULTS & PEDS	1,880		1,880	
4.17 37	OPERATING ROOM	OPERATING ROOM	15,420		15,420	
4.18 38	RECOVERY ROOM	RECOVERY ROOM	1,789		1,789	
4.19 39	DELIVERY ROOM & LABOR ROO	LABOR & DELIVERY	-2,706		-2,706	
4.20 40	ANESTHESIOLOGY	ANESTHESIOLOGY	449		449	
4.21 41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY - DIAGNOSTIC	98,761		98,761	
4.22 42	RADIOLOGY-THERAPEUTIC	RADIATION THERAPY	21,046		21,046	
4.23 43	RADIOISOTOPE	NUCLEAR MEDICINE	532		532	
4.24 44	LABORATORY	LABORATORY	18,421		18,421	
4.25 49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	113		113	
4.26 50	PHYSICAL THERAPY	PHYSICAL THERAPY	529		529	
4.27 53	ELECTROCARDIOLOGY	EKG	1,732		1,732	
4.28 16	PHARMACY	DRUGS CHARGED	1,738		1,738	
4.29 59 3	CARDIAC CATHERIZATION	CARDIAC CATHETERIZATION	6,883		6,883	
4.30 61	EMERGENCY	EMERGENCY	16,131		16,131	
4.31 6 6	OTHER ADMINISTRATIVE AND	OTHER A & G - PHYS FEES		1,061,861	-1,061,861	
4.32 22	I&R SERVICES-SALARY & FRI	I&R - PHYS FEES		402,181	-402,181	
4.33 31	SUBPROVIDER	SUBPROVIDER - PHYS FEES		886,500	-886,500	
4.34 61	EMERGENCY	EMERGENCY RM - PHYS FEES		1,238,900	-1,238,900	
4.35 98 1	OTHER NONREIMBURSABLE-MET	OTHER NR - MH - PHYS FEES		12,000	-12,000	
4.36 6 6	OTHER ADMINISTRATIVE AND	OTHER A&G - TELEVEX MMG	375	375		
4.37 11	DIETARY	DIETARY - TELOVEX MMG	375	375		
4.38 98 15	ARTHRITIS CLINIC - NR	ARTH. CTR. - TELOVEX MMS	3,375	3,375		
4.39 41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY - SHARED EMPL	405,762	405,762		
4.40 98 1	OTHER NONREIMBURSABLE-MET	OTHER NR MH - SHARED EMP	267,600	267,600		
4.41 98 16	CARDIO PHYSICIANS	CV PHYS - SHARED EMPL.	28,031	28,031		
4.42 56 3	OUTPATIENT RETAIL PHARMAC	OP PHARMACY - LEASE		140,042	-140,042	
4.43 59 3	CARDIAC CATHERIZATION	CARDIAC CATH - WELLCARE		3,484	-3,484	
4.44 53	ELECTROCARDIOLOGY	EKG - PHYS. INTERP. FEES		118,018	-118,018	
4.45 98	PHYSICIANS' PRIVATE OFFIC	PHYS. OFFICES - CTI FEES	707,746	2,707,746	-2,000,000	
4.46 25	ADULTS & PEDIATRICS	ADULTS & PEDS		985	-985	
4.47 37	OPERATING ROOM	OPERATING ROOM		23,595	-23,595	
4.48 38	RECOVERY ROOM	RECOVERY ROOM		16,133	-16,133	
4.49 41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY		26,627	-26,627	
4.50 42	RADIOLOGY-THERAPEUTIC	RADIATION THERAPEUTIC		19,939	-19,939	
4.51 44	LABORATORY	LABORATORY		5,013,535	-5,013,535	
4.52 49	RESPIRATORY THERAPY	RESPIRATORY THERAPY		4,019	-4,019	
4.53 50	PHYSICAL THERAPY	PHYSICAL THERAPY		1,845	-1,845	
4.54 53	ELECTROCARDIOLOGY	EKG		1,460	-1,460	
4.55 16	PHARMACY	DRUGS CHARGED		2,496	-2,496	
4.56 59 3	CARDIAC CATHERIZATION	CARDIAC CATH		173,709	-173,709	
4.57 61	EMERGENCY	EMERGENCY		11,263	-11,263	
4.58 6 6	OTHER ADMINISTRATIVE AND	OTHER A&G - DISEASE MGT.		849,456	-849,456	
4.59 59 2	PSYCH OTHER ANCILLARY	BEHAV. ACCESS - IPA CTR.		1,185,850	-1,185,850	
5	TOTALS		398,477,429	256,884,420	141,593,009	

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

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

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

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	B		0.00	CLARIAN HEALTH PARTNERS	100.00	HOME OFFICE
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 INTERELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN-ERATION	PROFES-SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	6	6 OTHER ADMINISTRATIVE AND	9,408,745	9,408,745					
2	11	DIETARY	56,250	56,250					
3	14	NURSING ADMINISTRATION	4,444	4,444					
4	16	PHARMACY	189,195	189,195					
5	22	I&R SERVICES-SALARY & FRI	2,655,168	2,655,168					
6	23	I&R SERVICES-OTHER PRGM C	162,875	162,875					
7	25	ADULTS & PEDIATRICS	2,241,354	2,241,354					
8	27	1 NEONATAL INTENSIVE CARE U	227,628	227,628					
9	28	BURN INTENSIVE CARE UNIT	8,750	8,750					
10	29	4 RH PED IC	389,926	389,926					
11	29	7 PEDIATRIC CANCER CENTER	35,000	35,000					
12	31	SUBPROVIDER	124,978	124,978					
13	33	NURSERY	26,250	26,250					
14	37	OPERATING ROOM	1,072,593	1,072,593					
15	40	ANESTHESIOLOGY	6,445,538	6,445,538					
16	41	RADIOLOGY-DIAGNOSTIC	97	97					
17	44	LABORATORY	2,084,572	2,084,572					
18	53	ELECTROCARDIOLOGY	729,927	729,927					
19	54	ELECTROENCEPHALOGRAPHY	33,283	33,283					
20	57	RENAL DIALYSIS	201,250	201,250					
21	59	3 CARDIAC CATHERIZATION	2,372,963	2,372,963					
22	60	2 MEDICINE/DIAGNOSTIC	2,046,868	2,046,868					
23	60	5 AMB SVC-DIABETES ADULT	11,667	11,667					
24	60	14 GERIATRICS CLINIC	369,492	369,492					
25	60	15 SLEEP DISORDER CENTER	38,875	38,875					
26	60	17 O/P CLINIC-PEDIATRIC	1,875	1,875					
27	61	EMERGENCY	185	185					
28	83	KIDNEY ACQUISITION	422,496	422,496					
29	84	LIVER ACQUISITION	163,599	163,599					
101		TOTAL	31,525,843	31,525,843					

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS-ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	6 6	OTHER ADMINISTRATIVE AND							9,408,745
2	11	DIETARY							56,250
3	14	NURSING ADMINISTRATION							4,444
4	16	PHARMACY							189,195
5	22	I&R SERVICES-SALARY & FRI							2,655,168
6	23	I&R SERVICES-OTHER PRGM C							162,875
7	25	ADULTS & PEDIATRICS							2,241,354
8	27 1	NEONATAL INTENSIVE CARE U							227,628
9	28	BURN INTENSIVE CARE UNIT							8,750
10	29 4	RH PED IC							389,926
11	29 7	PEDIATRIC CANCER CENTER							35,000
12	31	SUBPROVIDER							124,978
13	33	NURSERY							26,250
14	37	OPERATING ROOM							1,072,593
15	40	ANESTHESIOLOGY							6,445,538
16	41	RADIOLOGY-DIAGNOSTIC							97
17	44	LABORATORY							2,084,572
18	53	ELECTROCARDIOLOGY							729,927
19	54	ELECTROENCEPHALOGRAPHY							33,283
20	57	RENAL DIALYSIS							201,250
21	59 3	CARDIAC CATHERIZATION							2,372,963
22	60 2	MEDICINE/DIAGNOSTIC							2,046,868
23	60 5	AMB SVC-DIABETES ADULT							11,667
24	60 14	GERIATRICS CLINIC							369,492
25	60 15	SLEEP DISORDER CENTER							38,875
26	60 17	O/P CLINIC-PEDIATRIC							1,875
27	61	EMERGENCY							185
28	83	KIDNEY ACQUISITION							422,496
29	84	LIVER ACQUISITION							163,599
101		TOTAL							31,525,843

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-INTEREST	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	61	PHONE LINES	ENTERED
6.02	DATA PROCESSING	61	PHONE LINES	ENTERED
6.03	PURCHASING, RECEIVING, & STORES	63	COSTED REQ	ENTERED
6.04	ADMITTING	64	INPATIENT CHARGES	ENTERED
6.05	CASHIERING	65	TOTAL CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
7.03	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
8.01	IU LEASED SPACE	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	NOT ENTERED
10.01	HOUSEKEEPING - UNIVERSITY	71	UH SQUARE FEET	ENTERED
10.02	HOUSEKEEPING - RILEY	72	RILEY SQUAREFEET	ENTERED
10.03	HOUSEKEEPING - METHODIST	73	MH SQUARE FEET	ENTERED
11	DIETARY	11	MEALS SERVED	ENTERED
12	CAFETERIA	32	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	65	TOTAL CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
19	PATIENT TRANSPORTATION	65	TOTAL CHARGES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	40	ASSIGNED TIME	ENTERED
24.01	PARAMED ED CLINIC LAB	41	ASSIGNED TIME	ENTERED
24.02	PARAMED RADIOLOGY-METHODIST	42	ASSIGNED TIME	ENTERED
24.03	PARAMED RESPIRATORY THERAPY	43	ASSIGNED TIME	ENTERED
24.04	DIETARY INTERNSHIP PROG	11	MEALS SERVED	ENTERED
24.05	PARAMED EMERGENCY METHODIST	45	ASSIGNED TIME	ENTERED
24.06	PARAMED PASTORAL ED	17	TIME SPENT	ENTERED
24.07	PARAMED PHYSICAL THERAPY	47	ASSIGNED TIME	ENTERED
24.08	PARAMED OCCUP THERAPY	48	ASSIGNED TIME	ENTERED
24.09	PARAMED PERFUSION	49	ASSIGNED TIME	ENTERED
24.10	PARAMED PHARMACY	50	ASSIGNED TIME	ENTERED
24.11	PARAMED NEUROPHYSIOLOGY	51	ASSIGNED TIME	ENTERED
24.12	RADIATION THERAPY ED-IUMC	52	ASSIGNED TIME	ENTERED
24.13	NUCLEAR MED ED-IUMC	53	ASSIGNED TIME	ENTERED
24.14	MEDICAL ASSISTING PROGRAM	54	ASSIGNED TIME	ENTERED
24.15	SURGICAL TECHNOLOGY PROGRAM	55	ASSIGNED TIME	ENTERED
24.16	PARAMED SPEECH	56	ASSIGNED TIME	ENTERED
24.17	PARAMED ED PRGM	57	ASSIGNED TIME	ENTERED
24.18	PARAMED ED PRGM	58	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-INTERES	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS
		0	1	2	3	3.01	4	5
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	39,450,564			39,450,564			
003 01	NEW CAP REL COSTS-INTERES	29,072,052				29,072,052		
004	NEW CAP REL COSTS-MVBLE E	67,840,863					67,840,863	
005	EMPLOYEE BENEFITS	26,296,579			23,890	17,605		26,338,074
006 01	NONPATIENT TELEPHONES	3,169,317						13,326
006 02	DATA PROCESSING	55,088,039						662,239
006 03	PURCHASING, RECEIVING, &	5,710,374			1,831	1,349	46,949	175,231
006 04	ADMITTING	10,674,109						310,637
006 05	CASHIERING	29,491,478			15,949	11,753		504,994
006 06	OTHER ADMINISTRATIVE AND	87,513,850			818,322	603,041	940,808	1,906,432
007	MAINTENANCE & REPAIRS	17,093,582			1,560,054	1,149,640	1,884	182,138
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	47,044,039			16,046	11,825	58,137	413,067
008 01	IU LEASED SPACE	73,307						
009	LAUNDRY & LINEN SERVICE	3,819,518			387,221	285,352	75,552	24,158
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							131,439
010 02	HOUSEKEEPING - RILEY							75,470
010 03	HOUSEKEEPING - METHODIST	14,127,859						153,974
011	DIETARY	10,394,115			404,643	298,191	447,227	279,243
012	CAFETERIA	2,330,541						40,747
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	24,672,794			223,476	164,685	3,494,219	690,415
015	CENTRAL SERVICES & SUPPLY	15,098,499			365,378	269,256	448,867	165,358
016	PHARMACY	93,487,089			589,017	434,060	367,899	759,612
017	MEDICAL RECORDS & LIBRARY	11,829,185					55,896	218,845
018	SOCIAL SERVICE	5,286,829			84,868	62,541	127	128,258
019	PATIENT TRANSPORTATION	2,600,951			8,321	6,132	13,025	83,768
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	28,722,845			507,096	373,691		1,018,606
023	I&R SERVICES-OTHER PRGM C	16,550,381			19,502	14,372	64,291	75,522
024	PARAMED ED PRGM				10,856	8,000	72,928	
024 01	PARAMED ED CLINIC LAB	256,439			72,105	53,136	38,013	46,760
024 02	PARAMED RADIOLOGY-METHODI	272,152			1,939	1,429		14,402
024 03	PARAMED RESPIRATORY THERA	146,540			4,020	2,962		12,548
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	533,812			19,535	14,396		17,113
024 06	PARAMED PASTORAL ED	579,005			3,911	2,882		18,485
024 07	PARAMED PHYSICAL THERAPY	315,385						
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	636,397						21,494
024 11	PARAMED NEUROPHYSIOLOGY	29,061						1,112
024 12	RADIATION THERAPY ED-IUMC	290,083						11,099
024 13	NUCLEAR MED ED-IUMC	22,722						869
024 14	MEDICAL ASSISTING PROGRAM	159,635			21,485	15,833		5,911
024 15	SURGICAL TECHNOLOGY PROGR	131,504			2,004	1,477	14,375	6,024
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	201,142						
024 18	PARAMED ED PRGM	39,535						
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	167,313,392			6,250,402	4,606,065	4,532,747	5,067,351
026	INTENSIVE CARE UNIT	19,890,553			430,451	317,210	245,675	597,827
027	CORONARY CARE UNIT	15,227,074			460,225	339,151	116,912	444,816
027 01	NEONATAL INTENSIVE CARE U	6,057,454			86,829	63,986	457,322	191,913
028	BURN INTENSIVE CARE UNIT	1,698,152			46,600	34,341	191,154	53,932
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	6,724,068			484,668	357,163	407,355	186,019
029 03	UH NS 3IC	2,880,857			72,885	53,711	17,517	86,068
029 04	RH PED IC	11,631,803			315,571	232,552	93,614	345,076
029 07	PEDIATRIC CANCER CENTER	1,549,059			66,167	48,760	606	45,817
031	SUBPROVIDER	4,683,473			228,016	168,030	29,827	151,567
033	NURSERY	5,344,841			104,641	77,113	113,676	217,115
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	115,024,784			2,309,337	1,701,805	11,410,577	1,250,262
037 01	ENDOSCOPY	2,331,146			49,276	36,313	369,525	40,912
038	RECOVERY ROOM	9,509,349			349,614	257,638	128,321	294,754
039	DELIVERY ROOM & LABOR ROO	9,587,361			629,961	464,233	378,182	281,594
040	ANESTHESIOLOGY	10,498,889			24,541	18,085	1,615,048	98,990
040 01	PULMONARY FUNCTION TESTIN	3,434,804			220,659	162,609	409,297	100,124
041	RADIOLOGY-DIAGNOSTIC	48,379,460			1,910,761	1,408,085	19,059,299	951,564
042	RADIOLOGY-THERAPEUTIC	6,591,102			437,580	322,463	5,418,798	189,314
043	RADIOISOTOPE	3,518,717			200,247	147,566	1,726,441	41,885
044	LABORATORY	52,162,560			2,329,652	1,716,775	2,838,842	907,880
044 01	TRANSPLANT IMMUNOLOGY	3,512,365			83,102	61,240	51,420	35,315
044 02	BONE MARROW TRANSPLANT LA	2,276,290			121,988	89,896	152,804	37,619
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
		0	1	2	3	3.01	4	5
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING	20,150,315			130,081	95,860	79,484	128,541
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	27,723,889			234,668	172,933	1,102,947	789,450
050	PHYSICAL THERAPY	7,999,786			287,130	211,593	57,308	239,014
051	OCCUPATIONAL THERAPY	2,415,937			180,983	133,370	2,552	73,700
052	SPEECH PATHOLOGY	4,781,558			242,719	178,865	81,198	112,297
053	ELECTROCARDIOLOGY	3,977,705			90,448	66,653	389,755	113,240
054	ELECTROENCEPHALOGRAPHY	3,300,821			113,699	83,788	210,487	75,116
055	MEDICAL SUPPLIES CHARGED	471,007			34,899	25,718		9,075
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	20,024,178					17,747	107,060
057	RENAL DIALYSIS	15,451,448			416,236	306,734	463,188	299,039
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	960,515					137,537	27,781
059 01	CARDIOLOGY	15,426,338			119,290	87,908	1,592,457	76,833
059 02	PSYCH OTHER ANCILLARY	189,250			30,911	22,779	6,416	5,009
059 03	CARDIAC CATHERIZATION	11,391,819			357,501	263,451	2,464,385	131,029
059 04	DAY SURGERY	5,277,126			591,335	435,769	159,617	160,687
059 05	ONCOLOGY	721,906			40,890	30,133	28,989	14,655
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	1,504,080			174,590	128,660	331,821	45,576
060 02	MEDICINE/DIAGNOSTIC	4,558,737			487,106	358,960	15,937	120,928
060 03	AMB SVC-OPTHALMOLOGY	339,731			56,600	41,710	50,517	8,521
060 04	AMB SVC-PSYCH ADULT	704,663			215,903	159,104	118	21,393
060 05	AMB SVC-DIABETES ADULT	1,558			20,564	15,154		
060 06	OUTPATIENT SURGERY	1,870,576			96,710	71,268	375,608	61,618
060 07	AMB SVC-RILEY CLINICS	6,395,526			363,449	267,834	46,795	171,713
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	180,315			3,012	2,220	29,106	2,683
060 10	AMB SVC-PSYCH CHILD	337,416			19,557	14,412		10,050
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	281,099			50,175	36,975	15,180	17,454
060 15	SLEEP DISORDER CENTER	1,846,524			158,901	117,098		50,795
060 16	O/P CLINIC-ADULT	419,020			109,062	80,370	945	11,465
060 17	O/P CLINIC-PEDIATRIC	749,983			180,376	132,923	96,867	24,558
060 19	NEUROLOGY UH	905,575			75,572	55,691	95,312	29,928
060 20	ORTHOPEDICS UH	479,992			105,096	77,448	807	14,576
060 21	AMB SVC-UH PHYSICAL MEDIC	250,508			107,534	79,245		7,537
060 22	AMB SVC-DERMATOLOGY CLINI	412,869			66,384	48,920	697	10,599
060 24	IU CANCER PAVILLION	863,693			216,141	159,279	16,449	28,179
060 25	CARDIO CLINIC	250,091			47,304	34,860		7,850
061	EMERGENCY	24,922,437			785,547	578,888	805,485	710,926
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT	18,675,502						892,804
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	1,404,996			7,909	5,829	2,947	2,855
065	AMBULANCE SERVICES	14,879,582			964	711	750,282	233,249
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	33,724,404			5,201	3,832		551,148
082	LUNG ACQUISITION	1,649,546			19,437	14,324	7,213	10,859
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	7,453,975			45,386	33,446	76,533	64,999
084	LIVER ACQUISITION	6,694,787			7,812	5,757	33,881	32,668
085	HEART ACQUISITION	747,989			8,570	6,316	3,236	8,808
085 01	PANCREAS ACQUISITION	2,540,299			3,575	2,635	17,488	7,014
085 02	INTESTINE ACQUISITION	821,142			1,018	751	3,806	4,329
086	OTHER ORGAN ACQUISITION	203,648						6,333
086 01	POST TRANSPLANT EXPENSES	3,752,773			69,201	50,996	103,960	101,609
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	4,064,497			78,627	57,942		80,893
095	SUBTOTALS	1,445,030,855			28,832,715	21,247,510	65,580,213	25,503,453
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	139			150,830	111,150		1,426
097	RESEARCH	7,085,851			485,285	357,618	1,819,073	287,279
097 01	RESEARCH-GCRC	224,339			183,680	135,358	15,146	3,934
098	PHYSICIANS' PRIVATE OFFIC	819,622						2,526
098 01	OTHER NONREIMBURSABLE-MET	16,438,443			1,492,781	1,100,065	235,110	339,695
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	90,679			2,947	2,172		5,863
098 05	AOC-PRIVATE PHYSICIANS	490,456			3,928,851	2,895,263		5
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI	350,252					98,744	9,080

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
			0	1	2	3	3.01	4	5
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO	542,952			867	639	10,894	14,667
098	10	SURGERY CENTER	12,731						345
098	11	UNUSED SPACE				4,269,559	3,146,338		
098	12	RHI LAB	296,934						6,380
098	13	NONALLOWABLE FQHC	15,629,175						
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR	7,417,403					35,496	135,962
098	16	CARDIO PHYSICIANS	1,090,394			103,049	75,939	46,187	27,459
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	1,495,520,225			39,450,564	29,072,052	67,840,863	26,338,074

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE AND
		6.01	6.02	6.03	6.04	6.05	6a.05	6.06
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES	3,182,643						
006 02	DATA PROCESSING		55,750,278					
006 03	PURCHASING, RECEIVING, &	1,566	27,425	5,964,725				
006 04	ADMITTING				10,984,746			
006 05	CASHIERING					30,024,174		
006 06	OTHER ADMINISTRATIVE AND	142,474	2,495,708	7,310			94,427,945	94,427,945
007	MAINTENANCE & REPAIRS			2			19,987,300	1,347,064
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	5,010	87,761	15			47,635,900	3,210,469
008 01	IU LEASED SPACE						73,307	4,941
009	LAUNDRY & LINEN SERVICE	4,384	76,791	3,238			4,676,214	315,158
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY						131,439	8,858
010 02	HOUSEKEEPING - RILEY						75,470	5,086
010 03	HOUSEKEEPING - METHODIST						14,281,833	962,538
011	DIETARY	31,939	559,477	5,832			12,420,667	837,103
012	CAFETERIA						2,371,288	159,815
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	23,172	405,895	1,975			29,676,631	2,000,086
015	CENTRAL SERVICES & SUPPLY	15,970	279,739				16,643,067	1,121,676
016	PHARMACY	81,100	1,420,634	65,599			97,205,010	6,551,229
017	MEDICAL RECORDS & LIBRARY	2,192	38,396	73			12,144,587	818,497
018	SOCIAL SERVICE	22,858	400,410	214			5,986,105	403,440
019	PATIENT TRANSPORTATION	11,586	202,948	886			2,927,617	197,310
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	18,475	323,619	18			30,964,350	2,086,873
023	I&R SERVICES-OTHER PRGM C	78,282	1,371,268	4,855			18,178,473	1,225,156
024	PARAMED ED PRGM	1,566	27,425	21			120,796	8,141
024 01	PARAMED ED CLINIC LAB	11,273	197,463	1,079			676,268	45,578
024 02	PARAMED RADIOLOGY-METHODI	1,566	27,425	74			318,987	21,498
024 03	PARAMED RESPIRATORY THERA	1,253	21,940	173			189,436	12,767
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	1,879	32,910	111			619,756	41,769
024 06	PARAMED PASTORAL ED	3,131	54,851	41			662,306	44,637
024 07	PARAMED PHYSICAL THERAPY						315,385	21,256
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY						657,891	44,339
024 11	PARAMED NEUROPHYSIOLOGY						30,173	2,034
024 12	RADIATION THERAPY ED-IUMC						301,182	20,298
024 13	NUCLEAR MED ED-IUMC						23,591	1,590
024 14	MEDICAL ASSISTING PROGRAM	1,566	27,425				231,855	15,626
024 15	SURGICAL TECHNOLOGY PROGR	626	10,970	63			167,043	11,258
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM						201,142	13,556
024 18	PARAMED ED PRGM						39,535	2,665
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	590,870	10,350,336	394,855	1,995,018	3,484,869	204,585,905	13,788,204
026	INTENSIVE CARE UNIT	64,191	1,124,440	49,703	241,003	417,768	23,378,821	1,575,639
027	CORONARY CARE UNIT	52,919	926,977	51,942	163,556	283,518	18,067,090	1,217,650
027 01	NEONATAL INTENSIVE CARE U	13,151	230,373	12,189	100,879	174,870	7,388,966	497,987
028	BURN INTENSIVE CARE UNIT	8,141	142,612	1,460	22,167	38,425	2,236,984	150,764
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	62,626	1,097,015	33,131	69,518	120,507	9,542,070	643,097
029 03	UH NS 3IC	5,010	87,761	8,476	26,694	46,273	3,285,252	221,413
029 04	RH PED IC	29,121	510,112	34,523	126,520	219,316	13,538,208	912,421
029 07	PEDIATRIC CANCER CENTER	5,323	93,246	4,783	20,213	35,021	1,868,995	125,963
031	SUBPROVIDER	23,172	405,895	1,957	42,653	75,804	5,810,394	391,597
033	NURSERY	17,535	307,164	10,741	95,735	166,210	6,454,771	435,026
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	193,827	3,395,260	2,447,237	1,886,194	4,671,005	144,290,288	9,724,588
037 01	ENDOSCOPY	10,646	186,492	31,212	41,618	108,338	3,205,478	216,036
038	RECOVERY ROOM	54,171	948,918	16,672	99,928	344,500	12,003,865	809,012
039	DELIVERY ROOM & LABOR ROO	58,242	1,020,224	29,307	185,074	339,174	12,973,352	874,352
040	ANESTHESIOLOGY	12,212	213,918	201,957	103,973	233,203	13,020,816	877,551
040 01	PULMONARY FUNCTION TESTIN	18,788	329,104	11,022	10,313	140,400	4,837,120	326,003
041	RADIOLOGY-DIAGNOSTIC	220,443	3,861,491	429,858	930,962	3,887,775	81,039,698	5,461,751
042	RADIOLOGY-THERAPEUTIC	19,414	340,075	16,405	18,703	492,849	13,846,703	933,212
043	RADIOISOTOPE	14,717	257,798	60,610	25,530	162,462	6,155,973	414,888
044	LABORATORY	185,999	3,258,133	585,694	1,260,108	4,003,865	69,249,508	4,667,140
044 01	TRANSPLANT IMMUNOLOGY	2,192	38,396	34,442	11,575	120,484	3,950,531	266,250
044 02	BONE MARROW TRANSPLANT LA	8,768	153,582	35,208	9,490	53,969	2,939,614	198,118
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE AND
		6.01	6.02	6.03	6.04	6.05	6a.05	6.06
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING	14,091	246,828	22,181	230,297	468,749	21,566,427	1,453,491
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	33,192	581,418	126,278	663,199	1,198,545	32,626,519	2,198,897
050	PHYSICAL THERAPY	15,970	279,739	12,855	72,626	227,269	9,403,290	633,744
051	OCCUPATIONAL THERAPY	13,778	241,343	3,507	26,235	69,182	3,160,587	213,011
052	SPEECH PATHOLOGY	27,242	477,201	44,604	17,773	114,236	6,077,693	409,612
053	ELECTROCARDIOLOGY	22,232	389,440	4,835	165,911	393,813	5,614,032	378,363
054	ELECTROENCEPHALOGRAPHY	18,475	323,619	7,614	42,664	122,124	4,298,407	289,695
055	MEDICAL SUPPLIES CHARGED	2,505	43,881	171,779	50,824	102,405	912,093	61,471
056	DRUGS CHARGED TO PATIENTS				1,242,874	2,789,013	4,031,887	271,733
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	27,242	477,201			221,252	20,874,680	1,406,870
057	RENAL DIALYSIS	37,889	663,694	100,579	80,321	434,116	18,253,244	1,230,196
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	626	10,970	3,996	7,912	13,715	1,163,052	78,385
059 01	CARDIOLOGY	12,212	213,918	392,872	147,332	708,440	18,777,600	1,265,535
059 02	PSYCH OTHER ANCILLARY	9,081	159,067	464	1,345	7,238	431,560	29,085
059 03	CARDIAC CATHERIZATION	38,828	680,149	240,682	217,525	712,033	16,497,402	1,111,859
059 04	DAY SURGERY	35,070	614,328	11,375	4,707	45,202	7,335,216	494,364
059 05	ONCOLOGY	5,010	87,761	59		590	929,993	62,678
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	23,485	411,380	4,529	4,578	56,074	2,684,773	180,943
060 02	MEDICINE/DIAGNOSTIC	47,282	828,246	7,776	689	78,553	6,504,214	438,358
060 03	AMB SVC-OPTHALMOLOGY	4,697	82,276	381	49	12,123	596,605	40,209
060 04	AMB SVC-PSYCH ADULT	11,273	197,463	2,120	19	15,177	1,327,233	89,450
060 05	AMB SVC-DIABETES ADULT	313	5,485				43,074	2,903
060 06	OUTPATIENT SURGERY	12,525	219,403	1,933	15,753	75,715	2,801,109	188,784
060 07	AMB SVC-RILEY CLINICS	73,898	1,294,477	13,931	1,362	71,094	8,700,079	586,351
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	313	5,485	2,816	211	4,698	230,859	15,559
060 10	AMB SVC-PSYCH CHILD	5,949	104,216	124	3	2,276	494,003	33,294
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	5,010	87,761	175	4	846	494,679	33,339
060 15	SLEEP DISORDER CENTER	18,475	323,619		213	67,931	2,583,556	174,121
060 16	O/P CLINIC-ADULT	7,828	137,127	174	9	1,597	767,597	51,733
060 17	O/P CLINIC-PEDIATRIC	2,505	43,881	850	3	6,245	1,238,191	83,449
060 19	NEUROLOGY UH	10,333	181,007	463	13	5,837	1,359,731	91,640
060 20	ORTHOPEDICS UH	12,212	213,918	356	11	3,125	907,541	61,165
060 21	AMB SVC-UH PHYSICAL MEDIC	15,656	274,254	456	4	1,941	737,135	49,680
060 22	AMB SVC-DERMATOLOGY CLINI	1,879	32,910	1,943	5	6,560	582,766	39,276
060 24	IU CANCER PAVILLION	44,151	773,395	1,702	12	2,343	2,105,344	141,892
060 25	CARDIO CLINIC	5,949	104,216	403	30	1,978	452,681	30,509
061	EMERGENCY	137,777	2,413,432	100,658	265,928	1,424,663	32,145,741	2,166,494
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT					142,793	19,711,099	1,328,449
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	1,253	21,940	42,773	126	58,742	1,549,370	104,421
065	AMBULANCE SERVICES	20,040	351,045	6,051	163	264,962	16,507,049	1,112,509
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY			11			34,284,596	2,310,645
082	LUNG ACQUISITION	2,818	49,366	167	14,289	24,770	1,792,789	120,827
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	28,495	499,142	1,768	103,750	179,984	8,487,478	572,022
084	LIVER ACQUISITION	12,525	219,403	783	72,644	125,925	7,206,185	485,668
085	HEART ACQUISITION	1,253	21,940	75	9,067	15,717	822,971	55,465
085 01	PANCREAS ACQUISITION	6,576	115,187	404	26,506	45,946	2,765,630	186,392
085 02	INTESTINE ACQUISITION	1,566	27,425	88	10,336	17,917	888,378	59,873
086	OTHER ORGAN ACQUISITION			117			210,098	14,160
086 01	POST TRANSPLANT EXPENSES	38,515	674,664	2,402			4,794,120	323,105
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	16,283	285,224	51		60,115	4,643,632	312,962
095	SUBTOTALS	3,017,623	52,859,646	5,934,123	10,984,746	30,024,174	1,420,406,939	89,365,609
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	6,576	115,187				385,308	25,968
097	RESEARCH	52,606	921,492	16,647			11,025,851	743,098
097 01	RESEARCH-GCRC	5,323	93,246	2,002			663,028	44,685
098	PHYSICIANS' PRIVATE OFFIC	1,253	21,940				845,341	56,973
098 01	OTHER NONREIMBURSABLE-MET	77,343	1,354,813	8,828			21,047,078	1,418,489
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM						101,661	6,852
098 05	AOC-PRIVATE PHYSICIANS	626	10,970	5			7,326,176	493,755
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI			134			458,210	30,882

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE AND
			6.01	6.02	6.03	6.04	6.05	6a.05	6.06
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO	1,253	21,940				593,212	39,980
098	10	SURGERY CENTER	313	5,485	53			18,927	1,276
098	11	UNUSED SPACE						7,415,897	499,802
098	12	RHI LAB						303,314	20,442
098	13	NONALLOWABLE FQHC						15,629,175	1,053,344
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR	9,081	159,067	2,400			7,759,409	522,953
098	16	CARDIO PHYSICIANS	10,646	186,492	533			1,540,699	103,837
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	3,182,643	55,750,278	5,964,725	10,984,746	30,024,174	1,495,520,225	94,427,945

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	21,334,364						
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	9,245		50,855,614				
008 01	IU LEASED SPACE				78,248			
009	LAUNDRY & LINEN SERVICE	223,089		532,018		5,746,479		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							140,297
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY	233,127		555,955				1,608
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	128,751		307,043				486
015	CENTRAL SERVICES & SUPPLY	210,505		502,007		59,057		915
016	PHARMACY	339,350		809,273				2,442
017	MEDICAL RECORDS & LIBRARY				78,248			
018	SOCIAL SERVICE	48,895		116,604		1,487		
019	PATIENT TRANSPORTATION	4,794		11,433				84
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	292,153		696,718		338		89
023	I&R SERVICES-OTHER PRGM C	11,236		26,795		40,686		493
024	PARAMED ED PRGM	6,255		14,916				
024 01	PARAMED ED CLINIC LAB	41,542		99,068				
024 02	PARAMED RADIOLOGY-METHODI	1,117		2,665				
024 03	PARAMED RESPIRATORY THERA	2,316		5,523		1,998		
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	11,255		26,840				
024 06	PARAMED PASTORAL ED	2,253		5,374				
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM	12,378		29,519				
024 15	SURGICAL TECHNOLOGY PROGR	1,155		2,754				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,601,035		8,587,663		2,964,149		18,043
026	INTENSIVE CARE UNIT	247,995		591,413		186,813		
027	CORONARY CARE UNIT	265,149		632,321		214,648		1,762
027 01	NEONATAL INTENSIVE CARE U	50,025		119,298		138,048		
028	BURN INTENSIVE CARE UNIT	26,848		64,025		47,141		
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	279,231		665,904		83,601		5,393
029 03	UH NS 3IC	41,991		100,139		40,014		811
029 04	RH PED IC	181,810		433,575		151,840		
029 07	PEDIATRIC CANCER CENTER	38,121		90,910		33,889		
031	SUBPROVIDER	131,367		313,280		53,022		
033	NURSERY	60,287		143,771		58,189		1,164
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,330,476		3,172,887		202,120		11,242
037 01	ENDOSCOPY	28,389		67,702		23,909		
038	RECOVERY ROOM	201,423		480,348		103,912		957
039	DELIVERY ROOM & LABOR ROO	362,939		865,528		230,781		1,709
040	ANESTHESIOLOGY	14,139		33,717				18
040 01	PULMONARY FUNCTION TESTIN	127,128		303,172		24,623		362
041	RADIOLOGY-DIAGNOSTIC	1,100,845		2,625,269		183,551		9,491
042	RADIOLOGY-THERAPEUTIC	252,103		601,209		27,629		2,599
043	RADIOISOTOPE	115,368		275,127		16,322		925
044	LABORATORY	1,342,180		3,200,799		450		1,165
044 01	TRANSPLANT IMMUNOLOGY	47,877		114,177				
044 02	BONE MARROW TRANSPLANT LA	70,281		167,604				1,084
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING	74,944		178,724		7,690		166
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	135,199		322,420		2,016		459
050	PHYSICAL THERAPY	165,424		394,499		21,440		386
051	OCCUPATIONAL THERAPY	104,269		248,659				361
052	SPEECH PATHOLOGY	139,837		333,480		2,077		552
053	ELECTROCARDIOLOGY	52,110		124,270		8,598		34
054	ELECTROENCEPHALOGRAPHY	65,505		156,216		4,637		541
055	MEDICAL SUPPLIES CHARGED	20,106		47,948				
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							384
057	RENAL DIALYSIS	239,806		571,883		23,075		2,931
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	68,726		163,897				236
059 02	PSYCH OTHER ANCILLARY	17,809		42,470				
059 03	CARDIAC CATHERIZATION	205,967		491,185		39,318		379
059 04	DAY SURGERY	340,686		812,458		111,067		4,025
059 05	ONCOLOGY	23,558		56,180				
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	100,586		239,876		37,915		1,943
060 02	MEDICINE/DIAGNOSTIC	280,636		669,253		12,153		3,633
060 03	AMB SVC-OPTHALMOLOGY	32,609		77,765				630
060 04	AMB SVC-PSYCH ADULT	124,388		296,637				830
060 05	AMB SVC-DIABETES ADULT	11,848		28,254				229
060 06	OUTPATIENT SURGERY	55,718		132,874		3,991		848
060 07	AMB SVC-RILEY CLINICS	209,394		499,357		21,899		
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	1,735		4,138				
060 10	AMB SVC-PSYCH CHILD	11,267		26,870		1,549		
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	28,908		68,938				
060 15	SLEEP DISORDER CENTER	91,548		218,321				520
060 16	O/P CLINIC-ADULT	62,834		149,844				
060 17	O/P CLINIC-PEDIATRIC	103,920		247,825		6,019		
060 19	NEUROLOGY UH	43,539		103,831		5,799		841
060 20	ORTHOPEDICS UH	60,549		144,396				1,170
060 21	AMB SVC-UH PHYSICAL MEDIC	61,954		147,745				1,197
060 22	AMB SVC-DERMATOLOGY CLINI	38,246		91,208				739
060 24	IU CANCER PAVILLION	124,525		296,965				2,405
060 25	CARDIO CLINIC	27,253		64,993				
061	EMERGENCY	452,577		1,079,293		378,305		541
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	4,557		10,867				125
065	AMBULANCE SERVICES	556		1,325				
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	2,996		7,145				19
082	LUNG ACQUISITION	11,198		26,706				
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	26,148		62,358				123
084	LIVER ACQUISITION	4,501		10,733				87
085	HEART ACQUISITION	4,938		11,775				
085 01	PANCREAS ACQUISITION	2,060		4,912				40
085 02	INTESTINE ACQUISITION	587		1,399				11
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	39,869		95,078				211
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	45,299		108,029				
095	SUBTOTALS	15,217,112		36,267,342	78,248	5,575,765		89,438
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	86,897		207,231				419
097	RESEARCH	279,587		666,752		5,054		93
097 01	RESEARCH-GCRC	105,824		252,366		25,243		2,044
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET	860,035		2,050,989		140,417		729
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	1,698		4,049				
098 05	AOC-PRIVATE PHYSICIANS	2,263,526		5,398,000				13,809
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							

		COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
			7	7.03	8	8.01	9	10	10.01
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO	499		1,191				
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	2,459,817		5,866,111				33,765
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS	59,369		141,583				
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	21,334,364		50,855,614	78,248	5,746,479		140,297

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.02	10.03	11	12	13	14	15
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY	80,556						
010 03	HOUSEKEEPING - METHODIST		15,244,371					
011	DIETARY	342	229,994	14,278,796				
012	CAFETERIA				2,531,103			
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	403	130,311		85,060		32,328,771	
015	CENTRAL SERVICES & SUPPLY	857	209,547		33,510		3,949	18,785,090
016	PHARMACY	876	245,001		82,458		59,237	207,007
017	MEDICAL RECORDS & LIBRARY				42,099			231
018	SOCIAL SERVICE	360	54,178		19,796			674
019	PATIENT TRANSPORTATION		808		22,974		99	2,797
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	561			164,264		114,130	58
023	I&R SERVICES-OTHER PRGM C		424,470		13,169			15,322
024	PARAMED ED PRGM		10,795					65
024 01	PARAMED ED CLINIC LAB		71,695		5,792		2,962	3,406
024 02	PARAMED RADIOLOGY-METHODI		1,928		1,586			234
024 03	PARAMED RESPIRATORY THERA		3,997		1,260			545
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI		19,424		2,595			350
024 06	PARAMED PASTORAL ED		3,889		3,709			130
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				782			
024 11	PARAMED NEUROPHYSIOLOGY				146			
024 12	RADIATION THERAPY ED-IUMC				1,171			
024 13	NUCLEAR MED ED-IUMC				82			
024 14	MEDICAL ASSISTING PROGRAM		21,363		633			
024 15	SURGICAL TECHNOLOGY PROGR		1,993		633			198
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	16,190	3,166,369	11,761,806	608,875		14,726,702	1,246,025
026	INTENSIVE CARE UNIT		428,004	247,889	68,786		1,858,757	156,845
027	CORONARY CARE UNIT		300,160	964,854	47,929		1,324,440	163,912
027 01	NEONATAL INTENSIVE CARE U		86,335	76,012	21,556		585,656	38,466
028	BURN INTENSIVE CARE UNIT	551		60,040	5,814		141,873	4,607
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC			248,271	21,863		629,886	104,550
029 03	UH NS 3IC			86,799	8,324		215,820	26,746
029 04	RH PED IC	3,734		343,716	40,995		1,144,656	108,943
029 07	PEDIATRIC CANCER CENTER	783		47,359	6,143		132,592	15,093
031	SUBPROVIDER		226,719	307,107	18,860		297,172	6,177
033	NURSERY		75,746		19,736		537,477	33,895
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,132	944,476		166,521		2,392,384	7,722,906
037 01	ENDOSCOPY		48,996		4,931		93,496	98,494
038	RECOVERY ROOM	620	209,946		33,570		818,062	52,612
039	DELIVERY ROOM & LABOR ROO		473,692		33,418		796,342	92,484
040	ANESTHESIOLOGY	37	19,661		12,286		196,963	637,306
040 01	PULMONARY FUNCTION TESTIN	1,860	30,725		13,600		64,963	34,782
041	RADIOLOGY-DIAGNOSTIC	5,800	503,221		116,794		423,939	1,356,484
042	RADIOLOGY-THERAPEUTIC		202,879		17,840		75,428	51,768
043	RADIOISOTOPE	278	93,047		4,143		19,252	191,264
044	LABORATORY	2,189	455,152		132,295		1,382	1,848,248
044 01	TRANSPLANT IMMUNOLOGY	742	20,307		4,361			108,688
044 02	BONE MARROW TRANSPLANT LA	291			4,519		53,215	111,103
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		10.02	10.03	11	12	13	14	15
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING	28	49,438		16,036		13,230	69,995
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	673	135,838		93,117		21,819	398,489
050	PHYSICAL THERAPY	322	187,462		29,228			40,564
051	OCCUPATIONAL THERAPY	568	63,690		11,023		296	11,068
052	SPEECH PATHOLOGY	1,978	25,812		14,986		14,217	140,754
053	ELECTROCARDIOLOGY		86,863		17,147		45,119	15,259
054	ELECTROENCEPHALOGRAPHY	352	35,120		8,817			24,026
055	MEDICAL SUPPLIES CHARGED	413			1,266			542,076
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	174	37,566		12,463		388,792	11,860
057	RENAL DIALYSIS	725	87,736		37,444		533,626	317,391
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				1,940		60,520	12,609
059 01	CARDIOLOGY	1,160			9,817		76,514	1,239,769
059 02	PSYCH OTHER ANCILLARY		30,736		598		15,994	1,464
059 03	CARDIAC CATHERIZATION		321,576	79,684	14,074		168,628	759,508
059 04	DAY SURGERY	2,636	6,776		20,910		448,819	35,896
059 05	ONCOLOGY		40,658		2,086		14,612	186
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				6,684		77,600	14,293
060 02	MEDICINE/DIAGNOSTIC		159,722		22,499		209,699	24,537
060 03	AMB SVC-OPTHALMOLOGY				1,687		4,443	1,203
060 04	AMB SVC-PSYCH ADULT		140,470		3,361		18,561	6,690
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY		20,383		8,669		23,695	6,100
060 07	AMB SVC-RILEY CLINICS	4,300			28,357		294,803	43,961
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	36			459		14,217	8,885
060 10	AMB SVC-PSYCH CHILD	231			1,522		99	391
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		49,890		1,776		9,675	551
060 15	SLEEP DISORDER CENTER		111,555					
060 16	O/P CLINIC-ADULT		108,442		1,829		17,475	551
060 17	O/P CLINIC-PEDIATRIC		215,645		3,295		26,064	2,682
060 19	NEUROLOGY UH				5,146		66,247	1,462
060 20	ORTHOPEDICS UH				3,247		18,660	1,125
060 21	AMB SVC-UH PHYSICAL MEDIC				348			1,441
060 22	AMB SVC-DERMATOLOGY CLINI				2,503		24,386	6,131
060 24	IU CANCER PAVILLION				5,697		4,245	5,371
060 25	CARDIO CLINIC		47,035		1,307		9,873	1,271
061	EMERGENCY	2,381	483,345		91,161		2,080,205	317,641
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS				449		4,838	134,977
065	AMBULANCE SERVICES	11			27,085		323,829	19,094
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	42						35
082	LUNG ACQUISITION		19,327		750		395	526
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION		34,097		7,947		4,147	5,580
084	LIVER ACQUISITION				3,519		1,876	2,470
085	HEART ACQUISITION		8,522		335		197	236
085 01	PANCREAS ACQUISITION				1,817		987	1,275
085 02	INTESTINE ACQUISITION				396		197	277
086	OTHER ORGAN ACQUISITION				500		15,698	371
086 01	POST TRANSPLANT EXPENSES		49,966		10,795		5,628	7,580
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		78,180		9,979		3,949	161
095	SUBTOTALS	56,636	11,350,678	14,223,537	2,438,949		31,774,708	18,680,197
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	645	58,261					
097	RESEARCH		474,231		30,380		423,742	52,533
097 01	RESEARCH-GCRC			55,259				6,318
098	PHYSICIANS' PRIVATE OFFIC				225			
098 01	OTHER NONREIMBURSABLE-MET	61	1,403,560		38,393			27,859
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM		2,930		272		3,455	
098 05	AOC-PRIVATE PHYSICIANS	22,307	797,854					16
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI				930			422

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			10.02	10.03	11	12	13	14	15
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO				2,734			
098	10	SURGERY CENTER				73			167
098	11	UNUSED SPACE	907	1,012,519					
098	12	RHI LAB		41,875		1,133			8,322
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR				14,729		59,731	7,574
098	16	CARDIO PHYSICIANS		102,463		3,285		67,135	1,682
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	80,556	15,244,371	14,278,796	2,531,103		32,328,771	18,785,090

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	105,501,883						
017	MEDICAL RECORDS & LIBRARY		13,083,662					
018	SOCIAL SERVICE			6,631,539				
019	PATIENT TRANSPORTATION				3,167,916			
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	110,237						34,429,771
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	4,635						
024 02	PARAMED RADIOLOGY-METHODI	3						
024 03	PARAMED RESPIRATORY THERA	17						
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	1,366						
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	47,733	1,518,434	4,994,695	367,687			5,624,500
026	INTENSIVE CARE UNIT	3,157	182,031	383,382	44,079			1,434,598
027	CORONARY CARE UNIT	1,986	123,535	255,530	29,914			89,734
027 01	NEONATAL INTENSIVE CARE U	5,772	76,195	181,733	18,450			601,105
028	BURN INTENSIVE CARE UNIT	249	16,742	33,487	4,054			
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	298	52,508	108,300	12,715			407,831
029 03	UH NS 3IC		20,162	43,090	4,882			300,840
029 04	RH PED IC	1,897	95,561	174,411	23,140			28,761
029 07	PEDIATRIC CANCER CENTER	77	15,259	34,311	3,695			
031	SUBPROVIDER	187	33,029	133,391	7,998			238,716
033	NURSERY	1,796	72,421	155,971	17,537			
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	511,145	2,036,732	1,859	492,918			4,186,448
037 01	ENDOSCOPY	1,936	47,205		11,431			4,602
038	RECOVERY ROOM	776	150,106	16,274	36,348			
039	DELIVERY ROOM & LABOR ROO	1,403	147,785	99,713	35,786			682,210
040	ANESTHESIOLOGY	1,174,624	101,612		24,605			2,625,302
040 01	PULMONARY FUNCTION TESTIN	29,538	61,175		14,814			503,317
041	RADIOLOGY-DIAGNOSTIC	266,475	1,693,989		410,197			2,631,630
042	RADIOLOGY-THERAPEUTIC	21,574	214,745		52,000			304,866
043	RADIOISOTOPE	214,020	70,788		17,141			292,787
044	LABORATORY	30,287	1,744,572		422,446			1,417,916
044 01	TRANSPLANT IMMUNOLOGY		52,498		12,712			
044 02	BONE MARROW TRANSPLANT LA	9,476	23,515		5,694			
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING	14,932,810	204,244		49,457			
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	3,454	522,232		126,458			47,168
050	PHYSICAL THERAPY	1,074	99,026		23,979			262,875
051	OCCUPATIONAL THERAPY		30,144		7,299			
052	SPEECH PATHOLOGY	23,130	49,775		12,053			461,326
053	ELECTROCARDIOLOGY	718	171,593		41,551			207,654
054	ELECTROENCEPHALOGRAPHY	18	53,212		12,885			358,362
055	MEDICAL SUPPLIES CHARGED	255	44,620		10,805			
056	DRUGS CHARGED TO PATIENTS	64,471,288	1,215,234		294,268			
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	14,734,988	96,404		23,344			
057	RENAL DIALYSIS	2,965,898	189,154		45,803			343,406
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC		5,976		1,447			
059 01	CARDIOLOGY	611	308,683		74,747			813,936
059 02	PSYCH OTHER ANCILLARY	1,411	3,154		764			53,495
059 03	CARDIAC CATHERIZATION	46,120	310,249	1,054	75,126			253,097
059 04	DAY SURGERY	30	19,695	14,319	4,769			
059 05	ONCOLOGY	10	257		62			149,557
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	20,796	24,433		5,916			728,228
060 02	MEDICINE/DIAGNOSTIC	346,421	34,227		8,288			613,184
060 03	AMB SVC-OPTHALMOLOGY	48,117	5,282		1,279			461,901
060 04	AMB SVC-PSYCH ADULT	536	6,613		1,601			197,300
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY	4,720	32,991		7,989			
060 07	AMB SVC-RILEY CLINICS	543,570	30,977		7,501			287,610
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	2	2,047		496			
060 10	AMB SVC-PSYCH CHILD		992		240			264,601
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	547	369		89			141,504
060 15	SLEEP DISORDER CENTER		29,599		7,167			
060 16	O/P CLINIC-ADULT	2,450	696		168			824,865
060 17	O/P CLINIC-PEDIATRIC	4,455	2,721		659			1,783,181
060 19	NEUROLOGY UH		2,543		616			292,787
060 20	ORTHOPEDICS UH	52,637	1,362		330			529,777
060 21	AMB SVC-UH PHYSICAL MEDIC	32,998	846		205			
060 22	AMB SVC-DERMATOLOGY CLINI	15,973	2,858		692			104,115
060 24	IU CANCER PAVILLION		1,021		247			21,858
060 25	CARDIO CLINIC	1,287	862		209			79,956
061	EMERGENCY	13,564	620,757	19	150,316			1,837,827
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT		62,218		15,066			
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	91	25,595		6,198			
065	AMBULANCE SERVICES	45,321	115,450		27,956			
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	145						
082	LUNG ACQUISITION	478	10,793		2,613			
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	5,071	78,423		18,990			
084	LIVER ACQUISITION	2,245	54,868		13,286			
085	HEART ACQUISITION	214	6,848		1,658			
085 01	PANCREAS ACQUISITION	1,159	20,020		4,848			
085 02	INTESTINE ACQUISITION	252	7,807		1,890			
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	6,888						
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	317,606	26,193		6,343			
095	SUBTOTALS	101,090,022	13,083,662	6,631,539	3,167,916			32,494,733
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH	528						930,705
097 01	RESEARCH-GCRC	8,076						
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET	12,737						1,004,333
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							
098 05	AOC-PRIVATE PHYSICIANS							
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	NONREIMBURS COST CENTERS							
098 09	MHH NON-REIMBURSABLE LABO	12,697						
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB	305						
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTISING							
098 15	ARTHRITIS CLINIC - NR	4,316,016						
098 16	CARDIO PHYSICIANS	61,502						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	105,501,883	13,083,662	6,631,539	3,167,916			34,429,771

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	19,935,800						
024	PARAMED ED PRGM		160,968					
024 01	PARAMED ED CLINIC LAB			950,946				
024 02	PARAMED RADIOLOGY-METHODI			109,161	457,179			
024 03	PARAMED RESPIRATORY THERA			110,456		328,315		
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI			128,673				852,028
024 06	PARAMED PASTORAL ED			140,086				
024 07	PARAMED PHYSICAL THERAPY			76,828				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			152,159				
024 11	PARAMED NEUROPHYSIOLOGY			6,928				
024 12	RADIATION THERAPY ED-IUMC			69,160				
024 13	NUCLEAR MED ED-IUMC			5,417				
024 14	MEDICAL ASSISTING PROGRAM			47,067				
024 15	SURGICAL TECHNOLOGY PROGR			47,017				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			48,568				
024 18	PARAMED ED PRGM			9,426				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,256,741	160,968					
026	INTENSIVE CARE UNIT	830,672						
027	CORONARY CARE UNIT	51,959						
027 01	NEONATAL INTENSIVE CARE U	348,056						
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	236,145						
029 03	UH NS 3IC	174,195						
029 04	RH PED IC	16,653						
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER	138,223						
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,424,071						
037 01	ENDOSCOPY	2,665						
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	395,019						
040	ANESTHESIOLOGY	1,520,123						
040 01	PULMONARY FUNCTION TESTIN	291,435						
041	RADIOLOGY-DIAGNOSTIC	1,523,787			457,179			
042	RADIOLOGY-THERAPEUTIC	176,526						
043	RADIOISOTOPE	169,532						
044	LABORATORY	821,013						
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY	INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04		24.05
	ANCILLARY SRVC COST CNTRS								
047	BLOOD STORING, PROCESSING								
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY	27,312				328,315			
050	PHYSICAL THERAPY	152,212							
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY	267,121							
053	ELECTROCARDIOLOGY	120,238							
054	ELECTROENCEPHALOGRAPHY	207,502							
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS								
056 01	RENAL-RILEY								
056 02	RENAL-ADULT								
056 03	OUTPATIENT RETAIL PHARMAC								
057	RENAL DIALYSIS	198,842							
058	ASC (NON-DISTINCT PART)								
058 04	BMTU OUTPATIENT								
059	RH NBN ECMO IC								
059 01	CARDIOLOGY	471,292							
059 02	PSYCH OTHER ANCILLARY	30,975							
059 03	CARDIAC CATHERIZATION	146,550							
059 04	DAY SURGERY								
059 05	ONCOLOGY	86,598							
059 06	DAY SURGERY-RILEY								
059 07	CARDIOLOGY-RILEY								
	OUTPAT SERVICE COST CNTRS								
060	CLINIC								
060 01	AMB SVC-OB & GYN	421,664							
060 02	MEDICINE/DIAGNOSTIC	355,051							
060 03	AMB SVC-OPTHALMOLOGY	267,454							
060 04	AMB SVC-PSYCH ADULT	114,242							
060 05	AMB SVC-DIABETES ADULT								
060 06	OUTPATIENT SURGERY								
060 07	AMB SVC-RILEY CLINICS	166,534							
060 08	DENTAL CLINIC								
060 09	MOTILITY LAB								
060 10	AMB SVC-PSYCH CHILD	153,211							
060 13	ARTHRITIS CENTER								
060 14	GERIATRICS CLINIC	81,935							
060 15	SLEEP DISORDER CENTER								
060 16	O/P CLINIC-ADULT	477,620							
060 17	O/P CLINIC-PEDIATRIC	1,032,512							
060 19	NEUROLOGY UH	169,532							
060 20	ORTHOPEDICS UH	306,756							
060 21	AMB SVC-UH PHYSICAL MEDIC								
060 22	AMB SVC-DERMATOLOGY CLINI	60,285							
060 24	IU CANCER PAVILLION	12,657							
060 25	CARDIO CLINIC	46,296							
061	EMERGENCY	1,064,153							852,028
061 01	EMERGENCY-RILEY								
062	OBSERVATION BEDS (NON-DIS								
063	FAMILY PRACTICE								
063 60	FEDERALLY QUALIFIED HEALT								
	OTHER REIMBURS COST CNTRS								
064	HOME PROGRAM DIALYSIS								
065	AMBULANCE SERVICES								
066	DURABLE MEDICAL EQUIP-REN								
067	DURABLE MEDICAL EQUIP-SOL								
069	CORF								
070	I&R SERVICES-NOT APPRVD P								
071	HOME HEALTH AGENCY								
082	LUNG ACQUISITION								
	SPEC PURPOSE COST CENTERS								
083	KIDNEY ACQUISITION								
084	LIVER ACQUISITION								
085	HEART ACQUISITION								
085 01	PANCREAS ACQUISITION								
085 02	INTESTINE ACQUISITION								
086	OTHER ORGAN ACQUISITION								
086 01	POST TRANSPLANT EXPENSES								
092	AMBULATORY SURGICAL CENTE								
093	HOSPICE								
095	SUBTOTALS	18,815,359	160,968	950,946	457,179	328,315			852,028
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP								
097	RESEARCH	538,904							
097 01	RESEARCH-GCRC								
098	PHYSICIANS' PRIVATE OFFIC								
098 01	OTHER NONREIMBURSABLE-MET	581,537							
098 02	CAFETERIA-IUMC								
098 03	ORGAN PROC ORG								
098 04	OTHER NONREIMBURSABLE-IUM								
098 05	AOC-PRIVATE PHYSICIANS								
098 06	NONALLOWABLE ADVERTISING								
098 07	PHYSICIANS' PRIVATE OFFIC								
098 08	MHH NON-REIMBURSABLE RADI								

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
			23	24	24.01	24.02	24.03	24.04	24.05
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO							
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS							
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	19,935,800	160,968	950,946	457,179	328,315		852,028

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED	862,384						
024 07	PARAMED PHYSICAL THERAPY		413,469					
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY					855,171		
024 11	PARAMED NEUROPHYSIOLOGY						39,281	
024 12	RADIATION THERAPY ED-IUMC							391,811
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	649,523						
026	INTENSIVE CARE UNIT	49,856						
027	CORONARY CARE UNIT	33,230						
027 01	NEONATAL INTENSIVE CARE U	23,633						
028	BURN INTENSIVE CARE UNIT	4,355						
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	14,084						
029 03	UH NS 3IC	5,604						
029 04	RH PED IC	22,681						
029 07	PEDIATRIC CANCER CENTER	4,462						
031	SUBPROVIDER	17,347						
033	NURSERY	20,283						
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	242						
037 01	ENDOSCOPY							
038	RECOVERY ROOM	2,116						
039	DELIVERY ROOM & LABOR ROO	12,967						
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							391,811
043	RADIOISOTOPE							
044	LABORATORY		413,469					
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	PARAMEDICAL ED	PASTORAL THERAPY	PARAMEDICAL PHYSIOTHERAPY	PARAMEDICAL OCCUPATIONAL THERAPY	PARAMEDICAL PERFUSION	PARAMEDICAL PHARMACY	PARAMEDICAL NEUROPHYSIOLOGY	RADIATION THERAPY	THE ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12		
	ANCILLARY SRVC COST CNTRS									
047	BLOOD STORING, PROCESSING									
048	INTRAVENOUS THERAPY									
049	RESPIRATORY THERAPY									
050	PHYSICAL THERAPY									
051	OCCUPATIONAL THERAPY									
052	SPEECH PATHOLOGY									
053	ELECTROCARDIOLOGY									
054	ELECTROENCEPHALOGRAPHY							39,281		
055	MEDICAL SUPPLIES CHARGED									
056	DRUGS CHARGED TO PATIENTS					855,171				
056 01	RENAL-RILEY									
056 02	RENAL-ADULT									
056 03	OUTPATIENT RETAIL PHARMAC									
057	RENAL DIALYSIS									
058	ASC (NON-DISTINCT PART)									
058 04	BMTU OUTPATIENT									
059	RH NBN ECMO IC									
059 01	CARDIOLOGY									
059 02	PSYCH OTHER ANCILLARY									
059 03	CARDIAC CATHERIZATION		137							
059 04	DAY SURGERY		1,862							
059 05	ONCOLOGY									
059 06	DAY SURGERY-RILEY									
059 07	CARDIOLOGY-RILEY									
	OUTPAT SERVICE COST CNTRS									
060	CLINIC									
060 01	AMB SVC-OB & GYN									
060 02	MEDICINE/DIAGNOSTIC									
060 03	AMB SVC-OPTHALMOLOGY									
060 04	AMB SVC-PSYCH ADULT									
060 05	AMB SVC-DIABETES ADULT									
060 06	OUTPATIENT SURGERY									
060 07	AMB SVC-RILEY CLINICS									
060 08	DENTAL CLINIC									
060 09	MOTILITY LAB									
060 10	AMB SVC-PSYCH CHILD									
060 13	ARTHRITIS CENTER									
060 14	GERIATRICS CLINIC									
060 15	SLEEP DISORDER CENTER									
060 16	O/P CLINIC-ADULT									
060 17	O/P CLINIC-PEDIATRIC									
060 19	NEUROLOGY UH									
060 20	ORTHOPEDICS UH									
060 21	AMB SVC-UH PHYSICAL MEDIC									
060 22	AMB SVC-DERMATOLOGY CLINI									
060 24	IU CANCER PAVILLION									
060 25	CARDIO CLINIC									
061	EMERGENCY		2							
061 01	EMERGENCY-RILEY									
062	OBSERVATION BEDS (NON-DIS									
063	FAMILY PRACTICE									
063 60	FEDERALLY QUALIFIED HEALT									
	OTHER REIMBURS COST CNTRS									
064	HOME PROGRAM DIALYSIS									
065	AMBULANCE SERVICES									
066	DURABLE MEDICAL EQUIP-REN									
067	DURABLE MEDICAL EQUIP-SOL									
069	CORF									
070	I&R SERVICES-NOT APPRVD P									
071	HOME HEALTH AGENCY									
082	LUNG ACQUISITION									
	SPEC PURPOSE COST CENTERS									
083	KIDNEY ACQUISITION									
084	LIVER ACQUISITION									
085	HEART ACQUISITION									
085 01	PANCREAS ACQUISITION									
085 02	INTESTINE ACQUISITION									
086	OTHER ORGAN ACQUISITION									
086 01	POST TRANSPLANT EXPENSES									
092	AMBULATORY SURGICAL CENTE									
093	HOSPICE									
095	SUBTOTALS	862,384		413,469		855,171		39,281		391,811
	NONREIMBURS COST CENTERS									
096	GIFT, FLOWER, COFFEE SHOP									
097	RESEARCH									
097 01	RESEARCH-GCRC									
098	PHYSICIANS' PRIVATE OFFIC									
098 01	OTHER NONREIMBURSABLE-MET									
098 02	CAFETERIA-IUMC									
098 03	ORGAN PROC ORG									
098 04	OTHER NONREIMBURSABLE-IUM									
098 05	AOC-PRIVATE PHYSICIANS									
098 06	NONALLOWABLE ADVERTISING									
098 07	PHYSICIANS' PRIVATE OFFIC									
098 08	MHH NON-REIMBURSABLE RADI									

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	PARAMEDICAL EDUCATION	PASTORAL THERAPY	PARAMEDICAL THERAPY	OCCUPATIONAL THERAPY	PARAMEDICAL PERFUSION	PARAMEDICAL PHARMACY	PARAMEDICAL NEUROPHYSIOLOGY	RADIATION THERAPY	THE ED-IUMC
			24.06	24.07	24.08	24.09	24.10	24.11	24.12		
		NONREIMBURS COST CENTERS									
098	09	MHH NON-REIMBURSABLE LABO									
098	10	SURGERY CENTER									
098	11	UNUSED SPACE									
098	12	RHI LAB									
098	13	NONALLOWABLE FQHC									
098	14	NONALLOWABLE ADVERTISING									
098	15	ARTHRITIS CLINIC - NR									
098	16	CARDIO PHYSICIANS									
099		NONPAID WORKERS									
101		CROSS FOOT ADJUSTMENT									
102		NEGATIVE COST CENTER									
103		TOTAL	862,384	413,469			855,171	39,281	391,811		

	COST CENTER DESCRIPTION	NUCLEAR MED ED-IUMC	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMED SPEECH	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC	30,680						
024 14	MEDICAL ASSISTING PROGRAM		358,441					
024 15	SURGICAL TECHNOLOGY PROGR			232,051				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM					263,266		
024 18	PARAMED ED PRGM						51,626	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		358,441					282,049,688
026	INTENSIVE CARE UNIT							31,668,737
027	CORONARY CARE UNIT							23,785,803
027 01	NEONATAL INTENSIVE CARE U							10,257,293
028	BURN INTENSIVE CARE UNIT							2,797,534
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							13,055,747
029 03	UH NS 3IC							4,576,082
029 04	RH PED IC							17,223,002
029 07	PEDIATRIC CANCER CENTER							2,417,652
031	SUBPROVIDER							8,124,586
033	NURSERY							8,088,070
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			232,051				179,847,486
037 01	ENDOSCOPY							3,855,270
038	RECOVERY ROOM							14,919,947
039	DELIVERY ROOM & LABOR ROO							18,079,480
040	ANESTHESIOLOGY							20,258,760
040 01	PULMONARY FUNCTION TESTIN							6,664,617
041	RADIOLOGY-DIAGNOSTIC							99,810,100
042	RADIOLOGY-THERAPEUTIC							17,172,892
043	RADIOISOTOPE	30,680						8,081,535
044	LABORATORY							85,750,211
044 01	TRANSPLANT IMMUNOLOGY							4,578,143
044 02	BONE MARROW TRANSPLANT LA							3,584,514
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC	MEDICAL ASSIS TING PROGRAM	SURGICAL TECH NOLOGY PROGR	PARAMED SPEEC H	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING							38,616,680
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							36,990,385
050	PHYSICAL THERAPY							11,415,525
051	OCCUPATIONAL THERAPY							3,850,975
052	SPEECH PATHOLOGY							7,974,403
053	ELECTROCARDIOLOGY							6,883,549
054	ELECTROENCEPHALOGRAPHY							5,554,576
055	MEDICAL SUPPLIES CHARGED						51,626	1,692,679
056	DRUGS CHARGED TO PATIENTS					263,266		71,402,847
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							37,587,525
057	RENAL DIALYSIS							25,041,160
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							1,323,929
059 01	CARDIOLOGY							23,272,523
059 02	PSYCH OTHER ANCILLARY							659,515
059 03	CARDIAC CATHERIZATION							20,521,913
059 04	DAY SURGERY							9,653,528
059 05	ONCOLOGY							1,366,435
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							4,545,650
060 02	MEDICINE/DIAGNOSTIC							9,681,875
060 03	AMB SVC-OPTHALMOLOGY							1,539,184
060 04	AMB SVC-PSYCH ADULT							2,327,912
060 05	AMB SVC-DIABETES ADULT							86,308
060 06	OUTPATIENT SURGERY							3,287,871
060 07	AMB SVC-RILEY CLINICS							11,424,693
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							278,433
060 10	AMB SVC-PSYCH CHILD							988,270
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							912,200
060 15	SLEEP DISORDER CENTER							3,216,387
060 16	O/P CLINIC-ADULT							2,466,104
060 17	O/P CLINIC-PEDIATRIC							4,750,618
060 19	NEUROLOGY UH							2,143,714
060 20	ORTHOPEDICS UH							2,088,715
060 21	AMB SVC-UH PHYSICAL MEDIC							1,033,549
060 22	AMB SVC-DERMATOLOGY CLINI							969,178
060 24	IU CANCER PAVILLION							2,722,227
060 25	CARDIO CLINIC							763,532
061	EMERGENCY							43,736,350
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							21,116,832
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							1,841,488
065	AMBULANCE SERVICES							18,180,185
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							36,605,623
082	LUNG ACQUISITION							1,986,402
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							9,302,384
084	LIVER ACQUISITION							7,785,438
085	HEART ACQUISITION							913,159
085 01	PANCREAS ACQUISITION							2,989,140
085 02	INTESTINE ACQUISITION							961,067
086	OTHER ORGAN ACQUISITION							240,827
086 01	POST TRANSPLANT EXPENSES							5,333,240
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							5,552,333
095	SUBTOTALS	30,680	358,441	232,051		263,266	51,626	1,382,226,184
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							764,729
097	RESEARCH							15,171,458
097 01	RESEARCH-GCRC							1,162,843
098	PHYSICIANS' PRIVATE OFFIC							902,539
098 01	OTHER NONREIMBURSABLE-MET							28,586,217
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							120,917
098 05	AOC-PRIVATE PHYSICIANS							16,315,443
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							490,444

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC	MEDICAL ASSIS TING PROGRAM	SURGICAL TECH NOLOGY PROGR	PARAMED SPEEC H	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
			24.13	24.14	24.15	24.16	24.17	24.18	25
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO							650,313
098	10	SURGERY CENTER							20,443
098	11	UNUSED SPACE							17,288,818
098	12	RHI LAB							375,391
098	13	NONALLOWABLE FQHC							16,682,519
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							12,680,412
098	16	CARDIO PHYSICIANS							2,081,555
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	30,680	358,441	232,051		263,266	51,626	1,495,520,225

	COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	GENERAL SERVICE COST CNTR		
001	OLD CAP REL COSTS-BLDG &		
002	OLD CAP REL COSTS-MVBLE E		
003	NEW CAP REL COSTS-BLDG &		
003 01	NEW CAP REL COSTS-INTERES		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006 01	NONPATIENT TELEPHONES		
006 02	DATA PROCESSING		
006 03	PURCHASING, RECEIVING, &		
006 04	ADMITTING		
006 05	CASHIERING		
006 06	OTHER ADMINISTRATIVE AND		
007	MAINTENANCE & REPAIRS		
007 03	MAINTENANCE & REPAIRS		
008	OPERATION OF PLANT		
008 01	IU LEASED SPACE		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
010 01	HOUSEKEEPING - UNIVERSITY		
010 02	HOUSEKEEPING - RILEY		
010 03	HOUSEKEEPING - METHODIST		
011	DIETARY		
012	CAFETERIA		
013	MAINTENANCE OF PERSONNEL		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
019	PATIENT TRANSPORTATION		
020	NONPHYSICIAN ANESTHETISTS		
021	NURSING SCHOOL		
022	I&R SERVICES-SALARY & FRI		
023	I&R SERVICES-OTHER PRGM C		
024	PARAMED ED PRGM		
024 01	PARAMED ED CLINIC LAB		
024 02	PARAMED RADIOLOGY-METHODI		
024 03	PARAMED RESPIRATORY THERA		
024 04	DIETARY INTERNSHIP PROG		
024 05	PARAMED EMERGENCY METHODI		
024 06	PARAMED PASTORAL ED		
024 07	PARAMED PHYSICAL THERAPY		
024 08	PARAMED OCCUP THERAPY		
024 09	PARAMED PERFUSION		
024 10	PARAMED PHARMACY		
024 11	PARAMED NEUROPHYSIOLOGY		
024 12	RADIATION THERAPY ED-IUMC		
024 13	NUCLEAR MED ED-IUMC		
024 14	MEDICAL ASSISTING PROGRAM		
024 15	SURGICAL TECHNOLOGY PROGR		
024 16	PARAMED SPEECH		
024 17	PARAMED ED PRGM		
024 18	PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS	-8,881,241	273,168,447
026	INTENSIVE CARE UNIT	-2,265,270	29,403,467
027	CORONARY CARE UNIT	-141,693	23,644,110
027 01	NEONATAL INTENSIVE CARE U	-949,161	9,308,132
028	BURN INTENSIVE CARE UNIT		2,797,534
029	SURGICAL INTENSIVE CARE U		
029 02	UH SURG 6IC	-643,976	12,411,771
029 03	UH NS 3IC	-475,035	4,101,047
029 04	RH PED IC	-45,414	17,177,588
029 07	PEDIATRIC CANCER CENTER		2,417,652
031	SUBPROVIDER	-376,939	7,747,647
033	NURSERY		8,088,070
034	SKILLED NURSING FACILITY		
035	NURSING FACILITY		
035 01	ICF/MR		
036	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM	-6,610,519	173,236,967
037 01	ENDOSCOPY	-7,267	3,848,003
038	RECOVERY ROOM		14,919,947
039	DELIVERY ROOM & LABOR ROO	-1,077,229	17,002,251
040	ANESTHESIOLOGY	-4,145,425	16,113,335
040 01	PULMONARY FUNCTION TESTIN	-794,752	5,869,865
041	RADIOLOGY-DIAGNOSTIC	-4,155,417	95,654,683
042	RADIOLOGY-THERAPEUTIC	-481,392	16,691,500
043	RADIOISOTOPE	-462,319	7,619,216
044	LABORATORY	-2,238,929	83,511,282
044 01	TRANSPLANT IMMUNOLOGY		4,578,143
044 02	BONE MARROW TRANSPLANT LA		3,584,514
045	PBP CLINICAL LAB SERVICES		
046	WHOLE BLOOD & PACKED RED		

		COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
		ANCILLARY SRVC COST CNTRS		
047		BLOOD STORING, PROCESSING		38,616,680
048		INTRAVENOUS THERAPY		
049		RESPIRATORY THERAPY	-74,480	36,915,905
050		PHYSICAL THERAPY	-415,087	11,000,438
051		OCCUPATIONAL THERAPY		3,850,975
052		SPEECH PATHOLOGY	-728,447	7,245,956
053		ELECTROCARDIOLOGY	-327,892	6,555,657
054		ELECTROENCEPHALOGRAPHY	-565,864	4,988,712
055		MEDICAL SUPPLIES CHARGED		1,692,679
056		DRUGS CHARGED TO PATIENTS		71,402,847
056	01	RENAL-RILEY		
056	02	RENAL-ADULT		
056	03	OUTPATIENT RETAIL PHARMAC		37,587,525
057		RENAL DIALYSIS	-542,248	24,498,912
058		ASC (NON-DISTINCT PART)		
058	04	BMTU OUTPATIENT		
059		RH NBN ECMO IC		1,323,929
059	01	CARDIOLOGY	-1,285,228	21,987,295
059	02	PSYCH OTHER ANCILLARY	-84,470	575,045
059	03	CARDIAC CATHERIZATION	-399,647	20,122,266
059	04	DAY SURGERY		9,653,528
059	05	ONCOLOGY	-236,155	1,130,280
059	06	DAY SURGERY-RILEY		
059	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
060		CLINIC		
060	01	AMB SVC-OB & GYN	-1,149,892	3,395,758
060	02	MEDICINE/DIAGNOSTIC	-968,235	8,713,640
060	03	AMB SVC-OPTHALMOLOGY	-729,355	809,829
060	04	AMB SVC-PSYCH ADULT	-311,542	2,016,370
060	05	AMB SVC-DIABETES ADULT		86,308
060	06	OUTPATIENT SURGERY		3,287,871
060	07	AMB SVC-RILEY CLINICS	-454,144	10,970,549
060	08	DENTAL CLINIC		
060	09	MOTILITY LAB		278,433
060	10	AMB SVC-PSYCH CHILD	-417,812	570,458
060	13	ARTHRITIS CENTER		
060	14	GERIATRICS CLINIC	-223,439	688,761
060	15	SLEEP DISORDER CENTER		3,216,387
060	16	O/P CLINIC-ADULT	-1,302,485	1,163,619
060	17	O/P CLINIC-PEDIATRIC	-2,815,693	1,934,925
060	19	NEUROLOGY UH	-462,319	1,681,395
060	20	ORTHOPEDICS UH	-836,533	1,252,182
060	21	AMB SVC-UH PHYSICAL MEDIC		1,033,549
060	22	AMB SVC-DERMATOLOGY CLINI	-164,400	804,778
060	24	IU CANCER PAVILLION	-34,515	2,687,712
060	25	CARDIO CLINIC	-126,252	637,280
061		EMERGENCY	-2,901,980	40,834,370
061	01	EMERGENCY-RILEY		
062		OBSERVATION BEDS (NON-DIS		
063		FAMILY PRACTICE		
063	60	FEDERALLY QUALIFIED HEALT		21,116,832
		OTHER REIMBURS COST CNTRS		
064		HOME PROGRAM DIALYSIS		1,841,488
065		AMBULANCE SERVICES		18,180,185
066		DURABLE MEDICAL EQUIP-REN		
067		DURABLE MEDICAL EQUIP-SOL		
069		CORF		
070		I&R SERVICES-NOT APPRVD P		
071		HOME HEALTH AGENCY		36,605,623
082		LUNG ACQUISITION		1,986,402
		SPEC PURPOSE COST CENTERS		
083		KIDNEY ACQUISITION		9,302,384
084		LIVER ACQUISITION		7,785,438
085		HEART ACQUISITION		913,159
085	01	PANCREAS ACQUISITION		2,989,140
085	02	INTESTINE ACQUISITION		961,067
086		OTHER ORGAN ACQUISITION		240,827
086	01	POST TRANSPLANT EXPENSES		5,333,240
092		AMBULATORY SURGICAL CENTE		
093		HOSPICE		5,552,333
095		SUBTOTALS	-51,310,092	1,330,916,092
		NONREIMBURS COST CENTERS		
096		GIFT, FLOWER, COFFEE SHOP		764,729
097		RESEARCH	-1,469,609	13,701,849
097	01	RESEARCH-GCRC		1,162,843
098		PHYSICIANS' PRIVATE OFFIC		902,539
098	01	OTHER NONREIMBURSABLE-MET	-1,585,870	27,000,347
098	02	CAFETERIA-IUMC		
098	03	ORGAN PROC ORG		
098	04	OTHER NONREIMBURSABLE-IUM		120,917
098	05	AOC-PRIVATE PHYSICIANS		16,315,443
098	06	NONALLOWABLE ADVERTISING		
098	07	PHYSICIANS' PRIVATE OFFIC		
098	08	MHH NON-REIMBURSABLE RADI		490,444

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ	TOTAL
			26	27
		NONREIMBURS COST CENTERS		
098	09	MHH NON-REIMBURSABLE LABO		650,313
098	10	SURGERY CENTER		20,443
098	11	UNUSED SPACE		17,288,818
098	12	RHI LAB		375,391
098	13	NONALLOWABLE FQHC		16,682,519
098	14	NONALLOWABLE ADVERTISING		
098	15	ARTHRITIS CLINIC - NR		12,680,412
098	16	CARDIO PHYSICIANS		2,081,555
099		NONPAID WORKERS		
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		
103		TOTAL	-54,365,571	1,441,154,654

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
		0	1	2	3	3.01	4	4a
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				23,890	17,605		41,495
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &				1,831	1,349	46,949	50,129
006 04	ADMITTING							
006 05	CASHIERING				15,949	11,753		27,702
006 06	OTHER ADMINISTRATIVE AND				818,322	603,041	940,808	2,362,171
007	MAINTENANCE & REPAIRS				1,560,054	1,149,640	1,884	2,711,578
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT				16,046	11,825	58,137	86,008
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE				387,221	285,352	75,552	748,125
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY				404,643	298,191	447,227	1,150,061
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				223,476	164,685	3,494,219	3,882,380
015	CENTRAL SERVICES & SUPPLY				365,378	269,256	448,867	1,083,501
016	PHARMACY				589,017	434,060	367,899	1,390,976
017	MEDICAL RECORDS & LIBRARY						55,896	55,896
018	SOCIAL SERVICE				84,868	62,541	127	147,536
019	PATIENT TRANSPORTATION				8,321	6,132	13,025	27,478
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI				507,096	373,691		880,787
023	I&R SERVICES-OTHER PRGM C				19,502	14,372	64,291	98,165
024	PARAMED ED PRGM				10,856	8,000	72,928	91,784
024 01	PARAMED ED CLINIC LAB				72,105	53,136	38,013	163,254
024 02	PARAMED RADIOLOGY-METHODI				1,939	1,429		3,368
024 03	PARAMED RESPIRATORY THERA				4,020	2,962		6,982
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI				19,535	14,396		33,931
024 06	PARAMED PASTORAL ED				3,911	2,882		6,793
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM				21,485	15,833		37,318
024 15	SURGICAL TECHNOLOGY PROGR				2,004	1,477	14,375	17,856
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				6,250,402	4,606,065	4,532,747	15,389,214
026	INTENSIVE CARE UNIT				430,451	317,210	245,675	993,336
027	CORONARY CARE UNIT				460,225	339,151	116,912	916,288
027 01	NEONATAL INTENSIVE CARE U				86,829	63,986	457,322	608,137
028	BURN INTENSIVE CARE UNIT				46,600	34,341	191,154	272,095
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC				484,668	357,163	407,355	1,249,186
029 03	UH NS 3IC				72,885	53,711	17,517	144,113
029 04	RH PED IC				315,571	232,552	93,614	641,737
029 07	PEDIATRIC CANCER CENTER				66,167	48,760	606	115,533
031	SUBPROVIDER				228,016	168,030	29,827	425,873
033	NURSERY				104,641	77,113	113,676	295,430
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				2,309,337	1,701,805	11,410,577	15,421,719
037 01	ENDOSCOPY				49,276	36,313	369,525	455,114
038	RECOVERY ROOM				349,614	257,638	128,321	735,573
039	DELIVERY ROOM & LABOR ROO				629,961	464,233	378,182	1,472,376
040	ANESTHESIOLOGY				24,541	18,085	1,615,048	1,657,674
040 01	PULMONARY FUNCTION TESTIN				220,659	162,609	409,297	792,565
041	RADIOLOGY-DIAGNOSTIC				1,910,761	1,408,085	19,059,299	22,378,145
042	RADIOLOGY-THERAPEUTIC				437,580	322,463	5,418,798	6,178,841
043	RADIOISOTOPE				200,247	147,566	1,726,441	2,074,254
044	LABORATORY				2,329,652	1,716,775	2,838,842	6,885,269
044 01	TRANSPLANT IMMUNOLOGY				83,102	61,240	51,420	195,762
044 02	BONE MARROW TRANSPLANT LA				121,988	89,896	152,804	364,688
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
		0	1	2	3	3.01	4	4a
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING				130,081	95,860	79,484	305,425
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				234,668	172,933	1,102,947	1,510,548
050	PHYSICAL THERAPY				287,130	211,593	57,308	556,031
051	OCCUPATIONAL THERAPY				180,983	133,370	2,552	316,905
052	SPEECH PATHOLOGY				242,719	178,865	81,198	502,782
053	ELECTROCARDIOLOGY				90,448	66,653	389,755	546,856
054	ELECTROENCEPHALOGRAPHY				113,699	83,788	210,487	407,974
055	MEDICAL SUPPLIES CHARGED				34,899	25,718		60,617
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC						17,747	17,747
057	RENAL DIALYSIS				416,236	306,734	463,188	1,186,158
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC						137,537	137,537
059 01	CARDIOLOGY				119,290	87,908	1,592,457	1,799,655
059 02	PSYCH OTHER ANCILLARY				30,911	22,779	6,416	60,106
059 03	CARDIAC CATHERIZATION				357,501	263,451	2,464,385	3,085,337
059 04	DAY SURGERY				591,335	435,769	159,617	1,186,721
059 05	ONCOLOGY				40,890	30,133	28,989	100,012
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				174,590	128,660	331,821	635,071
060 02	MEDICINE/DIAGNOSTIC				487,106	358,960	15,937	862,003
060 03	AMB SVC-OPTHALMOLOGY				56,600	41,710	50,517	148,827
060 04	AMB SVC-PSYCH ADULT				215,903	159,104	118	375,125
060 05	AMB SVC-DIABETES ADULT				20,564	15,154		35,718
060 06	OUTPATIENT SURGERY				96,710	71,268	375,608	543,586
060 07	AMB SVC-RILEY CLINICS				363,449	267,834	46,795	678,078
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB				3,012	2,220	29,106	34,338
060 10	AMB SVC-PSYCH CHILD				19,557	14,412		33,969
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC				50,175	36,975	15,180	102,330
060 15	SLEEP DISORDER CENTER				158,901	117,098		275,999
060 16	O/P CLINIC-ADULT				109,062	80,370	945	190,377
060 17	O/P CLINIC-PEDIATRIC				180,376	132,923	96,867	410,166
060 19	NEUROLOGY UH				75,572	55,691	95,312	226,575
060 20	ORTHOPEDICS UH				105,096	77,448	807	183,351
060 21	AMB SVC-UH PHYSICAL MEDIC				107,534	79,245		186,779
060 22	AMB SVC-DERMATOLOGY CLINI				66,384	48,920	697	116,001
060 24	IU CANCER PAVILLION				216,141	159,279	16,449	391,869
060 25	CARDIO CLINIC				47,304	34,860		82,164
061	EMERGENCY				785,547	578,888	805,485	2,169,920
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS				7,909	5,829	2,947	16,685
065	AMBULANCE SERVICES				964	711	750,282	751,957
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY				5,201	3,832		9,033
082	LUNG ACQUISITION				19,437	14,324	7,213	40,974
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION				45,386	33,446	76,533	155,365
084	LIVER ACQUISITION				7,812	5,757	33,881	47,450
085	HEART ACQUISITION				8,570	6,316	3,236	18,122
085 01	PANCREAS ACQUISITION				3,575	2,635	17,488	23,698
085 02	INTESTINE ACQUISITION				1,018	751	3,806	5,575
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES				69,201	50,996	103,960	224,157
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE				78,627	57,942		136,569
095	SUBTOTALS				28,832,715	21,247,510	65,580,213	115,660,438
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				150,830	111,150		261,980
097	RESEARCH				485,285	357,618	1,819,073	2,661,976
097 01	RESEARCH-GCRC				183,680	135,358	15,146	334,184
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET				1,492,781	1,100,065	235,110	2,827,956
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM				2,947	2,172		5,119
098 05	AOC-PRIVATE PHYSICIANS				3,928,851	2,895,263		6,824,114
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI						98,744	98,744

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
			0	1	2	3	3.01	4	4a
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO				867	639	10,894	12,400
098	10	SURGERY CENTER							
098	11	UNUSED SPACE				4,269,559	3,146,338		7,415,897
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR						35,496	35,496
098	16	CARDIO PHYSICIANS				103,049	75,939	46,187	225,175
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL				39,450,564	29,072,052	67,840,863	136,363,479

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING, & 6.03	ADMITTING 6.04	CASHIERING 6.05	OTHER ADMINISTRATIVE AND 6.06
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	41,495						
006 01	NONPATIENT TELEPHONES	21	21					
006 02	DATA PROCESSING	1,045		1,045				
006 03	PURCHASING, RECEIVING, &	277		1	50,407			
006 04	ADMITTING	490				490		
006 05	CASHIERING	797					28,499	
006 06	OTHER ADMINISTRATIVE AND	3,009	1	47	62			2,365,290
007	MAINTENANCE & REPAIRS	287						33,739
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	652		2				80,409
008 01	IU LEASED SPACE							124
009	LAUNDRY & LINEN SERVICE	38		1	27			7,893
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY	207						222
010 02	HOUSEKEEPING - RILEY	119						127
010 03	HOUSEKEEPING - METHODIST	243						24,108
011	DIETARY	441		10	49			20,966
012	CAFETERIA	64						4,003
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	1,090		8	17			50,094
015	CENTRAL SERVICES & SUPPLY	261		5				28,093
016	PHARMACY	1,199	1	27	554			164,082
017	MEDICAL RECORDS & LIBRARY	345		1	1			20,500
018	SOCIAL SERVICE	202		8	2			10,105
019	PATIENT TRANSPORTATION	132		4	7			4,942
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	1,608		6				52,268
023	I&R SERVICES-OTHER PRGM C	119	1	26	41			30,685
024	PARAMED ED PRGM			1				204
024 01	PARAMED ED CLINIC LAB	74		4	9			1,142
024 02	PARAMED RADIOLOGY-METHODI	23		1	1			538
024 03	PARAMED RESPIRATORY THERA	20			1			320
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	27		1	1			1,046
024 06	PARAMED PASTORAL ED	29		1				1,118
024 07	PARAMED PHYSICAL THERAPY							532
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	34						1,111
024 11	PARAMED NEUROPHYSIOLOGY	2						51
024 12	RADIATION THERAPY ED-IUMC	18						508
024 13	NUCLEAR MED ED-IUMC	1						40
024 14	MEDICAL ASSISTING PROGRAM	9		1				391
024 15	SURGICAL TECHNOLOGY PROGR	10			1			282
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							340
024 18	PARAMED ED PRGM							67
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	7,925	13	190	3,332	490	3,346	345,589
026	INTENSIVE CARE UNIT	943		21	419		401	39,463
027	CORONARY CARE UNIT	702		17	438		272	30,497
027 01	NEONATAL INTENSIVE CARE U	303		4	103		168	12,473
028	BURN INTENSIVE CARE UNIT	85		3	12		37	3,776
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	294		21	280		116	16,107
029 03	UH NS 3IC	136		2	72		44	5,546
029 04	RH PED IC	545		10	291		211	22,852
029 07	PEDIATRIC CANCER CENTER	72		2	40		34	3,155
031	SUBPROVIDER	239		8	17		73	9,808
033	NURSERY	343		6	91		160	10,896
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,973	1	64	20,731		4,153	243,562
037 01	ENDOSCOPY	65		3	263		104	5,411
038	RECOVERY ROOM	465		18	141		331	20,263
039	DELIVERY ROOM & LABOR ROO	444		19	247		326	21,899
040	ANESTHESIOLOGY	156		4	1,704		224	21,979
040 01	PULMONARY FUNCTION TESTIN	158		6	93		135	8,165
041	RADIOLOGY-DIAGNOSTIC	1,502	1	72	3,627		3,733	136,795
042	RADIOLOGY-THERAPEUTIC	299		6	138		473	23,373
043	RADIOISOTOPE	66		5	511		156	10,391
044	LABORATORY	1,433	1	61	4,942		3,845	116,893
044 01	TRANSPLANT IMMUNOLOGY	56		1	291		116	6,668
044 02	BONE MARROW TRANSPLANT LA	59		3	297		52	4,962
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	OTHER ADMINISTRATIVE AND
		5	6.01	6.02	6.03	6.04	6.05	6.06
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING	203		5	187		450	36,404
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	1,246		11	1,066		1,151	55,074
050	PHYSICAL THERAPY	377		5	108		218	15,873
051	OCCUPATIONAL THERAPY	116		5	30		66	5,335
052	SPEECH PATHOLOGY	177		9	376		110	10,259
053	ELECTROCARDIOLOGY	179		7	41		378	9,476
054	ELECTROENCEPHALOGRAPHY	119		6	64		117	7,256
055	MEDICAL SUPPLIES CHARGED	14		1	1,450		98	1,540
056	DRUGS CHARGED TO PATIENTS						2,678	6,806
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	169		9			212	35,236
057	RENAL DIALYSIS	472		12	849		417	30,811
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	44			34		13	1,963
059 01	CARDIOLOGY	121		4	3,315		680	31,697
059 02	PSYCH OTHER ANCILLARY	8		3	4		7	728
059 03	CARDIAC CATHERIZATION	207		13	2,031		684	27,848
059 04	DAY SURGERY	254		12	96		43	12,382
059 05	ONCOLOGY	23		2			1	1,570
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	72		8	38		54	4,532
060 02	MEDICINE/DIAGNOSTIC	191		16	66		75	10,979
060 03	AMB SVC-OPTHALMOLOGY	13		2	3		12	1,007
060 04	AMB SVC-PSYCH ADULT	34		4	18		15	2,240
060 05	AMB SVC-DIABETES ADULT							73
060 06	OUTPATIENT SURGERY	97		4	16		73	4,728
060 07	AMB SVC-RILEY CLINICS	271		24	118		68	14,686
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	4			24		5	390
060 10	AMB SVC-PSYCH CHILD	16		2	1		2	834
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	28		2	1		1	835
060 15	SLEEP DISORDER CENTER	80		6			65	4,361
060 16	O/P CLINIC-ADULT	18		3	1		2	1,296
060 17	O/P CLINIC-PEDIATRIC	39		1	7		6	2,090
060 19	NEUROLOGY UH	47		3	4		6	2,295
060 20	ORTHOPEDICS UH	23		4	3		3	1,532
060 21	AMB SVC-UH PHYSICAL MEDIC	12		5	4		2	1,244
060 22	AMB SVC-DERMATOLOGY CLINI	17		1	16		6	984
060 24	IU CANCER PAVILLION	44		14	14		2	3,554
060 25	CARDIO CLINIC	12		2	3		2	764
061	EMERGENCY	1,122	1	45	849		1,368	54,262
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT	1,409					137	33,272
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	5			361		56	2,615
065	AMBULANCE SERVICES	368		7	51		254	27,864
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	870						57,872
082	LUNG ACQUISITION	17		1	1		24	3,026
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	103		9	15		173	14,327
084	LIVER ACQUISITION	52		4	7		121	12,164
085	HEART ACQUISITION	14			1		15	1,389
085 01	PANCREAS ACQUISITION	11		2	3		44	4,668
085 02	INTESTINE ACQUISITION	7		1	1		17	1,500
086	OTHER ORGAN ACQUISITION	10			1			355
086 01	POST TRANSPLANT EXPENSES	160		13	20			8,092
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	128		5			58	7,838
095	SUBTOTALS	40,179	20	993	50,151	490	28,499	2,238,499
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	2		2				650
097	RESEARCH	453		17	140			18,612
097 01	RESEARCH-GCRC	6		2	17			1,119
098	PHYSICIANS' PRIVATE OFFIC	4						1,427
098 01	OTHER NONREIMBURSABLE-MET	536	1	25	74			35,527
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	9						172
098 05	AOC-PRIVATE PHYSICIANS							12,367
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI	14			1			773

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	OTHER ADMINISTRATIVE AND
			5	6.01	6.02	6.03	6.04	6.05	6.06
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO	23						1,001
098	10	SURGERY CENTER	1						32
098	11	UNUSED SPACE							12,518
098	12	RHI LAB	10						512
098	13	NONALLOWABLE FQHC							26,382
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR	215		3	20			13,098
098	16	CARDIO PHYSICIANS	43		3	4			2,601
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	41,495	21	1,045	50,407	490	28,499	2,365,290

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	2,745,604						
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1,190		168,261				
008 01	IU LEASED SPACE				124			
009	LAUNDRY & LINEN SERVICE	28,710		1,760		786,554		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							429
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY	30,002		1,839				5
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	16,570		1,016				1
015	CENTRAL SERVICES & SUPPLY	27,091		1,661		8,083		3
016	PHARMACY	43,672		2,678				7
017	MEDICAL RECORDS & LIBRARY				124			
018	SOCIAL SERVICE	6,292		386		204		
019	PATIENT TRANSPORTATION	617		38				
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	37,598		2,305		46		
023	I&R SERVICES-OTHER PRGM C	1,446		89		5,569		2
024	PARAMED ED PRGM	805		49				
024 01	PARAMED ED CLINIC LAB	5,346		328				
024 02	PARAMED RADIOLOGY-METHODI	144		9				
024 03	PARAMED RESPIRATORY THERA	298		18		273		
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	1,448		89				
024 06	PARAMED PASTORAL ED	290		18				
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM	1,593		98				
024 15	SURGICAL TECHNOLOGY PROGR	149		9				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	463,429		28,410		405,720		55
026	INTENSIVE CARE UNIT	31,916		1,957		25,570		
027	CORONARY CARE UNIT	34,123		2,092		29,380		5
027 01	NEONATAL INTENSIVE CARE U	6,438		395		18,896		
028	BURN INTENSIVE CARE UNIT	3,455		212		6,452		
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	35,935		2,203		11,443		17
029 03	UH NS 3IC	5,404		331		5,477		2
029 04	RH PED IC	23,398		1,435		20,783		
029 07	PEDIATRIC CANCER CENTER	4,906		301		4,639		
031	SUBPROVIDER	16,906		1,037		7,257		
033	NURSERY	7,759		476		7,965		4
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	171,224		10,498		27,665		34
037 01	ENDOSCOPY	3,654		224		3,273		
038	RECOVERY ROOM	25,922		1,589		14,223		3
039	DELIVERY ROOM & LABOR ROO	46,708		2,864		31,588		5
040	ANESTHESIOLOGY	1,820		112				
040 01	PULMONARY FUNCTION TESTIN	16,361		1,003		3,370		1
041	RADIOLOGY-DIAGNOSTIC	141,672		8,686		25,124		29
042	RADIOLOGY-THERAPEUTIC	32,444		1,989		3,782		8
043	RADIOISOTOPE	14,847		910		2,234		3
044	LABORATORY	172,731		10,590		62		4
044 01	TRANSPLANT IMMUNOLOGY	6,162		378				
044 02	BONE MARROW TRANSPLANT LA	9,045		555				3
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING	9,645		591		1,053		1
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	17,399		1,067		276		1
050	PHYSICAL THERAPY	21,289		1,305		2,935		1
051	OCCUPATIONAL THERAPY	13,419		823				1
052	SPEECH PATHOLOGY	17,996		1,103		284		2
053	ELECTROCARDIOLOGY	6,706		411		1,177		
054	ELECTROENCEPHALOGRAPHY	8,430		517		635		2
055	MEDICAL SUPPLIES CHARGED	2,588		159				
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							1
057	RENAL DIALYSIS	30,862		1,892		3,158		9
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	8,845		542				1
059 02	PSYCH OTHER ANCILLARY	2,292		141				
059 03	CARDIAC CATHERIZATION	26,507		1,625		5,382		1
059 04	DAY SURGERY	43,844		2,688		15,202		12
059 05	ONCOLOGY	3,032		186				
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	12,945		794		5,190		6
060 02	MEDICINE/DIAGNOSTIC	36,116		2,214		1,663		11
060 03	AMB SVC-OPTHALMOLOGY	4,197		257				2
060 04	AMB SVC-PSYCH ADULT	16,008		981				3
060 05	AMB SVC-DIABETES ADULT	1,525		93				1
060 06	OUTPATIENT SURGERY	7,171		440		546		3
060 07	AMB SVC-RILEY CLINICS	26,948		1,652		2,997		
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	223		14				
060 10	AMB SVC-PSYCH CHILD	1,450		89		212		
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	3,720		228				
060 15	SLEEP DISORDER CENTER	11,782		722				2
060 16	O/P CLINIC-ADULT	8,086		496				
060 17	O/P CLINIC-PEDIATRIC	13,374		820		824		
060 19	NEUROLOGY UH	5,603		344		794		3
060 20	ORTHOPEDICS UH	7,792		478				4
060 21	AMB SVC-UH PHYSICAL MEDIC	7,973		489				4
060 22	AMB SVC-DERMATOLOGY CLINI	4,922		302				2
060 24	IU CANCER PAVILLION	16,026		983				7
060 25	CARDIO CLINIC	3,507		215				
061	EMERGENCY	58,244		3,571		51,781		2
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	586		36				
065	AMBULANCE SERVICES	71		4				
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	386		24				
082	LUNG ACQUISITION	1,441		88				
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	3,365		206				
084	LIVER ACQUISITION	579		36				
085	HEART ACQUISITION	635		39				
085 01	PANCREAS ACQUISITION	265		16				
085 02	INTESTINE ACQUISITION	76		5				
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	5,131		315				1
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	5,830		357				
095	SUBTOTALS	1,958,351		119,995	124	763,187		274
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	11,183		686				1
097	RESEARCH	35,981		2,206		692		
097 01	RESEARCH-GCRC	13,619		835		3,455		6
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET	110,681		6,786		19,220		2
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	219		13				
098 05	AOC-PRIVATE PHYSICIANS	291,302		17,860				42
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							

		COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
			7	7.03	8	8.01	9	10	10.01
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO	64		4				
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	316,564		19,408				104
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS	7,640		468				
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	2,745,604		168,261	124	786,554		429

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.02	10.03	11	12	13	14	15
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY	246						
010 03	HOUSEKEEPING - METHODIST		24,351					
011	DIETARY	1	367	1,203,741				
012	CAFETERIA				4,067			
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	1	208		137		3,951,522	
015	CENTRAL SERVICES & SUPPLY	3	335		54		483	1,149,573
016	PHARMACY	3	391		132		7,240	12,668
017	MEDICAL RECORDS & LIBRARY				68			14
018	SOCIAL SERVICE	1	87		32			41
019	PATIENT TRANSPORTATION		1		37		12	171
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	2			264		13,950	4
023	I&R SERVICES-OTHER PRGM C		678		21			938
024	PARAMED ED PRGM		17					4
024 01	PARAMED ED CLINIC LAB		115		9		362	208
024 02	PARAMED RADIOLOGY-METHODI		3		3			14
024 03	PARAMED RESPIRATORY THERA		6		2			33
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI		31		4			21
024 06	PARAMED PASTORAL ED		6		6			8
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				1			
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC				2			
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM		34		1			
024 15	SURGICAL TECHNOLOGY PROGR		3		1			12
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	49	5,060	991,552	974		1,800,033	76,250
026	INTENSIVE CARE UNIT		684	20,898	111		227,195	9,598
027	CORONARY CARE UNIT		479	81,340	77		161,885	10,031
027 01	NEONATAL INTENSIVE CARE U		138	6,408	35		71,584	2,354
028	BURN INTENSIVE CARE UNIT	2		5,062	9		17,341	282
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC			20,930	35		76,991	6,398
029 03	UH NS 3IC			7,317	13		26,380	1,637
029 04	RH PED IC	11		28,976	66		139,910	6,667
029 07	PEDIATRIC CANCER CENTER	2		3,992	10		16,207	924
031	SUBPROVIDER		362	25,890	30		36,323	378
033	NURSERY		121		32		65,695	2,074
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	13	1,509		268		292,419	472,626
037 01	ENDOSCOPY		78		8		11,428	6,027
038	RECOVERY ROOM	2	335		54		99,991	3,220
039	DELIVERY ROOM & LABOR ROO		757		54		97,336	5,660
040	ANESTHESIOLOGY		31		20		24,075	39,000
040 01	PULMONARY FUNCTION TESTIN	6	49		22		7,940	2,128
041	RADIOLOGY-DIAGNOSTIC	18	804		188		51,818	83,010
042	RADIOLOGY-THERAPEUTIC		324		29		9,220	3,168
043	RADIOISOTOPE	1	149		7		2,353	11,704
044	LABORATORY	7	727		213		169	113,103
044 01	TRANSPLANT IMMUNOLOGY	2	32		7			6,651
044 02	BONE MARROW TRANSPLANT LA	1			7		6,504	6,799
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.02	10.03	11	12	13	14	15
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING		79		26		1,617	4,283
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	2	217		150		2,667	24,385
050	PHYSICAL THERAPY	1	299		47			2,482
051	OCCUPATIONAL THERAPY	2	102		18		36	677
052	SPEECH PATHOLOGY	6	41		24		1,738	8,613
053	ELECTROCARDIOLOGY		139		28		5,515	934
054	ELECTROENCEPHALOGRAPHY	1	56		14			1,470
055	MEDICAL SUPPLIES CHARGED	1			2			33,172
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	1	60		20		47,522	726
057	RENAL DIALYSIS	2	140		60		65,225	19,423
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				3		7,397	772
059 01	CARDIOLOGY	4			16		9,352	75,867
059 02	PSYCH OTHER ANCILLARY		49		1		1,955	90
059 03	CARDIAC CATHERIZATION		514	6,718	23		20,611	46,478
059 04	DAY SURGERY	8	11		34		54,859	2,197
059 05	ONCOLOGY		65		3		1,786	11
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				11		9,485	875
060 02	MEDICINE/DIAGNOSTIC		255		36		25,631	1,502
060 03	AMB SVC-OPTHALMOLOGY				3		543	74
060 04	AMB SVC-PSYCH ADULT		224		5		2,269	409
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY		33		14		2,896	373
060 07	AMB SVC-RILEY CLINICS	13			46		36,034	2,690
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB				1		1,738	544
060 10	AMB SVC-PSYCH CHILD	1			2		12	24
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		80		3		1,183	34
060 15	SLEEP DISORDER CENTER		178					
060 16	O/P CLINIC-ADULT		173		3		2,136	34
060 17	O/P CLINIC-PEDIATRIC		344		5		3,186	164
060 19	NEUROLOGY UH				8		8,097	89
060 20	ORTHOPEDICS UH				5		2,281	69
060 21	AMB SVC-UH PHYSICAL MEDIC				1			88
060 22	AMB SVC-DERMATOLOGY CLINI				4		2,981	375
060 24	IU CANCER PAVILLION				9		519	329
060 25	CARDIO CLINIC		75		2		1,207	78
061	EMERGENCY	7	772		146		254,262	19,438
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS				1		591	8,260
065	AMBULANCE SERVICES				44		39,581	1,168
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							2
082	LUNG ACQUISITION		31		1		48	32
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION		54		13		507	341
084	LIVER ACQUISITION				6		229	151
085	HEART ACQUISITION		14		1		24	14
085 01	PANCREAS ACQUISITION				3		121	78
085 02	INTESTINE ACQUISITION				1		24	17
086	OTHER ORGAN ACQUISITION				1		1,919	23
086 01	POST TRANSPLANT EXPENSES		80		17		688	464
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		125		16		483	10
095	SUBTOTALS	174	18,131	1,199,083	3,920		3,883,799	1,143,154
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	2	93					
097	RESEARCH		758		49		51,794	3,215
097 01	RESEARCH-GCRC			4,658				387
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET		2,242		62			1,705
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM		5				422	
098 05	AOC-PRIVATE PHYSICIANS	67	1,274					1
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI				1			26

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			10.02	10.03	11	12	13	14	15
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO					4		
098	10	SURGERY CENTER							10
098	11	UNUSED SPACE	3	1,617					
098	12	RHI LAB		67			2		509
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR					24	7,301	463
098	16	CARDIO PHYSICIANS		164			5	8,206	103
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	246	24,351	1,203,741	4,067		3,951,522	1,149,573

		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	1,623,630						
017	MEDICAL RECORDS & LIBRARY		76,949					
018	SOCIAL SERVICE			164,896				
019	PATIENT TRANSPORTATION				33,439			
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	1,696						990,534
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	71						
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	21						
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	735	8,784	124,196	3,765			
026	INTENSIVE CARE UNIT	49	1,053	9,533	451			
027	CORONARY CARE UNIT	31	715	6,354	306			
027 01	NEONATAL INTENSIVE CARE U	89	441	4,519	189			
028	BURN INTENSIVE CARE UNIT	4	97	833	42			
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	5	304	2,693	130			
029 03	UH NS 3IC		117	1,071	50			
029 04	RH PED IC	29	553	4,337	237			
029 07	PEDIATRIC CANCER CENTER	1	88	853	38			
031	SUBPROVIDER	3	191	3,317	82			
033	NURSERY	28	419	3,878	180			
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	7,866	13,038	46	6,051			
037 01	ENDOSCOPY	30	273		117			
038	RECOVERY ROOM	12	868	405	372			
039	DELIVERY ROOM & LABOR ROO	22	855	2,479	366			
040	ANESTHESIOLOGY	18,077	588		252			
040 01	PULMONARY FUNCTION TESTIN	455	354		152			
041	RADIOLOGY-DIAGNOSTIC	4,101	9,800		4,200			
042	RADIOLOGY-THERAPEUTIC	332	1,242		532			
043	RADIOISOTOPE	3,294	410		176			
044	LABORATORY	466	10,093		4,325			
044 01	TRANSPLANT IMMUNOLOGY		304		130			
044 02	BONE MARROW TRANSPLANT LA	146	136		58			
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING	229,808	1,182		506			
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	53	3,021		1,295			
050	PHYSICAL THERAPY	17	573		246			
051	OCCUPATIONAL THERAPY		174		75			
052	SPEECH PATHOLOGY	356	288		123			
053	ELECTROCARDIOLOGY	11	993		425			
054	ELECTROENCEPHALOGRAPHY		308		132			
055	MEDICAL SUPPLIES CHARGED	4	258		111			
056	DRUGS CHARGED TO PATIENTS	992,189	7,030		3,013			
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	226,764	558		239			
057	RENAL DIALYSIS	45,644	1,094		469			
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC		35		15			
059 01	CARDIOLOGY	9	1,786		765			
059 02	PSYCH OTHER ANCILLARY	22	18		8			
059 03	CARDIAC CATHERIZATION	710	1,795	26	769			
059 04	DAY SURGERY		114	356	49			
059 05	ONCOLOGY		1		1			
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	320	141		61			
060 02	MEDICINE/DIAGNOSTIC	5,331	198		85			
060 03	AMB SVC-OPTHALMOLOGY	741	31		13			
060 04	AMB SVC-PSYCH ADULT	8	38		16			
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY	73	191		82			
060 07	AMB SVC-RILEY CLINICS	8,365	179		77			
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB		12		5			
060 10	AMB SVC-PSYCH CHILD		6		2			
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	8	2		1			
060 15	SLEEP DISORDER CENTER		171		73			
060 16	O/P CLINIC-ADULT	38	4		2			
060 17	O/P CLINIC-PEDIATRIC	69	16		7			
060 19	NEUROLOGY UH		15		6			
060 20	ORTHOPEDICS UH	810	8		3			
060 21	AMB SVC-UH PHYSICAL MEDIC	508	5		2			
060 22	AMB SVC-DERMATOLOGY CLINI	246	17		7			
060 24	IU CANCER PAVILLION		6		3			
060 25	CARDIO CLINIC	20	5		2			
061	EMERGENCY	209	3,591		1,539			
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT		360		154			
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	1	148		63			
065	AMBULANCE SERVICES	697	668		286			
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	2						
082	LUNG ACQUISITION	7	62		27			
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	78	454		194			
084	LIVER ACQUISITION	35	317		136			
085	HEART ACQUISITION	3	40		17			
085 01	PANCREAS ACQUISITION	18	116		50			
085 02	INTESTINE ACQUISITION	4	45		19			
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	106						
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	4,888	152		65			
095	SUBTOTALS	1,555,735	76,949	164,896	33,439			
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH	8						
097 01	RESEARCH-GCRC	124						
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET	196						
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							
098 05	AOC-PRIVATE PHYSICIANS							
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							

			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
			16	17	18	19	20	21	22
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO	195						
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB	5						
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR	66,421						
098	16	CARDIO PHYSICIANS	946						
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							990,534
102		NEGATIVE COST CENTER							
103		TOTAL	1,623,630	76,949	164,896	33,439			990,534

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	137,780						
024	PARAMED ED PRGM		92,864					
024 01	PARAMED ED CLINIC LAB			170,922				
024 02	PARAMED RADIOLOGY-METHODI			19,620	23,724			
024 03	PARAMED RESPIRATORY THERA			19,853		27,806		
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI			23,128				59,748
024 06	PARAMED PASTORAL ED			25,179				
024 07	PARAMED PHYSICAL THERAPY			13,809				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			27,348				
024 11	PARAMED NEUROPHYSIOLOGY			1,245				
024 12	RADIATION THERAPY ED-IUMC			12,431				
024 13	NUCLEAR MED ED-IUMC			974				
024 14	MEDICAL ASSISTING PROGRAM			8,460				
024 15	SURGICAL TECHNOLOGY PROGR			8,451				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			8,730				
024 18	PARAMED ED PRGM			1,694				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
027 01	NEONATAL INTENSIVE CARE U							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							
029 03	UH NS 3IC							
029 04	RH PED IC							
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
037 01	ENDOSCOPY							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY							
059 02	PSYCH OTHER ANCILLARY							
059 03	CARDIAC CATHERIZATION							
059 04	DAY SURGERY							
059 05	ONCOLOGY							
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							
060 02	MEDICINE/DIAGNOSTIC							
060 03	AMB SVC-OPTHALMOLOGY							
060 04	AMB SVC-PSYCH ADULT							
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS							
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD							
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT							
060 17	O/P CLINIC-PEDIATRIC							
060 19	NEUROLOGY UH							
060 20	ORTHOPEDICS UH							
060 21	AMB SVC-UH PHYSICAL MEDIC							
060 22	AMB SVC-DERMATOLOGY CLINI							
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY							
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINE ACQUISITION							
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS			170,922				
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
097 01	RESEARCH-GCRC							
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET							
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							
098 05	AOC-PRIVATE PHYSICIANS							
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIO LOGY-METHODI	PARAMED RESPI RATORY THERA	DIETARY INTER NSHIP PROG	PARAMED EMERG ENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	NONREIMBURS COST CENTERS							
098 09	MHH NON-REIMBURSABLE LABO							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTISING							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS	137,780	92,864		23,724	27,806		59,748
102	NEGATIVE COST CENTER							
103	TOTAL	137,780	92,864	170,922	23,724	27,806		59,748

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED	33,448						
024 07	PARAMED PHYSICAL THERAPY		14,341					
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY					28,494		
024 11	PARAMED NEUROPHYSIOLOGY						1,298	
024 12	RADIATION THERAPY ED-IUMC							12,959
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
027 01	NEONATAL INTENSIVE CARE U							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							
029 03	UH NS 3IC							
029 04	RH PED IC							
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
037 01	ENDOSCOPY							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUPATIONAL THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEURO PHYSIOLOGY	RADIATION THERAPY ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY							
059 02	PSYCH OTHER ANCILLARY							
059 03	CARDIAC CATHERIZATION							
059 04	DAY SURGERY							
059 05	ONCOLOGY							
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							
060 02	MEDICINE/DIAGNOSTIC							
060 03	AMB SVC-OPTHALMOLOGY							
060 04	AMB SVC-PSYCH ADULT							
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS							
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD							
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT							
060 17	O/P CLINIC-PEDIATRIC							
060 19	NEUROLOGY UH							
060 20	ORTHOPEDICS UH							
060 21	AMB SVC-UH PHYSICAL MEDIC							
060 22	AMB SVC-DERMATOLOGY CLINI							
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY							
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINE ACQUISITION							
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS							
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
097 01	RESEARCH-GCRC							
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET							
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							
098 05	AOC-PRIVATE PHYSICIANS							
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEURO PHYSIOLOGY	RADIATION THERAPY ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	NONREIMBURS COST CENTERS							
098 09	MHH NON-REIMBURSABLE LABO							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTISING							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS	33,448	14,341			28,494	1,298	12,959
102	NEGATIVE COST CENTER							
103	TOTAL	33,448	14,341			28,494	1,298	12,959

	COST CENTER DESCRIPTION	NUCLEAR MED ED-IUMC	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMED SPEECH	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC	1,015						
024 14	MEDICAL ASSISTING PROGRAM		47,905					
024 15	SURGICAL TECHNOLOGY PROGR			26,774				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM					9,070		
024 18	PARAMED ED PRGM						1,761	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							19,659,111
026	INTENSIVE CARE UNIT							1,363,598
027	CORONARY CARE UNIT							1,275,032
027 01	NEONATAL INTENSIVE CARE U							732,674
028	BURN INTENSIVE CARE UNIT							309,799
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							1,423,088
029 03	UH NS 3IC							197,712
029 04	RH PED IC							892,048
029 07	PEDIATRIC CANCER CENTER							150,797
031	SUBPROVIDER							527,794
033	NURSERY							395,557
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							16,695,460
037 01	ENDOSCOPY							486,072
038	RECOVERY ROOM							903,787
039	DELIVERY ROOM & LABOR ROO							1,684,005
040	ANESTHESIOLOGY							1,765,716
040 01	PULMONARY FUNCTION TESTIN							832,963
041	RADIOLOGY-DIAGNOSTIC							22,853,325
042	RADIOLOGY-THERAPEUTIC							6,256,200
043	RADIOISOTOPE							2,121,471
044	LABORATORY							7,324,934
044 01	TRANSPLANT IMMUNOLOGY							216,560
044 02	BONE MARROW TRANSPLANT LA							393,315
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC	MEDICAL ASSIS TING PROGRAM	SURGICAL TECH NOLOGY PROGR	PARAMED SPEEC H	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	ANCILLARY SRVC COST CNTRS							
047	BLOOD STORING, PROCESSING							591,465
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							1,619,629
050	PHYSICAL THERAPY							601,807
051	OCCUPATIONAL THERAPY							337,784
052	SPEECH PATHOLOGY							544,287
053	ELECTROCARDIOLOGY							573,276
054	ELECTROENCEPHALOGRAPHY							427,101
055	MEDICAL SUPPLIES CHARGED							100,015
056	DRUGS CHARGED TO PATIENTS							1,011,716
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							329,264
057	RENAL DIALYSIS							1,386,697
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							147,813
059 01	CARDIOLOGY							1,932,659
059 02	PSYCH OTHER ANCILLARY							65,432
059 03	CARDIAC CATHERIZATION							3,227,279
059 04	DAY SURGERY							1,318,882
059 05	ONCOLOGY							106,693
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							669,603
060 02	MEDICINE/DIAGNOSTIC							946,372
060 03	AMB SVC-OPTHALMOLOGY							155,725
060 04	AMB SVC-PSYCH ADULT							397,397
060 05	AMB SVC-DIABETES ADULT							37,410
060 06	OUTPATIENT SURGERY							560,326
060 07	AMB SVC-RILEY CLINICS							772,246
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							37,298
060 10	AMB SVC-PSYCH CHILD							36,622
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							108,456
060 15	SLEEP DISORDER CENTER							293,439
060 16	O/P CLINIC-ADULT							202,669
060 17	O/P CLINIC-PEDIATRIC							431,118
060 19	NEUROLOGY UH							243,889
060 20	ORTHOPEDICS UH							196,366
060 21	AMB SVC-UH PHYSICAL MEDIC							197,116
060 22	AMB SVC-DERMATOLOGY CLINI							125,881
060 24	IU CANCER PAVILLION							413,379
060 25	CARDIO CLINIC							88,058
061	EMERGENCY							2,621,129
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							35,332
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							29,408
065	AMBULANCE SERVICES							823,020
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							68,189
082	LUNG ACQUISITION							45,780
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							175,204
084	LIVER ACQUISITION							61,287
085	HEART ACQUISITION							20,328
085 01	PANCREAS ACQUISITION							29,093
085 02	INTESTINE ACQUISITION							7,292
086	OTHER ORGAN ACQUISITION							2,309
086 01	POST TRANSPLANT EXPENSES							239,244
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							156,524
095	SUBTOTALS							113,010,326
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							274,599
097	RESEARCH							2,775,901
097 01	RESEARCH-GCRC							358,412
098	PHYSICIANS' PRIVATE OFFIC							1,431
098 01	OTHER NONREIMBURSABLE-MET							3,005,013
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							5,959
098 05	AOC-PRIVATE PHYSICIANS							7,147,027
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							99,559

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC	MEDICAL ASSIS TING PROGRAM	SURGICAL TECH NOLOGY PROGR	PARAMED SPEEC H	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
			24.13	24.14	24.15	24.16	24.17	24.18	25
		NONREIMBURS COST CENTERS							
098	09	MHH NON-REIMBURSABLE LABO							13,691
098	10	SURGERY CENTER							43
098	11	UNUSED SPACE							7,766,111
098	12	RHI LAB							1,105
098	13	NONALLOWABLE FQHC							26,382
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							123,041
098	16	CARDIO PHYSICIANS							245,358
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS	1,015	47,905	26,774		9,070	1,761	1,509,521
102		NEGATIVE COST CENTER							
103		TOTAL	1,015	47,905	26,774		9,070	1,761	136,363,479

			POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		GENERAL SERVICE COST CNTR		
001		OLD CAP REL COSTS-BLDG &		
002		OLD CAP REL COSTS-MVBLE E		
003		NEW CAP REL COSTS-BLDG &		
003	01	NEW CAP REL COSTS-INTERES		
004		NEW CAP REL COSTS-MVBLE E		
005		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING, RECEIVING, &		
006	04	ADMITTING		
006	05	CASHIERING		
006	06	OTHER ADMINISTRATIVE AND		
007		MAINTENANCE & REPAIRS		
007	03	MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
008	01	IU LEASED SPACE		
009		LAUNDRY & LINEN SERVICE		
010		HOUSEKEEPING		
010	01	HOUSEKEEPING - UNIVERSITY		
010	02	HOUSEKEEPING - RILEY		
010	03	HOUSEKEEPING - METHODIST		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSONNEL		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SUPPLY		
016		PHARMACY		
017		MEDICAL RECORDS & LIBRARY		
018		SOCIAL SERVICE		
019		PATIENT TRANSPORTATION		
020		NONPHYSICIAN ANESTHETISTS		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY & FRI		
023		I&R SERVICES-OTHER PRGM C		
024		PARAMED ED PRGM		
024	01	PARAMED ED CLINIC LAB		
024	02	PARAMED RADIOLOGY-METHODI		
024	03	PARAMED RESPIRATORY THERA		
024	04	DIETARY INTERNSHIP PROG		
024	05	PARAMED EMERGENCY METHODI		
024	06	PARAMED PASTORAL ED		
024	07	PARAMED PHYSICAL THERAPY		
024	08	PARAMED OCCUP THERAPY		
024	09	PARAMED PERFUSION		
024	10	PARAMED PHARMACY		
024	11	PARAMED NEUROPHYSIOLOGY		
024	12	RADIATION THERAPY ED-IUMC		
024	13	NUCLEAR MED ED-IUMC		
024	14	MEDICAL ASSISTING PROGRAM		
024	15	SURGICAL TECHNOLOGY PROGR		
024	16	PARAMED SPEECH		
024	17	PARAMED ED PRGM		
024	18	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
025		ADULTS & PEDIATRICS		19,659,111
026		INTENSIVE CARE UNIT		1,363,598
027		CORONARY CARE UNIT		1,275,032
027	01	NEONATAL INTENSIVE CARE U		732,674
028		BURN INTENSIVE CARE UNIT		309,799
029		SURGICAL INTENSIVE CARE U		
029	02	UH SURG 6IC		1,423,088
029	03	UH NS 3IC		197,712
029	04	RH PED IC		892,048
029	07	PEDIATRIC CANCER CENTER		150,797
031		SUBPROVIDER		527,794
033		NURSERY		395,557
034		SKILLED NURSING FACILITY		
035		NURSING FACILITY		
035	01	ICF/MR		
036		OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
037		OPERATING ROOM		16,695,460
037	01	ENDOSCOPY		486,072
038		RECOVERY ROOM		903,787
039		DELIVERY ROOM & LABOR ROO		1,684,005
040		ANESTHESIOLOGY		1,765,716
040	01	PULMONARY FUNCTION TESTIN		832,963
041		RADIOLOGY-DIAGNOSTIC		22,853,325
042		RADIOLOGY-THERAPEUTIC		6,256,200
043		RADIOISOTOPE		2,121,471
044		LABORATORY		7,324,934
044	01	TRANSPLANT IMMUNOLOGY		216,560
044	02	BONE MARROW TRANSPLANT LA		393,315
045		PBP CLINICAL LAB SERVICES		
046		WHOLE BLOOD & PACKED RED		

			POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		ANCILLARY SRVC COST CNTRS		
047		BLOOD STORING, PROCESSING		591,465
048		INTRAVENOUS THERAPY		
049		RESPIRATORY THERAPY		1,619,629
050		PHYSICAL THERAPY		601,807
051		OCCUPATIONAL THERAPY		337,784
052		SPEECH PATHOLOGY		544,287
053		ELECTROCARDIOLOGY		573,276
054		ELECTROENCEPHALOGRAPHY		427,101
055		MEDICAL SUPPLIES CHARGED		100,015
056		DRUGS CHARGED TO PATIENTS		1,011,716
056	01	RENAL-RILEY		
056	02	RENAL-ADULT		
056	03	OUTPATIENT RETAIL PHARMAC		329,264
057		RENAL DIALYSIS		1,386,697
058		ASC (NON-DISTINCT PART)		
058	04	BMTU OUTPATIENT		
059		RH NBN ECMO IC		147,813
059	01	CARDIOLOGY		1,932,659
059	02	PSYCH OTHER ANCILLARY		65,432
059	03	CARDIAC CATHERIZATION		3,227,279
059	04	DAY SURGERY		1,318,882
059	05	ONCOLOGY		106,693
059	06	DAY SURGERY-RILEY		
059	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
060		CLINIC		
060	01	AMB SVC-OB & GYN		669,603
060	02	MEDICINE/DIAGNOSTIC		946,372
060	03	AMB SVC-OPTHALMOLOGY		155,725
060	04	AMB SVC-PSYCH ADULT		397,397
060	05	AMB SVC-DIABETES ADULT		37,410
060	06	OUTPATIENT SURGERY		560,326
060	07	AMB SVC-RILEY CLINICS		772,246
060	08	DENTAL CLINIC		
060	09	MOTILITY LAB		37,298
060	10	AMB SVC-PSYCH CHILD		36,622
060	13	ARTHRITIS CENTER		
060	14	GERIATRICS CLINIC		108,456
060	15	SLEEP DISORDER CENTER		293,439
060	16	O/P CLINIC-ADULT		202,669
060	17	O/P CLINIC-PEDIATRIC		431,118
060	19	NEUROLOGY UH		243,889
060	20	ORTHOPEDICS UH		196,366
060	21	AMB SVC-UH PHYSICAL MEDIC		197,116
060	22	AMB SVC-DERMATOLOGY CLINI		125,881
060	24	IU CANCER PAVILLION		413,379
060	25	CARDIO CLINIC		88,058
061		EMERGENCY		2,621,129
061	01	EMERGENCY-RILEY		
062		OBSERVATION BEDS (NON-DIS		
063		FAMILY PRACTICE		
063	60	FEDERALLY QUALIFIED HEALT		35,332
		OTHER REIMBURS COST CNTRS		
064		HOME PROGRAM DIALYSIS		29,408
065		AMBULANCE SERVICES		823,020
066		DURABLE MEDICAL EQUIP-REN		
067		DURABLE MEDICAL EQUIP-SOL		
069		CORF		
070		I&R SERVICES-NOT APPRVD P		
071		HOME HEALTH AGENCY		68,189
082		LUNG ACQUISITION		45,780
		SPEC PURPOSE COST CENTERS		
083		KIDNEY ACQUISITION		175,204
084		LIVER ACQUISITION		61,287
085		HEART ACQUISITION		20,328
085	01	PANCREAS ACQUISITION		29,093
085	02	INTESTINE ACQUISITION		7,292
086		OTHER ORGAN ACQUISITION		2,309
086	01	POST TRANSPLANT EXPENSES		239,244
092		AMBULATORY SURGICAL CENTE		
093		HOSPICE		156,524
095		SUBTOTALS		113,010,326
		NONREIMBURS COST CENTERS		
096		GIFT, FLOWER, COFFEE SHOP		274,599
097		RESEARCH		2,775,901
097	01	RESEARCH-GCRC		358,412
098		PHYSICIANS' PRIVATE OFFIC		1,431
098	01	OTHER NONREIMBURSABLE-MET		3,005,013
098	02	CAFETERIA-IUMC		
098	03	ORGAN PROC ORG		
098	04	OTHER NONREIMBURSABLE-IUM		5,959
098	05	AOC-PRIVATE PHYSICIANS		7,147,027
098	06	NONALLOWABLE ADVERTISING		
098	07	PHYSICIANS' PRIVATE OFFIC		
098	08	MHH NON-REIMBURSABLE RADI		99,559

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET B I PART III

			POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		NONREIMBURS COST CENTERS		
098	09	MHH NON-REIMBURSABLE LABO		13,691
098	10	SURGERY CENTER		43
098	11	UNUSED SPACE		7,766,111
098	12	RHI LAB		1,105
098	13	NONALLOWABLE FQHC		26,382
098	14	NONALLOWABLE ADVERTISING		
098	15	ARTHRITIS CLINIC - NR		123,041
098	16	CARDIO PHYSICIANS		245,358
099		NONPAID WORKERS		
101		CROSS FOOT ADJUSTMENTS		1,509,521
102		NEGATIVE COST CENTER		
103		TOTAL		136,363,479

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERES (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
		1	2	3	3.01	4	5
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD			3,641,137			
003 01	NEW CAP REL COSTS-INT				3,641,137		
004	NEW CAP REL COSTS-MVB					30,359,414	
005	EMPLOYEE BENEFITS			2,205	2,205		639,482,565
006 01	NONPATIENT TELEPHONES						323,557
006 02	DATA PROCESSING						16,078,846
006 03	PURCHASING, RECEIVING			169	169	21,010	4,254,533
006 04	ADMITTING						7,542,107
006 05	CASHIERING			1,472	1,472		12,260,993
006 06	OTHER ADMINISTRATIVE			75,528	75,528	421,020	46,287,228
007	MAINTENANCE & REPAIRS			143,987	143,987	843	4,422,228
007 03	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT			1,481	1,481	26,017	10,029,061
008 01	IU LEASED SPACE						
009	LAUNDRY & LINEN SERVI			35,739	35,739	33,810	586,553
010	HOUSEKEEPING						
010 01	HOUSEKEEPING - UNIVER						3,191,263
010 02	HOUSEKEEPING - RILEY						1,832,375
010 03	HOUSEKEEPING - METHOD						3,738,410
011	DIETARY			37,347	37,347	200,138	6,779,875
012	CAFETERIA						989,323
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO			20,626	20,626	1,563,695	16,762,937
015	CENTRAL SERVICES & SU			33,723	33,723	200,872	4,014,807
016	PHARMACY			54,364	54,364	164,638	18,443,004
017	MEDICAL RECORDS & LIB					25,014	5,313,443
018	SOCIAL SERVICE			7,833	7,833	57	3,114,045
019	PATIENT TRANSPORTATIO			768	768	5,829	2,033,854
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &			46,803	46,803		24,731,250
023	I&R SERVICES-OTHER PR			1,800	1,800	28,771	1,833,636
024	PARAMED ED PRGM			1,002	1,002	32,636	
024 01	PARAMED ED CLINIC LAB			6,655	6,655	17,011	1,135,321
024 02	PARAMED RADIOLOGY-MET			179	179		349,666
024 03	PARAMED RESPIRATORY T			371	371		304,660
024 04	DIETARY INTERNSHIP PR						
024 05	PARAMED EMERGENCY MET			1,803	1,803		415,507
024 06	PARAMED PASTORAL ED			361	361		448,809
024 07	PARAMED PHYSICAL THER						
024 08	PARAMED OCCUP THERAPY						
024 09	PARAMED PERFUSION						
024 10	PARAMED PHARMACY						521,853
024 11	PARAMED NEUROPHYSIOLO						26,996
024 12	RADIATION THERAPY ED-						269,469
024 13	NUCLEAR MED ED-IUMC						21,107
024 14	MEDICAL ASSISTING PRO			1,983	1,983		143,517
024 15	SURGICAL TECHNOLOGY P			185	185	6,433	146,269
024 16	PARAMED SPEECH						
024 17	PARAMED ED PRGM						
024 18	PARAMED ED PRGM						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS			576,888	576,888	2,028,446	123,039,832
026	INTENSIVE CARE UNIT			39,729	39,729	109,942	14,514,936
027	CORONARY CARE UNIT			42,477	42,477	52,319	10,799,917
027 01	NEONATAL INTENSIVE CA			8,014	8,014	204,656	4,659,553
028	BURN INTENSIVE CARE U			4,301	4,301	85,543	1,309,445
029	SURGICAL INTENSIVE CA						
029 02	UH SURG 6IC			44,733	44,733	182,295	4,516,447
029 03	UH NS 3IC			6,727	6,727	7,839	2,089,695
029 04	RH PED IC			29,126	29,126	41,893	8,378,279
029 07	PEDIATRIC CANCER CENT			6,107	6,107	271	1,112,419
031	SUBPROVIDER			21,045	21,045	13,348	3,679,978
033	NURSERY			9,658	9,658	50,871	5,271,447
034	SKILLED NURSING FACIL						
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			213,143	213,143	5,106,338	30,355,734
037 01	ENDOSCOPY			4,548	4,548	165,366	993,314
038	RECOVERY ROOM			32,268	32,268	57,425	7,156,481
039	DELIVERY ROOM & LABOR			58,143	58,143	169,240	6,836,973
040	ANESTHESIOLOGY			2,265	2,265	722,749	2,403,418
040 01	PULMONARY FUNCTION TE			20,366	20,366	183,164	2,430,955
041	RADIOLOGY-DIAGNOSTIC			176,356	176,356	8,529,216	23,103,511
042	RADIOLOGY-THERAPEUTIC			40,387	40,387	2,424,962	4,596,452
043	RADIOISOTOPE			18,482	18,482	772,598	1,016,938
044	LABORATORY			215,018	215,018	1,270,408	22,042,871

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERES (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
			1	2	3	3.01	4	5
		ANCILLARY SRVC COST C						
044	01	TRANSPLANT IMMUNOLOGY			7,670	7,670	23,011	857,438
044	02	BONE MARROW TRANSPLAN			11,259	11,259	68,381	913,375
045		PBP CLINICAL LAB SERV						
046		WHOLE BLOOD & PACKED						
047		BLOOD STORING, PROCES			12,006	12,006	35,570	3,120,923
048		INTRAVENOUS THERAPY						
049		RESPIRATORY THERAPY			21,659	21,659	493,579	19,167,454
050		PHYSICAL THERAPY			26,501	26,501	25,646	5,803,140
051		OCCUPATIONAL THERAPY			16,704	16,704	1,142	1,789,403
052		SPEECH PATHOLOGY			22,402	22,402	36,337	2,726,525
053		ELECTROCARDIOLOGY			8,348	8,348	174,419	2,749,404
054		ELECTROENCEPHALOGRAPH			10,494	10,494	94,195	1,823,774
055		MEDICAL SUPPLIES CHAR			3,221	3,221		220,346
056		DRUGS CHARGED TO PATI						
056	01	RENAL-RILEY						
056	02	RENAL-ADULT						
056	03	OUTPATIENT RETAIL PHA					7,942	2,599,373
057		RENAL DIALYSIS			38,417	38,417	207,281	7,260,514
058		ASC (NON-DISTINCT PAR						
058	04	BMTU OUTPATIENT						
059		RH NBN ECMO IC					61,549	674,498
059	01	CARDIOLOGY			11,010	11,010	712,639	1,865,471
059	02	PSYCH OTHER ANCILLARY			2,853	2,853	2,871	121,628
059	03	CARDIAC CATHERIZATION			32,996	32,996	1,102,835	3,181,317
059	04	DAY SURGERY			54,578	54,578	71,430	3,901,399
059	05	ONCOLOGY			3,774	3,774	12,973	355,824
059	06	DAY SURGERY-RILEY						
059	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST C						
060		CLINIC						
060	01	AMB SVC-OB & GYN			16,114	16,114	148,493	1,106,574
060	02	MEDICINE/DIAGNOSTIC			44,958	44,958	7,132	2,936,066
060	03	AMB SVC-OPTHALMOLOGY			5,224	5,224	22,607	206,889
060	04	AMB SVC-PSYCH ADULT			19,927	19,927	53	519,412
060	05	AMB SVC-DIABETES ADUL			1,898	1,898		
060	06	OUTPATIENT SURGERY			8,926	8,926	168,088	1,496,045
060	07	AMB SVC-RILEY CLINICS			33,545	33,545	20,941	4,169,104
060	08	DENTAL CLINIC						
060	09	MOTILITY LAB			278	278	13,025	65,148
060	10	AMB SVC-PSYCH CHILD			1,805	1,805		244,001
060	13	ARTHRITIS CENTER						
060	14	GERIATRICS CLINIC			4,631	4,631	6,793	423,776
060	15	SLEEP DISORDER CENTER			14,666	14,666		1,233,278
060	16	O/P CLINIC-ADULT			10,066	10,066	423	278,366
060	17	O/P CLINIC-PEDIATRIC			16,648	16,648	43,349	596,252
060	19	NEUROLOGY UH			6,975	6,975	42,653	726,638
060	20	ORTHOPEDICS UH			9,700	9,700	361	353,904
060	21	AMB SVC-UH PHYSICAL M			9,925	9,925		182,989
060	22	AMB SVC-DERMATOLOGY C			6,127	6,127	312	257,347
060	24	IU CANCER PAVILLION			19,949	19,949	7,361	684,180
060	25	CARDIO CLINIC			4,366	4,366		190,599
061		EMERGENCY			72,503	72,503	360,462	17,260,924
061	01	EMERGENCY-RILEY						
062		OBSERVATION BEDS (NON						
063		FAMILY PRACTICE						
063	60	FEDERALLY QUALIFIED H						21,676,845
		OTHER REIMBURS COST C						
064		HOME PROGRAM DIALYSIS			730	730	1,319	69,327
065		AMBULANCE SERVICES			89	89	335,758	5,663,165
066		DURABLE MEDICAL EQUIP						
067		DURABLE MEDICAL EQUIP						
069		CORF						
070		I&R SERVICES-NOT APPR						
071		HOME HEALTH AGENCY			480	480		13,381,602
082		LUNG ACQUISITION			1,794	1,794	3,228	263,646
		SPEC PURPOSE COST CEN						
083		KIDNEY ACQUISITION			4,189	4,189	34,249	1,578,142
084		LIVER ACQUISITION			721	721	15,162	793,167
085		HEART ACQUISITION			791	791	1,448	213,852
085	01	PANCREAS ACQUISITION			330	330	7,826	170,287
085	02	INTESTINE ACQUISITION			94	94	1,703	105,095
086		OTHER ORGAN ACQUISITI						153,768
086	01	POST TRANSPLANT EXPEN			6,387	6,387	46,523	2,467,020
092		AMBULATORY SURGICAL C						
093		HOSPICE			7,257	7,257		1,964,045
095		SUBTOTALS			2,661,150	2,661,150	29,347,752	619,218,356
		NONREIMBURS COST CENT						
096		GIFT, FLOWER, COFFEE			13,921	13,921		34,627
097		RESEARCH			44,790	44,790	814,052	6,974,995
097	01	RESEARCH-GCRC			16,953	16,953	6,778	95,522
098		PHYSICIANS' PRIVATE O						61,336

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET B-1

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERES (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
		1	2	3	3.01	4	5
	NONREIMBURS COST CENT						
098 01	OTHER NONREIMBURSABLE			137,778	137,778	105,214	8,247,615
098 02	CAFETERIA-IUMC						
098 03	ORGAN PROC ORG						
098 04	OTHER NONREIMBURSABLE			272	272		142,349
098 05	AOC-PRIVATE PHYSICIAN			362,618	362,618		120
098 06	NONALLOWABLE ADVERTIS						
098 07	PHYSICIANS' PRIVATE O						
098 08	MHH NON-REIMBURSABLE					44,189	220,470
098 09	MHH NON-REIMBURSABLE			80	80	4,875	356,117
098 10	SURGERY CENTER						8,371
098 11	UNUSED SPACE			394,064	394,064		
098 12	RHI LAB						154,906
098 13	NONALLOWABLE FQHC						
098 14	NONALLOWABLE ADVERTIS						
098 15	ARTHRITIS CLINIC - NR					15,885	3,301,089
098 16	CARDIO PHYSICIANS			9,511	9,511	20,669	666,692
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)			39,450,564	29,072,052	67,840,863	26,338,074
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			10.834683	7.984333	2.234591	.041187
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III						41,495
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						.000065

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT HARGES)	CASHIERING C(TOTAL HARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
		6.01	6.02	6.03	6.04	6.05	6a.06	6.06
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES	10,164						
006 02	DATA PROCESSING		10,164					
006 03	PURCHASING, RECEIVING	5	5	181,053,643				
006 04	ADMITTING				2285,764,134			
006 05	CASHIERING					3603,979,679		
006 06	OTHER ADMINISTRATIVE	455	455	221,872			-94,427,945	1401,092,280
007	MAINTENANCE & REPAIRS			58				19,987,300
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	16	16	470				47,635,900
008 01	IU LEASED SPACE							73,307
009	LAUNDRY & LINEN SERVI	14	14	98,298				4,676,214
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							131,439
010 02	HOUSEKEEPING - RILEY							75,470
010 03	HOUSEKEEPING - METHOD							14,281,833
011	DIETARY	102	102	177,023				12,420,667
012	CAFETERIA							2,371,288
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	74	74	59,938				29,676,631
015	CENTRAL SERVICES & SU	51	51					16,643,067
016	PHARMACY	259	259	1,991,160				97,205,010
017	MEDICAL RECORDS & LIB	7	7	2,219				12,144,587
018	SOCIAL SERVICE	73	73	6,485				5,986,105
019	PATIENT TRANSPORTATIO	37	37	26,907				2,927,617
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	59	59	560				30,964,350
023	I&R SERVICES-OTHER PR	250	250	147,382				18,178,473
024	PARAMED ED PRGM	5	5	626				120,796
024 01	PARAMED ED CLINIC LAB	36	36	32,761				676,268
024 02	PARAMED RADIOLOGY-MET	5	5	2,246				318,987
024 03	PARAMED RESPIRATORY T	4	4	5,246				189,436
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET	6	6	3,370				619,756
024 06	PARAMED PASTORAL ED	10	10	1,248				662,306
024 07	PARAMED PHYSICAL THER							315,385
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							657,891
024 11	PARAMED NEUROPHYSIOLO							30,173
024 12	RADIATION THERAPY ED-							301,182
024 13	NUCLEAR MED ED-IUMC							23,591
024 14	MEDICAL ASSISTING PRO	5	5					231,855
024 15	SURGICAL TECHNOLOGY P	2	2	1,907				167,043
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							201,142
024 18	PARAMED ED PRGM							39,535
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1,887	1,887	11,985,277	415,242,203	418,301,428		204,585,905
026	INTENSIVE CARE UNIT	205	205	1,508,662	50,146,232	50,146,232		23,378,821
027	CORONARY CARE UNIT	169	169	1,576,636	34,031,709	34,031,709		18,067,090
027 01	NEONATAL INTENSIVE CA	42	42	369,995	20,990,299	20,990,299		7,388,966
028	BURN INTENSIVE CARE U	26	26	44,317	4,612,403	4,612,252		2,236,984
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	200	200	1,005,649	14,464,885	14,464,885		9,542,070
029 03	UH NS 3IC	16	16	257,267	5,554,338	5,554,338		3,285,252
029 04	RH PED IC	93	93	1,047,903	26,325,351	26,325,351		13,538,208
029 07	PEDIATRIC CANCER CENT	17	17	145,177	4,205,843	4,203,714		1,868,995
031	SUBPROVIDER	74	74	59,415	8,875,045	9,099,001		5,810,394
033	NURSERY	56	56	326,026	19,919,992	19,950,731		6,454,771
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	619	619	74,285,106	392,466,546	560,747,571		144,290,288
037 01	ENDOSCOPY	34	34	947,397	8,659,517	13,004,212		3,205,478
038	RECOVERY ROOM	173	173	506,066	20,792,296	41,351,534		12,003,865
039	DELIVERY ROOM & LABOR	186	186	889,581	38,509,018	40,712,255		12,973,352
040	ANESTHESIOLOGY	39	39	6,130,123	21,634,103	27,992,175		13,020,816
040 01	PULMONARY FUNCTION TE	60	60	334,563	2,145,854	16,852,683		4,837,120
041	RADIOLOGY-DIAGNOSTIC	704	704	13,047,759	193,708,365	466,663,637		81,039,698
042	RADIOLOGY-THERAPEUTIC	62	62	497,947	3,891,514	59,158,502		13,846,703
043	RADIOISOTOPE	47	47	1,839,735	5,312,213	19,500,925		6,155,973
044	LABORATORY	594	594	17,777,939	262,194,762	480,598,353		69,249,508

		COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT)	CASHIERING C(TOTAL HARGES)	C RECONCIL-IATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
			6.01	6.02	6.03	6.04	6.05	6a.06	6.06
		ANCILLARY SRVC COST C							
044	01	TRANSPLANT IMMUNOLOGY	7	7	1,045,448	2,408,384	14,462,148		3,950,531
044	02	BONE MARROW TRANSPLAN	28	28	1,068,681	1,974,704	6,478,044		2,939,614
045		PBP CLINICAL LAB SERV							
046		WHOLE BLOOD & PACKED							
047		BLOOD STORING, PROCES	45	45	673,272	47,918,563	56,265,582		21,566,427
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	106	106	3,832,990	137,993,927	143,865,689		32,626,519
050		PHYSICAL THERAPY	51	51	390,181	15,111,525	27,279,900		9,403,290
051		OCCUPATIONAL THERAPY	44	44	106,464	5,458,789	8,304,183		3,160,587
052		SPEECH PATHOLOGY	87	87	1,353,881	3,698,079	13,712,166		6,077,693
053		ELECTROCARDIOLOGY	71	71	146,772	34,521,694	47,270,760		5,614,032
054		ELECTROENCEPHALOGRAPH	59	59	231,101	8,877,195	14,659,027		4,298,407
055		MEDICAL SUPPLIES CHAR	8	8	5,214,124	10,575,097	12,291,989		912,093
056		DRUGS CHARGED TO PATI				258,608,869	334,775,319		4,031,887
056	01	RENAL-RILEY							
056	02	RENAL-ADULT							
056	03	OUTPATIENT RETAIL PHA	87	87			26,557,709		20,874,680
057		RENAL DIALYSIS	121	121	3,052,926	16,712,584	52,108,452		18,253,244
058		ASC (NON-DISTINCT PAR							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC	2	2	121,279	1,646,313	1,646,313		1,163,052
059	01	CARDIOLOGY	39	39	11,925,101	30,655,750	85,036,574		18,777,600
059	02	PSYCH OTHER ANCILLARY	29	29	14,080	279,815	868,828		431,560
059	03	CARDIAC CATHERIZATION	124	124	7,305,558	45,261,091	85,467,940		16,497,402
059	04	DAY SURGERY	112	112	345,279	979,389	5,425,713		7,335,216
059	05	ONCOLOGY	16	16	1,790		70,842		929,993
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST C							
060		CLINIC							
060	01	AMB SVC-OB & GYN	75	75	137,484	952,473	6,730,791		2,684,773
060	02	MEDICINE/DIAGNOSTIC	151	151	236,016	143,314	9,428,951		6,504,214
060	03	AMB SVC-OPTHALMOLOGY	15	15	11,570	10,103	1,455,163		596,605
060	04	AMB SVC-PSYCH ADULT	36	36	64,346	4,004	1,821,739		1,327,233
060	05	AMB SVC-DIABETES ADUL	1	1					43,074
060	06	OUTPATIENT SURGERY	40	40	58,671	3,277,687	9,088,296		2,801,109
060	07	AMB SVC-RILEY CLINICS	236	236	422,849	283,366	8,533,672		8,700,079
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	1	1	85,464	44,002	563,904		230,859
060	10	AMB SVC-PSYCH CHILD	19	19	3,763	567	273,153		494,003
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	16	16	5,300	820	101,579		494,679
060	15	SLEEP DISORDER CENTER	59	59		44,291	8,154,010		2,583,556
060	16	O/P CLINIC-ADULT	25	25	5,296	1,909	191,676		767,597
060	17	O/P CLINIC-PEDIATRIC	8	8	25,796	587	749,627		1,238,191
060	19	NEUROLOGY UH	33	33	14,064	2,783	700,588		1,359,731
060	20	ORTHOPEDICS UH	39	39	10,821	2,344	375,139		907,541
060	21	AMB SVC-UH PHYSICAL M	50	50	13,856	907	232,976		737,135
060	22	AMB SVC-DERMATOLOGY C	6	6	58,976	1,001	787,362		582,766
060	24	IU CANCER PAVILLION	141	141	51,658	2,417	281,213		2,105,344
060	25	CARDIO CLINIC	19	19	12,223	6,162	237,374		452,681
061		EMERGENCY	440	440	3,055,324	55,332,502	171,007,395		32,145,741
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED H					17,139,902		19,711,099
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS	4	4	1,298,318	26,133	7,051,023		1,549,370
065		AMBULANCE SERVICES	64	64	183,657	34,004	31,804,353		16,507,049
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP							
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY			333				34,284,596
082		LUNG ACQUISITION	9	9	5,059	2,973,200	2,973,200		1,792,789
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION	91	91	53,674	21,587,623	21,604,184		8,487,478
084		LIVER ACQUISITION	40	40	23,762	15,115,245	15,115,245		7,206,185
085		HEART ACQUISITION	4	4	2,270	1,886,549	1,886,549		822,971
085	01	PANCREAS ACQUISITION	21	21	12,264	5,515,185	5,515,123		2,765,630
085	02	INTESTINE ACQUISITION	5	5	2,669	2,150,700	2,150,700		888,378
086		OTHER ORGAN ACQUISITI			3,566				210,098
086	01	POST TRANSPLANT EXPEN	123	123	72,911				4,794,120
092		AMBULATORY SURGICAL C							
093		HOSPICE	52	52	1,545		7,215,827		4,643,632
095		SUBTOTALS	9,637	9,637	180,124,748	2285,764,134	3603,979,679	-94,427,945	1325,978,994
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE	21	21					385,308
097		RESEARCH	168	168	505,305				11,025,851
097	01	RESEARCH-GCRC	17	17	60,770				663,028
098		PHYSICIANS' PRIVATE O	4	4					845,341

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	OTHER ADMINISTRATIVE AND RECONCILIATION	ACCUM. COST
		6.01	6.02	6.03	6.04	6.05	6a.06	6.06
	NONREIMBURS COST CENT							
098 01	OTHER NONREIMBURSABLE	247	247	267,971				21,047,078
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE							101,661
098 05	AOC-PRIVATE PHYSICIAN	2	2	158				7,326,176
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE			4,055				458,210
098 09	MHH NON-REIMBURSABLE	4	4					593,212
098 10	SURGERY CENTER	1	1	1,604				18,927
098 11	UNUSED SPACE							7,415,897
098 12	RHI LAB							303,314
098 13	NONALLOWABLE FQHC							15,629,175
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR	29	29	72,849				7,759,409
098 16	CARDIO PHYSICIANS	34	34	16,183				1,540,699
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,182,643	55,750,278	5,964,725	10,984,746	30,024,174		94,427,945
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	313.128985	5,485.072609	.032945	.004806	.008331		.067396
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	21	1,045	50,407	490	28,499		2,365,290
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.002066	.102814	.000278		.000008		.001688

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET) F
		7	7.03	8	8.01	9	10	10.01
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS	3,417,776						
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1,481		3,416,295				
008 01	IU LEASED SPACE				6,616			
009	LAUNDRY & LINEN SERVI	35,739		35,739		9,035,869		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							1,163,630
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY	37,347		37,347				13,333
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	20,626		20,626				4,027
015	CENTRAL SERVICES & SU	33,723		33,723		92,862		7,588
016	PHARMACY	54,364		54,364				20,250
017	MEDICAL RECORDS & LIB				6,616			
018	SOCIAL SERVICE	7,833		7,833		2,338		
019	PATIENT TRANSPORTATIO	768		768				693
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	46,803		46,803		532		742
023	I&R SERVICES-OTHER PR	1,800		1,800		63,976		4,087
024	PARAMED ED PRGM	1,002		1,002				
024 01	PARAMED ED CLINIC LAB	6,655		6,655				
024 02	PARAMED RADIOLOGY-MET	179		179				
024 03	PARAMED RESPIRATORY T	371		371		3,141		
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET	1,803		1,803				
024 06	PARAMED PASTORAL ED	361		361				
024 07	PARAMED PHYSICAL THER							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PRO	1,983		1,983				
024 15	SURGICAL TECHNOLOGY P	185		185				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	576,888		576,888		4,660,887		149,650
026	INTENSIVE CARE UNIT	39,729		39,729		293,749		
027	CORONARY CARE UNIT	42,477		42,477		337,516		14,616
027 01	NEONATAL INTENSIVE CA	8,014		8,014		217,070		
028	BURN INTENSIVE CARE U	4,301		4,301		74,125		
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	44,733		44,733		131,455		44,733
029 03	UH NS 3IC	6,727		6,727		62,918		6,727
029 04	RH PED IC	29,126		29,126		238,756		
029 07	PEDIATRIC CANCER CENT	6,107		6,107		53,288		
031	SUBPROVIDER	21,045		21,045		83,372		
033	NURSERY	9,658		9,658		91,497		9,658
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	213,143		213,143		317,817		93,243
037 01	ENDOSCOPY	4,548		4,548		37,595		
038	RECOVERY ROOM	32,268		32,268		163,393		7,941
039	DELIVERY ROOM & LABOR	58,143		58,143		362,884		14,173
040	ANESTHESIOLOGY	2,265		2,265				152
040 01	PULMONARY FUNCTION TE	20,366		20,366		38,717		3,001
041	RADIOLOGY-DIAGNOSTIC	176,356		176,356		288,619		78,723
042	RADIOLOGY-THERAPEUTIC	40,387		40,387		43,445		21,556
043	RADIOISOTOPE	18,482		18,482		25,665		7,674
044	LABORATORY	215,018		215,018		707		9,660

		COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	F
			7	7.03	8	8.01	9	10	10.01	
		ANCILLARY SRVC COST C								
044	01	TRANSPLANT IMMUNOLOGY	7,670		7,670					
044	02	BONE MARROW TRANSPLAN	11,259		11,259				8,988	
045		PBP CLINICAL LAB SERV								
046		WHOLE BLOOD & PACKED								
047		BLOOD STORING, PROCES	12,006		12,006		12,092		1,376	
048		INTRAVENOUS THERAPY								
049		RESPIRATORY THERAPY	21,659		21,659		3,170		3,804	
050		PHYSICAL THERAPY	26,501		26,501		33,712		3,200	
051		OCCUPATIONAL THERAPY	16,704		16,704				2,996	
052		SPEECH PATHOLOGY	22,402		22,402		3,266		4,578	
053		ELECTROCARDIOLOGY	8,348		8,348		13,519		284	
054		ELECTROENCEPHALOGRAPH	10,494		10,494		7,292		4,490	
055		MEDICAL SUPPLIES CHAR	3,221		3,221					
056		DRUGS CHARGED TO PATI								
056	01	RENAL-RILEY								
056	02	RENAL-ADULT								
056	03	OUTPATIENT RETAIL PHA							3,182	
057		RENAL DIALYSIS	38,417		38,417		36,284		24,310	
058		ASC (NON-DISTINCT PAR								
058	04	BMTU OUTPATIENT								
059		RH NBN ECMO IC								
059	01	CARDIOLOGY	11,010		11,010				1,957	
059	02	PSYCH OTHER ANCILLARY	2,853		2,853					
059	03	CARDIAC CATHERIZATION	32,996		32,996		61,824		3,146	
059	04	DAY SURGERY	54,578		54,578		174,644		33,387	
059	05	ONCOLOGY	3,774		3,774					
059	06	DAY SURGERY-RILEY								
059	07	CARDIOLOGY-RILEY								
		OUTPAT SERVICE COST C								
060		CLINIC								
060	01	AMB SVC-OB & GYN	16,114		16,114		59,618		16,114	
060	02	MEDICINE/DIAGNOSTIC	44,958		44,958		19,109		30,132	
060	03	AMB SVC-OPTHALMOLOGY	5,224		5,224				5,224	
060	04	AMB SVC-PSYCH ADULT	19,927		19,927				6,888	
060	05	AMB SVC-DIABETES ADUL	1,898		1,898				1,898	
060	06	OUTPATIENT SURGERY	8,926		8,926		6,276		7,034	
060	07	AMB SVC-RILEY CLINICS	33,545		33,545		34,434			
060	08	DENTAL CLINIC								
060	09	MOTILITY LAB	278		278					
060	10	AMB SVC-PSYCH CHILD	1,805		1,805		2,435			
060	13	ARTHRITIS CENTER								
060	14	GERIATRICS CLINIC	4,631		4,631					
060	15	SLEEP DISORDER CENTER	14,666		14,666				4,311	
060	16	O/P CLINIC-ADULT	10,066		10,066					
060	17	O/P CLINIC-PEDIATRIC	16,648		16,648		9,464			
060	19	NEUROLOGY UH	6,975		6,975		9,118		6,975	
060	20	ORTHOPEDICS UH	9,700		9,700				9,700	
060	21	AMB SVC-UH PHYSICAL M	9,925		9,925				9,925	
060	22	AMB SVC-DERMATOLOGY C	6,127		6,127				6,127	
060	24	IU CANCER PAVILLION	19,949		19,949				19,949	
060	25	CARDIO CLINIC	4,366		4,366					
061		EMERGENCY	72,503		72,503		594,854		4,489	
061	01	EMERGENCY-RILEY								
062		OBSERVATION BEDS (NON								
063		FAMILY PRACTICE								
063	60	FEDERALLY QUALIFIED H								
		OTHER REIMBURS COST C								
064		HOME PROGRAM DIALYSIS	730		730				1,037	
065		AMBULANCE SERVICES	89		89					
066		DURABLE MEDICAL EQUIP								
067		DURABLE MEDICAL EQUIP								
069		CORF								
070		I&R SERVICES-NOT APPR								
071		HOME HEALTH AGENCY	480		480				154	
082		LUNG ACQUISITION	1,794		1,794					
		SPEC PURPOSE COST CEN								
083		KIDNEY ACQUISITION	4,189		4,189				1,023	
084		LIVER ACQUISITION	721		721				721	
085		HEART ACQUISITION	791		791					
085	01	PANCREAS ACQUISITION	330		330				330	
085	02	INTESTINE ACQUISITION	94		94				94	
086		OTHER ORGAN ACQUISITI								
086	01	POST TRANSPLANT EXPEN	6,387		6,387				1,748	
092		AMBULATORY SURGICAL C								
093		HOSPICE	7,257		7,257					
095		SUBTOTALS	2,437,789		2,436,308	6,616	8,767,435		741,798	
		NONREIMBURS COST CENT								
096		GIFT, FLOWER, COFFEE	13,921		13,921				3,479	
097		RESEARCH	44,790		44,790		7,947		770	
097	01	RESEARCH-GCRC	16,953		16,953		39,693		16,953	
098		PHYSICIANS' PRIVATE O								

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)
		7	7.03	8	8.01	9	10	10.01
	NONREIMBURS COST CENT							
098 01	OTHER NONREIMBURSABLE	137,778		137,778		220,794		6,043
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE	272		272				
098 05	AOC-PRIVATE PHYSICIAN	362,618		362,618				114,529
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE							
098 09	MHH NON-REIMBURSABLE	80		80				
098 10	SURGERY CENTER							
098 11	UNUSED SPACE	394,064		394,064				280,058
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS	9,511		9,511				
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	21,334,364		50,855,614	78,248	5,746,479		140,297
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.242177		14.886189	11.827086	.635963		.120568
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	2,745,604		168,261	124	786,554		429
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.803331		.049252	.018742	.087048		.000369

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		(RILEY SQUAREF EET	(MH SQUARE)EET	F(MEALS)ERVED	S(FTE'S)	(NUMBER)HOUSED	(DIRECT)SING HRS	NR(COSTED)EQUIS. R)
		10.02	10.03	11	12	13	14	15
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY	628,384						
010 03	HOUSEKEEPING - METHOD		1,415,043					
011	DIETARY	2,665	21,349	746,517				
012	CAFETERIA				799,745			
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	3,145	12,096		26,876		327,452	
015	CENTRAL SERVICES & SU	6,685	19,451		10,588		40	180,690,110
016	PHARMACY	6,834	22,742		26,054		600	1,991,160
017	MEDICAL RECORDS & LIB				13,302			2,219
018	SOCIAL SERVICE	2,805	5,029		6,255			6,485
019	PATIENT TRANSPORTATIO		75		7,259		1	26,907
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	4,373			51,902		1,156	560
023	I&R SERVICES-OTHER PR		39,401		4,161			147,382
024	PARAMED ED PRGM		1,002					626
024 01	PARAMED ED CLINIC LAB		6,655		1,830		30	32,761
024 02	PARAMED RADIOLOGY-MET		179		501			2,246
024 03	PARAMED RESPIRATORY T		371		398			5,246
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET		1,803		820			3,370
024 06	PARAMED PASTORAL ED		361		1,172			1,248
024 07	PARAMED PHYSICAL THER							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				247			
024 11	PARAMED NEUROPHYSIOLO				46			
024 12	RADIATION THERAPY ED-				370			
024 13	NUCLEAR MED ED-IUMC				26			
024 14	MEDICAL ASSISTING PRO		1,983		200			
024 15	SURGICAL TECHNOLOGY P		185		200			1,907
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	126,291	293,915	614,925	192,383		149,164	11,985,277
026	INTENSIVE CARE UNIT		39,729	12,960	21,734		18,827	1,508,662
027	CORONARY CARE UNIT		27,862	50,444	15,144		13,415	1,576,636
027 01	NEONATAL INTENSIVE CA		8,014	3,974	6,811		5,932	369,995
028	BURN INTENSIVE CARE U	4,301		3,139	1,837		1,437	44,317
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC			12,980	6,908		6,380	1,005,649
029 03	UH NS 3IC			4,538	2,630		2,186	257,267
029 04	RH PED IC	29,126		17,970	12,953		11,594	1,047,903
029 07	PEDIATRIC CANCER CENT	6,107		2,476	1,941		1,343	145,177
031	SUBPROVIDER		21,045	16,056	5,959		3,010	59,415
033	NURSERY		7,031		6,236		5,444	326,026
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	32,230	87,670		52,615		24,232	74,285,106
037 01	ENDOSCOPY		4,548		1,558		947	947,397
038	RECOVERY ROOM	4,839	19,488		10,607		8,286	506,066
039	DELIVERY ROOM & LABOR		43,970		10,559		8,066	889,581
040	ANESTHESIOLOGY	287	1,825		3,882		1,995	6,130,123
040 01	PULMONARY FUNCTION TE	14,512	2,852		4,297		658	334,563
041	RADIOLOGY-DIAGNOSTIC	45,240	46,711		36,903		4,294	13,047,759
042	RADIOLOGY-THERAPEUTIC		18,832		5,637		764	497,947
043	RADIOISOTOPE	2,170	8,637		1,309		195	1,839,735
044	LABORATORY	17,073	42,249		41,801		14	17,777,939

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		(RILEY SQUAREF EET	(MH SQUARE)EET	F(MEALS)ERVED	S(FTE'S)	(NUMBER)HOUSED	(DIRECT)SING HRS	NR(COSTED)EQUIS. R)
		10.02	10.03	11	12	13	14	15
	ANCILLARY SRVC COST C							
044 01	TRANSPLANT IMMUNOLOGY	5,785	1,885		1,378			1,045,448
044 02	BONE MARROW TRANSPLAN	2,271			1,428		539	1,068,681
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	215	4,589		5,067		134	673,272
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	5,246	12,609		29,422		221	3,832,990
050	PHYSICAL THERAPY	2,510	17,401		9,235			390,181
051	OCCUPATIONAL THERAPY	4,427	5,912		3,483		3	106,464
052	SPEECH PATHOLOGY	15,428	2,396		4,735		144	1,353,881
053	ELECTROCARDIOLOGY		8,063		5,418		457	146,772
054	ELECTROENCEPHALOGRAPH	2,744	3,260		2,786			231,101
055	MEDICAL SUPPLIES CHAR	3,221			400			5,214,124
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA	1,356	3,487		3,938		3,938	114,077
057	RENAL DIALYSIS	5,657	8,144		11,831		5,405	3,052,926
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				613		613	121,279
059 01	CARDIOLOGY	9,052			3,102		775	11,925,101
059 02	PSYCH OTHER ANCILLARY		2,853		189		162	14,080
059 03	CARDIAC CATHERIZATION		29,850	4,166	4,447		1,708	7,305,558
059 04	DAY SURGERY	20,562	629		6,607		4,546	345,279
059 05	ONCOLOGY		3,774		659		148	1,790
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN				2,112		786	137,484
060 02	MEDICINE/DIAGNOSTIC		14,826		7,109		2,124	236,016
060 03	AMB SVC-OPTHALMOLOGY				533		45	11,570
060 04	AMB SVC-PSYCH ADULT		13,039		1,062		188	64,346
060 05	AMB SVC-DIABETES ADUL							
060 06	OUTPATIENT SURGERY		1,892		2,739		240	58,671
060 07	AMB SVC-RILEY CLINICS	33,545			8,960		2,986	422,849
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	278			145		144	85,464
060 10	AMB SVC-PSYCH CHILD	1,805			481		1	3,763
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		4,631		561		98	5,300
060 15	SLEEP DISORDER CENTER		10,355					
060 16	O/P CLINIC-ADULT		10,066		578		177	5,296
060 17	O/P CLINIC-PEDIATRIC		20,017		1,041		264	25,796
060 19	NEUROLOGY UH				1,626		671	14,064
060 20	ORTHOPEDICS UH				1,026		189	10,821
060 21	AMB SVC-UH PHYSICAL M				110			13,856
060 22	AMB SVC-DERMATOLOGY C				791		247	58,976
060 24	IU CANCER PAVILLION				1,800		43	51,658
060 25	CARDIO CLINIC		4,366		413		100	12,223
061	EMERGENCY	18,575	44,866		28,804		21,070	3,055,324
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS				142		49	1,298,318
065	AMBULANCE SERVICES	89			8,558		3,280	183,657
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	325						333
082	LUNG ACQUISITION		1,794		237		4	5,059
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION		3,165		2,511		42	53,674
084	LIVER ACQUISITION				1,112		19	23,762
085	HEART ACQUISITION		791		106		2	2,270
085 01	PANCREAS ACQUISITION				574		10	12,264
085 02	INTESTINE ACQUISITION				125		2	2,669
086	OTHER ORGAN ACQUISITI				158		159	3,566
086 01	POST TRANSPLANT EXPEN		4,638		3,411		57	72,911
092	AMBULATORY SURGICAL C							
093	HOSPICE		7,257		3,153		40	1,545
095	SUBTOTALS	441,774	1,053,615	743,628	770,627		321,840	179,681,166
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	5,033	5,408					
097	RESEARCH		44,020		9,599		4,292	505,305
097 01	RESEARCH-GCRC			2,889				60,770
098	PHYSICIANS' PRIVATE O				71			

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUAREEET)	DIETARY (MEALSERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBERHOUSED)	NURSING ADMINISTRATION (DIRECTSING HRS)	CENTRAL SERVICES & SUPPLY (COSTEDNEQUIS.)
		10.02	10.03	11	12	13	14	15
	NONREIMBURS COST CENT							
098 01	OTHER NONREIMBURSABLE	474	130,284		12,131			267,971
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE		272		86		35	
098 05	AOC-PRIVATE PHYSICIAN	174,029	74,060					158
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE				294			4,055
098 09	MHH NON-REIMBURSABLE				864			
098 10	SURGERY CENTER				23			1,604
098 11	UNUSED SPACE	7,074	93,986					
098 12	RHI LAB		3,887		358			80,049
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR				4,654		605	72,849
098 16	CARDIO PHYSICIANS		9,511		1,038		680	16,183
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	80,556	15,244,371	14,278,796	2,531,103		32,328,771	18,785,090
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.128195	10.773080	19.127221	3.164888		98.728275	.103963
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	246	24,351	1,203,741	4,067		3,951,522	1,149,573
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000391	.017209	1.612476	.005085		12.067485	.006362

	COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TOTAL HARGES	SOCIAL SERVICE (TIME SPENT	PATIENT TRANSPORTATION (TOTAL HARGES	NONPHYSICIANANESTHETISTS (ASSIGNED TIME	NURSING SCHOOL (ASSIGNED TIME	I&R SERVICES-SALARY & FRI (ASSIGNED TIME
		16	17	18	19	20	21	22
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY	110,322,761						
017	MEDICAL RECORDS & LIB		3603,979,679					
018	SOCIAL SERVICE			345,967				
019	PATIENT TRANSPORTATIO				3603,979,679			
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	115,274						59,855
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	4,847						
024 02	PARAMED RADIOLOGY-MET	3						
024 03	PARAMED RESPIRATORY T	18						
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET	1,428						
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THER							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PRO							
024 15	SURGICAL TECHNOLOGY P							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	49,914	418,301,428	260,573	418,301,428			9,778
026	INTENSIVE CARE UNIT	3,301	50,146,232	20,001	50,146,232			2,494
027	CORONARY CARE UNIT	2,077	34,031,709	13,331	34,031,709			156
027 01	NEONATAL INTENSIVE CA	6,036	20,990,299	9,481	20,990,299			1,045
028	BURN INTENSIVE CARE U	260	4,612,252	1,747	4,612,252			
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	312	14,464,885	5,650	14,464,885			709
029 03	UH NS 3IC		5,554,338	2,248	5,554,338			523
029 04	RH PED IC	1,984	26,325,351	9,099	26,325,351			50
029 07	PEDIATRIC CANCER CENT	80	4,203,714	1,790	4,203,714			
031	SUBPROVIDER	196	9,099,001	6,959	9,099,001			415
033	NURSERY	1,878	19,950,731	8,137	19,950,731			
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	534,502	560,747,571	97	560,747,571			7,278
037 01	ENDOSCOPY	2,024	13,004,212		13,004,212			8
038	RECOVERY ROOM	811	41,351,534	849	41,351,534			
039	DELIVERY ROOM & LABOR	1,467	40,712,255	5,202	40,712,255			1,186
040	ANESTHESIOLOGY	1,228,298	27,992,175		27,992,175			4,564
040 01	PULMONARY FUNCTION TE	30,888	16,852,683		16,852,683			875
041	RADIOLOGY-DIAGNOSTIC	278,651	466,663,637		466,663,637			4,575
042	RADIOLOGY-THERAPEUTIC	22,560	59,158,502		59,158,502			530
043	RADIOISOTOPE	223,800	19,500,925		19,500,925			509
044	LABORATORY	31,671	480,598,353		480,598,353			2,465

	COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TOTAL HARGES	SOCIAL SERVICE (TIME SPENT	PATIENT TRANSPORTATION (TOTAL HARGES	NONPHYSICIANANESTHETISTS (ASSIGNED TIME	NURSING SCHOOL (ASSIGNED TIME	I&R SERVICES-SALARY & FRI (ASSIGNED TIME
		16	17	18	19	20	21	22
	ANCILLARY SRVC COST C							
044 01	TRANSPLANT IMMUNOLOGY		14,462,148		14,462,148			
044 02	BONE MARROW TRANSPLAN	9,909	6,478,044		6,478,044			
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	15,615,161	56,265,582		56,265,582			
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	3,612	143,865,689		143,865,689			82
050	PHYSICAL THERAPY	1,123	27,279,900		27,279,900			457
051	OCCUPATIONAL THERAPY		8,304,183		8,304,183			
052	SPEECH PATHOLOGY	24,187	13,712,166		13,712,166			802
053	ELECTROCARDIOLOGY	751	47,270,760		47,270,760			361
054	ELECTROENCEPHALOGRAPH	19	14,659,027		14,659,027			623
055	MEDICAL SUPPLIES CHAR	267	12,291,989		12,291,989			
056	DRUGS CHARGED TO PATI	67,417,282	334,775,319		334,775,319			
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA	15,408,300	26,557,709		26,557,709			
057	RENAL DIALYSIS	3,101,424	52,108,452		52,108,452			597
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC		1,646,313		1,646,313			
059 01	CARDIOLOGY	639	85,036,574		85,036,574			1,415
059 02	PSYCH OTHER ANCILLARY	1,475	868,828		868,828			93
059 03	CARDIAC CATHERIZATION	48,227	85,467,940	55	85,467,940			440
059 04	DAY SURGERY	31	5,425,713	747	5,425,713			
059 05	ONCOLOGY	10	70,842		70,842			260
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN	21,746	6,730,791		6,730,791			1,266
060 02	MEDICINE/DIAGNOSTIC	362,251	9,428,951		9,428,951			1,066
060 03	AMB SVC-OPTHALMOLOGY	50,316	1,455,163		1,455,163			803
060 04	AMB SVC-PSYCH ADULT	560	1,821,739		1,821,739			343
060 05	AMB SVC-DIABETES ADUL							
060 06	OUTPATIENT SURGERY	4,936	9,088,296		9,088,296			
060 07	AMB SVC-RILEY CLINICS	568,408	8,533,672		8,533,672			500
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	2	563,904		563,904			
060 10	AMB SVC-PSYCH CHILD		273,153		273,153			460
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	572	101,579		101,579			246
060 15	SLEEP DISORDER CENTER		8,154,010		8,154,010			
060 16	O/P CLINIC-ADULT	2,562	191,676		191,676			1,434
060 17	O/P CLINIC-PEDIATRIC	4,659	749,627		749,627			3,100
060 19	NEUROLOGY UH		700,588		700,588			509
060 20	ORTHOPEDICS UH	55,042	375,139		375,139			921
060 21	AMB SVC-UH PHYSICAL M	34,506	232,976		232,976			
060 22	AMB SVC-DERMATOLOGY C	16,703	787,362		787,362			181
060 24	IU CANCER PAVILLION		281,213		281,213			38
060 25	CARDIO CLINIC	1,346	237,374		237,374			139
061	EMERGENCY	14,184	171,007,395	1	171,007,395			3,195
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H		17,139,902		17,139,902			
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS	95	7,051,023		7,051,023			
065	AMBULANCE SERVICES	47,392	31,804,353		31,804,353			
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	152						
082	LUNG ACQUISITION	500	2,973,200		2,973,200			
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	5,303	21,604,184		21,604,184			
084	LIVER ACQUISITION	2,348	15,115,245		15,115,245			
085	HEART ACQUISITION	224	1,886,549		1,886,549			
085 01	PANCREAS ACQUISITION	1,212	5,515,123		5,515,123			
085 02	INTESTINE ACQUISITION	264	2,150,700		2,150,700			
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN	7,203						
092	AMBULATORY SURGICAL C							
093	HOSPICE	332,119	7,215,827		7,215,827			
095	SUBTOTALS	105,709,302	3603,979,679	345,967	3603,979,679			56,491
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH	552						1,618
097 01	RESEARCH-GCRC	8,445						
098	PHYSICIANS' PRIVATE O							

	COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL HARGES)	SOCIAL SERVICE (TIME SPENT)	PATIENT TRANSPORTATION (TOTAL HARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
		16	17	18	19	20	21	22
	NONREIMBURS COST CENT							
098 01	OTHER NONREIMBURSABLE	13,319						1,746
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE							
098 05	AOC-PRIVATE PHYSICIAN							
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE							
098 09	MHH NON-REIMBURSABLE	13,277						
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB	319						
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR	4,513,235						
098 16	CARDIO PHYSICIANS	64,312						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	105,501,883	13,083,662	6,631,539	3,167,916			34,429,771
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.956302	.003630	19.168126	.000879			575.219631
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	1,623,630	76,949	164,896	33,439			990,534
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.014717	.000021	.476623	.000009			16.548893

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED CLINIC LAB (ASSIGNED TIME)	PARAMED RADIOLOGY-METHODI (ASSIGNED TIME)	PARAMED RESPIRATORY THERA (ASSIGNED TIME)	DIETARY INTERNSHIP PROG (MEALS SERVED)	PARAMED EMERGENCY METHODIS (ASSIGNED TIME)
		23	24	24.01	24.02	24.03	24.04	24.05
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATIO							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR	59,855						
024	PARAMED ED PRGM		100					
024 01	PARAMED ED CLINIC LAB			3,988,664				
024 02	PARAMED RADIOLOGY-MET			457,866	100			
024 03	PARAMED RESPIRATORY T			463,298		100		
024 04	DIETARY INTERNSHIP PR						746,517	
024 05	PARAMED EMERGENCY MET			539,709				100
024 06	PARAMED PASTORAL ED			587,581				
024 07	PARAMED PHYSICAL THER			322,250				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			638,219				
024 11	PARAMED NEUROPHYSIOLO			29,061				
024 12	RADIATION THERAPY ED-			290,084				
024 13	NUCLEAR MED ED-IUMC			22,722				
024 14	MEDICAL ASSISTING PRO			197,417				
024 15	SURGICAL TECHNOLOGY P			197,208				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			203,714				
024 18	PARAMED ED PRGM			39,535				
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	9,778	100				614,925	
026	INTENSIVE CARE UNIT	2,494					12,960	
027	CORONARY CARE UNIT	156					50,444	
027 01	NEONATAL INTENSIVE CA	1,045					3,974	
028	BURN INTENSIVE CARE U						3,139	
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	709					12,980	
029 03	UH NS 3IC	523					4,538	
029 04	RH PED IC	50					17,970	
029 07	PEDIATRIC CANCER CENT						2,476	
031	SUBPROVIDER	415					16,056	
033	NURSERY							
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	7,278						
037 01	ENDOSCOPY	8						
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR	1,186						
040	ANESTHESIOLOGY	4,564						
040 01	PULMONARY FUNCTION TE	875						
041	RADIOLOGY-DIAGNOSTIC	4,575			100			
042	RADIOLOGY-THERAPEUTIC	530						
043	RADIOISOTOPE	509						
044	LABORATORY	2,465						

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED CL INIC LAB (ASSIGNED TIME)	PARAMED RADIOLOGY-METHODI (ASSIGNED TIME)	PARAMED RESPIRATORY THERA (ASSIGNED TIME)	DIETARY INTERNSHIP PROG (MEALS SERVED)	PARAMED EMERGENCY METHODI (ASSIGNED TIME)
		23	24	24.01	24.02	24.03	24.04	24.05
	ANCILLARY SRVC COST C							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLAN							
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	82				100		
050	PHYSICAL THERAPY	457						
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY	802						
053	ELECTROCARDIOLOGY	361						
054	ELECTROENCEPHALOGRAPH	623						
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA							
057	RENAL DIALYSIS	597						
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	1,415						
059 02	PSYCH OTHER ANCILLARY	93						
059 03	CARDIAC CATHERIZATION	440					4,166	
059 04	DAY SURGERY							
059 05	ONCOLOGY	260						
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN	1,266						
060 02	MEDICINE/DIAGNOSTIC	1,066						
060 03	AMB SVC-OPTHALMOLOGY	803						
060 04	AMB SVC-PSYCH ADULT	343						
060 05	AMB SVC-DIABETES ADUL							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS	500						
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD	460						
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	246						
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT	1,434						
060 17	O/P CLINIC-PEDIATRIC	3,100						
060 19	NEUROLOGY UH	509						
060 20	ORTHOPEDICS UH	921						
060 21	AMB SVC-UH PHYSICAL M							
060 22	AMB SVC-DERMATOLOGY C	181						
060 24	IU CANCER PAVILLION	38						
060 25	CARDIO CLINIC	139						
061	EMERGENCY	3,195						100
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINE ACQUISITION							
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS	56,491	100	3,988,664	100	100	743,628	100
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH	1,618						
097 01	RESEARCH-GCRC						2,889	
098	PHYSICIANS' PRIVATE O							

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED CL INIC LAB (ASSIGNED TIME)	PARAMED RADIOLOGY-METHODI (ASSIGNED TIME)	PARAMED RESPIRATORY THERA (ASSIGNED TIME)	DIETARY INTERNSHIP PROG (MEALS ERVED)	PARAMED EMERGENCY METHODI (ASSIGNED TIME)
		23	24	24.01	24.02	24.03	24.04	24.05
	NONREIMBURS COST CENT							
098 01	OTHER NONREIMBURSABLE	1,746						
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE							
098 05	AOC-PRIVATE PHYSICIAN							
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE							
098 09	MHH NON-REIMBURSABLE							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	19,935,800	160,968	950,946	457,179	328,315		852,028
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	333.068248	1,609.680000	.238412	4,571.790000	3,283.150000		8,520.280000
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	137,780	92,864	170,922	23,724	27,806		59,748
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.301896	928.640000	.042852	237.240000	278.060000		597.480000

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (TIME SPENT)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATIO							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-MET							
024 03	PARAMED RESPIRATORY T							
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET							
024 06	PARAMED PASTORAL ED	345,967						
024 07	PARAMED PHYSICAL THER		100					
024 08	PARAMED OCCUP THERAPY			100				
024 09	PARAMED PERFUSION				100			
024 10	PARAMED PHARMACY					100		
024 11	PARAMED NEUROPHYSIOLO						100	
024 12	RADIATION THERAPY ED-							100
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PRO							
024 15	SURGICAL TECHNOLOGY P							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	260,573						
026	INTENSIVE CARE UNIT	20,001						
027	CORONARY CARE UNIT	13,331						
027 01	NEONATAL INTENSIVE CA	9,481						
028	BURN INTENSIVE CARE U	1,747						
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	5,650						
029 03	UH NS 3IC	2,248						
029 04	RH PED IC	9,099						
029 07	PEDIATRIC CANCER CENT	1,790						
031	SUBPROVIDER	6,959						
033	NURSERY	8,137						
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	97						
037 01	ENDOSCOPY							
038	RECOVERY ROOM	849						
039	DELIVERY ROOM & LABOR	5,202						
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TE							
041	RADIOLOGY-DIAGNOSTIC				100			
042	RADIOLOGY-THERAPEUTIC							100
043	RADIOISOTOPE							
044	LABORATORY		100					

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (TIME SPENT)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	ANCILLARY SRVC COST C							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLAN							
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY			100				
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPH						100	
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI					100		
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY							
059 02	PSYCH OTHER ANCILLARY							
059 03	CARDIAC CATHERIZATION	55						
059 04	DAY SURGERY	747						
059 05	ONCOLOGY							
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN							
060 02	MEDICINE/DIAGNOSTIC							
060 03	AMB SVC-OPTHALMOLOGY							
060 04	AMB SVC-PSYCH ADULT							
060 05	AMB SVC-DIABETES ADUL							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS							
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD							
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT							
060 17	O/P CLINIC-PEDIATRIC							
060 19	NEUROLOGY UH							
060 20	ORTHOPEDICS UH							
060 21	AMB SVC-UH PHYSICAL M							
060 22	AMB SVC-DERMATOLOGY C							
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY	1						
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINE ACQUISITION							
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS	345,967	100	100	100	100	100	100
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH							
097 01	RESEARCH-GCRC							
098	PHYSICIANS' PRIVATE O							

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (TIME SPENT)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	NONREIMBURS COST CENT							
098 01	OTHER NONREIMBURSABLE							
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE							
098 05	AOC-PRIVATE PHYSICIAN							
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE							
098 09	MHH NON-REIMBURSABLE							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	862,384	413,469			855,171	39,281	391,811
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.492677	4,134.690000			8,551.710000	392.810000	3,918.110000
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	33,448	14,341			28,494	1,298	12,959
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.096680	143.410000			284.940000	12.980000	129.590000

	COST CENTER DESCRIPTION	NUCLEAR MED ED-IUMC (ASSIGNED TIME)	MEDICAL ASSISTING PROGRAM (ASSIGNED TIME)	SURGICAL TECHNOLOGY PROGR (ASSIGNED TIME)	PARAMED SPEECH (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
		24.13	24.14	24.15	24.16	24.17	24.18
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAP REL COSTS-INT						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS						
006 01	NONPATIENT TELEPHONES						
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING						
006 04	ADMITTING						
006 05	CASHIERING						
006 06	OTHER ADMINISTRATIVE						
007	MAINTENANCE & REPAIRS						
007 03	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
008 01	IU LEASED SPACE						
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING						
010 01	HOUSEKEEPING - UNIVER						
010 02	HOUSEKEEPING - RILEY						
010 03	HOUSEKEEPING - METHOD						
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO						
015	CENTRAL SERVICES & SU						
016	PHARMACY						
017	MEDICAL RECORDS & LIB						
018	SOCIAL SERVICE						
019	PATIENT TRANSPORTATIO						
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR						
024	PARAMED ED PRGM						
024 01	PARAMED ED CLINIC LAB						
024 02	PARAMED RADIOLOGY-MET						
024 03	PARAMED RESPIRATORY T						
024 04	DIETARY INTERNSHIP PR						
024 05	PARAMED EMERGENCY MET						
024 06	PARAMED PASTORAL ED						
024 07	PARAMED PHYSICAL THER						
024 08	PARAMED OCCUP THERAPY						
024 09	PARAMED PERFUSION						
024 10	PARAMED PHARMACY						
024 11	PARAMED NEUROPHYSIOLO						
024 12	RADIATION THERAPY ED-						
024 13	NUCLEAR MED ED-IUMC	100					
024 14	MEDICAL ASSISTING PRO		100				
024 15	SURGICAL TECHNOLOGY P			100			
024 16	PARAMED SPEECH				100		
024 17	PARAMED ED PRGM					100	
024 18	PARAMED ED PRGM						100
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS		100				
026	INTENSIVE CARE UNIT						
027	CORONARY CARE UNIT						
027 01	NEONATAL INTENSIVE CA						
028	BURN INTENSIVE CARE U						
029	SURGICAL INTENSIVE CA						
029 02	UH SURG 6IC						
029 03	UH NS 3IC						
029 04	RH PED IC						
029 07	PEDIATRIC CANCER CENT						
031	SUBPROVIDER						
033	NURSERY						
034	SKILLED NURSING FACIL						
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			100			
037 01	ENDOSCOPY						
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR						
040	ANESTHESIOLOGY						
040 01	PULMONARY FUNCTION TE						
041	RADIOLOGY-DIAGNOSTIC						
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE	100					
044	LABORATORY						

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC (ASSIGNED TIME)	MEDICAL ASSIS TING PROGRAM (ASSIGNED TIME)	SURGICAL TECH NOLOGY PROGR (ASSIGNED TIME)	PARAMED SPEEC H (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)
		24.13	24.14	24.15	24.16	24.17	24.18
	ANCILLARY SRVC COST C						
044 01	TRANSPLANT IMMUNOLOGY						
044 02	BONE MARROW TRANSPLAN						
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY						
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY				100		
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR						100
056	DRUGS CHARGED TO PATI					100	
056 01	RENAL-RILEY						
056 02	RENAL-ADULT						
056 03	OUTPATIENT RETAIL PHA						
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PAR						
058 04	BMTU OUTPATIENT						
059	RH NBN ECMO IC						
059 01	CARDIOLOGY						
059 02	PSYCH OTHER ANCILLARY						
059 03	CARDIAC CATHERIZATION						
059 04	DAY SURGERY						
059 05	ONCOLOGY						
059 06	DAY SURGERY-RILEY						
059 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST C						
060	CLINIC						
060 01	AMB SVC-OB & GYN						
060 02	MEDICINE/DIAGNOSTIC						
060 03	AMB SVC-OPTHALMOLOGY						
060 04	AMB SVC-PSYCH ADULT						
060 05	AMB SVC-DIABETES ADUL						
060 06	OUTPATIENT SURGERY						
060 07	AMB SVC-RILEY CLINICS						
060 08	DENTAL CLINIC						
060 09	MOTILITY LAB						
060 10	AMB SVC-PSYCH CHILD						
060 13	ARTHRITIS CENTER						
060 14	GERIATRICS CLINIC						
060 15	SLEEP DISORDER CENTER						
060 16	O/P CLINIC-ADULT						
060 17	O/P CLINIC-PEDIATRIC						
060 19	NEUROLOGY UH						
060 20	ORTHOPEDICS UH						
060 21	AMB SVC-UH PHYSICAL M						
060 22	AMB SVC-DERMATOLOGY C						
060 24	IU CANCER PAVILLION						
060 25	CARDIO CLINIC						
061	EMERGENCY						
061 01	EMERGENCY-RILEY						
062	OBSERVATION BEDS (NON						
063	FAMILY PRACTICE						
063 60	FEDERALLY QUALIFIED H						
	OTHER REIMBURS COST C						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP						
067	DURABLE MEDICAL EQUIP						
069	CORF						
070	I&R SERVICES-NOT APPR						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
	SPEC PURPOSE COST CEN						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
085	HEART ACQUISITION						
085 01	PANCREAS ACQUISITION						
085 02	INTESTINE ACQUISITION						
086	OTHER ORGAN ACQUISITI						
086 01	POST TRANSPLANT EXPEN						
092	AMBULATORY SURGICAL C						
093	HOSPICE						
095	SUBTOTALS	100	100	100	100	100	100
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE						
097	RESEARCH						
097 01	RESEARCH-GCRC						
098	PHYSICIANS' PRIVATE O						

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC (ASSIGNED TIME)	MEDICAL ASSIS TING PROGRAM (ASSIGNED TIME)	SURGICAL TECH NOLOGY PROGR (ASSIGNED TIME)	PARAMED SPEEC H (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)
		24.13	24.14	24.15	24.16	24.17	24.18
	NONREIMBURS COST CENT						
098 01	OTHER NONREIMBURSABLE						
098 02	CAFETERIA-IUMC						
098 03	ORGAN PROC ORG						
098 04	OTHER NONREIMBURSABLE						
098 05	AOC-PRIVATE PHYSICIAN						
098 06	NONALLOWABLE ADVERTIS						
098 07	PHYSICIANS' PRIVATE O						
098 08	MHH NON-REIMBURSABLE						
098 09	MHH NON-REIMBURSABLE						
098 10	SURGERY CENTER						
098 11	UNUSED SPACE						
098 12	RHI LAB						
098 13	NONALLOWABLE FQHC						
098 14	NONALLOWABLE ADVERTIS						
098 15	ARTHRITIS CLINIC - NR						
098 16	CARDIO PHYSICIANS						
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (PER WRKSHT B, PART	30,680	358,441	232,051		263,266	51,626
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	306.800000	3,584.410000	2,320.510000		2,632.660000	516.260000
105	COST TO BE ALLOCATED (PER WRKSHT B, PART						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	1,015	47,905	26,774		9,070	1,761
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	10.150000	479.050000	267.740000		90.700000	17.610000

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	273,168,447		273,168,447		273,168,447
26	INTENSIVE CARE UNIT	29,403,467		29,403,467		29,403,467
27	CORONARY CARE UNIT	23,644,110		23,644,110		23,644,110
27 01	NEONATAL INTENSIVE CARE U	9,308,132		9,308,132		9,308,132
28	BURN INTENSIVE CARE UNIT	2,797,534		2,797,534		2,797,534
29	SURGICAL INTENSIVE CARE U					
29 02	UH SURG 6IC	12,411,771		12,411,771		12,411,771
29 03	UH NS 3IC	4,101,047		4,101,047		4,101,047
29 04	RH PED IC	17,177,588		17,177,588		17,177,588
29 07	PEDIATRIC CANCER CENTER	2,417,652		2,417,652		2,417,652
31	SUBPROVIDER	7,747,647		7,747,647		7,747,647
33	NURSERY	8,088,070		8,088,070		8,088,070
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	173,236,967		173,236,967		173,236,967
37 01	ENDOSCOPY	3,848,003		3,848,003		3,848,003
38	RECOVERY ROOM	14,919,947		14,919,947		14,919,947
39	DELIVERY ROOM & LABOR ROO	17,002,251		17,002,251		17,002,251
40	ANESTHESIOLOGY	16,113,335		16,113,335		16,113,335
40 01	PULMONARY FUNCTION TESTIN	5,869,865		5,869,865		5,869,865
41	RADIOLOGY-DIAGNOSTIC	95,654,683		95,654,683		95,654,683
42	RADIOLOGY-THERAPEUTIC	16,691,500		16,691,500		16,691,500
43	RADIOISOTOPE	7,619,216		7,619,216		7,619,216
44	LABORATORY	83,511,282		83,511,282		83,511,282
44 01	TRANSPLANT IMMUNOLOGY	4,578,143		4,578,143		4,578,143
44 02	BONE MARROW TRANSPLANT LA	3,584,514		3,584,514		3,584,514
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	38,616,680		38,616,680		38,616,680
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	36,915,905		36,915,905		36,915,905
50	PHYSICAL THERAPY	11,000,438		11,000,438		11,000,438
51	OCCUPATIONAL THERAPY	3,850,975		3,850,975		3,850,975
52	SPEECH PATHOLOGY	7,245,956		7,245,956		7,245,956
53	ELECTROCARDIOLOGY	6,555,657		6,555,657		6,555,657
54	ELECTROENCEPHALOGRAPHY	4,988,712		4,988,712		4,988,712
55	MEDICAL SUPPLIES CHARGED	1,692,679		1,692,679		1,692,679
56	DRUGS CHARGED TO PATIENTS	71,402,847		71,402,847		71,402,847
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMAC	37,587,525		37,587,525		37,587,525
57	RENAL DIALYSIS	24,498,912		24,498,912		24,498,912
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC	1,323,929		1,323,929		1,323,929
59 01	CARDIOLOGY	21,987,295		21,987,295		21,987,295
59 02	PSYCH OTHER ANCILLARY	575,045		575,045		575,045
59 03	CARDIAC CATHERIZATION	20,122,266		20,122,266		20,122,266
59 04	DAY SURGERY	9,653,528		9,653,528		9,653,528
59 05	ONCOLOGY	1,130,280		1,130,280		1,130,280
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN	3,395,758		3,395,758		3,395,758
60 02	MEDICINE/DIAGNOSTIC	8,713,640		8,713,640		8,713,640
60 03	AMB SVC-OPTHALMOLOGY	809,829		809,829		809,829
60 04	AMB SVC-PSYCH ADULT	2,016,370		2,016,370		2,016,370
60 05	AMB SVC-DIABETES ADULT	86,308		86,308		86,308
60 06	OUTPATIENT SURGERY	3,287,871		3,287,871		3,287,871
60 07	AMB SVC-RILEY CLINICS	10,970,549		10,970,549		10,970,549
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB	278,433		278,433		278,433
60 10	AMB SVC-PSYCH CHILD	570,458		570,458		570,458
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC	688,761		688,761		688,761
60 15	SLEEP DISORDER CENTER	3,216,387		3,216,387		3,216,387
60 16	O/P CLINIC-ADULT	1,163,619		1,163,619		1,163,619
60 17	O/P CLINIC-PEDIATRIC	1,934,925		1,934,925		1,934,925
60 19	NEUROLOGY UH	1,681,395		1,681,395		1,681,395
60 20	ORTHOPEDICS UH	1,252,182		1,252,182		1,252,182
60 21	AMB SVC-UH PHYSICAL MEDIC	1,033,549		1,033,549		1,033,549
60 22	AMB SVC-DERMATOLOGY CLINI	804,778		804,778		804,778
60 24	IU CANCER PAVILLION	2,687,712		2,687,712		2,687,712
60 25	CARDIO CLINIC	637,280		637,280		637,280
61	EMERGENCY	40,834,370		40,834,370		40,834,370
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DIS	16,195,175		16,195,175		16,195,175
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALT	21,116,832		21,116,832		21,116,832
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	1,841,488		1,841,488		1,841,488
65	AMBULANCE SERVICES	18,180,185		18,180,185		18,180,185

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	1275,441,654		1275,441,654		1275,441,654
102	LESS OBSERVATION BEDS	16,195,175		16,195,175		16,195,175
103	TOTAL	1259,246,479		1259,246,479		1259,246,479

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET C I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	415,242,203		415,242,203			
26	INTENSIVE CARE UNIT	50,146,232		50,146,232			
27	CORONARY CARE UNIT	34,031,709		34,031,709			
27 01	NEONATAL INTENSIVE CARE U	20,990,299		20,990,299			
28	BURN INTENSIVE CARE UNIT	4,612,403		4,612,403			
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC	14,464,885		14,464,885			
29 03	UH NS 3IC	5,554,338		5,554,338			
29 04	RH PED IC	26,325,351		26,325,351			
29 07	PEDIATRIC CANCER CENTER	4,205,843		4,205,843			
31	SUBPROVIDER	8,875,045		8,875,045			
33	NURSERY	19,919,992		19,919,992			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	392,466,546	168,281,025	560,747,571	.308939	.308939	.308939
37 01	ENDOSCOPY	8,659,517	4,344,695	13,004,212	.295904	.295904	.295904
38	RECOVERY ROOM	20,792,296	20,559,238	41,351,534	.360808	.360808	.360808
39	DELIVERY ROOM & LABOR ROO	38,509,018	2,203,238	40,712,256	.417620	.417620	.417620
40	ANESTHESIOLOGY	21,634,103	6,358,072	27,992,175	.575637	.575637	.575637
40 01	PULMONARY FUNCTION TESTIN	2,145,854	14,706,829	16,852,683	.348304	.348304	.348304
41	RADIOLOGY-DIAGNOSTIC	193,708,365	272,955,273	466,663,638	.204976	.204976	.204976
42	RADIOLOGY-THERAPEUTIC	3,891,514	55,266,988	59,158,502	.282149	.282149	.282149
43	RADIOISOTOPE	5,312,213	14,188,712	19,500,925	.390710	.390710	.390710
44	LABORATORY	262,194,762	218,403,592	480,598,354	.173765	.173765	.173765
44 01	TRANSPLANT IMMUNOLOGY	2,408,384	12,053,763	14,462,147	.316560	.316560	.316560
44 02	BONE MARROW TRANSPLANT LA	1,974,704	4,503,341	6,478,045	.553333	.553333	.553333
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	47,918,563	8,347,019	56,265,582	.686329	.686329	.686329
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	137,993,927	5,871,762	143,865,689	.256600	.256600	.256600
50	PHYSICAL THERAPY	15,111,525	12,168,375	27,279,900	.403243	.403243	.403243
51	OCCUPATIONAL THERAPY	5,458,789	2,845,394	8,304,183	.463739	.463739	.463739
52	SPEECH PATHOLOGY	3,698,079	10,014,087	13,712,166	.528433	.528433	.528433
53	ELECTROCARDIOLOGY	34,521,694	12,749,065	47,270,759	.138683	.138683	.138683
54	ELECTROENCEPHALOGRAPHY	8,877,195	5,781,832	14,659,027	.340317	.340317	.340317
55	MEDICAL SUPPLIES CHARGED	10,575,097	1,716,891	12,291,988	.137706	.137706	.137706
56	DRUGS CHARGED TO PATIENTS	258,608,869	76,166,450	334,775,319	.213286	.213286	.213286
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		26,557,709	26,557,709	1.415315	1.415315	1.415315
57	RENAL DIALYSIS	16,712,584	35,395,868	52,108,452	.470152	.470152	.470152
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC	1,646,313		1,646,313	.804178	.804178	.804178
59 01	CARDIOLOGY	30,655,750	54,380,824	85,036,574	.258563	.258563	.258563
59 02	PSYCH OTHER ANCILLARY	279,815	589,013	868,828	.661863	.661863	.661863
59 03	CARDIAC CATHERIZATION	45,261,091	40,206,849	85,467,940	.235436	.235436	.235436
59 04	DAY SURGERY	979,389	4,446,324	5,425,713	1.779218	1.779218	1.779218
59 05	ONCOLOGY		70,842	70,842	15.954942	15.954942	15.954942
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	952,473	5,778,318	6,730,791	.504511	.504511	.504511
60 02	MEDICINE/DIAGNOSTIC	143,314	9,285,637	9,428,951	.924137	.924137	.924137
60 03	AMB SVC-OPTHALMOLOGY	10,103	1,445,061	1,455,164	.556521	.556521	.556521
60 04	AMB SVC-PSYCH ADULT	4,004	1,817,735	1,821,739	1.106838	1.106838	1.106838
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	3,277,687	5,810,608	9,088,295	.361770	.361770	.361770
60 07	AMB SVC-RILEY CLINICS	283,366	8,250,307	8,533,673	1.285560	1.285560	1.285560
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	44,002	519,902	563,904	.493760	.493760	.493760
60 10	AMB SVC-PSYCH CHILD	567	272,586	273,153	2.088419	2.088419	2.088419
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	1,224	100,759	101,983	6.753684	6.753684	6.753684
60 15	SLEEP DISORDER CENTER	44,291	8,109,719	8,154,010	.394455	.394455	.394455
60 16	O/P CLINIC-ADULT	1,909	189,767	191,676	6.070760	6.070760	6.070760
60 17	O/P CLINIC-PEDIATRIC	587	749,041	749,628	2.581180	2.581180	2.581180
60 19	NEUROLOGY UH	2,783	697,805	700,588	2.399977	2.399977	2.399977
60 20	ORTHOPEDICS UH	2,344	372,796	375,140	3.337906	3.337906	3.337906
60 21	AMB SVC-UH PHYSICAL MEDIC	907	232,069	232,976	4.436290	4.436290	4.436290
60 22	AMB SVC-DERMATOLOGY CLINI	1,001	786,361	787,362	1.022119	1.022119	1.022119
60 24	IU CANCER PAVILLION	2,417	278,796	281,213	9.557567	9.557567	9.557567
60 25	CARDIO CLINIC	6,162	231,212	237,374	2.684709	2.684709	2.684709
61	EMERGENCY	55,332,502	115,674,893	171,007,395	.238787	.238787	.238787
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	2,445,862	15,667,786	18,113,648	.894087	.894087	.894087
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT		17,139,902	17,139,902	1.232028	1.232028	1.232028
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	26,133	7,024,890	7,051,023	.261166	.261166	.261166
65	AMBULANCE SERVICES	34,004	31,770,349	31,804,353	.571626	.571626	.571626

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	2238,981,898	1323,339,369	3562,321,267			
102	LESS OBSERVATION BEDS						
103	TOTAL	2238,981,898	1323,339,369	3562,321,267			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	282,049,688		282,049,688		282,049,688
26	INTENSIVE CARE UNIT	31,668,737		31,668,737		31,668,737
27	CORONARY CARE UNIT	23,785,803		23,785,803		23,785,803
27 01	NEONATAL INTENSIVE CARE U	10,257,293		10,257,293		10,257,293
28	BURN INTENSIVE CARE UNIT	2,797,534		2,797,534		2,797,534
29	SURGICAL INTENSIVE CARE U					
29 02	UH SURG 6IC	13,055,747		13,055,747		13,055,747
29 03	UH NS 3IC	4,576,082		4,576,082		4,576,082
29 04	RH PED IC	17,223,002		17,223,002		17,223,002
29 07	PEDIATRIC CANCER CENTER	2,417,652		2,417,652		2,417,652
31	SUBPROVIDER	8,124,586		8,124,586		8,124,586
33	NURSERY	8,088,070		8,088,070		8,088,070
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	179,847,486		179,847,486		179,847,486
37 01	ENDOSCOPY	3,855,270		3,855,270		3,855,270
38	RECOVERY ROOM	14,919,947		14,919,947		14,919,947
39	DELIVERY ROOM & LABOR ROO	18,079,480		18,079,480		18,079,480
40	ANESTHESIOLOGY	20,258,760		20,258,760		20,258,760
40 01	PULMONARY FUNCTION TESTIN	6,664,617		6,664,617		6,664,617
41	RADIOLOGY-DIAGNOSTIC	99,810,100		99,810,100		99,810,100
42	RADIOLOGY-THERAPEUTIC	17,172,892		17,172,892		17,172,892
43	RADIOISOTOPE	8,081,535		8,081,535		8,081,535
44	LABORATORY	85,750,211		85,750,211		85,750,211
44 01	TRANSPLANT IMMUNOLOGY	4,578,143		4,578,143		4,578,143
44 02	BONE MARROW TRANSPLANT LA	3,584,514		3,584,514		3,584,514
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	38,616,680		38,616,680		38,616,680
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	36,990,385		36,990,385		36,990,385
50	PHYSICAL THERAPY	11,415,525		11,415,525		11,415,525
51	OCCUPATIONAL THERAPY	3,850,975		3,850,975		3,850,975
52	SPEECH PATHOLOGY	7,974,403		7,974,403		7,974,403
53	ELECTROCARDIOLOGY	6,883,549		6,883,549		6,883,549
54	ELECTROENCEPHALOGRAPHY	5,554,576		5,554,576		5,554,576
55	MEDICAL SUPPLIES CHARGED	1,692,679		1,692,679		1,692,679
56	DRUGS CHARGED TO PATIENTS	71,402,847		71,402,847		71,402,847
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMAC	37,587,525		37,587,525		37,587,525
57	RENAL DIALYSIS	25,041,160		25,041,160		25,041,160
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC	1,323,929		1,323,929		1,323,929
59 01	CARDIOLOGY	23,272,523		23,272,523		23,272,523
59 02	PSYCH OTHER ANCILLARY	659,515		659,515		659,515
59 03	CARDIAC CATHERIZATION	20,521,913		20,521,913		20,521,913
59 04	DAY SURGERY	9,653,528		9,653,528		9,653,528
59 05	ONCOLOGY	1,366,435		1,366,435		1,366,435
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN	4,545,650		4,545,650		4,545,650
60 02	MEDICINE/DIAGNOSTIC	9,681,875		9,681,875		9,681,875
60 03	AMB SVC-OPTHALMOLOGY	1,539,184		1,539,184		1,539,184
60 04	AMB SVC-PSYCH ADULT	2,327,912		2,327,912		2,327,912
60 05	AMB SVC-DIABETES ADULT	86,308		86,308		86,308
60 06	OUTPATIENT SURGERY	3,287,871		3,287,871		3,287,871
60 07	AMB SVC-RILEY CLINICS	11,424,693		11,424,693		11,424,693
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB	278,433		278,433		278,433
60 10	AMB SVC-PSYCH CHILD	988,270		988,270		988,270
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC	912,200		912,200		912,200
60 15	SLEEP DISORDER CENTER	3,216,387		3,216,387		3,216,387
60 16	O/P CLINIC-ADULT	2,466,104		2,466,104		2,466,104
60 17	O/P CLINIC-PEDIATRIC	4,750,618		4,750,618		4,750,618
60 19	NEUROLOGY UH	2,143,714		2,143,714		2,143,714
60 20	ORTHOPEDICS UH	2,088,715		2,088,715		2,088,715
60 21	AMB SVC-UH PHYSICAL MEDIC	1,033,549		1,033,549		1,033,549
60 22	AMB SVC-DERMATOLOGY CLINI	969,178		969,178		969,178
60 24	IU CANCER PAVILLION	2,722,227		2,722,227		2,722,227
60 25	CARDIO CLINIC	763,532		763,532		763,532
61	EMERGENCY	43,736,350		43,736,350		43,736,350
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DIS	16,195,175		16,195,175		16,195,175
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALT	21,116,832		21,116,832		21,116,832
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	1,841,488		1,841,488		1,841,488
65	AMBULANCE SERVICES	18,180,185		18,180,185		18,180,185

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	1326,751,746		1326,751,746		1326,751,746
102	LESS OBSERVATION BEDS	16,195,175		16,195,175		16,195,175
103	TOTAL	1310,556,571		1310,556,571		1310,556,571

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	415,242,203		415,242,203			
26	INTENSIVE CARE UNIT	50,146,232		50,146,232			
27	CORONARY CARE UNIT	34,031,709		34,031,709			
27 01	NEONATAL INTENSIVE CARE U	20,990,299		20,990,299			
28	BURN INTENSIVE CARE UNIT	4,612,403		4,612,403			
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC	14,464,885		14,464,885			
29 03	UH NS 3IC	5,554,338		5,554,338			
29 04	RH PED IC	26,325,351		26,325,351			
29 07	PEDIATRIC CANCER CENTER	4,205,843		4,205,843			
31	SUBPROVIDER	8,875,045		8,875,045			
33	NURSERY	19,919,992		19,919,992			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	392,466,546	168,281,025	560,747,571	.320728	.320728	.320728
37 01	ENDOSCOPY	8,659,517	4,344,695	13,004,212	.296463	.296463	.296463
38	RECOVERY ROOM	20,792,296	20,559,238	41,351,534	.360808	.360808	.360808
39	DELIVERY ROOM & LABOR ROO	38,509,018	2,203,238	40,712,256	.444080	.444080	.444080
40	ANESTHESIOLOGY	21,634,103	6,358,072	27,992,175	.723729	.723729	.723729
40 01	PULMONARY FUNCTION TESTIN	2,145,854	14,706,829	16,852,683	.395463	.395463	.395463
41	RADIOLOGY-DIAGNOSTIC	193,708,365	272,955,273	466,663,638	.213880	.213880	.213880
42	RADIOLOGY-THERAPEUTIC	3,891,514	55,266,988	59,158,502	.290286	.290286	.290286
43	RADIOISOTOPE	5,312,213	14,188,712	19,500,925	.414418	.414418	.414418
44	LABORATORY	262,194,762	218,403,592	480,598,354	.178424	.178424	.178424
44 01	TRANSPLANT IMMUNOLOGY	2,408,384	12,053,763	14,462,147	.316560	.316560	.316560
44 02	BONE MARROW TRANSPLANT LA	1,974,704	4,503,341	6,478,045	.553333	.553333	.553333
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	47,918,563	8,347,019	56,265,582	.686329	.686329	.686329
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	137,993,927	5,871,762	143,865,689	.257117	.257117	.257117
50	PHYSICAL THERAPY	15,111,525	12,168,375	27,279,900	.418459	.418459	.418459
51	OCCUPATIONAL THERAPY	5,458,789	2,845,394	8,304,183	.463739	.463739	.463739
52	SPEECH PATHOLOGY	3,698,079	10,014,087	13,712,166	.581557	.581557	.581557
53	ELECTROCARDIOLOGY	34,521,694	12,749,065	47,270,759	.145620	.145620	.145620
54	ELECTROENCEPHALOGRAPHY	8,877,195	5,781,832	14,659,027	.378918	.378918	.378918
55	MEDICAL SUPPLIES CHARGED	10,575,097	1,716,891	12,291,988	.137706	.137706	.137706
56	DRUGS CHARGED TO PATIENTS	258,608,869	76,166,450	334,775,319	.213286	.213286	.213286
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		26,557,709	26,557,709	1.415315	1.415315	1.415315
57	RENAL DIALYSIS	16,712,584	35,395,868	52,108,452	.480559	.480559	.480559
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC	1,646,313		1,646,313	.804178	.804178	.804178
59 01	CARDIOLOGY	30,655,750	54,380,824	85,036,574	.273677	.273677	.273677
59 02	PSYCH OTHER ANCILLARY	279,815	589,013	868,828	.759086	.759086	.759086
59 03	CARDIAC CATHERIZATION	45,261,091	40,206,849	85,467,940	.240112	.240112	.240112
59 04	DAY SURGERY	979,389	4,446,324	5,425,713	1.779218	1.779218	1.779218
59 05	ONCOLOGY		70,842	70,842	19.288487	19.288487	19.288487
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	952,473	5,778,318	6,730,791	.675352	.675352	.675352
60 02	MEDICINE/DIAGNOSTIC	143,314	9,285,637	9,428,951	1.026824	1.026824	1.026824
60 03	AMB SVC-OPTHALMOLOGY	10,103	1,445,061	1,455,164	1.057739	1.057739	1.057739
60 04	AMB SVC-PSYCH ADULT	4,004	1,817,735	1,821,739	1.277852	1.277852	1.277852
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	3,277,687	5,810,608	9,088,295	.361770	.361770	.361770
60 07	AMB SVC-RILEY CLINICS	283,366	8,250,307	8,533,673	1.338778	1.338778	1.338778
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	44,002	519,902	563,904	.493760	.493760	.493760
60 10	AMB SVC-PSYCH CHILD	567	272,586	273,153	3.618009	3.618009	3.618009
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	1,224	100,759	101,983	8.944628	8.944628	8.944628
60 15	SLEEP DISORDER CENTER	44,291	8,109,719	8,154,010	.394455	.394455	.394455
60 16	O/P CLINIC-ADULT	1,909	189,767	191,676	12.866003	12.866003	12.866003
60 17	O/P CLINIC-PEDIATRIC	587	749,041	749,628	6.337301	6.337301	6.337301
60 19	NEUROLOGY UH	2,783	697,805	700,588	3.059878	3.059878	3.059878
60 20	ORTHOPEDICS UH	2,344	372,796	375,140	5.567828	5.567828	5.567828
60 21	AMB SVC-UH PHYSICAL MEDIC	907	232,069	232,976	4.436290	4.436290	4.436290
60 22	AMB SVC-DERMATOLOGY CLINI	1,001	786,361	787,362	1.230918	1.230918	1.230918
60 24	IU CANCER PAVILLION	2,417	278,796	281,213	9.680303	9.680303	9.680303
60 25	CARDIO CLINIC	6,162	231,212	237,374	3.216578	3.216578	3.216578
61	EMERGENCY	55,332,502	115,674,893	171,007,395	.255757	.255757	.255757
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	2,445,862	15,667,786	18,113,648	.894087	.894087	.894087
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT		17,139,902	17,139,902	1.232028	1.232028	1.232028
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	26,133	7,024,890	7,051,023	.261166	.261166	.261166
65	AMBULANCE SERVICES	34,004	31,770,349	31,804,353	.571626	.571626	.571626

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	2238,981,898	1323,339,369	3562,321,267			
102	LESS OBSERVATION BEDS						
103	TOTAL	2238,981,898	1323,339,369	3562,321,267			

WKST A LINE	NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	173,236,967	16,695,460	156,541,507			173,236,967
37	01	ENDOSCOPY	3,848,003	486,072	3,361,931			3,848,003
38		RECOVERY ROOM	14,919,947	903,787	14,016,160			14,919,947
39		DELIVERY ROOM & LABOR ROO	17,002,251	1,684,005	15,318,246			17,002,251
40		ANESTHESIOLOGY	16,113,335	1,765,716	14,347,619			16,113,335
40	01	PULMONARY FUNCTION TESTIN	5,869,865	832,963	5,036,902			5,869,865
41		RADIOLOGY-DIAGNOSTIC	95,654,683	22,853,325	72,801,358			95,654,683
42		RADIOLOGY-THERAPEUTIC	16,691,500	6,256,200	10,435,300			16,691,500
43		RADIOISOTOPE	7,619,216	2,121,471	5,497,745			7,619,216
44		LABORATORY	83,511,282	7,324,934	76,186,348			83,511,282
44	01	TRANSPLANT IMMUNOLOGY	4,578,143	216,560	4,361,583			4,578,143
44	02	BONE MARROW TRANSPLANT LA	3,584,514	393,315	3,191,199			3,584,514
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	38,616,680	591,465	38,025,215			38,616,680
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	36,915,905	1,619,629	35,296,276			36,915,905
50		PHYSICAL THERAPY	11,000,438	601,807	10,398,631			11,000,438
51		OCCUPATIONAL THERAPY	3,850,975	337,784	3,513,191			3,850,975
52		SPEECH PATHOLOGY	7,245,956	544,287	6,701,669			7,245,956
53		ELECTROCARDIOLOGY	6,555,657	573,276	5,982,381			6,555,657
54		ELECTROENCEPHALOGRAPHY	4,988,712	427,101	4,561,611			4,988,712
55		MEDICAL SUPPLIES CHARGED	1,692,679	100,015	1,592,664			1,692,679
56		DRUGS CHARGED TO PATIENTS	71,402,847	1,011,716	70,391,131			71,402,847
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC	37,587,525	329,264	37,258,261			37,587,525
57		RENAL DIALYSIS	24,498,912	1,386,697	23,112,215			24,498,912
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC	1,323,929	147,813	1,176,116			1,323,929
59	01	CARDIOLOGY	21,987,295	1,932,659	20,054,636			21,987,295
59	02	PSYCH OTHER ANCILLARY	575,045	65,432	509,613			575,045
59	03	CARDIAC CATHERIZATION	20,122,266	3,227,279	16,894,987			20,122,266
59	04	DAY SURGERY	9,653,528	1,318,882	8,334,646			9,653,528
59	05	ONCOLOGY	1,130,280	106,693	1,023,587			1,130,280
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	3,395,758	669,603	2,726,155			3,395,758
60	02	MEDICINE/DIAGNOSTIC	8,713,640	946,372	7,767,268			8,713,640
60	03	AMB SVC-OPTHALMOLOGY	809,829	155,725	654,104			809,829
60	04	AMB SVC-PSYCH ADULT	2,016,370	397,397	1,618,973			2,016,370
60	05	AMB SVC-DIABETES ADULT	86,308	37,410	48,898			86,308
60	06	OUTPATIENT SURGERY	3,287,871	560,326	2,727,545			3,287,871
60	07	AMB SVC-RILEY CLINICS	10,970,549	772,246	10,198,303			10,970,549
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	278,433	37,298	241,135			278,433
60	10	AMB SVC-PSYCH CHILD	570,458	36,622	533,836			570,458
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	688,761	108,456	580,305			688,761
60	15	SLEEP DISORDER CENTER	3,216,387	293,439	2,922,948			3,216,387
60	16	O/P CLINIC-ADULT	1,163,619	202,669	960,950			1,163,619
60	17	O/P CLINIC-PEDIATRIC	1,934,925	431,118	1,503,807			1,934,925
60	19	NEUROLOGY UH	1,681,395	243,889	1,437,506			1,681,395
60	20	ORTHOPEDICS UH	1,252,182	196,366	1,055,816			1,252,182
60	21	AMB SVC-UH PHYSICAL MEDIC	1,033,549	197,116	836,433			1,033,549
60	22	AMB SVC-DERMATOLOGY CLINI	804,778	125,881	678,897			804,778
60	24	IU CANCER PAVILLION	2,687,712	413,379	2,274,333			2,687,712
60	25	CARDIO CLINIC	637,280	88,058	549,222			637,280
61		EMERGENCY	40,834,370	2,621,129	38,213,241			40,834,370
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	16,195,175	1,165,518	15,029,657			16,195,175
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT	21,116,832	35,332	21,081,500			21,116,832
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	1,841,488	29,408	1,812,080			1,841,488
65		AMBULANCE SERVICES	18,180,185	823,020	17,357,165			18,180,185
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	885,176,189	86,443,384	798,732,805			885,176,189
102		LESS OBSERVATION BEDS	16,195,175	1,165,518	15,029,657			16,195,175
103		TOTAL	868,981,014	85,277,866	783,703,148			868,981,014

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	560,747,571	.308939	.308939
37	01	ENDOSCOPY	13,004,212	.295904	.295904
38		RECOVERY ROOM	41,351,534	.360808	.360808
39		DELIVERY ROOM & LABOR ROO	40,712,256	.417620	.417620
40		ANESTHESIOLOGY	27,992,175	.575637	.575637
40	01	PULMONARY FUNCTION TESTIN	16,852,683	.348304	.348304
41		RADIOLOGY-DIAGNOSTIC	466,663,638	.204976	.204976
42		RADIOLOGY-THERAPEUTIC	59,158,502	.282149	.282149
43		RADIOISOTOPE	19,500,925	.390710	.390710
44		LABORATORY	480,598,354	.173765	.173765
44	01	TRANSPLANT IMMUNOLOGY	14,462,147	.316560	.316560
44	02	BONE MARROW TRANSPLANT LA	6,478,045	.553333	.553333
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	56,265,582	.686329	.686329
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	143,865,689	.256600	.256600
50		PHYSICAL THERAPY	27,279,900	.403243	.403243
51		OCCUPATIONAL THERAPY	8,304,183	.463739	.463739
52		SPEECH PATHOLOGY	13,712,166	.528433	.528433
53		ELECTROCARDIOLOGY	47,270,759	.138683	.138683
54		ELECTROENCEPHALOGRAPHY	14,659,027	.340317	.340317
55		MEDICAL SUPPLIES CHARGED	12,291,988	.137706	.137706
56		DRUGS CHARGED TO PATIENTS	334,775,319	.213286	.213286
56	01	RENAL-RILEY			
56	02	RENAL-ADULT			
56	03	OUTPATIENT RETAIL PHARMAC	26,557,709	1.415315	1.415315
57		RENAL DIALYSIS	52,108,452	.470152	.470152
58		ASC (NON-DISTINCT PART)			
58	04	BMTU OUTPATIENT			
59		RH NBN ECMO IC	1,646,313	.804178	.804178
59	01	CARDIOLOGY	85,036,574	.258563	.258563
59	02	PSYCH OTHER ANCILLARY	868,828	.661863	.661863
59	03	CARDIAC CATHERIZATION	85,467,940	.235436	.235436
59	04	DAY SURGERY	5,425,713	1.779218	1.779218
59	05	ONCOLOGY	70,842	15.954942	15.954942
59	06	DAY SURGERY-RILEY			
59	07	CARDIOLOGY-RILEY			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	AMB SVC-OB & GYN	6,730,791	.504511	.504511
60	02	MEDICINE/DIAGNOSTIC	9,428,951	.924137	.924137
60	03	AMB SVC-OPTHALMOLOGY	1,455,164	.556521	.556521
60	04	AMB SVC-PSYCH ADULT	1,821,739	1.106838	1.106838
60	05	AMB SVC-DIABETES ADULT			
60	06	OUTPATIENT SURGERY	9,088,295	.361770	.361770
60	07	AMB SVC-RILEY CLINICS	8,533,673	1.285560	1.285560
60	08	DENTAL CLINIC			
60	09	MOTILITY LAB	563,904	.493760	.493760
60	10	AMB SVC-PSYCH CHILD	273,153	2.088419	2.088419
60	13	ARTHRITIS CENTER			
60	14	GERIATRICS CLINIC	101,983	6.753684	6.753684
60	15	SLEEP DISORDER CENTER	8,154,010	.394455	.394455
60	16	O/P CLINIC-ADULT	191,676	6.070760	6.070760
60	17	O/P CLINIC-PEDIATRIC	749,628	2.581180	2.581180
60	19	NEUROLOGY UH	700,588	2.399977	2.399977
60	20	ORTHOPEDICS UH	375,140	3.337906	3.337906
60	21	AMB SVC-UH PHYSICAL MEDIC	232,976	4.436290	4.436290
60	22	AMB SVC-DERMATOLOGY CLINI	787,362	1.022119	1.022119
60	24	IU CANCER PAVILLION	281,213	9.557567	9.557567
60	25	CARDIO CLINIC	237,374	2.684709	2.684709
61		EMERGENCY	171,007,395	.238787	.238787
61	01	EMERGENCY-RILEY			
62		OBSERVATION BEDS (NON-DIS	18,113,648	.894087	.894087
63		FAMILY PRACTICE			
63	60	FEDERALLY QUALIFIED HEALT	17,139,902	1.232028	1.232028
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	7,051,023	.261166	.261166
65		AMBULANCE SERVICES	31,804,353	.571626	.571626
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	2957,952,967		
102		LESS OBSERVATION BEDS	18,113,648		
103		TOTAL	2939,839,319		

WKST A LINE	NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	179,847,486	16,695,460	163,152,026	1,669,546	9,462,818	168,715,122
37	01	ENDOSCOPY	3,855,270	486,072	3,369,198	48,607	195,413	3,611,250
38		RECOVERY ROOM	14,919,947	903,787	14,016,160	90,379	812,937	14,016,631
39		DELIVERY ROOM & LABOR ROO	18,079,480	1,684,005	16,395,475	168,401	950,938	16,960,141
40		ANESTHESIOLOGY	20,258,760	1,765,716	18,493,044	176,572	1,072,597	19,009,591
40	01	PULMONARY FUNCTION TESTIN	6,664,617	832,963	5,831,654	83,296	338,236	6,243,085
41		RADIOLOGY-DIAGNOSTIC	99,810,100	22,853,325	76,956,775	2,285,333	4,463,493	93,061,274
42		RADIOLOGY-THERAPEUTIC	17,172,892	6,256,200	10,916,692	625,620	633,168	15,914,104
43		RADIOISOTOPE	8,081,535	2,121,471	5,960,064	212,147	345,684	7,523,704
44		LABORATORY	85,750,211	7,324,934	78,425,277	732,493	4,548,666	80,469,052
44	01	TRANSPLANT IMMUNOLOGY	4,578,143	216,560	4,361,583	21,656	252,972	4,303,515
44	02	BONE MARROW TRANSPLANT LA	3,584,514	393,315	3,191,199	39,332	185,090	3,360,092
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	38,616,680	591,465	38,025,215	59,147	2,205,462	36,352,071
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	36,990,385	1,619,629	35,370,756	161,963	2,051,504	34,776,918
50		PHYSICAL THERAPY	11,415,525	601,807	10,813,718	60,181	627,196	10,728,148
51		OCCUPATIONAL THERAPY	3,850,975	337,784	3,513,191	33,778	203,765	3,613,432
52		SPEECH PATHOLOGY	7,974,403	544,287	7,430,116	54,429	430,947	7,489,027
53		ELECTROCARDIOLOGY	6,883,549	573,276	6,310,273	57,328	365,996	6,460,225
54		ELECTROENCEPHALOGRAPHY	5,554,576	427,101	5,127,475	42,710	297,394	5,214,472
55		MEDICAL SUPPLIES CHARGED	1,692,679	100,015	1,592,664	10,002	92,375	1,590,302
56		DRUGS CHARGED TO PATIENTS	71,402,847	1,011,716	70,391,131	101,172	4,082,686	67,218,989
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC	37,587,525	329,264	37,258,261	32,926	2,160,979	35,393,620
57		RENAL DIALYSIS	25,041,160	1,386,697	23,654,463	138,670	1,371,959	23,530,531
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC	1,323,929	147,813	1,176,116	14,781	68,215	1,240,933
59	01	CARDIOLOGY	23,272,523	1,932,659	21,339,864	193,266	1,237,712	21,841,545
59	02	PSYCH OTHER ANCILLARY	659,515	65,432	594,083	6,543	34,457	618,515
59	03	CARDIAC CATHERIZATION	20,521,913	3,227,279	17,294,634	322,728	1,003,089	19,196,096
59	04	DAY SURGERY	9,653,528	1,318,882	8,334,646	131,888	483,409	9,038,231
59	05	ONCOLOGY	1,366,435	106,693	1,259,742	10,669	73,065	1,282,701
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	4,545,650	669,603	3,876,047	66,960	224,811	4,253,879
60	02	MEDICINE/DIAGNOSTIC	9,681,875	946,372	8,735,503	94,637	506,659	9,080,579
60	03	AMB SVC-OPTHALMOLOGY	1,539,184	155,725	1,383,459	15,573	80,241	1,443,370
60	04	AMB SVC-PSYCH ADULT	2,327,912	397,397	1,930,515	39,740	111,970	2,176,202
60	05	AMB SVC-DIABETES ADULT	86,308	37,410	48,898	3,741	2,836	79,731
60	06	OUTPATIENT SURGERY	3,287,871	560,326	2,727,545	56,033	158,198	3,073,640
60	07	AMB SVC-RILEY CLINICS	11,424,693	772,246	10,652,447	77,225	617,842	10,729,626
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	278,433	37,298	241,135	3,730	13,986	260,717
60	10	AMB SVC-PSYCH CHILD	988,270	36,622	951,648	3,662	55,196	929,412
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	912,200	108,456	803,744	10,846	46,617	854,737
60	15	SLEEP DISORDER CENTER	3,216,387	293,439	2,922,948	29,344	169,531	3,017,512
60	16	O/P CLINIC-ADULT	2,466,104	202,669	2,263,435	20,267	131,279	2,314,558
60	17	O/P CLINIC-PEDIATRIC	4,750,618	431,118	4,319,500	43,112	250,531	4,456,975
60	19	NEUROLOGY UH	2,143,714	243,889	1,899,825	24,389	110,190	2,009,135
60	20	ORTHOPEDICS UH	2,088,715	196,366	1,892,349	19,637	109,756	1,959,322
60	21	AMB SVC-UH PHYSICAL MEDIC	1,033,549	197,116	836,433	19,712	48,513	965,324
60	22	AMB SVC-DERMATOLOGY CLINI	969,178	125,881	843,297	12,588	48,911	907,679
60	24	IU CANCER PAVILLION	2,722,227	413,379	2,308,848	41,338	133,913	2,546,976
60	25	CARDIO CLINIC	763,532	88,058	675,474	8,806	39,177	715,549
61		EMERGENCY	43,736,350	2,621,129	41,115,221	262,113	2,384,683	41,089,554
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	16,195,175	1,165,518	15,029,657	116,552	871,720	15,206,903
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT	21,116,832	35,332	21,081,500	3,533	1,222,727	19,890,572
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	1,841,488	29,408	1,812,080	2,941	105,101	1,733,446
65		AMBULANCE SERVICES	18,180,185	823,020	17,357,165	82,302	1,006,716	17,091,167
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	922,707,552	86,443,384	836,264,168	8,644,344	48,503,326	865,559,882
102		LESS OBSERVATION BEDS	16,195,175	1,165,518	15,029,657	116,552	871,720	15,206,903
103		TOTAL	906,512,377	85,277,866	821,234,511	8,527,792	47,631,606	850,352,979

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	560,747,571	.300875	.317751
37	01	ENDOSCOPY	13,004,212	.277698	.292725
38		RECOVERY ROOM	41,351,534	.338963	.358622
39		DELIVERY ROOM & LABOR ROO	40,712,256	.416586	.439943
40		ANESTHESIOLOGY	27,992,175	.679104	.717421
40	01	PULMONARY FUNCTION TESTIN	16,852,683	.370451	.390521
41		RADIOLOGY-DIAGNOSTIC	466,663,638	.199418	.208983
42		RADIOLOGY-THERAPEUTIC	59,158,502	.269008	.279711
43		RADIOISOTOPE	19,500,925	.385813	.403539
44		LABORATORY	480,598,354	.167435	.176900
44	01	TRANSPLANT IMMUNOLOGY	14,462,147	.297571	.315063
44	02	BONE MARROW TRANSPLANT LA	6,478,045	.518689	.547261
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	56,265,582	.646080	.685277
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	143,865,689	.241732	.255992
50		PHYSICAL THERAPY	27,279,900	.393262	.416253
51		OCCUPATIONAL THERAPY	8,304,183	.435134	.459672
52		SPEECH PATHOLOGY	13,712,166	.546159	.577587
53		ELECTROCARDIOLOGY	47,270,759	.136664	.144407
54		ELECTROENCEPHALOGRAPHY	14,659,027	.355717	.376005
55		MEDICAL SUPPLIES CHARGED	12,291,988	.129377	.136892
56		DRUGS CHARGED TO PATIENTS	334,775,319	.200788	.212984
56	01	RENAL-RILEY			
56	02	RENAL-ADULT			
56	03	OUTPATIENT RETAIL PHARMAC	26,557,709	1.332706	1.414075
57		RENAL DIALYSIS	52,108,452	.451568	.477897
58		ASC (NON-DISTINCT PART)			
58	04	BMTU OUTPATIENT			
59		RH NBN ECMO IC	1,646,313	.753765	.795200
59	01	CARDIOLOGY	85,036,574	.256849	.271404
59	02	PSYCH OTHER ANCILLARY	868,828	.711896	.751555
59	03	CARDIAC CATHERIZATION	85,467,940	.224600	.236336
59	04	DAY SURGERY	5,425,713	1.665814	1.754910
59	05	ONCOLOGY	70,842	18.106505	19.137884
59	06	DAY SURGERY-RILEY			
59	07	CARDIOLOGY-RILEY			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	AMB SVC-OB & GYN	6,730,791	.632003	.665403
60	02	MEDICINE/DIAGNOSTIC	9,428,951	.963053	1.016787
60	03	AMB SVC-OPTHALMOLOGY	1,455,164	.991895	1.047037
60	04	AMB SVC-PSYCH ADULT	1,821,739	1.194574	1.256037
60	05	AMB SVC-DIABETES ADULT			
60	06	OUTPATIENT SURGERY	9,088,295	.338198	.355604
60	07	AMB SVC-RILEY CLINICS	8,533,673	1.257328	1.329728
60	08	DENTAL CLINIC			
60	09	MOTILITY LAB	563,904	.462343	.487145
60	10	AMB SVC-PSYCH CHILD	273,153	3.402533	3.604603
60	13	ARTHRITIS CENTER			
60	14	GERIATRICS CLINIC	101,983	8.381171	8.838277
60	15	SLEEP DISORDER CENTER	8,154,010	.370065	.390856
60	16	O/P CLINIC-ADULT	191,676	12.075367	12.760267
60	17	O/P CLINIC-PEDIATRIC	749,628	5.945582	6.279789
60	19	NEUROLOGY UH	700,588	2.867784	3.025066
60	20	ORTHOPEDICS UH	375,140	5.222909	5.515482
60	21	AMB SVC-UH PHYSICAL MEDIC	232,976	4.143448	4.351680
60	22	AMB SVC-DERMATOLOGY CLINI	787,362	1.152810	1.214930
60	24	IU CANCER PAVILLION	281,213	9.057106	9.533304
60	25	CARDIO CLINIC	237,374	3.014437	3.179480
61		EMERGENCY	171,007,395	.240279	.254224
61	01	EMERGENCY-RILEY			
62		OBSERVATION BEDS (NON-DIS	18,113,648	.839527	.887652
63		FAMILY PRACTICE			
63	60	FEDERALLY QUALIFIED HEALT	17,139,902	1.160483	1.231821
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	7,051,023	.245843	.260749
65		AMBULANCE SERVICES	31,804,353	.537385	.569038
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	2957,952,967		
102		LESS OBSERVATION BEDS	18,113,648		
103		TOTAL	2939,839,319		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 15-0056

PERIOD: FROM 1/ 1/2008 TO 12/31/2008

PREPARED 6/10/2009

WORKSHEET D PART I

PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS				19,659,111		19,659,111
26		INTENSIVE CARE UNIT				1,363,598		1,363,598
27		CORONARY CARE UNIT				1,275,032		1,275,032
27	01	NEONATAL INTENSIVE CARE U				732,674		732,674
28		BURN INTENSIVE CARE UNIT				309,799		309,799
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC				1,423,088		1,423,088
29	03	UH NS 3IC				197,712		197,712
29	04	RH PED IC				892,048		892,048
29	07	PEDIATRIC CANCER CENTER				150,797		150,797
31		SUBPROVIDER				527,794		527,794
33		NURSERY				395,557		395,557
101		TOTAL				26,927,210		26,927,210

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D I PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	274,919	82,148			71.51	5,874,403
26		INTENSIVE CARE UNIT	20,001	7,419			68.18	505,827
27		CORONARY CARE UNIT	13,331	6,715			95.64	642,223
27	01	NEONATAL INTENSIVE CARE U	9,481				77.28	
28		BURN INTENSIVE CARE UNIT	1,747				177.33	
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC	5,650	2,318			251.87	583,835
29	03	UH NS 3IC	2,248	779			87.95	68,513
29	04	RH PED IC	9,099	11			98.04	1,078
29	07	PEDIATRIC CANCER CENTER	1,790				84.24	
31		SUBPROVIDER	6,959	2,308			75.84	175,039
33		NURSERY	8,137				48.61	
101		TOTAL	353,362	101,698				7,850,918

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-0056 I PREPARED 6/10/2009 I WORKSHEET D I PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		16,695,460	560,747,571	115,154,756		
37 01	ENDOSCOPY		486,072	13,004,212	4,279,486		
38	RECOVERY ROOM		903,787	41,351,534	6,436,781		
39	DELIVERY ROOM & LABOR ROO		1,684,005	40,712,256	372,560		
40	ANESTHESIOLOGY		1,765,716	27,992,175	6,036,412		
40 01	PULMONARY FUNCTION TESTIN		832,963	16,852,683	264,635		
41	RADIOLOGY-DIAGNOSTIC		22,853,325	466,663,638	65,178,944		
42	RADIOLOGY-THERAPEUTIC		6,256,200	59,158,502	1,553,044		
43	RADIOISOTOPE		2,121,471	19,500,925	2,274,107		
44	LABORATORY		7,324,934	480,598,354	91,640,754		
44 01	TRANSPLANT IMMUNOLOGY		216,560	14,462,147	754,690		
44 02	BONE MARROW TRANSPLANT LA		393,315	6,478,045	464,880		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING		591,465	56,265,582	14,857,957		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		1,619,629	143,865,689	34,302,232		
50	PHYSICAL THERAPY		601,807	27,279,900	5,482,792		
51	OCCUPATIONAL THERAPY		337,784	8,304,183	1,174,189		
52	SPEECH PATHOLOGY		544,287	13,712,166	1,170,277		
53	ELECTROCARDIOLOGY		573,276	47,270,759	19,038,186		
54	ELECTROENCEPHALOGRAPHY		427,101	14,659,027	2,493,914		
55	MEDICAL SUPPLIES CHARGED		100,015	12,291,988	3,178,184		
56	DRUGS CHARGED TO PATIENTS		1,011,716	334,775,319	77,834,652		
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		329,264	26,557,709			
57	RENAL DIALYSIS		1,386,697	52,108,452	8,591,070		
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC		147,813	1,646,313			
59 01	CARDIOLOGY		1,932,659	85,036,574	12,018,001		
59 02	PSYCH OTHER ANCILLARY		65,432	868,828	108,723		
59 03	CARDIAC CATHERIZATION		3,227,279	85,467,940	20,064,659		
59 04	DAY SURGERY		1,318,882	5,425,713	268,245		
59 05	ONCOLOGY		106,693	70,842			
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN		669,603	6,730,791	30,188		
60 02	MEDICINE/DIAGNOSTIC		946,372	9,428,951	36,370		
60 03	AMB SVC-OPTHALMOLOGY		155,725	1,455,164	4,317		
60 04	AMB SVC-PSYCH ADULT		397,397	1,821,739	988		
60 05	AMB SVC-DIABETES ADULT		37,410				
60 06	OUTPATIENT SURGERY		560,326	9,088,295	1,695,287		
60 07	AMB SVC-RILEY CLINICS		772,246	8,533,673	74		
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB		37,298	563,904			
60 10	AMB SVC-PSYCH CHILD		36,622	273,153			
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC		108,456	101,983	741		
60 15	SLEEP DISORDER CENTER		293,439	8,154,010	18,543		
60 16	O/P CLINIC-ADULT		202,669	191,676	1,275		
60 17	O/P CLINIC-PEDIATRIC		431,118	749,628			
60 19	NEUROLOGY UH		243,889	700,588	2,274		
60 20	ORTHOPEDICS UH		196,366	375,140	1,548		
60 21	AMB SVC-UH PHYSICAL MEDIC		197,116	232,976	749		
60 22	AMB SVC-DERMATOLOGY CLINI		125,881	787,362	116		
60 24	IU CANCER PAVILLION		413,379	281,213	1,277		
60 25	CARDIO CLINIC		88,058	237,374	4,722		
61	EMERGENCY		2,621,129	171,007,395	17,261,208		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS		1,165,518	18,113,648			
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		29,408	7,051,023	5,325		
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		85,585,032	2909,008,712	514,059,132		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
15-0056		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.029774	3,428,618
37	01	ENDOSCOPY	.037378	159,959
38		RECOVERY ROOM	.021856	140,682
39		DELIVERY ROOM & LABOR ROO	.041364	15,411
40		ANESTHESIOLOGY	.063079	380,771
40	01	PULMONARY FUNCTION TESTIN	.049426	13,080
41		RADIOLOGY-DIAGNOSTIC	.048972	3,191,943
42		RADIOLOGY-THERAPEUTIC	.105753	164,239
43		RADIOISOTOPE	.108788	247,396
44		LABORATORY	.015241	1,396,697
44	01	TRANSPLANT IMMUNOLOGY	.014974	11,301
44	02	BONE MARROW TRANSPLANT LA	.060715	28,225
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.010512	156,187
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.011258	386,175
50		PHYSICAL THERAPY	.022060	120,950
51		OCCUPATIONAL THERAPY	.040676	47,761
52		SPEECH PATHOLOGY	.039694	46,453
53		ELECTROCARDIOLOGY	.012127	230,876
54		ELECTROENCEPHALOGRAPHY	.029136	72,663
55		MEDICAL SUPPLIES CHARGED	.008137	25,861
56		DRUGS CHARGED TO PATIENTS	.003022	235,216
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.012398	
57		RENAL DIALYSIS	.026612	228,626
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.089784	
59	01	CARDIOLOGY	.022727	273,133
59	02	PSYCH OTHER ANCILLARY	.075311	8,188
59	03	CARDIAC CATHERIZATION	.037760	757,642
59	04	DAY SURGERY	.243080	65,205
59	05	ONCOLOGY	1.506070	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.099484	3,003
60	02	MEDICINE/DIAGNOSTIC	.100369	3,650
60	03	AMB SVC-OPTHALMOLOGY	.107015	462
60	04	AMB SVC-PSYCH ADULT	.218142	216
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.061654	104,521
60	07	AMB SVC-RILEY CLINICS	.090494	7
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.066142	
60	10	AMB SVC-PSYCH CHILD	.134071	
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	1.063471	788
60	15	SLEEP DISORDER CENTER	.035987	667
60	16	O/P CLINIC-ADULT	1.057352	1,348
60	17	O/P CLINIC-PEDIATRIC	.575109	
60	19	NEUROLOGY UH	.348120	792
60	20	ORTHOPEDICS UH	.523447	810
60	21	AMB SVC-UH PHYSICAL MEDIC	.846079	634
60	22	AMB SVC-DERMATOLOGY CLINI	.159877	19
60	24	IU CANCER PAVILLION	1.469985	1,877
60	25	CARDIO CLINIC	.370967	1,752
61		EMERGENCY	.015328	264,580
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.064345	
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.004171	22
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		12,218,406

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS			1,168,932			1,168,932
26	INTENSIVE CARE UNIT			49,856			49,856
27	CORONARY CARE UNIT			33,230			33,230
27	01 NEONATAL INTENSIVE CARE U			23,633			23,633
28	BURN INTENSIVE CARE UNIT			4,355			4,355
29	SURGICAL INTENSIVE CARE U						
29	02 UH SURG 6IC			14,084			14,084
29	03 UH NS 3IC			5,604			5,604
29	04 RH PED IC			22,681			22,681
29	07 PEDIATRIC CANCER CENTER			4,462			4,462
31	SUBPROVIDER			17,347			17,347
33	NURSERY			20,283			20,283
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL			1,364,467			1,364,467

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D PART III

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
			5	6	7	8
25		ADULTS & PEDIATRICS	274,919	4.25	82,148	349,129
26		INTENSIVE CARE UNIT	20,001	2.49	7,419	18,473
27		CORONARY CARE UNIT	13,331	2.49	6,715	16,720
27	01	NEONATAL INTENSIVE CARE U	9,481	2.49		
28		BURN INTENSIVE CARE UNIT	1,747	2.49		
29		SURGICAL INTENSIVE CARE U				
29	02	UH SURG 6IC	5,650	2.49	2,318	5,772
29	03	UH NS 3IC	2,248	2.49	779	1,940
29	04	RH PED IC	9,099	2.49	11	27
29	07	PEDIATRIC CANCER CENTER	1,790	2.49		
31		SUBPROVIDER	6,959	2.49	2,308	5,747
33		NURSERY	8,137	2.49		
34		SKILLED NURSING FACILITY				
35		NURSING FACILITY				
35	01	ICF/MR				
101		TOTAL	353,362		101,698	397,808

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM				232,293		
37	01 ENDOSCOPY						
38	RECOVERY ROOM				2,116		
39	DELIVERY ROOM & LABOR ROO				12,967		
40	ANESTHESIOLOGY						
40	01 PULMONARY FUNCTION TESTIN						
41	RADIOLOGY-DIAGNOSTIC				457,179		
42	RADIOLOGY-THERAPEUTIC				391,811		
43	RADIOISOTOPE				30,680		
44	LABORATORY				413,469		
44	01 TRANSPLANT IMMUNOLOGY						
44	02 BONE MARROW TRANSPLANT LA						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY				328,315		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY				39,281		
55	MEDICAL SUPPLIES CHARGED				51,626		
56	DRUGS CHARGED TO PATIENTS				1,118,437		
56	01 RENAL-RILEY						
56	02 RENAL-ADULT						
56	03 OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	04 BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59	01 CARDIOLOGY						
59	02 PSYCH OTHER ANCILLARY						
59	03 CARDIAC CATHERIZATION				137		
59	04 DAY SURGERY				1,862		
59	05 ONCOLOGY						
59	06 DAY SURGERY-RILEY						
59	07 CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 AMB SVC-OB & GYN						
60	02 MEDICINE/DIAGNOSTIC						
60	03 AMB SVC-OPTHALMOLOGY						
60	04 AMB SVC-PSYCH ADULT						
60	05 AMB SVC-DIABETES ADULT						
60	06 OUTPATIENT SURGERY						
60	07 AMB SVC-RILEY CLINICS						
60	08 DENTAL CLINIC						
60	09 MOTILITY LAB						
60	10 AMB SVC-PSYCH CHILD						
60	13 ARTHRITIS CENTER						
60	14 GERIATRICS CLINIC						
60	15 SLEEP DISORDER CENTER						
60	16 O/P CLINIC-ADULT						
60	17 O/P CLINIC-PEDIATRIC						
60	19 NEUROLOGY UH						
60	20 ORTHOPEDICS UH						
60	21 AMB SVC-UH PHYSICAL MEDIC						
60	22 AMB SVC-DERMATOLOGY CLINI						
60	24 IU CANCER PAVILLION						
60	25 CARDIO CLINIC						
61	EMERGENCY				852,030		
61	01 EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS				69,299		
63	FAMILY PRACTICE						
63	60 FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL				4,001,502		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	232,293	232,293	560,747,571	.000414	.000414	115,154,756	47,674
37	01 ENDOSCOPY			13,004,212			4,279,486	
38	RECOVERY ROOM	2,116	2,116	41,351,534	.000051	.000051	6,436,781	328
39	DELIVERY ROOM & LABOR ROO	12,967	12,967	40,712,256	.000319	.000319	372,560	119
40	ANESTHESIOLOGY			27,992,175			6,036,412	
40	01 PULMONARY FUNCTION TESTIN			16,852,683			264,635	
41	RADIOLOGY-DIAGNOSTIC	457,179	457,179	466,663,638	.000980	.000980	65,178,944	63,875
42	RADIOLOGY-THERAPEUTIC	391,811	391,811	59,158,502	.006623	.006623	1,553,044	10,286
43	RADIOISOTOPE	30,680	30,680	19,500,925	.001573	.001573	2,274,107	3,577
44	LABORATORY	413,469	413,469	480,598,354	.000860	.000860	91,640,754	78,811
44	01 TRANSPLANT IMMUNOLOGY			14,462,147			754,690	
44	02 BONE MARROW TRANSPLANT LA			6,478,045			464,880	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			56,265,582			14,857,957	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	328,315	328,315	143,865,689	.002282	.002282	34,302,232	78,278
50	PHYSICAL THERAPY			27,279,900			5,482,792	
51	OCCUPATIONAL THERAPY			8,304,183			1,174,189	
52	SPEECH PATHOLOGY			13,712,166			1,170,277	
53	ELECTROCARDIOLOGY			47,270,759			19,038,186	
54	ELECTROENCEPHALOGRAPHY	39,281	39,281	14,659,027	.002680	.002680	2,493,914	6,684
55	MEDICAL SUPPLIES CHARGED	51,626	51,626	12,291,988	.004200	.004200	3,178,184	13,348
56	DRUGS CHARGED TO PATIENTS	1,118,437	1,118,437	334,775,319	.003341	.003341	77,834,652	260,046
56	01 RENAL-RILEY							
56	02 RENAL-ADULT							
56	03 OUTPATIENT RETAIL PHARMAC			26,557,709				
57	RENAL DIALYSIS			52,108,452			8,591,070	
58	ASC (NON-DISTINCT PART)							
58	04 BMTU OUTPATIENT							
59	RH NBN ECMO IC			1,646,313				
59	01 CARDIOLOGY			85,036,574			12,018,001	
59	02 PSYCH OTHER ANCILLARY			868,828			108,723	
59	03 CARDIAC CATHERIZATION	137	137	85,467,940	.000002	.000002	20,064,659	40
59	04 DAY SURGERY	1,862	1,862	5,425,713	.000343	.000343	268,245	92
59	05 ONCOLOGY			70,842				
59	06 DAY SURGERY-RILEY							
59	07 CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 AMB SVC-OB & GYN			6,730,791			30,188	
60	02 MEDICINE/DIAGNOSTIC			9,428,951			36,370	
60	03 AMB SVC-OPTHALMOLOGY			1,455,164			4,317	
60	04 AMB SVC-PSYCH ADULT			1,821,739			988	
60	05 AMB SVC-DIABETES ADULT							
60	06 OUTPATIENT SURGERY			9,088,295			1,695,287	
60	07 AMB SVC-RILEY CLINICS			8,533,673			74	
60	08 DENTAL CLINIC							
60	09 MOTILITY LAB			563,904				
60	10 AMB SVC-PSYCH CHILD			273,153				
60	13 ARTHRITIS CENTER							
60	14 GERIATRICS CLINIC			101,983			741	
60	15 SLEEP DISORDER CENTER			8,154,010			18,543	
60	16 O/P CLINIC-ADULT			191,676			1,275	
60	17 O/P CLINIC-PEDIATRIC			749,628				
60	19 NEUROLOGY UH			700,588			2,274	
60	20 ORTHOPEDICS UH			375,140			1,548	
60	21 AMB SVC-UH PHYSICAL MEDIC			232,976			749	
60	22 AMB SVC-DERMATOLOGY CLINI			787,362			116	
60	24 IU CANCER PAVILLION			281,213			1,277	
60	25 CARDIO CLINIC			237,374			4,722	
61	EMERGENCY	852,030	852,030	171,007,395	.004982	.004982	17,261,208	85,995
61	01 EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	69,299	69,299	18,113,648	.003826	.003826		
63	FAMILY PRACTICE							
63	60 FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			7,051,023			5,325	
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	4,001,502	4,001,502	2909,008,712			514,059,132	649,153

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,139,292			9,580		
37 01	ENDOSCOPY	1,212,527					
38	RECOVERY ROOM	1,921,251			98		
39	DELIVERY ROOM & LABOR ROO	17,569			6		
40	ANESTHESIOLOGY	592,587					
40 01	PULMONARY FUNCTION TESTIN	736,553					
41	RADIOLOGY-DIAGNOSTIC	46,195,327			45,271		
42	RADIOLOGY-THERAPEUTIC	13,769,503			91,195		
43	RADIOISOTOPE	2,635,923			4,146		
44	LABORATORY	37,684,184			32,408		
44 01	TRANSPLANT IMMUNOLOGY	718,310					
44 02	BONE MARROW TRANSPLANT LA	457,850					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,338,058					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	574,274			1,310		
50	PHYSICAL THERAPY	1,959,422					
51	OCCUPATIONAL THERAPY	154,986					
52	SPEECH PATHOLOGY	1,272,215					
53	ELECTROCARDIOLOGY	2,940,868					
54	ELECTROENCEPHALOGRAPHY	601,254			1,611		
55	MEDICAL SUPPLIES CHARGED	55,391			233		
56	DRUGS CHARGED TO PATIENTS	16,306,337			54,479		
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS	17,861,090					
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59 01	CARDIOLOGY	10,315,192					
59 02	PSYCH OTHER ANCILLARY	113,521					
59 03	CARDIAC CATHERIZATION	11,856,402			24		
59 04	DAY SURGERY	842,630			289		
59 05	ONCOLOGY	40,038					
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	127,500					
60 02	MEDICINE/DIAGNOSTIC	2,383,046					
60 03	AMB SVC-OPTHALMOLOGY	474,405					
60 04	AMB SVC-PSYCH ADULT	130,365					
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	1,959,886					
60 07	AMB SVC-RILEY CLINICS	119,786					
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB						
60 10	AMB SVC-PSYCH CHILD						
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	60,072					
60 15	SLEEP DISORDER CENTER	1,138,852					
60 16	O/P CLINIC-ADULT	40,713					
60 17	O/P CLINIC-PEDIATRIC						
60 19	NEUROLOGY UH	214,982					
60 20	ORTHOPEDICS UH	97,400					
60 21	AMB SVC-UH PHYSICAL MEDIC	71,203					
60 22	AMB SVC-DERMATOLOGY CLINI	130,465					
60 24	IU CANCER PAVILLION	63,266					
60 25	CARDIO CLINIC	93,504					
61	EMERGENCY	10,624,922			52,933		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	2,511,504			9,609		
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	215,554,425			303,192		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009

COMPONENT NO: 15-0056

WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.308939	.308939			
37	01	ENDOSCOPY	.295904	.295904			
38		RECOVERY ROOM	.360808	.360808			
39		DELIVERY ROOM & LABOR ROOM	.417620	.417620			
40		ANESTHESIOLOGY	.575637	.575637			
40	01	PULMONARY FUNCTION TESTING	.348304	.348304			
41		RADIOLOGY-DIAGNOSTIC	.204976	.204976			
42		RADIOLOGY-THERAPEUTIC	.282149	.282149			
43		RADIOISOTOPE	.390710	.390710			
44		LABORATORY	.173765	.173765			
44	01	TRANSPLANT IMMUNOLOGY	.316560	.316560			
44	02	BONE MARROW TRANSPLANT LAB	.553333	.553333			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.686329	.686329			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.256600	.256600			
50		PHYSICAL THERAPY	.403243	.403243			
51		OCCUPATIONAL THERAPY	.463739	.463739			
52		SPEECH PATHOLOGY	.528433	.528433			
53		ELECTROCARDIOLOGY	.138683	.138683			
54		ELECTROENCEPHALOGRAPHY	.340317	.340317			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.137706	.137706			
56		DRUGS CHARGED TO PATIENTS	.213286	.213286			
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY	1.415315	1.415315			
57		RENAL DIALYSIS	.470152	.470152			
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	.804178	.804178			
59	01	CARDIOLOGY	.258563	.258563			
59	02	PSYCH OTHER ANCILLARY	.661863	.661863			
59	03	CARDIAC CATHERIZATION	.235436	.235436			
59	04	DAY SURGERY	1.779218	1.779218			
59	05	ONCOLOGY	15.954942	15.954942			
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	.504511	.504511			
60	02	MEDICINE/DIAGNOSTIC	.924137	.924137			
60	03	AMB SVC-OPTHALMOLOGY	.556521	.556521			
60	04	AMB SVC-PSYCH ADULT	1.106838	1.106838			
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY	.361770	.361770			
60	07	AMB SVC-RILEY CLINICS	1.285560	1.285560			
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	.493760	.493760			
60	10	AMB SVC-PSYCH CHILD	2.088419	2.088419			
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	6.753684	6.753684			
60	15	SLEEP DISORDER CENTER	.394455	.394455			
60	16	O/P CLINIC-ADULT	6.070760	6.070760			
60	17	O/P CLINIC-PEDIATRIC	2.581180	2.581180			
60	19	NEUROLOGY UH	2.399977	2.399977			
60	20	ORTHOPEDICS UH	3.337906	3.337906			
60	21	AMB SVC-UH PHYSICAL MEDICINE	4.436290	4.436290			
60	22	AMB SVC-DERMATOLOGY CLINIC	1.022119	1.022119			
60	24	IU CANCER PAVILLION	9.557567	9.557567			
60	25	CARDIO CLINIC	2.684709	2.684709			
61		EMERGENCY	.238787	.238787			
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)	.894087	.894087			
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.261166	.261166			
65		AMBULANCE SERVICES	.571626	.571626			
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | COMPONENT NO: 15-0056 | PREPARED 6/10/2009 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		23,139,292			
37 01	ENDOSCOPY		1,212,527			
38	RECOVERY ROOM		1,921,251			
39	DELIVERY ROOM & LABOR ROOM		17,569			
40	ANESTHESIOLOGY		592,587			
40 01	PULMONARY FUNCTION TESTING		736,553			
41	RADIOLOGY-DIAGNOSTIC		46,195,327			
42	RADIOLOGY-THERAPEUTIC		13,769,503			
43	RADIOISOTOPE		2,635,923			
44	LABORATORY		37,684,184			
44 01	TRANSPLANT IMMUNOLOGY		718,310			
44 02	BONE MARROW TRANSPLANT LAB		457,850			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.		1,338,058			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		574,274	472		
50	PHYSICAL THERAPY		1,959,422			
51	OCCUPATIONAL THERAPY		154,986			
52	SPEECH PATHOLOGY		1,272,215			
53	ELECTROCARDIOLOGY		2,940,868			
54	ELECTROENCEPHALOGRAPHY		601,254			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		55,391	3,452		
56	DRUGS CHARGED TO PATIENTS		16,306,337	7,299		
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS		17,861,090			
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY		10,315,192			
59 02	PSYCH OTHER ANCILLARY		113,521			
59 03	CARDIAC CATHERIZATION		11,856,402			
59 04	DAY SURGERY		842,630			
59 05	ONCOLOGY		40,038			
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN		127,500			
60 02	MEDICINE/DIAGNOSTIC		2,383,046			
60 03	AMB SVC-OPTHALMOLOGY		474,405			
60 04	AMB SVC-PSYCH ADULT		130,365			
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY		1,959,886			
60 07	AMB SVC-RILEY CLINICS		119,786			
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB					
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC		60,072			
60 15	SLEEP DISORDER CENTER		1,138,852			
60 16	O/P CLINIC-ADULT		40,713			
60 17	O/P CLINIC-PEDIATRIC					
60 19	NEUROLOGY UH		214,982			
60 20	ORTHOPEDICS UH		97,400			
60 21	AMB SVC-UH PHYSICAL MEDICINE		71,203			
60 22	AMB SVC-DERMATOLOGY CLINIC		130,465			
60 24	IU CANCER PAVILLION		63,266			
60 25	CARDIO CLINIC		93,504			
61	EMERGENCY		10,624,922			
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)		2,511,504			
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALTH CTR					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		215,554,425	11,223		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		215,554,425	11,223		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009
COMPONENT NO: 15-0056 | WORKSHEET D PART V

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				7,148,630	
37	01	ENDOSCOPY				358,792	
38		RECOVERY ROOM				693,203	
39		DELIVERY ROOM & LABOR ROOM				7,337	
40		ANESTHESIOLOGY				341,115	
40	01	PULMONARY FUNCTION TESTING				256,544	
41		RADIOLOGY-DIAGNOSTIC				9,468,933	
42		RADIOLOGY-THERAPEUTIC				3,885,052	
43		RADIOISOTOPE				1,029,881	
44		LABORATORY				6,548,192	
44	01	TRANSPLANT IMMUNOLOGY				227,388	
44	02	BONE MARROW TRANSPLANT LAB				253,344	
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.				918,348	
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY				147,359	121
50		PHYSICAL THERAPY				790,123	
51		OCCUPATIONAL THERAPY				71,873	
52		SPEECH PATHOLOGY				672,280	
53		ELECTROCARDIOLOGY				407,848	
54		ELECTROENCEPHALOGRAPHY				204,617	
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				7,628	475
56		DRUGS CHARGED TO PATIENTS				3,477,913	1,557
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY					
57		RENAL DIALYSIS				8,397,427	
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC					
59	01	CARDIOLOGY				2,667,127	
59	02	PSYCH OTHER ANCILLARY				75,135	
59	03	CARDIAC CATHERIZATION				2,791,424	
59	04	DAY SURGERY				1,499,222	
59	05	ONCOLOGY				638,804	
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN				64,325	
60	02	MEDICINE/DIAGNOSTIC				2,202,261	
60	03	AMB SVC-OPTHALMOLOGY				264,016	
60	04	AMB SVC-PSYCH ADULT				144,293	
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY				709,028	
60	07	AMB SVC-RILEY CLINICS				153,992	
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB					
60	10	AMB SVC-PSYCH CHILD					
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC				405,707	
60	15	SLEEP DISORDER CENTER				449,226	
60	16	O/P CLINIC-ADULT				247,159	
60	17	O/P CLINIC-PEDIATRIC					
60	19	NEUROLOGY UH				515,952	
60	20	ORTHOPEDICS UH				325,112	
60	21	AMB SVC-UH PHYSICAL MEDICINE				315,877	
60	22	AMB SVC-DERMATOLOGY CLINIC				133,351	
60	24	IU CANCER PAVILLION				604,669	
60	25	CARDIO CLINIC				251,031	
61		EMERGENCY				2,537,093	
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)				2,245,503	
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL				64,554,134	2,153
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES				64,554,134	2,153

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART V
15-0056		

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	ENDOSCOPY			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
40 01	PULMONARY FUNCTION TESTING			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY			
44 01	TRANSPLANT IMMUNOLOGY			
44 02	BONE MARROW TRANSPLANT LAB			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC			
59 01	CARDIOLOGY			
59 02	PSYCH OTHER ANCILLARY			
59 03	CARDIAC CATHERIZATION			
59 04	DAY SURGERY			
59 05	ONCOLOGY			
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN			
60 02	MEDICINE/DIAGNOSTIC			
60 03	AMB SVC-OPTHALMOLOGY			
60 04	AMB SVC-PSYCH ADULT			
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY			
60 07	AMB SVC-RILEY CLINICS			
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB			
60 10	AMB SVC-PSYCH CHILD			
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC			
60 15	SLEEP DISORDER CENTER			
60 16	O/P CLINIC-ADULT			
60 17	O/P CLINIC-PEDIATRIC			
60 19	NEUROLOGY UH			
60 20	ORTHOPEDICS UH			
60 21	AMB SVC-UH PHYSICAL MEDICINE			
60 22	AMB SVC-DERMATOLOGY CLINIC			
60 24	IU CANCER PAVILLION			
60 25	CARDIO CLINIC			
61	EMERGENCY			
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART VI
15-0056		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.213286
2	PROGRAM VACCINE CHARGES	167,972
3	PROGRAM COSTS	35,826

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-S056 I PREPARED 6/10/2009 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		16,695,460	560,747,571	21,557		
37	01	ENDOSCOPY		486,072	13,004,212	6,513		
38		RECOVERY ROOM		903,787	41,351,534	5,532		
39		DELIVERY ROOM & LABOR ROO		1,684,005	40,712,256			
40		ANESTHESIOLOGY		1,765,716	27,992,175	1,154		
40	01	PULMONARY FUNCTION TESTIN		832,963	16,852,683	1,446		
41		RADIOLOGY-DIAGNOSTIC		22,853,325	466,663,638	257,223		
42		RADIOLOGY-THERAPEUTIC		6,256,200	59,158,502	56		
43		RADIOISOTOPE		2,121,471	19,500,925	12,815		
44		LABORATORY		7,324,934	480,598,354	492,239		
44	01	TRANSPLANT IMMUNOLOGY		216,560	14,462,147			
44	02	BONE MARROW TRANSPLANT LA		393,315	6,478,045			
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		591,465	56,265,582	4,365		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		1,619,629	143,865,689	34,523		
50		PHYSICAL THERAPY		601,807	27,279,900	31,552		
51		OCCUPATIONAL THERAPY		337,784	8,304,183	2,998		
52		SPEECH PATHOLOGY		544,287	13,712,166	7,932		
53		ELECTROCARDIOLOGY		573,276	47,270,759	67,285		
54		ELECTROENCEPHALOGRAPHY		427,101	14,659,027	31,366		
55		MEDICAL SUPPLIES CHARGED		100,015	12,291,988	10,848		
56		DRUGS CHARGED TO PATIENTS		1,011,716	334,775,319	360,796		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC		329,264	26,557,709			
57		RENAL DIALYSIS		1,386,697	52,108,452	5,864		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC		147,813	1,646,313			
59	01	CARDIOLOGY		1,932,659	85,036,574	14,013		
59	02	PSYCH OTHER ANCILLARY		65,432	868,828	127,111		
59	03	CARDIAC CATHERIZATION		3,227,279	85,467,940	34,839		
59	04	DAY SURGERY		1,318,882	5,425,713			
59	05	ONCOLOGY		106,693	70,842			
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN		669,603	6,730,791			
60	02	MEDICINE/DIAGNOSTIC		946,372	9,428,951			
60	03	AMB SVC-OPTHALMOLOGY		155,725	1,455,164			
60	04	AMB SVC-PSYCH ADULT		397,397	1,821,739	705		
60	05	AMB SVC-DIABETES ADULT		37,410				
60	06	OUTPATIENT SURGERY		560,326	9,088,295	8,061		
60	07	AMB SVC-RILEY CLINICS		772,246	8,533,673			
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB		37,298	563,904			
60	10	AMB SVC-PSYCH CHILD		36,622	273,153			
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC		108,456	101,983	478		
60	15	SLEEP DISORDER CENTER		293,439	8,154,010			
60	16	O/P CLINIC-ADULT		202,669	191,676			
60	17	O/P CLINIC-PEDIATRIC		431,118	749,628			
60	19	NEUROLOGY UH		243,889	700,588			
60	20	ORTHOPEDICS UH		196,366	375,140			
60	21	AMB SVC-UH PHYSICAL MEDIC		197,116	232,976			
60	22	AMB SVC-DERMATOLOGY CLINI		125,881	787,362			
60	24	IU CANCER PAVILLION		413,379	281,213			
60	25	CARDIO CLINIC		88,058	237,374			
61		EMERGENCY		2,621,129	171,007,395	110,110		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS		1,165,518	18,113,648			
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		29,408	7,051,023			
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL		85,585,032	2909,008,712	1,651,381		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
15-S056		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.029774	642
37	01	ENDOSCOPY	.037378	243
38		RECOVERY ROOM	.021856	121
39		DELIVERY ROOM & LABOR ROO	.041364	
40		ANESTHESIOLOGY	.063079	73
40	01	PULMONARY FUNCTION TESTIN	.049426	71
41		RADIOLOGY-DIAGNOSTIC	.048972	12,597
42		RADIOLOGY-THERAPEUTIC	.105753	6
43		RADIOISOTOPE	.108788	1,394
44		LABORATORY	.015241	7,502
44	01	TRANSPLANT IMMUNOLOGY	.014974	
44	02	BONE MARROW TRANSPLANT LA	.060715	
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.010512	46
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.011258	389
50		PHYSICAL THERAPY	.022060	696
51		OCCUPATIONAL THERAPY	.040676	122
52		SPEECH PATHOLOGY	.039694	315
53		ELECTROCARDIOLOGY	.012127	816
54		ELECTROENCEPHALOGRAPHY	.029136	914
55		MEDICAL SUPPLIES CHARGED	.008137	88
56		DRUGS CHARGED TO PATIENTS	.003022	1,090
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.012398	
57		RENAL DIALYSIS	.026612	156
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.089784	
59	01	CARDIOLOGY	.022727	318
59	02	PSYCH OTHER ANCILLARY	.075311	9,573
59	03	CARDIAC CATHERIZATION	.037760	1,316
59	04	DAY SURGERY	.243080	
59	05	ONCOLOGY	1.506070	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.099484	
60	02	MEDICINE/DIAGNOSTIC	.100369	
60	03	AMB SVC-OPTHALMOLOGY	.107015	
60	04	AMB SVC-PSYCH ADULT	.218142	154
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.061654	497
60	07	AMB SVC-RILEY CLINICS	.090494	
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.066142	
60	10	AMB SVC-PSYCH CHILD	.134071	
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	1.063471	508
60	15	SLEEP DISORDER CENTER	.035987	
60	16	O/P CLINIC-ADULT	1.057352	
60	17	O/P CLINIC-PEDIATRIC	.575109	
60	19	NEUROLOGY UH	.348120	
60	20	ORTHOPEDICS UH	.523447	
60	21	AMB SVC-UH PHYSICAL MEDIC	.846079	
60	22	AMB SVC-DERMATOLOGY CLINI	.159877	
60	24	IU CANCER PAVILLION	1.469985	
60	25	CARDIO CLINIC	.370967	
61		EMERGENCY	.015328	1,688
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.064345	
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.004171	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		41,335

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM				232,293		
37	01 ENDOSCOPY						
38	RECOVERY ROOM				2,116		
39	DELIVERY ROOM & LABOR ROO				12,967		
40	ANESTHESIOLOGY						
40	01 PULMONARY FUNCTION TESTIN						
41	RADIOLOGY-DIAGNOSTIC				457,179		
42	RADIOLOGY-THERAPEUTIC				391,811		
43	RADIOISOTOPE				30,680		
44	LABORATORY				413,469		
44	01 TRANSPLANT IMMUNOLOGY						
44	02 BONE MARROW TRANSPLANT LA						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY				328,315		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY				39,281		
55	MEDICAL SUPPLIES CHARGED				51,626		
56	DRUGS CHARGED TO PATIENTS				1,118,437		
56	01 RENAL-RILEY						
56	02 RENAL-ADULT						
56	03 OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	04 BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59	01 CARDIOLOGY						
59	02 PSYCH OTHER ANCILLARY						
59	03 CARDIAC CATHERIZATION				137		
59	04 DAY SURGERY				1,862		
59	05 ONCOLOGY						
59	06 DAY SURGERY-RILEY						
59	07 CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 AMB SVC-OB & GYN						
60	02 MEDICINE/DIAGNOSTIC						
60	03 AMB SVC-OPTHALMOLOGY						
60	04 AMB SVC-PSYCH ADULT						
60	05 AMB SVC-DIABETES ADULT						
60	06 OUTPATIENT SURGERY						
60	07 AMB SVC-RILEY CLINICS						
60	08 DENTAL CLINIC						
60	09 MOTILITY LAB						
60	10 AMB SVC-PSYCH CHILD						
60	13 ARTHRITIS CENTER						
60	14 GERIATRICS CLINIC						
60	15 SLEEP DISORDER CENTER						
60	16 O/P CLINIC-ADULT						
60	17 O/P CLINIC-PEDIATRIC						
60	19 NEUROLOGY UH						
60	20 ORTHOPEDICS UH						
60	21 AMB SVC-UH PHYSICAL MEDIC						
60	22 AMB SVC-DERMATOLOGY CLINI						
60	24 IU CANCER PAVILLION						
60	25 CARDIO CLINIC						
61	EMERGENCY				852,030		
61	01 EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS				69,299		
63	FAMILY PRACTICE						
63	60 FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL				4,001,502		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	232,293	232,293	560,747,571	.000414	.000414	21,557	9
37	01 ENDOSCOPY			13,004,212			6,513	
38	RECOVERY ROOM	2,116	2,116	41,351,534	.000051	.000051	5,532	
39	DELIVERY ROOM & LABOR ROO	12,967	12,967	40,712,256	.000319	.000319		
40	ANESTHESIOLOGY			27,992,175			1,154	
40	01 PULMONARY FUNCTION TESTIN			16,852,683			1,446	
41	RADIOLOGY-DIAGNOSTIC	457,179	457,179	466,663,638	.000980	.000980	257,223	252
42	RADIOLOGY-THERAPEUTIC	391,811	391,811	59,158,502	.006623	.006623	56	
43	RADIOISOTOPE	30,680	30,680	19,500,925	.001573	.001573	12,815	20
44	LABORATORY	413,469	413,469	480,598,354	.000860	.000860	492,239	423
44	01 TRANSPLANT IMMUNOLOGY			14,462,147				
44	02 BONE MARROW TRANSPLANT LA			6,478,045				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			56,265,582			4,365	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	328,315	328,315	143,865,689	.002282	.002282	34,523	79
50	PHYSICAL THERAPY			27,279,900			31,552	
51	OCCUPATIONAL THERAPY			8,304,183			2,998	
52	SPEECH PATHOLOGY			13,712,166			7,932	
53	ELECTROCARDIOLOGY			47,270,759			67,285	
54	ELECTROENCEPHALOGRAPHY	39,281	39,281	14,659,027	.002680	.002680	31,366	84
55	MEDICAL SUPPLIES CHARGED	51,626	51,626	12,291,988	.004200	.004200	10,848	46
56	DRUGS CHARGED TO PATIENTS	1,118,437	1,118,437	334,775,319	.003341	.003341	360,796	1,205
56	01 RENAL-RILEY							
56	02 RENAL-ADULT							
56	03 OUTPATIENT RETAIL PHARMAC			26,557,709				
57	RENAL DIALYSIS			52,108,452			5,864	
58	ASC (NON-DISTINCT PART)							
58	04 BMTU OUTPATIENT							
59	RH NBN ECMO IC			1,646,313				
59	01 CARDIOLOGY			85,036,574			14,013	
59	02 PSYCH OTHER ANCILLARY			868,828			127,111	
59	03 CARDIAC CATHERIZATION	137	137	85,467,940	.000002	.000002	34,839	
59	04 DAY SURGERY	1,862	1,862	5,425,713	.000343	.000343		
59	05 ONCOLOGY			70,842				
59	06 DAY SURGERY-RILEY							
59	07 CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 AMB SVC-OB & GYN			6,730,791				
60	02 MEDICINE/DIAGNOSTIC			9,428,951				
60	03 AMB SVC-OPTHALMOLOGY			1,455,164				
60	04 AMB SVC-PSYCH ADULT			1,821,739			705	
60	05 AMB SVC-DIABETES ADULT							
60	06 OUTPATIENT SURGERY			9,088,295			8,061	
60	07 AMB SVC-RILEY CLINICS			8,533,673				
60	08 DENTAL CLINIC							
60	09 MOTILITY LAB			563,904				
60	10 AMB SVC-PSYCH CHILD			273,153				
60	13 ARTHRITIS CENTER							
60	14 GERIATRICS CLINIC			101,983			478	
60	15 SLEEP DISORDER CENTER			8,154,010				
60	16 O/P CLINIC-ADULT			191,676				
60	17 O/P CLINIC-PEDIATRIC			749,628				
60	19 NEUROLOGY UH			700,588				
60	20 ORTHOPEDICS UH			375,140				
60	21 AMB SVC-UH PHYSICAL MEDIC			232,976				
60	22 AMB SVC-DERMATOLOGY CLINI			787,362				
60	24 IU CANCER PAVILLION			281,213				
60	25 CARDIO CLINIC			237,374				
61	EMERGENCY	852,030	852,030	171,007,395	.004982	.004982	110,110	549
61	01 EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	69,299	69,299	18,113,648	.003826	.003826		
63	FAMILY PRACTICE							
63	60 FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			7,051,023				
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	4,001,502	4,001,502	2909,008,712			1,651,381	2,667

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40 01	PULMONARY FUNCTION TESTIN						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44 01	TRANSPLANT IMMUNOLOGY						
44 02	BONE MARROW TRANSPLANT LA						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59 01	CARDIOLOGY						
59 02	PSYCH OTHER ANCILLARY						
59 03	CARDIAC CATHERIZATION						
59 04	DAY SURGERY						
59 05	ONCOLOGY						
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN						
60 02	MEDICINE/DIAGNOSTIC						
60 03	AMB SVC-OPTHALMOLOGY						
60 04	AMB SVC-PSYCH ADULT						
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY						
60 07	AMB SVC-RILEY CLINICS						
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB						
60 10	AMB SVC-PSYCH CHILD						
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC						
60 15	SLEEP DISORDER CENTER						
60 16	O/P CLINIC-ADULT						
60 17	O/P CLINIC-PEDIATRIC						
60 19	NEUROLOGY UH						
60 20	ORTHOPEDICS UH						
60 21	AMB SVC-UH PHYSICAL MEDIC						
60 22	AMB SVC-DERMATOLOGY CLINI						
60 24	IU CANCER PAVILLION						
60 25	CARDIO CLINIC						
61	EMERGENCY						
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/10/2009
COMPONENT NO: 15-S056		WORKSHEET D PART VI

TITLE XVIII, PART B SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.213286
2	PROGRAM VACCINE CHARGES	1,060
3	PROGRAM COSTS	226

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009

WORKSHEET D PART I

TITLE XIX PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				19,659,111		19,659,111
26	INTENSIVE CARE UNIT				1,363,598		1,363,598
27	CORONARY CARE UNIT				1,275,032		1,275,032
27 01	NEONATAL INTENSIVE CARE U				732,674		732,674
28	BURN INTENSIVE CARE UNIT				309,799		309,799
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC				1,423,088		1,423,088
29 03	UH NS 3IC				197,712		197,712
29 04	RH PED IC				892,048		892,048
29 07	PEDIATRIC CANCER CENTER				150,797		150,797
31	SUBPROVIDER				527,794		527,794
33	NURSERY				395,557		395,557
101	TOTAL				26,927,210		26,927,210

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	274,919	44,092			71.51	3,153,019
26		INTENSIVE CARE UNIT	20,001	3,410			68.18	232,494
27		CORONARY CARE UNIT	13,331	2,273			95.64	217,390
27	01	NEONATAL INTENSIVE CARE U	9,481	1,616			77.28	124,884
28		BURN INTENSIVE CARE UNIT	1,747	298			177.33	52,844
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC	5,650	963			251.87	242,551
29	03	UH NS 3IC	2,248	383			87.95	33,685
29	04	RH PED IC	9,099	1,551			98.04	152,060
29	07	PEDIATRIC CANCER CENTER	1,790	305			84.24	25,693
31		SUBPROVIDER	6,959				75.84	
33		NURSERY	8,137	2,589			48.61	125,851
101		TOTAL	353,362	57,480				4,360,471

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I COMPONENT NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D I PART II

TITLE XIX HOSPITAL PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		16,695,460	560,747,571	59,818,389		
37	01	ENDOSCOPY		486,072	13,004,212	954,629		
38		RECOVERY ROOM		903,787	41,351,534	3,433,386		
39		DELIVERY ROOM & LABOR ROO		1,684,005	40,712,256	26,981,599		
40		ANESTHESIOLOGY		1,765,716	27,992,175	3,433,781		
40	01	PULMONARY FUNCTION TESTIN		832,963	16,852,683	1,169,355		
41		RADIOLOGY-DIAGNOSTIC		22,853,325	466,663,638	34,168,885		
42		RADIOLOGY-THERAPEUTIC		6,256,200	59,158,502	623,658		
43		RADIOISOTOPE		2,121,471	19,500,925	961,967		
44		LABORATORY		7,324,934	480,598,354	58,207,250		
44	01	TRANSPLANT IMMUNOLOGY		216,560	14,462,147	277,867		
44	02	BONE MARROW TRANSPLANT LA		393,315	6,478,045	379,185		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		591,465	56,265,582	9,851,913		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		1,619,629	143,865,689	49,915,031		
50		PHYSICAL THERAPY		601,807	27,279,900	3,282,696		
51		OCCUPATIONAL THERAPY		337,784	8,304,183	1,933,088		
52		SPEECH PATHOLOGY		544,287	13,712,166	1,154,300		
53		ELECTROCARDIOLOGY		573,276	47,270,759	3,262,970		
54		ELECTROENCEPHALOGRAPHY		427,101	14,659,027	1,827,092		
55		MEDICAL SUPPLIES CHARGED		100,015	12,291,988	76,814		
56		DRUGS CHARGED TO PATIENTS		1,011,716	334,775,319			
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC		329,264	26,557,709			
57		RENAL DIALYSIS		1,386,697	52,108,452	2,966,790		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC		147,813	1,646,313	1,208,055		
59	01	CARDIOLOGY		1,932,659	85,036,574	6,793,271		
59	02	PSYCH OTHER ANCILLARY		65,432	868,828	350		
59	03	CARDIAC CATHERIZATION		3,227,279	85,467,940	2,436,189		
59	04	DAY SURGERY		1,318,882	5,425,713	139,674		
59	05	ONCOLOGY		106,693	70,842			
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN		669,603	6,730,791	587,582		
60	02	MEDICINE/DIAGNOSTIC		946,372	9,428,951	22,424		
60	03	AMB SVC-OPTHALMOLOGY		155,725	1,455,164	2,504		
60	04	AMB SVC-PSYCH ADULT		397,397	1,821,739	588		
60	05	AMB SVC-DIABETES ADULT		37,410				
60	06	OUTPATIENT SURGERY		560,326	9,088,295	292,032		
60	07	AMB SVC-RILEY CLINICS		772,246	8,533,673	165,903		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB		37,298	563,904	32,318		
60	10	AMB SVC-PSYCH CHILD		36,622	273,153			
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC		108,456	101,983			
60	15	SLEEP DISORDER CENTER		293,439	8,154,010	16,922		
60	16	O/P CLINIC-ADULT		202,669	191,676	313		
60	17	O/P CLINIC-PEDIATRIC		431,118	749,628	587		
60	19	NEUROLOGY UH		243,889	700,588	244		
60	20	ORTHOPEDICS UH		196,366	375,140	346		
60	21	AMB SVC-UH PHYSICAL MEDIC		197,116	232,976	77		
60	22	AMB SVC-DERMATOLOGY CLINI		125,881	787,362	873		
60	24	IU CANCER PAVILLION		413,379	281,213	497		
60	25	CARDIO CLINIC		88,058	237,374	799		
61		EMERGENCY		2,621,129	171,007,395	11,883,459		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS		1,165,518	18,113,648			
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT		35,332	17,139,902			
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		29,408	7,051,023			
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL		85,620,364	2926,148,614	288,265,652		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
15-0056		

TITLE XIX HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.029774	1,781,033
37	01	ENDOSCOPY	.037378	35,682
38		RECOVERY ROOM	.021856	75,040
39		DELIVERY ROOM & LABOR ROO	.041364	1,116,067
40		ANESTHESIOLOGY	.063079	216,599
40	01	PULMONARY FUNCTION TESTIN	.049426	57,797
41		RADIOLOGY-DIAGNOSTIC	.048972	1,673,319
42		RADIOLOGY-THERAPEUTIC	.105753	65,954
43		RADIOISOTOPE	.108788	104,650
44		LABORATORY	.015241	887,137
44	01	TRANSPLANT IMMUNOLOGY	.014974	4,161
44	02	BONE MARROW TRANSPLANT LA	.060715	23,022
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.010512	103,563
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.011258	561,943
50		PHYSICAL THERAPY	.022060	72,416
51		OCCUPATIONAL THERAPY	.040676	78,630
52		SPEECH PATHOLOGY	.039694	45,819
53		ELECTROCARDIOLOGY	.012127	39,570
54		ELECTROENCEPHALOGRAPHY	.029136	53,234
55		MEDICAL SUPPLIES CHARGED	.008137	625
56		DRUGS CHARGED TO PATIENTS	.003022	
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.012398	
57		RENAL DIALYSIS	.026612	78,952
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.089784	108,464
59	01	CARDIOLOGY	.022727	154,391
59	02	PSYCH OTHER ANCILLARY	.075311	26
59	03	CARDIAC CATHERIZATION	.037760	91,990
59	04	DAY SURGERY	.243080	33,952
59	05	ONCOLOGY	1.506070	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.099484	58,455
60	02	MEDICINE/DIAGNOSTIC	.100369	2,251
60	03	AMB SVC-OPTHALMOLOGY	.107015	268
60	04	AMB SVC-PSYCH ADULT	.218142	128
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.061654	18,005
60	07	AMB SVC-RILEY CLINICS	.090494	15,013
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.066142	2,138
60	10	AMB SVC-PSYCH CHILD	.134071	
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	1.063471	
60	15	SLEEP DISORDER CENTER	.035987	609
60	16	O/P CLINIC-ADULT	1.057352	331
60	17	O/P CLINIC-PEDIATRIC	.575109	338
60	19	NEUROLOGY UH	.348120	85
60	20	ORTHOPEDICS UH	.523447	181
60	21	AMB SVC-UH PHYSICAL MEDIC	.846079	65
60	22	AMB SVC-DERMATOLOGY CLINI	.159877	140
60	24	IU CANCER PAVILLION	1.469985	731
60	25	CARDIO CLINIC	.370967	296
61		EMERGENCY	.015328	182,150
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.064345	
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT	.002061	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.004171	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		7,745,220

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS			1,168,932			1,168,932
26	INTENSIVE CARE UNIT			49,856			49,856
27	CORONARY CARE UNIT			33,230			33,230
27 01	NEONATAL INTENSIVE CARE U			23,633			23,633
28	BURN INTENSIVE CARE UNIT			4,355			4,355
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC			14,084			14,084
29 03	UH NS 3IC			5,604			5,604
29 04	RH PED IC			22,681			22,681
29 07	PEDIATRIC CANCER CENTER			4,462			4,462
31	SUBPROVIDER			17,347			17,347
33	NURSERY			20,283			20,283
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL			1,364,467			1,364,467

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART III

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
			5	6	7	8
25		ADULTS & PEDIATRICS	274,919	4.25	44,092	187,391
26		INTENSIVE CARE UNIT	20,001	2.49	3,410	8,491
27		CORONARY CARE UNIT	13,331	2.49	2,273	5,660
27	01	NEONATAL INTENSIVE CARE U	9,481	2.49	1,616	4,024
28		BURN INTENSIVE CARE UNIT	1,747	2.49	298	742
29		SURGICAL INTENSIVE CARE U				
29	02	UH SURG 6IC	5,650	2.49	963	2,398
29	03	UH NS 3IC	2,248	2.49	383	954
29	04	RH PED IC	9,099	2.49	1,551	3,862
29	07	PEDIATRIC CANCER CENTER	1,790	2.49	305	759
31		SUBPROVIDER	6,959	2.49		
33		NURSERY	8,137	2.49	2,589	6,447
34		SKILLED NURSING FACILITY				
35		NURSING FACILITY				
35	01	ICF/MR				
101		TOTAL	353,362		57,480	220,728

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			6,610,519	232,293		
37 01	ENDOSCOPY			7,267			
38	RECOVERY ROOM				2,116		
39	DELIVERY ROOM & LABOR ROO			1,077,229	12,967		
40	ANESTHESIOLOGY			4,145,425			
40 01	PULMONARY FUNCTION TESTIN			794,752			
41	RADIOLOGY-DIAGNOSTIC			4,155,417	457,179		
42	RADIOLOGY-THERAPEUTIC			481,392	391,811		
43	RADIOISOTOPE			462,319	30,680		
44	LABORATORY			2,238,929	413,469		
44 01	TRANSPLANT IMMUNOLOGY						
44 02	BONE MARROW TRANSPLANT LA						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY			74,480	328,315		
50	PHYSICAL THERAPY			415,087			
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY			728,447			
53	ELECTROCARDIOLOGY			327,892			
54	ELECTROENCEPHALOGRAPHY			565,864	39,281		
55	MEDICAL SUPPLIES CHARGED				51,626		
56	DRUGS CHARGED TO PATIENTS				1,118,437		
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS			542,248			
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59 01	CARDIOLOGY			1,285,228			
59 02	PSYCH OTHER ANCILLARY			84,470			
59 03	CARDIAC CATHERIZATION			399,647	137		
59 04	DAY SURGERY				1,862		
59 05	ONCOLOGY			236,155			
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN			1,149,892			
60 02	MEDICINE/DIAGNOSTIC			968,235			
60 03	AMB SVC-OPTHALMOLOGY			729,355			
60 04	AMB SVC-PSYCH ADULT			311,542			
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY						
60 07	AMB SVC-RILEY CLINICS			454,144			
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB						
60 10	AMB SVC-PSYCH CHILD			417,812			
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC			223,439			
60 15	SLEEP DISORDER CENTER						
60 16	O/P CLINIC-ADULT			1,302,485			
60 17	O/P CLINIC-PEDIATRIC			2,815,693			
60 19	NEUROLOGY UH			462,319			
60 20	ORTHOPEDICS UH			836,533			
60 21	AMB SVC-UH PHYSICAL MEDIC						
60 22	AMB SVC-DERMATOLOGY CLINI			164,400			
60 24	IU CANCER PAVILLION			34,515			
60 25	CARDIO CLINIC			126,252			
61	EMERGENCY			2,901,980	852,030		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS				69,299		
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			37,531,363	4,001,502		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	6,842,812	6,842,812	560,747,571	.012203	.012203	59,818,389	729,964
37 01	ENDOSCOPY	7,267	7,267	13,004,212	.000559	.000559	954,629	534
38	RECOVERY ROOM	2,116	2,116	41,351,534	.000051	.000051	3,433,386	175
39	DELIVERY ROOM & LABOR ROO	1,090,196	1,090,196	40,712,256	.026778	.026778	26,981,599	722,513
40	ANESTHESIOLOGY	4,145,425	4,145,425	27,992,175	.148092	.148092	3,433,781	508,515
40 01	PULMONARY FUNCTION TESTIN	794,752	794,752	16,852,683	.047159	.047159	1,169,355	55,146
41	RADIOLOGY-DIAGNOSTIC	4,612,596	4,612,596	466,663,638	.009884	.009884	34,168,885	337,725
42	RADIOLOGY-THERAPEUTIC	873,203	873,203	59,158,502	.014760	.014760	623,658	9,205
43	RADIOISOTOPE	492,999	492,999	19,500,925	.025281	.025281	961,967	24,319
44	LABORATORY	2,652,398	2,652,398	480,598,354	.005519	.005519	58,207,250	321,246
44 01	TRANSPLANT IMMUNOLOGY			14,462,147			277,867	
44 02	BONE MARROW TRANSPLANT LA			6,478,045			379,185	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			56,265,582			9,851,913	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	402,795	402,795	143,865,689	.002800	.002800	49,915,031	139,762
50	PHYSICAL THERAPY	415,087	415,087	27,279,900	.015216	.015216	3,282,696	49,950
51	OCCUPATIONAL THERAPY			8,304,183			1,933,088	
52	SPEECH PATHOLOGY	728,447	728,447	13,712,166	.053124	.053124	1,154,300	61,321
53	ELECTROCARDIOLOGY	327,892	327,892	47,270,759	.006936	.006936	3,262,970	22,632
54	ELECTROENCEPHALOGRAPHY	605,145	605,145	14,659,027	.041281	.041281	1,827,092	75,424
55	MEDICAL SUPPLIES CHARGED	51,626	51,626	12,291,988	.004200	.004200	76,814	323
56	DRUGS CHARGED TO PATIENTS	1,118,437	1,118,437	334,775,319	.003341	.003341		
56 01	RENAL-RILEY							
56 02	RENAL-ADULT							
56 03	OUTPATIENT RETAIL PHARMAC			26,557,709				
57	RENAL DIALYSIS	542,248	542,248	52,108,452	.010406	.010406	2,966,790	30,872
58	ASC (NON-DISTINCT PART)							
58 04	BMTU OUTPATIENT							
59	RH NBN ECMO IC			1,646,313			1,208,055	
59 01	CARDIOLOGY	1,285,228	1,285,228	85,036,574	.015114	.015114	6,793,271	102,673
59 02	PSYCH OTHER ANCILLARY	84,470	84,470	868,828	.097223	.097223	350	34
59 03	CARDIAC CATHERIZATION	399,784	399,784	85,467,940	.004678	.004678	2,436,189	11,396
59 04	DAY SURGERY	1,862	1,862	5,425,713	.000343	.000343	139,674	48
59 05	ONCOLOGY	236,155	236,155	70,842	3.333545	3.333545		
59 06	DAY SURGERY-RILEY							
59 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	AMB SVC-OB & GYN	1,149,892	1,149,892	6,730,791	.170841	.170841	587,582	100,383
60 02	MEDICINE/DIAGNOSTIC	968,235	968,235	9,428,951	.102687	.102687	22,424	2,303
60 03	AMB SVC-OPTHALMOLOGY	729,355	729,355	1,455,164	.501218	.501218	2,504	1,255
60 04	AMB SVC-PSYCH ADULT	311,542	311,542	1,821,739	.171014	.171014	588	101
60 05	AMB SVC-DIABETES ADULT							
60 06	OUTPATIENT SURGERY			9,088,295			292,032	
60 07	AMB SVC-RILEY CLINICS	454,144	454,144	8,533,673	.053218	.053218	165,903	8,829
60 08	DENTAL CLINIC							
60 09	MOTILITY LAB			563,904			32,318	
60 10	AMB SVC-PSYCH CHILD	417,812	417,812	273,153	1.529590	1.529590		
60 13	ARTHRITIS CENTER							
60 14	GERIATRICS CLINIC	223,439	223,439	101,983	2.190944	2.190944		
60 15	SLEEP DISORDER CENTER			8,154,010			16,922	
60 16	O/P CLINIC-ADULT	1,302,485	1,302,485	191,676	6.795243	6.795243	313	2,127
60 17	O/P CLINIC-PEDIATRIC	2,815,693	2,815,693	749,628	3.756120	3.756120	587	2,205
60 19	NEUROLOGY UH	462,319	462,319	700,588	.659901	.659901	244	161
60 20	ORTHOPEDICS UH	836,533	836,533	375,140	2.229922	2.229922	346	772
60 21	AMB SVC-UH PHYSICAL MEDIC			232,976			77	
60 22	AMB SVC-DERMATOLOGY CLINI	164,400	164,400	787,362	.208798	.208798	873	182
60 24	IU CANCER PAVILLION	34,515	34,515	281,213	.122736	.122736	497	61
60 25	CARDIO CLINIC	126,252	126,252	237,374	.531870	.531870	799	425
61	EMERGENCY	3,754,010	3,754,010	171,007,395	.021952	.021952	11,883,459	260,866
61 01	EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	69,299	69,299	18,113,648	.003826	.003826		
63	FAMILY PRACTICE							
63 60	FEDERALLY QUALIFIED HEALT			17,139,902				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			7,051,023				
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	41,532,865	41,532,865	2926,148,614			288,265,652	3,583,447

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET D
PART IV

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	36,317,300			443,180		
37	01	ENDOSCOPY	303,271			170		
38		RECOVERY ROOM	6,246,521			319		
39		DELIVERY ROOM & LABOR ROO	2,020,769			54,112		
40		ANESTHESIOLOGY	1,927,907			285,508		
40	01	PULMONARY FUNCTION TESTIN	6,486,379			305,891		
41		RADIOLOGY-DIAGNOSTIC	41,126,122			406,491		
42		RADIOLOGY-THERAPEUTIC	6,649,036			98,140		
43		RADIOISOTOPE	1,901,123			48,062		
44		LABORATORY	37,361,870			206,200		
44	01	TRANSPLANT IMMUNOLOGY	476,488					
44	02	BONE MARROW TRANSPLANT LA	645,040					
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	1,676,835					
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	2,292,862			6,420		
50		PHYSICAL THERAPY	2,187,590			33,286		
51		OCCUPATIONAL THERAPY	1,153,995					
52		SPEECH PATHOLOGY	3,112,522			165,350		
53		ELECTROCARDIOLOGY	1,565,411			10,858		
54		ELECTROENCEPHALOGRAPHY	1,374,161			56,727		
55		MEDICAL SUPPLIES CHARGED	710,586			2,984		
56		DRUGS CHARGED TO PATIENTS						
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC						
57		RENAL DIALYSIS	3,513,170			36,558		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC						
59	01	CARDIOLOGY	9,821,106			148,436		
59	02	PSYCH OTHER ANCILLARY	66,592			6,474		
59	03	CARDIAC CATHERIZATION	2,164,756			10,127		
59	04	DAY SURGERY	588,450			202		
59	05	ONCOLOGY						
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	1,899,223			324,465		
60	02	MEDICINE/DIAGNOSTIC	766,081			78,667		
60	03	AMB SVC-OPTHALMOLOGY	140,387			70,364		
60	04	AMB SVC-PSYCH ADULT	200,363			34,265		
60	05	AMB SVC-DIABETES ADULT						
60	06	OUTPATIENT SURGERY	399,396					
60	07	AMB SVC-RILEY CLINICS	3,646,926			194,082		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	195,584					
60	10	AMB SVC-PSYCH CHILD	69,931			106,966		
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	337			738		
60	15	SLEEP DISORDER CENTER	975,343					
60	16	O/P CLINIC-ADULT	36,022			244,778		
60	17	O/P CLINIC-PEDIATRIC	557,090			2,092,497		
60	19	NEUROLOGY UH	55,503			36,626		
60	20	ORTHOPEDICS UH	47,018			104,846		
60	21	AMB SVC-UH PHYSICAL MEDIC	22,910					
60	22	AMB SVC-DERMATOLOGY CLINI	84,249			17,591		
60	24	IU CANCER PAVILLION	15,546			1,908		
60	25	CARDIO CLINIC	12,327			6,556		
61		EMERGENCY	38,967,982			855,425		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS						
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	61					
65		AMBULANCE SERVICES	10,156,127					
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL	229,938,268			6,495,269		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009
COMPONENT NO: 15-0056 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radialogy 3	Other Outpatient Diagnostic 4	All Other (1) 5
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.300875				36,317,300
37	01	ENDOSCOPY	.277698				303,271
38		RECOVERY ROOM	.338963				6,246,521
39		DELIVERY ROOM & LABOR ROOM	.416586				2,020,769
40		ANESTHESIOLOGY	.679104				1,927,907
40	01	PULMONARY FUNCTION TESTING	.370451				6,486,379
41		RADIOLOGY-DIAGNOSTIC	.199418				41,126,122
42		RADIOLOGY-THERAPEUTIC	.269008				6,649,036
43		RADIOISOTOPE	.385813				1,901,123
44		LABORATORY	.167435				37,361,870
44	01	TRANSPLANT IMMUNOLOGY	.297571				476,488
44	02	BONE MARROW TRANSPLANT LAB	.518689				645,040
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.646080				1,676,835
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.241732				2,292,862
50		PHYSICAL THERAPY	.393262				2,187,590
51		OCCUPATIONAL THERAPY	.435134				1,153,995
52		SPEECH PATHOLOGY	.546159				3,112,522
53		ELECTROCARDIOLOGY	.136664				1,565,411
54		ELECTROENCEPHALOGRAPHY	.355717				1,374,161
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.129377				710,586
56		DRUGS CHARGED TO PATIENTS	.200788				
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY	1.332706				
57		RENAL DIALYSIS	.451568				3,513,170
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	.753765				
59	01	CARDIOLOGY	.256849				9,821,106
59	02	PSYCH OTHER ANCILLARY	.711896				66,592
59	03	CARDIAC CATHERIZATION	.224600				2,164,756
59	04	DAY SURGERY	1.665814				588,450
59	05	ONCOLOGY	18.106505				
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	.632003				1,899,223
60	02	MEDICINE/DIAGNOSTIC	.963053				766,081
60	03	AMB SVC-OPTHALMOLOGY	.991895				140,387
60	04	AMB SVC-PSYCH ADULT	1.194574				200,363
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY	.338198				399,396
60	07	AMB SVC-RILEY CLINICS	1.257328				3,646,926
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	.462343				195,584
60	10	AMB SVC-PSYCH CHILD	3.402533				69,931
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	8.381171				337
60	15	SLEEP DISORDER CENTER	.370065				975,343
60	16	O/P CLINIC-ADULT	12.075367				36,022
60	17	O/P CLINIC-PEDIATRIC	5.945582				557,090
60	19	NEUROLOGY UH	2.867784				55,503
60	20	ORTHOPEDICS UH	5.222909				47,018
60	21	AMB SVC-UH PHYSICAL MEDICINE	4.143448				22,910
60	22	AMB SVC-DERMATOLOGY CLINIC	1.152810				84,249
60	24	IU CANCER PAVILLION	9.057106				15,546
60	25	CARDIO CLINIC	3.014437				12,327
61		EMERGENCY	.240279				38,967,982
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)	.839527				
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR	1.160483				
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.245843				61
65		AMBULANCE SERVICES	.537385				10,156,127
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL					229,938,268
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					229,938,268

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009
COMPONENT NO: 15-0056

WORKSHEET D
PART V

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 Radialogy
		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	ENDOSCOPY					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
40 01	PULMONARY FUNCTION TESTING					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
44 01	TRANSPLANT IMMUNOLOGY					
44 02	BONE MARROW TRANSPLANT LAB					
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY					
59 02	PSYCH OTHER ANCILLARY					
59 03	CARDIAC CATHERIZATION					
59 04	DAY SURGERY					
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN					
60 02	MEDICINE/DIAGNOSTIC					
60 03	AMB SVC-OPTHALMOLOGY					
60 04	AMB SVC-PSYCH ADULT					
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY					
60 07	AMB SVC-RILEY CLINICS					
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB					
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC					
60 15	SLEEP DISORDER CENTER					
60 16	O/P CLINIC-ADULT					
60 17	O/P CLINIC-PEDIATRIC					
60 19	NEUROLOGY UH					
60 20	ORTHOPEDICS UH					
60 21	AMB SVC-UH PHYSICAL MEDICINE					
60 22	AMB SVC-DERMATOLOGY CLINIC					
60 24	IU CANCER PAVILLION					
60 25	CARDIO CLINIC					
61	EMERGENCY					
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALTH CTR					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
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)

		Cost Center Description	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02	PPS Services 1/1 to FYE 9.03
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		10,926,968			
37	01	ENDOSCOPY		84,218			
38		RECOVERY ROOM		2,117,339			
39		DELIVERY ROOM & LABOR ROOM		841,824			
40		ANESTHESIOLOGY		1,309,249			
40	01	PULMONARY FUNCTION TESTING		2,402,886			
41		RADIOLOGY-DIAGNOSTIC		8,201,289			
42		RADIOLOGY-THERAPEUTIC		1,788,644			
43		RADIOISOTOPE		733,478			
44		LABORATORY		6,255,685			
44	01	TRANSPLANT IMMUNOLOGY		141,789			
44	02	BONE MARROW TRANSPLANT LAB		334,575			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.		1,083,370			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY		554,258			
50		PHYSICAL THERAPY		860,296			
51		OCCUPATIONAL THERAPY		502,142			
52		SPEECH PATHOLOGY		1,699,932			
53		ELECTROCARDIOLOGY		213,935			
54		ELECTROENCEPHALOGRAPHY		488,812			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		91,933			
56		DRUGS CHARGED TO PATIENTS					
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY					
57		RENAL DIALYSIS		1,586,435			
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC					
59	01	CARDIOLOGY		2,522,541			
59	02	PSYCH OTHER ANCILLARY		47,407			
59	03	CARDIAC CATHERIZATION		486,204			
59	04	DAY SURGERY		980,248			
59	05	ONCOLOGY					
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN		1,200,315			
60	02	MEDICINE/DIAGNOSTIC		737,777			
60	03	AMB SVC-OPTHALMOLOGY		139,249			
60	04	AMB SVC-PSYCH ADULT		239,348			
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY		135,075			
60	07	AMB SVC-RILEY CLINICS		4,585,382			
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB		90,427			
60	10	AMB SVC-PSYCH CHILD		237,943			
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC		2,824			
60	15	SLEEP DISORDER CENTER		360,940			
60	16	O/P CLINIC-ADULT		434,979			
60	17	O/P CLINIC-PEDIATRIC		3,312,224			
60	19	NEUROLOGY UH		159,171			
60	20	ORTHOPEDICS UH		245,571			
60	21	AMB SVC-UH PHYSICAL MEDICINE		94,926			
60	22	AMB SVC-DERMATOLOGY CLINIC		97,123			
60	24	IU CANCER PAVILLION		140,802			
60	25	CARDIO CLINIC		37,159			
61		EMERGENCY		9,363,188			
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS		15			
65		AMBULANCE SERVICES		5,457,750			
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL		73,327,645			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES		73,327,645			

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2008	PART I
15-0056		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	274,919
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	274,919
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	274,919
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	82,148
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	273,168,447
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	273,168,447
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	435,162,195
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	435,162,195
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.627739
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,582.87
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	273,168,447

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	993.63
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	81,624,717
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	81,624,717

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	29,403,467	20,001	1,470.10	7,419	10,906,672
44	CORONARY CARE UNIT	23,644,110	13,331	1,773.62	6,715	11,909,858
44.01	NEONATAL INTENSIVE CARE UNIT	9,308,132	9,481	981.77		
45	BURN INTENSIVE CARE UNIT	2,797,534	1,747	1,601.34		
46	SURGICAL INTENSIVE CARE UNIT					
46.02	UH SURG 6IC	12,411,771	5,650	2,196.77	2,318	5,092,113
46.03	UH NS 3IC	4,101,047	2,248	1,824.31	779	1,421,137
46.04	RH PED IC	17,177,588	9,099	1,887.85	11	20,766
46.07	PEDIATRIC CANCER CENTER	2,417,652	1,790	1,350.64		
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	134,162,510
49	TOTAL PROGRAM INPATIENT COSTS	245,137,773
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	8,067,940
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	12,867,559
52	TOTAL PROGRAM EXCLUDABLE COST	20,935,499
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	224,202,274
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	16,299
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	993.63
85	OBSERVATION BED COST	16,195,175

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		273,168,447		16,195,175	
87	NEW CAPITAL-RELATED COST	19,659,111	273,168,447	.071967	16,195,175	1,165,518
88	NON PHYSICIAN ANESTHETIST		273,168,447		16,195,175	
89	MEDICAL EDUCATION		273,168,447		16,195,175	
89.01	MEDICAL EDUCATION - ALLIED HEA	1,168,932	273,168,447	.004279	16,195,175	69,299
89.02	MEDICAL EDUCATION - ALL OTHER		273,168,447		16,195,175	

COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/10/2009 WORKSHEET D-1 PART I
	COMPONENT NO: 15-S056		

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,959
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,959
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,959
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,308
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,747,647
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,747,647
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,875,045
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,875,045
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.872970
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,275.33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,747,647

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,113.33
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,569,566
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,569,566

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
44.01	NEONATAL INTENSIVE CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
46.02	UH SURG 6IC					
46.03	UH NS 3IC					
46.04	RH PED IC					
46.07	PEDIATRIC CANCER CENTER					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	415,574
49	TOTAL PROGRAM INPATIENT COSTS	2,985,140
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	180,786
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	44,002
52	TOTAL PROGRAM EXCLUDABLE COST	224,788
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,760,352
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,113.33
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		7,747,647			
87	NEW CAPITAL-RELATED COST	527,794	7,747,647	.068123		
88	NON PHYSICIAN ANESTHETIST		7,747,647			
89	MEDICAL EDUCATION		7,747,647			
89.01	MEDICAL EDUCATION - ALLIED HEA	17,347	7,747,647	.002239		
89.02	MEDICAL EDUCATION - ALL OTHER		7,747,647			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-0056 I PREPARED 6/10/2009 I WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		131,923,134	
26	INTENSIVE CARE UNIT		19,481,290	
27	CORONARY CARE UNIT		18,278,505	
27 01	NEONATAL INTENSIVE CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC		6,340,323	
29 03	UH NS 3IC		2,038,271	
29 04	RH PED IC		31,490	
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.308939	115,154,756	35,575,795
37 01	ENDOSCOPY	.295904	4,279,486	1,266,317
38	RECOVERY ROOM	.360808	6,436,781	2,322,442
39	DELIVERY ROOM & LABOR ROOM	.417620	372,560	155,589
40	ANESTHESIOLOGY	.575637	6,036,412	3,474,782
40 01	PULMONARY FUNCTION TESTING	.348304	264,635	92,173
41	RADIOLOGY-DIAGNOSTIC	.204976	65,178,944	13,360,119
42	RADIOLOGY-THERAPEUTIC	.282149	1,553,044	438,190
43	RADIOISOTOPE	.390710	2,274,107	888,516
44	LABORATORY	.173765	91,640,754	15,923,956
44 01	TRANSPLANT IMMUNOLOGY	.316560	754,690	238,905
44 02	BONE MARROW TRANSPLANT LAB	.553333	464,880	257,233
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.686329	14,857,957	10,197,447
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.256600	34,302,232	8,801,953
50	PHYSICAL THERAPY	.403243	5,482,792	2,210,897
51	OCCUPATIONAL THERAPY	.463739	1,174,189	544,517
52	SPEECH PATHOLOGY	.528433	1,170,277	618,413
53	ELECTROCARDIOLOGY	.138683	19,038,186	2,640,273
54	ELECTROENCEPHALOGRAPHY	.340317	2,493,914	848,721
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.137706	3,178,184	437,655
56	DRUGS CHARGED TO PATIENTS	.213286	77,834,652	16,601,042
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.415315		
57	RENAL DIALYSIS	.470152	8,591,070	4,039,109
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.804178		
59 01	CARDIOLOGY	.258563	12,018,001	3,107,410
59 02	PSYCH OTHER ANCILLARY	.661863	108,723	71,960
59 03	CARDIAC CATHERIZATION	.235436	20,064,659	4,723,943
59 04	DAY SURGERY	1.779218	268,245	477,266
59 05	ONCOLOGY	15.954942		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.504511	30,188	15,230
60 02	MEDICINE/DIAGNOSTIC	.924137	36,370	33,611
60 03	AMB SVC-OPTHALMOLOGY	.556521	4,317	2,403
60 04	AMB SVC-PSYCH ADULT	1.106838	988	1,094
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.361770	1,695,287	613,304
60 07	AMB SVC-RILEY CLINICS	1.285560	74	95
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.493760		
60 10	AMB SVC-PSYCH CHILD	2.088419		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	6.753684	741	5,004
60 15	SLEEP DISORDER CENTER	.394455	18,543	7,314
60 16	O/P CLINIC-ADULT	6.070760	1,275	7,740
60 17	O/P CLINIC-PEDIATRIC	2.581180		
60 19	NEUROLOGY UH	2.399977	2,274	5,458
60 20	ORTHOPEDICS UH	3.337906	1,548	5,167
60 21	AMB SVC-UH PHYSICAL MEDICINE	4.436290	749	3,323
60 22	AMB SVC-DERMATOLOGY CLINIC	1.022119	116	119
60 24	IU CANCER PAVILLION	9.557567	1,277	12,205
60 25	CARDIO CLINIC	2.684709	4,722	12,677
61	EMERGENCY	.238787	17,261,208	4,121,752
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.894087		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.261166	5,325	1,391
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		514,059,132	134,162,510
102	LESS PBP CLINIC LABORATORY SERVICES -			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-0056 I PREPARED 6/10/2009 I WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	PPS INPATIENT COST 3
	OTHER REIMBURS COST CNTRS PROGRAM ONLY CHARGES			
103	NET CHARGES		514,059,132	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET D-4

COMPONENT NO: 15-S056

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27 01	NEONATAL INTENSIVE CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC			
29 03	UH NS 3IC			
29 04	RH PED IC			
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER		2,946,084	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.308939	21,557	6,660
37 01	ENDOSCOPY	.295904	6,513	1,927
38	RECOVERY ROOM	.360808	5,532	1,996
39	DELIVERY ROOM & LABOR ROOM	.417620		
40	ANESTHESIOLOGY	.575637	1,154	664
40 01	PULMONARY FUNCTION TESTING	.348304	1,446	504
41	RADIOLOGY-DIAGNOSTIC	.204976	257,223	52,725
42	RADIOLOGY-THERAPEUTIC	.282149	56	16
43	RADIOISOTOPE	.390710	12,815	5,007
44	LABORATORY	.173765	492,239	85,534
44 01	TRANSPLANT IMMUNOLOGY	.316560		
44 02	BONE MARROW TRANSPLANT LAB	.553333		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.686329	4,365	2,996
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.256600	34,523	8,859
50	PHYSICAL THERAPY	.403243	31,552	12,723
51	OCCUPATIONAL THERAPY	.463739	2,998	1,390
52	SPEECH PATHOLOGY	.528433	7,932	4,192
53	ELECTROCARDIOLOGY	.138683	67,285	9,331
54	ELECTROENCEPHALOGRAPHY	.340317	31,366	10,674
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.137706	10,848	1,494
56	DRUGS CHARGED TO PATIENTS	.213286	360,796	76,953
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.415315		
57	RENAL DIALYSIS	.470152	5,864	2,757
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.804178		
59 01	CARDIOLOGY	.258563	14,013	3,623
59 02	PSYCH OTHER ANCILLARY	.661863	127,111	84,130
59 03	CARDIAC CATHERIZATION	.235436	34,839	8,202
59 04	DAY SURGERY	1.779218		
59 05	ONCOLOGY	15.954942		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.504511		
60 02	MEDICINE/DIAGNOSTIC	.924137		
60 03	AMB SVC-OPTHALMOLOGY	.556521		
60 04	AMB SVC-PSYCH ADULT	1.106838	705	780
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.361770	8,061	2,916
60 07	AMB SVC-RILEY CLINICS	1.285560		
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.493760		
60 10	AMB SVC-PSYCH CHILD	2.088419		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	6.753684	478	3,228
60 15	SLEEP DISORDER CENTER	.394455		
60 16	O/P CLINIC-ADULT	6.070760		
60 17	O/P CLINIC-PEDIATRIC	2.581180		
60 19	NEUROLOGY UH	2.399977		
60 20	ORTHOPEDICS UH	3.337906		
60 21	AMB SVC-UH PHYSICAL MEDICINE	4.436290		
60 22	AMB SVC-DERMATOLOGY CLINIC	1.022119		
60 24	IU CANCER PAVILLION	9.557567		
60 25	CARDIO CLINIC	2.684709		
61	EMERGENCY	.238787	110,110	26,293
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.894087		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.261166		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,651,381	415,574
102	LESS PBP CLINIC LABORATORY SERVICES -			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D-4
I COMPONENT NO: 15-S056 I I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	PPS INPATIENT CHARGES 2	INPATIENT COST 3
	OTHER REIMBURS COST CNTRS PROGRAM ONLY CHARGES			
103	NET CHARGES		1,651,381	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-0056 I PREPARED 6/10/2009 I WORKSHEET D-4

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		119,250,389	
26	INTENSIVE CARE UNIT		7,966,347	
27	CORONARY CARE UNIT		4,196,539	
27 01	NEONATAL INTENSIVE CARE UNIT		17,903,614	
28	BURN INTENSIVE CARE UNIT		3,031,227	
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC		1,527,448	
29 03	UH NS 3IC		1,180,113	
29 04	RH PED IC		16,393,631	
29 07	PEDIATRIC CANCER CENTER		1,840,853	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.320728	59,818,389	19,185,432
37 01	ENDOSCOPY	.296463	954,629	283,012
38	RECOVERY ROOM	.360808	3,433,386	1,238,793
39	DELIVERY ROOM & LABOR ROOM	.444080	26,981,599	11,981,988
40	ANESTHESIOLOGY	.723729	3,433,781	2,485,127
40 01	PULMONARY FUNCTION TESTING	.395463	1,169,355	462,437
41	RADIOLOGY-DIAGNOSTIC	.213880	34,168,885	7,308,041
42	RADIOLOGY-THERAPEUTIC	.290286	623,658	181,039
43	RADIOISOTOPE	.414418	961,967	398,656
44	LABORATORY	.178424	58,207,250	10,385,570
44 01	TRANSPLANT IMMUNOLOGY	.316560	277,867	87,962
44 02	BONE MARROW TRANSPLANT LAB	.553333	379,185	209,816
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.686329	9,851,913	6,761,654
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.257117	49,915,031	12,834,003
50	PHYSICAL THERAPY	.418459	3,282,696	1,373,674
51	OCCUPATIONAL THERAPY	.463739	1,933,088	896,448
52	SPEECH PATHOLOGY	.581557	1,154,300	671,291
53	ELECTROCARDIOLOGY	.145620	3,262,970	475,154
54	ELECTROENCEPHALOGRAPHY	.378918	1,827,092	692,318
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.137706	76,814	10,578
56	DRUGS CHARGED TO PATIENTS	.213286		
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.415315		
57	RENAL DIALYSIS	.480559	2,966,790	1,425,718
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.804178	1,208,055	971,491
59 01	CARDIOLOGY	.273677	6,793,271	1,859,162
59 02	PSYCH OTHER ANCILLARY	.759086	350	266
59 03	CARDIAC CATHERIZATION	.240112	2,436,189	584,958
59 04	DAY SURGERY	1.779218	139,674	248,510
59 05	ONCOLOGY	19.288487		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.675352	587,582	396,825
60 02	MEDICINE/DIAGNOSTIC	1.026824	22,424	23,026
60 03	AMB SVC-OPTHALMOLOGY	1.057739	2,504	2,649
60 04	AMB SVC-PSYCH ADULT	1.277852	588	751
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.361770	292,032	105,648
60 07	AMB SVC-RILEY CLINICS	1.338778	165,903	222,107
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.493760	32,318	15,957
60 10	AMB SVC-PSYCH CHILD	3.618009		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	8.944628		
60 15	SLEEP DISORDER CENTER	.394455	16,922	6,675
60 16	O/P CLINIC-ADULT	12.866003	313	4,027
60 17	O/P CLINIC-PEDIATRIC	6.337301	587	3,720
60 19	NEUROLOGY UH	3.059878	244	747
60 20	ORTHOPEDICS UH	5.567828	346	1,926
60 21	AMB SVC-UH PHYSICAL MEDICINE	4.436290	77	342
60 22	AMB SVC-DERMATOLOGY CLINIC	1.230918	873	1,075
60 24	IU CANCER PAVILLION	9.680303	497	4,811
60 25	CARDIO CLINIC	3.216578	799	2,570
61	EMERGENCY	.255757	11,883,459	3,039,278
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.894087		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR	1.232028		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.261166		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		288,265,652	86,845,232
102	LESS PBP CLINIC LABORATORY SERVICES -			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009
COMPONENT NO: 15-0056 | WORKSHEET D-4

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	PPS INPATIENT CHARGES 2	INPATIENT COST 3
	OTHER REIMBURS COST CNTRS PROGRAM ONLY CHARGES			
103	NET CHARGES		288,265,652	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-S056 I PREPARED 6/10/2009 I WORKSHEET D-4

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27 01	NEONATAL INTENSIVE CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC			
29 03	UH NS 3IC			
29 04	RH PED IC			
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER		1,789,249	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.320728	26,264	8,424
37 01	ENDOSCOPY	.296463	3,039	901
38	RECOVERY ROOM	.360808	5,805	2,094
39	DELIVERY ROOM & LABOR ROOM	.444080		
40	ANESTHESIOLOGY	.723729	1,383	1,001
40 01	PULMONARY FUNCTION TESTING	.395463		
41	RADIOLOGY-DIAGNOSTIC	.213880	60,537	12,948
42	RADIOLOGY-THERAPEUTIC	.290286		
43	RADIOISOTOPE	.414418	1,149	476
44	LABORATORY	.178424	298,945	53,339
44 01	TRANSPLANT IMMUNOLOGY	.316560		
44 02	BONE MARROW TRANSPLANT LAB	.553333		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.686329	1,871	1,284
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.257117	19,518	5,018
50	PHYSICAL THERAPY	.418459	2,140	896
51	OCCUPATIONAL THERAPY	.463739		
52	SPEECH PATHOLOGY	.581557	1,539	895
53	ELECTROCARDIOLOGY	.145620	12,339	1,797
54	ELECTROENCEPHALOGRAPHY	.378918	7,567	2,867
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.137706		
56	DRUGS CHARGED TO PATIENTS	.213286		
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.415315		
57	RENAL DIALYSIS	.480559		
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.804178		
59 01	CARDIOLOGY	.273677	287	79
59 02	PSYCH OTHER ANCILLARY	.759086	42,507	32,266
59 03	CARDIAC CATHERIZATION	.240112		
59 04	DAY SURGERY	1.779218		
59 05	ONCOLOGY	19.288487		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.675352		
60 02	MEDICINE/DIAGNOSTIC	1.026824		
60 03	AMB SVC-OPTHALMOLOGY	1.057739		
60 04	AMB SVC-PSYCH ADULT	1.277852	1,442	1,843
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.361770		
60 07	AMB SVC-RILEY CLINICS	1.338778	64	86
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.493760		
60 10	AMB SVC-PSYCH CHILD	3.618009		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	8.944628		
60 15	SLEEP DISORDER CENTER	.394455		
60 16	O/P CLINIC-ADULT	12.866003		
60 17	O/P CLINIC-PEDIATRIC	6.337301		
60 19	NEUROLOGY UH	3.059878		
60 20	ORTHOPEDICS UH	5.567828		
60 21	AMB SVC-UH PHYSICAL MEDICINE	4.436290		
60 22	AMB SVC-DERMATOLOGY CLINIC	1.230918		
60 24	IU CANCER PAVILLION	9.680303		
60 25	CARDIO CLINIC	3.216578		
61	EMERGENCY	.255757	181,911	46,525
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.894087		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR	1.232028		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.261166		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		668,307	172,739
102	LESS PBP CLINIC LABORATORY SERVICES -			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D-4
I COMPONENT NO: 15-S056 I I

TITLE XIX SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	OTHER INPATIENT CHARGES 2	INPATIENT COST 3
	OTHER REIMBURS COST CNTRS PROGRAM ONLY CHARGES			
103	NET CHARGES		668,307	

KIDNEY

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	355,300	38	993.63	277	275,236
2	INTENSIVE CARE UNIT	40,663	43	1,470.10		
3	CORONARY CARE UNIT	1,160	44	1,773.62		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	981.77		
4	BURN INTENSIVE CARE UNIT		45	1,601.34		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	2,196.77		
5.03	UH NS 3IC	1,160	46.03	1,824.31		
5.04	RH PED IC	3,955	46.04	1,887.85		
5.07	PEDIATRIC CANCER CENTER		46.07	1,350.64		
7	TOTAL (SUM OF LINES 1-6)	402,238			277	275,236

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.308939	2,126,775	657,044
8.01	ENDOSCOPY	37.01	.295904	8,072	2,389
9	RECOVERY ROOM	38	.360808	144,576	52,164
10	DELIVERY ROOM & LABOR ROO	39	.417620		
11	ANESTHESIOLOGY	40	.575637	102,785	59,167
11.01	PULMONARY FUNCTION TESTIN	40.01	.348304	17,739	6,179
12	RADIOLOGY-DIAGNOSTIC	41	.204976	775,927	159,046
13	RADIOLOGY-THERAPEUTIC	42	.282149		
14	RADIOISOTOPE	43	.390710	299,476	117,008
15	LABORATORY	44	.173765	868,044	150,836
15.01	TRANSPLANT IMMUNOLOGY	44.01	.316560	8,354,102	2,644,575
15.02	BONE MARROW TRANSPLANT LA	44.02	.553333		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.686329	45,278	31,076
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.256600	51,057	13,101
21	PHYSICAL THERAPY	50	.403243	183	74
22	OCCUPATIONAL THERAPY	51	.463739		
23	SPEECH PATHOLOGY	52	.528433		
24	ELECTROCARDIOLOGY	53	.138683	254,950	35,357
25	ELECTROENCEPHALOGRAPHY	54	.340317	4,082	1,389
26	MEDICAL SUPPLIES CHARGED	55	.137706	37,788	5,204
27	DRUGS CHARGED TO PATIENTS	56	.213286	242,773	51,780
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.415315		
28	RENAL DIALYSIS	57	.470152	617	290
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.804178		
30.01	CARDIOLOGY	59.01	.258563	7,472	1,932
30.02	PSYCH OTHER ANCILLARY	59.02	.661863	20,976	13,883
30.03	CARDIAC CATHERIZATION	59.03	.235436	284,068	66,880
30.04	DAY SURGERY	59.04	1.779218	3,991	7,101
30.05	ONCOLOGY	59.05	15.954942		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.504511		
31.02	MEDICINE/DIAGNOSTIC	60.02	.924137		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.556521		
31.04	AMB SVC-PSYCH ADULT	60.04	1.106838		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.361770		
31.07	AMB SVC-RILEY CLINICS	60.07	1.285560		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.493760		
31.10	AMB SVC-PSYCH CHILD	60.10	2.088419		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.753684		
31.15	SLEEP DISORDER CENTER	60.15	.394455		
31.16	O/P CLINIC-ADULT	60.16	6.070760		
31.17	O/P CLINIC-PEDIATRIC	60.17	2.581180		
31.19	NEUROLOGY UH	60.19	2.399977		
31.20	ORTHOPEDICS UH	60.20	3.337906		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	4.436290		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.022119		
31.24	IU CANCER PAVILLION	60.24	9.557567		
31.25	CARDIO CLINIC	60.25	2.684709	1,346	3,614
32	EMERGENCY	61	.238787	7,567	1,807
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.894087	7,916	7,078
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.232028		
35	TOTAL (SUM OF LINES 8-34)			13,667,560	4,088,974

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D-6
OPO NO.:	TO 12/31/2008	PART II
-		

KIDNEY

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		277	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			277	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC	1,346	20.25		
44	EMERGENCY	7,567	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)	7,916	22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	16,829			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D-6
OPO NO.:	TO 12/31/2008	PARTS III & IV
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KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	4,364,210		14,069,798	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	9,302,384			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	13,666,594		14,069,798	
54	TOTAL USABLE ORGANS		326		
55	MEDICARE USABLE ORGANS		215		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.659509		
57	MEDICARE COST/CHARGES	9,013,242		9,279,158	
58	REVENUE FOR ORGANS SOLD	406,586			
59	SUBTOTAL (LN 57 MINUS LN 58)	8,606,656		9,279,158	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	8,606,656		9,279,158	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)	90	80	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		156	
66	TOTAL (SUM OF LINES 62-65)	90	236	
67	ORGANS TRANSPLANTED	90	156	10,231,660
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		80	406,586
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)	90	236	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team are included in the count.

LIVER

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	3,392	38	993.63	39	38,752
2	INTENSIVE CARE UNIT	19,823	43	1,470.10		
3	CORONARY CARE UNIT	565	44	1,773.62		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	981.77		
4	BURN INTENSIVE CARE UNIT		45	1,601.34		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	2,196.77		
5.03	UH NS 3IC	565	46.03	1,824.31		
5.04	RH PED IC	1,928	46.04	1,887.85		
5.07	PEDIATRIC CANCER CENTER		46.07	1,350.64		
7	TOTAL (SUM OF LINES 1-6)	26,273			39	38,752

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.308939	136,985	42,320
8.01	ENDOSCOPY	37.01	.295904	3,935	1,164
9	RECOVERY ROOM	38	.360808	660	238
10	DELIVERY ROOM & LABOR ROO	39	.417620		
11	ANESTHESIOLOGY	40	.575637	4,368	2,514
11.01	PULMONARY FUNCTION TESTIN	40.01	.348304	365	127
12	RADIOLOGY-DIAGNOSTIC	41	.204976	3,341	685
13	RADIOLOGY-THERAPEUTIC	42	.282149		
14	RADIOISOTOPE	43	.390710	1,547	604
15	LABORATORY	44	.173765	19,022	3,305
15.01	TRANSPLANT IMMUNOLOGY	44.01	.316560	1,249,036	395,395
15.02	BONE MARROW TRANSPLANT LA	44.02	.553333		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.686329	16,070	11,029
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.256600	14,707	3,774
21	PHYSICAL THERAPY	50	.403243		
22	OCCUPATIONAL THERAPY	51	.463739		
23	SPEECH PATHOLOGY	52	.528433		
24	ELECTROCARDIOLOGY	53	.138683	10,693	1,483
25	ELECTROENCEPHALOGRAPHY	54	.340317		
26	MEDICAL SUPPLIES CHARGED	55	.137706	2,000	275
27	DRUGS CHARGED TO PATIENTS	56	.213286	15,347	3,273
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.415315		
28	RENAL DIALYSIS	57	.470152	301	142
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.804178		
30.01	CARDIOLOGY	59.01	.258563	1,329	344
30.02	PSYCH OTHER ANCILLARY	59.02	.661863		
30.03	CARDIAC CATHERIZATION	59.03	.235436	22,356	5,263
30.04	DAY SURGERY	59.04	1.779218		
30.05	ONCOLOGY	59.05	15.954942		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.504511		
31.02	MEDICINE/DIAGNOSTIC	60.02	.924137		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.556521		
31.04	AMB SVC-PSYCH ADULT	60.04	1.106838		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.361770		
31.07	AMB SVC-RILEY CLINICS	60.07	1.285560		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.493760		
31.10	AMB SVC-PSYCH CHILD	60.10	2.088419		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.753684		
31.15	SLEEP DISORDER CENTER	60.15	.394455		
31.16	O/P CLINIC-ADULT	60.16	6.070760		
31.17	O/P CLINIC-PEDIATRIC	60.17	2.581180		
31.19	NEUROLOGY UH	60.19	2.399977		
31.20	ORTHOPEDICS UH	60.20	3.337906		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	4.436290		

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D-6 I PART I

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.022119		
31.24	IU CANCER PAVILLION	60.24	9.557567		
31.25	CARDIO CLINIC	60.25	2.684709		
32	EMERGENCY	61	.238787		
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.894087		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.232028		
35	TOTAL (SUM OF LINES 8-34)			1,502,062	471,935

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D-6
OPO NO.:	TO 12/31/2008	PART II
-		

LIVER

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		39	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			39	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY		21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)				

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D-6
OPO NO.:	TO 12/31/2008	PARTS III & IV
-		

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	510,687		1,528,335	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	7,785,438			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	8,296,125		1,528,335	
54	TOTAL USABLE ORGANS		170		
55	MEDICARE USABLE ORGANS		81		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.476471		
57	MEDICARE COST/CHARGES	3,952,863		728,207	
58	REVENUE FOR ORGANS SOLD	198,122			
59	SUBTOTAL (LN 57 MINUS LN 58)	3,754,741		728,207	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	3,754,741		728,207	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		39	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		131	
66	TOTAL (SUM OF LINES 62-65)		170	
67	ORGANS TRANSPLANTED		131	10,499,808
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		39	198,122
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		170	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team are included in the count.

HEART

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	1,478	38	993.63	17	16,892
2	INTENSIVE CARE UNIT	8,641	43	1,470.10		
3	CORONARY CARE UNIT	246	44	1,773.62		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	981.77		
4	BURN INTENSIVE CARE UNIT		45	1,601.34		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	2,196.77		
5.03	UH NS 3IC	246	46.03	1,824.31		
5.04	RH PED IC	840	46.04	1,887.85		
5.07	PEDIATRIC CANCER CENTER		46.07	1,350.64		
7	TOTAL (SUM OF LINES 1-6)	11,451			17	16,892

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.308939	59,712	18,447
8.01	ENDOSCOPY	37.01	.295904	1,715	507
9	RECOVERY ROOM	38	.360808	288	104
10	DELIVERY ROOM & LABOR ROO	39	.417620		
11	ANESTHESIOLOGY	40	.575637	1,904	1,096
11.01	PULMONARY FUNCTION TESTIN	40.01	.348304	159	55
12	RADIOLOGY-DIAGNOSTIC	41	.204976	1,457	299
13	RADIOLOGY-THERAPEUTIC	42	.282149		
14	RADIOISOTOPE	43	.390710	675	264
15	LABORATORY	44	.173765	8,292	1,441
15.01	TRANSPLANT IMMUNOLOGY	44.01	.316560	486,260	153,930
15.02	BONE MARROW TRANSPLANT LA	44.02	.553333		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.686329	7,005	4,808
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.256600	6,411	1,645
21	PHYSICAL THERAPY	50	.403243		
22	OCCUPATIONAL THERAPY	51	.463739		
23	SPEECH PATHOLOGY	52	.528433		
24	ELECTROCARDIOLOGY	53	.138683	4,661	646
25	ELECTROENCEPHALOGRAPHY	54	.340317		
26	MEDICAL SUPPLIES CHARGED	55	.137706	872	120
27	DRUGS CHARGED TO PATIENTS	56	.213286	6,690	1,427
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.415315		
28	RENAL DIALYSIS	57	.470152	131	62
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.804178		
30.01	CARDIOLOGY	59.01	.258563	579	150
30.02	PSYCH OTHER ANCILLARY	59.02	.661863		
30.03	CARDIAC CATHERIZATION	59.03	.235436	9,745	2,294
30.04	DAY SURGERY	59.04	1.779218		
30.05	ONCOLOGY	59.05	15.954942		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.504511		
31.02	MEDICINE/DIAGNOSTIC	60.02	.924137		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.556521		
31.04	AMB SVC-PSYCH ADULT	60.04	1.106838		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.361770		
31.07	AMB SVC-RILEY CLINICS	60.07	1.285560		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.493760		
31.10	AMB SVC-PSYCH CHILD	60.10	2.088419		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.753684		
31.15	SLEEP DISORDER CENTER	60.15	.394455		
31.16	O/P CLINIC-ADULT	60.16	6.070760		
31.17	O/P CLINIC-PEDIATRIC	60.17	2.581180		
31.19	NEUROLOGY UH	60.19	2.399977		
31.20	ORTHOPEDICS UH	60.20	3.337906		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	4.436290		

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D-6 I PART I

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.022119		
31.24	IU CANCER PAVILLION	60.24	9.557567		
31.25	CARDIO CLINIC	60.25	2.684709		
32	EMERGENCY	61	.238787		
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.894087		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.232028		
35	TOTAL (SUM OF LINES 8-34)			596,556	187,295

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D-6 I PART II I OPO NO.: - I

HEART

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		17	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			17	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY		21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)				

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED
15-0056	FROM 1/ 1/2008	6/10/2009
OPO NO.:	TO 12/31/2008	WORKSHEET D-6
-		PARTS III & IV

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	204,187		608,007	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	913,159			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,117,346		608,007	
54	TOTAL USABLE ORGANS		32		
55	MEDICARE USABLE ORGANS		20		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.625000		
57	MEDICARE COST/CHARGES	698,341		380,004	
58	REVENUE FOR ORGANS SOLD	86,335			
59	SUBTOTAL (LN 57 MINUS LN 58)	612,006		380,004	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	612,006		380,004	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)		17	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		15	
66	TOTAL (SUM OF LINES 62-65)		32	
67	ORGANS TRANSPLANTED		15	1,404,113
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		17	86,335
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		32	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team are included in the count.

LUNG

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	1,391	38	993.63	9	8,943
2	INTENSIVE CARE UNIT	8,133	43	1,470.10		
3	CORONARY CARE UNIT	232	44	1,773.62		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	981.77		
4	BURN INTENSIVE CARE UNIT		45	1,601.34		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	2,196.77		
5.03	UH NS 3IC	232	46.03	1,824.31		
5.04	RH PED IC	791	46.04	1,887.85		
5.07	PEDIATRIC CANCER CENTER		46.07	1,350.64		
7	TOTAL (SUM OF LINES 1-6)	10,779			9	8,943

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.308939	56,199	17,362
8.01	ENDOSCOPY	37.01	.295904	1,614	478
9	RECOVERY ROOM	38	.360808	271	98
10	DELIVERY ROOM & LABOR ROO	39	.417620		
11	ANESTHESIOLOGY	40	.575637	1,792	1,032
11.01	PULMONARY FUNCTION TESTIN	40.01	.348304	383	133
12	RADIOLOGY-DIAGNOSTIC	41	.204976	1,583	324
13	RADIOLOGY-THERAPEUTIC	42	.282149		
14	RADIOISOTOPE	43	.390710	635	248
15	LABORATORY	44	.173765	8,199	1,425
15.01	TRANSPLANT IMMUNOLOGY	44.01	.316560	743,334	235,310
15.02	BONE MARROW TRANSPLANT LA	44.02	.553333		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.686329	6,593	4,525
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.256600	6,034	1,548
21	PHYSICAL THERAPY	50	.403243		
22	OCCUPATIONAL THERAPY	51	.463739		
23	SPEECH PATHOLOGY	52	.528433		
24	ELECTROCARDIOLOGY	53	.138683	4,387	608
25	ELECTROENCEPHALOGRAPHY	54	.340317		
26	MEDICAL SUPPLIES CHARGED	55	.137706	1,006	139
27	DRUGS CHARGED TO PATIENTS	56	.213286	6,296	1,343
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.415315		
28	RENAL DIALYSIS	57	.470152	123	58
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.804178		
30.01	CARDIOLOGY	59.01	.258563	545	141
30.02	PSYCH OTHER ANCILLARY	59.02	.661863		
30.03	CARDIAC CATHERIZATION	59.03	.235436	9,172	2,159
30.04	DAY SURGERY	59.04	1.779218		
30.05	ONCOLOGY	59.05	15.954942		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.504511		
31.02	MEDICINE/DIAGNOSTIC	60.02	.924137		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.556521		
31.04	AMB SVC-PSYCH ADULT	60.04	1.106838		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.361770		
31.07	AMB SVC-RILEY CLINICS	60.07	1.285560		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.493760		
31.10	AMB SVC-PSYCH CHILD	60.10	2.088419		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.753684		
31.15	SLEEP DISORDER CENTER	60.15	.394455		
31.16	O/P CLINIC-ADULT	60.16	6.070760		
31.17	O/P CLINIC-PEDIATRIC	60.17	2.581180		
31.19	NEUROLOGY UH	60.19	2.399977		
31.20	ORTHOPEDICS UH	60.20	3.337906		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	4.436290		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.022119		
31.24	IU CANCER PAVILLION	60.24	9.557567		
31.25	CARDIO CLINIC	60.25	2.684709		
32	EMERGENCY	61	.238787		
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.894087		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.232028		
35	TOTAL (SUM OF LINES 8-34)			848,166	266,931

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D-6
OPO NO.:	TO 12/31/2008	PART II
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LUNG

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		9	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			9	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY		21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)				

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED
15-0056	FROM 1/ 1/2008	6/10/2009
OPO NO.:	TO 12/31/2008	WORKSHEET D-6
-		PARTS III & IV

LUNG

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	275,874		858,945	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,986,402			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	2,262,276		858,945	
54	TOTAL USABLE ORGANS		50		
55	MEDICARE USABLE ORGANS		31		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.620000		
57	MEDICARE COST/CHARGES	1,402,611		532,546	
58	REVENUE FOR ORGANS SOLD	81,299			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,321,312		532,546	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,321,312		532,546	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		16	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		34	
66	TOTAL (SUM OF LINES 62-65)		50	
67	ORGANS TRANSPLANTED		34	1,950,832
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		16	81,299
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		50	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team are included in the count.

PANCREAS

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	1,913	38	993.63	22	21,860
2	INTENSIVE CARE UNIT	11,182	43	1,470.10		
3	CORONARY CARE UNIT	319	44	1,773.62		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	981.77		
4	BURN INTENSIVE CARE UNIT		45	1,601.34		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	2,196.77		
5.03	UH NS 3IC	319	46.03	1,824.31		
5.04	RH PED IC	1,088	46.04	1,887.85		
5.07	PEDIATRIC CANCER CENTER		46.07	1,350.64		
7	TOTAL (SUM OF LINES 1-6)	14,821			22	21,860

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.308939	77,274	23,873
8.01	ENDOSCOPY	37.01	.295904	2,220	657
9	RECOVERY ROOM	38	.360808	372	134
10	DELIVERY ROOM & LABOR ROO	39	.417620		
11	ANESTHESIOLOGY	40	.575637	2,464	1,418
11.01	PULMONARY FUNCTION TESTIN	40.01	.348304	206	72
12	RADIOLOGY-DIAGNOSTIC	41	.204976	4,217	864
13	RADIOLOGY-THERAPEUTIC	42	.282149		
14	RADIOISOTOPE	43	.390710	22,277	8,704
15	LABORATORY	44	.173765	33,356	5,796
15.01	TRANSPLANT IMMUNOLOGY	44.01	.316560	566,132	179,215
15.02	BONE MARROW TRANSPLANT LA	44.02	.553333		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.686329	9,065	6,222
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.256600	8,296	2,129
21	PHYSICAL THERAPY	50	.403243		
22	OCCUPATIONAL THERAPY	51	.463739		
23	SPEECH PATHOLOGY	52	.528433		
24	ELECTROCARDIOLOGY	53	.138683	11,600	1,609
25	ELECTROENCEPHALOGRAPHY	54	.340317		
26	MEDICAL SUPPLIES CHARGED	55	.137706	1,958	270
27	DRUGS CHARGED TO PATIENTS	56	.213286	12,190	2,600
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.415315		
28	RENAL DIALYSIS	57	.470152	170	80
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.804178		
30.01	CARDIOLOGY	59.01	.258563	750	194
30.02	PSYCH OTHER ANCILLARY	59.02	.661863		
30.03	CARDIAC CATHERIZATION	59.03	.235436	12,611	2,969
30.04	DAY SURGERY	59.04	1.779218		
30.05	ONCOLOGY	59.05	15.954942		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.504511		
31.02	MEDICINE/DIAGNOSTIC	60.02	.924137		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.556521		
31.04	AMB SVC-PSYCH ADULT	60.04	1.106838		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.361770		
31.07	AMB SVC-RILEY CLINICS	60.07	1.285560		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.493760		
31.10	AMB SVC-PSYCH CHILD	60.10	2.088419		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.753684		
31.15	SLEEP DISORDER CENTER	60.15	.394455		
31.16	O/P CLINIC-ADULT	60.16	6.070760		
31.17	O/P CLINIC-PEDIATRIC	60.17	2.581180		
31.19	NEUROLOGY UH	60.19	2.399977		
31.20	ORTHOPEDICS UH	60.20	3.337906		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	4.436290		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.022119		
31.24	IU CANCER PAVILLION	60.24	9.557567		
31.25	CARDIO CLINIC	60.25	2.684709		
32	EMERGENCY	61	.238787	234	56
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.894087		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.232028		
35	TOTAL (SUM OF LINES 8-34)			765,392	236,862

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D-6 I PART II I OPO NO.: - I

PANCREAS

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		22	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			22	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	234	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	234			

PANCREAS

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	258,722		780,213	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	2,989,140			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	3,247,862		780,213	
54	TOTAL USABLE ORGANS		82		
55	MEDICARE USABLE ORGANS		44		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.536585		
57	MEDICARE COST/CHARGES	1,742,754		418,651	
58	REVENUE FOR ORGANS SOLD	111,786			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,630,968		418,651	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,630,968		418,651	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		22	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		60	
66	TOTAL (SUM OF LINES 62-65)		82	
67	ORGANS TRANSPLANTED		60	3,669,135
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		22	111,786
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		82	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team are included in the count.

INTESTINAL

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	261	38	993.63	3	2,981
2	INTENSIVE CARE UNIT	1,525	43	1,470.10		
3	CORONARY CARE UNIT	43	44	1,773.62		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	981.77		
4	BURN INTENSIVE CARE UNIT		45	1,601.34		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	2,196.77		
5.03	UH NS 3IC	43	46.03	1,824.31		
5.04	RH PED IC	148	46.04	1,887.85		
5.07	PEDIATRIC CANCER CENTER		46.07	1,350.64		
7	TOTAL (SUM OF LINES 1-6)	2,020			3	2,981

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.308939	10,537	3,255
8.01	ENDOSCOPY	37.01	.295904	303	90
9	RECOVERY ROOM	38	.360808	51	18
10	DELIVERY ROOM & LABOR ROO	39	.417620		
11	ANESTHESIOLOGY	40	.575637	336	193
11.01	PULMONARY FUNCTION TESTIN	40.01	.348304	28	10
12	RADIOLOGY-DIAGNOSTIC	41	.204976	257	53
13	RADIOLOGY-THERAPEUTIC	42	.282149		
14	RADIOISOTOPE	43	.390710	119	46
15	LABORATORY	44	.173765	1,463	254
15.01	TRANSPLANT IMMUNOLOGY	44.01	.316560	119,272	37,757
15.02	BONE MARROW TRANSPLANT LA	44.02	.553333		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.686329	1,236	848
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.256600	1,131	290
21	PHYSICAL THERAPY	50	.403243		
22	OCCUPATIONAL THERAPY	51	.463739		
23	SPEECH PATHOLOGY	52	.528433		
24	ELECTROCARDIOLOGY	53	.138683	823	114
25	ELECTROENCEPHALOGRAPHY	54	.340317		
26	MEDICAL SUPPLIES CHARGED	55	.137706	154	21
27	DRUGS CHARGED TO PATIENTS	56	.213286	1,181	252
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.415315		
28	RENAL DIALYSIS	57	.470152	23	11
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.804178		
30.01	CARDIOLOGY	59.01	.258563	102	26
30.02	PSYCH OTHER ANCILLARY	59.02	.661863		
30.03	CARDIAC CATHERIZATION	59.03	.235436	1,720	405
30.04	DAY SURGERY	59.04	1.779218		
30.05	ONCOLOGY	59.05	15.954942		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.504511		
31.02	MEDICINE/DIAGNOSTIC	60.02	.924137		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.556521		
31.04	AMB SVC-PSYCH ADULT	60.04	1.106838		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.361770		
31.07	AMB SVC-RILEY CLINICS	60.07	1.285560		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.493760		
31.10	AMB SVC-PSYCH CHILD	60.10	2.088419		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.753684		
31.15	SLEEP DISORDER CENTER	60.15	.394455		
31.16	O/P CLINIC-ADULT	60.16	6.070760		
31.17	O/P CLINIC-PEDIATRIC	60.17	2.581180		
31.19	NEUROLOGY UH	60.19	2.399977		
31.20	ORTHOPEDICS UH	60.20	3.337906		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	4.436290		

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET D-6 I PART I

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.022119		
31.24	IU CANCER PAVILLION	60.24	9.557567		
31.25	CARDIO CLINIC	60.25	2.684709		
32	EMERGENCY	61	.238787		
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.894087		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.232028		
35	TOTAL (SUM OF LINES 8-34)			138,736	43,643

INTESTINAL

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		3	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			3	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY		21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)				

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET D-6
OPO NO.:	TO 12/31/2008	PARTS III & IV
-		

INTESTINAL

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	46,624		140,756	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	961,067			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,007,691		140,756	
54	TOTAL USABLE ORGANS		20		
55	MEDICARE USABLE ORGANS		8		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.400000		
57	MEDICARE COST/CHARGES	403,076		56,302	
58	REVENUE FOR ORGANS SOLD	15,199			
59	SUBTOTAL (LN 57 MINUS LN 58)	387,877		56,302	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	387,877		56,302	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)		3	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		17	
66	TOTAL (SUM OF LINES 62-65)		20	
67	ORGANS TRANSPLANTED		17	1,315,400
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		3	15,199
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		20	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 12/31/2008	PART A
15-0056		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION			1	1.01
	DRG AMOUNT				
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1			109,526,787	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			36,775,417	
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			8,457,280	
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1			2,902,541	
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)			17,813,747	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD			1,356.18	
	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.			527.75	
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)				
		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)			527.75	
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			580.01	
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.			16.87	
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			544.62	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			546.76	
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			547.28	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).			546.22	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)			.402764	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			.423412	
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)			.402764	
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			23,399,308	
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			7,869,171	
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1				
		SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	31,268,479	62,119	31,330,598	
	DISPROPORTIONATE SHARE ADJUSTMENT				
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)			6.62	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I			35.13	
4.02	SUM OF LINES 4 AND 4.01			41.75	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)			27.40	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)			40,086,804	
	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

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 12/31/2008	PART A
15-0056		

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)	235,533,353	
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)	235,533,353	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	17,647,163	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	10,254,583	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST	16,313,560	
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	392,061	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	649,153	
16	TOTAL	280,789,873	
17	PRIMARY PAYER PAYMENTS	252,741	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	280,537,132	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,737,322	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,349,744	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,123,462	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,486,423	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,977,690	
22	SUBTOTAL	270,936,489	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	270,936,489	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	258,987,947	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	11,948,542	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
	----- FI ONLY ----------		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
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)	37,979
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	64,250,942
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	49,438,870
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	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	303,192
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	37,979
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	179,195
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	179,195
	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)	179,195
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	141,216
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	37,979
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	49,742,062
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,385
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	11,291,174
19	SUBTOTAL (SEE INSTRUCTIONS)	38,486,482
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,530,150
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	41,016,632
24	PRIMARY PAYER PAYMENTS	10,116
25	SUBTOTAL	41,006,516
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	776,164
27	BAD DEBTS (SEE INSTRUCTIONS)	1,672,344
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,170,641
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,597,763
28	SUBTOTAL	42,953,321
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	42,953,321
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	42,793,732
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	159,589
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	226
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
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	ENTER THE AMOUNT FROM WORKSHEET D, PART 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)	226
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	1,060
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,060
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,060
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	834
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	226
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	226
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	226
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	226
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	226
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	226
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,049
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-823
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2008	
15-0056		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			257,363,847		42,194,901
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	9/ 4/2008	642,544	9/ 4/2008	561,932
	ADJUSTMENTS TO PROVIDER	.02	1/15/2008	981,556	9/ 4/2008	36,899
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		1,624,100		598,831
4	TOTAL INTERIM PAYMENTS			258,987,947		42,793,732
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01		11,948,542		159,589
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			270,936,489		42,953,321

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2008	
15-S056		

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,178,613		1,049
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		ADJUSTMENTS TO PROVIDER .01				
		ADJUSTMENTS TO PROVIDER .02				
		ADJUSTMENTS TO PROVIDER .03				
		ADJUSTMENTS TO PROVIDER .04				
		ADJUSTMENTS TO PROVIDER .05				
		ADJUSTMENTS TO PROGRAM .50				
		ADJUSTMENTS TO PROGRAM .51				
		ADJUSTMENTS TO PROGRAM .52				
		ADJUSTMENTS TO PROGRAM .53				
		ADJUSTMENTS TO PROGRAM .54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			2,178,613		1,049
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02		122,498		823
7	TOTAL MEDICARE PROGRAM LIABILITY			2,056,115		226

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART I
15-S056		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,724,708
1.09	NET IPF PPS OUTLIER PAYMENTS	424,048
1.10	NET IPF PPS ECT PAYMENTS	29,553
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	19.013661
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,178,309
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,178,309
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,178,309
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,178,309
7	DEDUCTIBLES	121,792
8	SUBTOTAL	2,056,517
9	COINSURANCE	8,816
10	SUBTOTAL	2,047,701
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	2,047,701
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	8,414
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

SUBPROVIDER 1

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,056,115
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,178,613
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-122,498
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY ----------

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

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			553.51
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			
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)			553.51
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS			617.96
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.			553.51
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.			216.23
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.			319.77
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			536.00
3.10	SEE INSTRUCTIONS			480.10
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.			14.68
3.12	SEE INSTRUCTIONS			301.10
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			320.77
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			314.15
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	312.01
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)			312.01
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			74,834.46
3.18	SEE INSTRUCTIONS			23,349,100
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			190.50
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			195.71
3.21	SEE INSTRUCTIONS		RES INIT YEARS	193.30
3.22	SEE INSTRUCTIONS			193.30
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			79,018.13
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			15,274,205
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			38,623,305

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			101,698
5	TOTAL INPATIENT DAYS			328,926
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.309182
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	11,941,631	40,028	11,981,659
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			7,938
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			328,926
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.			800,391
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)			
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		2,683	2,683

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	59,159,475
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)	248,122,913
13	ORGAN ACQUISITION COSTS	16,313,560
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	252,741
16	TOTAL PART A REASONABLE COST	264,183,732
	PART B REASONABLE COST	
17	REASONABLE COST	65,193,243
18	PRIMARY PAYER PAYMENTS	10,116
19	TOTAL PART B REASONABLE COST	65,183,127
20	TOTAL REASONABLE COST	329,366,859
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.802096
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.197904
	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)	12,784,733
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	10,254,583
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,530,150

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

		COLUMN 1	COLUMN 1.01
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3	UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	2.00	
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	55.90	
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	1.73	
8	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	74,834.46	
9	MULTIPLY LINE 7 TIMES LINE 8	129,464	
10	MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.309182	
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	40,028	
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	2,683	

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		
14	UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05		
15	PRORATED REDUCED ALLOWABLE IME FTE CAP		

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(l)(iv)(C).	2.00	
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	52.26	
18	IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	2.00	
19	RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.001475	
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000394	
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	146,302,204	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	11,359,821	
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	62,119	

BALANCE SHEET

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	237,346,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	375,950,000			
5	OTHER RECEIVABLES	-135,664,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-134,020,000			
7	INVENTORY	35,497,000			
8	PREPAID EXPENSES	18,408,000			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	397,517,000			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	2693,167,000			
14.01	LESS ACCUMULATED DEPRECIATION	-1383,300,000			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	1309,867,000			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	81,924,000			
26	TOTAL OTHER ASSETS	81,924,000			
27	TOTAL ASSETS	1789,308,000			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	307,224,000			
29	SALARIES, WAGES & FEES PAYABLE	80,342,000			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	4,088,000			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	27,688,000			
36	TOTAL CURRENT LIABILITIES	419,342,000			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE				
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66	9,468,000			
41	OTHER LONG TERM LIABILITIES	44,326,000			
42	TOTAL LONG-TERM LIABILITIES	53,794,000			
43	TOTAL LIABILITIES	473,136,000			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	1316,172,000			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	1316,172,000			
52	TOTAL LIABILITIES AND FUND BALANCES	1789,308,000			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,239,571,832		
2	NET INCOME (LOSS)		-23,972,259		
3	TOTAL		1,215,599,573		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	RECONCILING ITEM	100,572,427			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		100,572,427		
11	SUBTOTAL		1,316,172,000		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,316,172,000		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00 HOSPITAL	435,162,195		435,162,195
2	00 SUBPROVIDER	8,875,045		8,875,045
4	00 SWING BED - SNF			
5	00 SWING BED - NF			
6	00 SKILLED NURSING FACILITY			
7	00 NURSING FACILITY			
7	01 ICF/MR			
8	00 OTHER LONG TERM CARE			
9	00 TOTAL GENERAL INPATIENT ROUTINE CARE	444,037,240		444,037,240
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00 INTENSIVE CARE UNIT	50,146,232		50,146,232
11	00 CORONARY CARE UNIT	34,031,709		34,031,709
11	01 NEONATAL INTENSIVE CARE UNIT	20,990,299		20,990,299
12	00 BURN INTENSIVE CARE UNIT	4,612,403		4,612,403
13	00 SURGICAL INTENSIVE CARE UNIT			
13	02 UH SURG 6IC	14,464,885		14,464,885
13	03 UH NS 3IC	5,554,338		5,554,338
13	04 RH PED IC	26,325,351		26,325,351
13	07 PEDIATRIC CANCER CENTER	4,205,843		4,205,843
15	00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	160,331,060		160,331,060
16	00 TOTAL INPATIENT ROUTINE CARE SERVICE	604,368,300		604,368,300
17	00 ANCILLARY SERVICES	1571,995,956	1064,575,361	2636,571,317
18	00 OUTPATIENT SERVICES	111,903,741	101,443,188	213,346,929
18	60 FEDERALLY QUALIFIED HEALTH CTR		17,139,902	17,139,902
19	00 HOME HEALTH AGENCY		83,212,200	83,212,200
20	00 AMBULANCE SERVICES	34,004	31,770,349	31,804,353
21	00 CORF			
22	00 AMBULATORY SURGICAL CENTER (D.P.)			
23	00 HOSPICE			
24	00			
25	00 TOTAL PATIENT REVENUES	2288,302,001	1298,141,000	3586,443,001

PART II-OPERATING EXPENSES

26	00 OPERATING EXPENSES		1762,840,014
	ADD (SPECIFY)		
27	00 HOME OFFICE EXPENSE	508,580,476	
28	00		
29	00		
30	00		
31	00		
32	00		
33	00 TOTAL ADDITIONS		508,580,476
	DEDUCT (SPECIFY)		
34	00 DEDUCT (SPECIFY)	276,272,670	
35	00		
36	00		
37	00		
38	00		
39	00 TOTAL DEDUCTIONS		276,272,670
40	00 TOTAL OPERATING EXPENSES		1995,147,820

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	3586,443,001
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	1696,877,084
3	NET PATIENT REVENUES	1889,565,917
4	LESS: TOTAL OPERATING EXPENSES	1995,147,820
5	NET INCOME FROM SERVICE TO PATIENTS	-105,581,903
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	1,337,763
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS INCOME	80,271,881
25	TOTAL OTHER INCOME	81,609,644
26	TOTAL	-23,972,259
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-23,972,259

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET H

HHA NO: 15-7158

HHA 1

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	5,849,042	1,431,189			2,261,652	9,541,883
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	2,615,097	415,965			330,871	3,361,933
7	PHYSICAL THERAPY	779,141	145,616			146,623	1,071,380
8	OCCUPATIONAL THERAPY	229,350	52,033			35,259	316,642
9	SPEECH PATHOLOGY	18,363	3,845			2,439	24,647
10	MEDICAL SOCIAL SERVICES	64,394	13,779			5,070	83,243
11	HOME HEALTH AIDE	281,310	46,744			45,024	373,078
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY	823,104	112,023			6,966,203	7,901,330
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER	2,584,808	588,295			7,877,165	11,050,268
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	13,244,609	2,809,489			17,670,306	33,724,404

		RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
		7	8	9	10
	GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX				
2	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL		9,541,883		9,541,883
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		3,361,933		3,361,933
7	PHYSICAL THERAPY		1,071,380		1,071,380
8	OCCUPATIONAL THERAPY		316,642		316,642
9	SPEECH PATHOLOGY		24,647		24,647
10	MEDICAL SOCIAL SERVICES		83,243		83,243
11	HOME HEALTH AIDE		373,078		373,078
12	SUPPLIES				
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY		7,901,330		7,901,330
17	PRIVATE DUTY NURSING				
18	CLINIC				
19	HEALTH PROM ACTIVITIES				
20	DAY CARE PROGRAM				
21	HOME DEL MEALS PROGRAM				
22	HOMEMAKER SERVICE				
23	ALL OTHER		11,050,268		11,050,268
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)		33,724,404		33,724,404

COST ALLOCATION - HHA GENERAL SERVICE COST

PROVIDER NO: 15-0056 | HHA NO: 15-7158 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET H-4 PART I

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	9,541,883					9,541,883	9,541,883
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	3,361,933					3,361,933	1,326,545
7	PHYSICAL THERAPY	1,071,380					1,071,380	422,743
8	OCCUPATIONAL THERAPY	316,642					316,642	124,940
9	SPEECH PATHOLOGY	24,647					24,647	9,725
10	MEDICAL SOCIAL SERVICES	83,243					83,243	32,846
11	HOME HEALTH AIDE	373,078					373,078	147,208
12	SUPPLIES							
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY	7,901,330					7,901,330	3,117,691
17	PRIVATE DUTY NURSING							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS	11,050,268					11,050,268	4,360,185
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	33,724,404					33,724,404	

		TOTAL
		6
	GENERAL SERVICE COST CENTERS	
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	4,688,478
7	PHYSICAL THERAPY	1,494,123
8	OCCUPATIONAL THERAPY	441,582
9	SPEECH PATHOLOGY	34,372
10	MEDICAL SOCIAL SERVICES	116,089
11	HOME HEALTH AIDE	520,286
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	11,019,021
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	15,410,453
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	33,724,404

COST ALLOCATION - HHA STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET H-4
HHA NO:	TO 12/31/2008	PART II
15-7158		

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION (5A)	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-9,541,883	24,182,521
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						3,361,933
7	PHYSICAL THERAPY						1,071,380
8	OCCUPATIONAL THERAPY						316,642
9	SPEECH PATHOLOGY						24,647
10	MEDICAL SOCIAL SERVICES						83,243
11	HOME HEALTH AIDE						373,078
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						7,901,330
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						11,050,268
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-9,541,883	24,182,521
25	COST TO BE ALLOCATED						9,541,883
26	UNIT COST MULIPLIER						.394578

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET H-5
HHA NO:	TO 12/31/2008	PART I
15-7158		

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-INTERE 3.01	NEW CAP REL COSTS-MVBLE 4
1 ADMIN & GENERAL				5,201	3,832	
2 SKILLED NURSING CARE	4,688,478					
3 PHYSICAL THERAPY	1,494,123					
4 OCCUPATIONAL THERAPY	441,582					
5 SPEECH PATHOLOGY	34,372					
6 MEDICAL SOCIAL SERVICES	116,089					
7 HOME HEALTH AIDE	520,286					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	11,019,021					
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	15,410,453					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	33,724,404			5,201	3,832	
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING, & 6.03	ADMITTING 6.04	CASHIERING 6.05
1 ADMIN & GENERAL	551,148			11		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	551,148			11		
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

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HHA COST CENTER	SUBTOTAL 6A.05	OTHER ADMINISTRATIVE AND 6.06	MAINTENANCE & REPAIRS 7	MAINTENANCE & REPAIRS 7.03	OPERATION OF PLANT 8	IU LEASED SPACE 8.01
1 ADMIN & GENERAL	560,192	37,755	2,996		7,145	
2 SKILLED NURSING CARE	4,688,478	315,985				
3 PHYSICAL THERAPY	1,494,123	100,698				
4 OCCUPATIONAL THERAPY	441,582	29,761				
5 SPEECH PATHOLOGY	34,372	2,317				
6 MEDICAL SOCIAL SERVICES	116,089	7,824				
7 HOME HEALTH AIDE	520,286	35,065				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	11,019,021	742,638				
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	15,410,453	1,038,602				
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	34,284,596	2,310,645	2,996		7,145	
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	HOUSEKEEPING - UNIVERSIT 10.01	HOUSEKEEPING - RILEY 10.02	HOUSEKEEPING - METHODIST 10.03	DIETARY 11
1 ADMIN & GENERAL			19	42		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			19	42		
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

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HHA COST CENTER	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17
1 ADMIN & GENERAL				35	145	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				35	145	
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SOCIAL SERVICE 18	PATIENT TRANSPORTATION 19	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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HHA COST CENTER	PARAMED ED PRGM 24	PARAMED ED C LINIC LAB 24.01	PARAMED RADIOLOGY-METHOD 24.02	PARAMED RESPIRATORY THER 24.03	DIETARY INTERNSHIP PROG 24.04	PARAMED EMERGENCY METHOD 24.05
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	PARAMED PASTORAL ED 24.06	PARAMED PHYSICAL THERAPY 24.07	PARAMED OCCUP THERAPY 24.08	PARAMED PERFUSION 24.09	PARAMED PHARMACY 24.10	PARAMED NEUROPHYSIOLOGY 24.11
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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HHA COST CENTER	RADIATION THERAPY ED-IUM 24.12	NUCLEAR MED ED-IUMC 24.13	MEDICAL ASSISTING PROGRA 24.14	SURGICAL TECHNOLOGY PROG 24.15	PARAMED SPECH 24.16	PARAMED ED PRGM 24.17
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	PARAMED ED PRGM 24.18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		608,329		608,329		
2 SKILLED NURSING CARE		5,004,463		5,004,463	84,570	5,089,033
3 PHYSICAL THERAPY		1,594,821		1,594,821	26,951	1,621,772
4 OCCUPATIONAL THERAPY		471,343		471,343	7,965	479,308
5 SPEECH PATHOLOGY		36,689		36,689	620	37,309
6 MEDICAL SOCIAL SERVICES		123,913		123,913	2,094	126,007
7 HOME HEALTH AIDE		555,351		555,351	9,385	564,736
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY		11,761,659		11,761,659	198,760	11,960,419
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER		16,449,055		16,449,055	277,984	16,727,039
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		36,605,623		36,605,623	608,329	36,605,623
21 UNIT COST MULIPLIER					0.016899	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-INTERE (SQUARE FEET) 3.01	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5
1 ADMIN & GENERAL			480	480		13,381,602
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			480	480		13,381,602
21 COST TO BE ALLOCATED			5,201	3,832		551,148
22 UNIT COST MULIPLIER			10.835417	7.983333		0.041187

HHA COST CENTER	NONPATIENT TELEPHONES (PHONE LINES) 6.01	DATA PROCESSING (PHONE LINES) 6.02	PURCHASING, RECEIVING, & (COSTED REQ) 6.03	ADMITTING (INPATIENT HARGES) 6.04	CASHIERING (TOTAL HARGES) 6.05	RECONCILIATION 6A.06
1 ADMIN & GENERAL			333			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			333			
21 COST TO BE ALLOCATED			11			
22 UNIT COST MULIPLIER			0.033033			

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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HHA COST CENTER	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)
	6.06	7	7.03	8	8.01	9
1 ADMIN & GENERAL	560,192	480		480		
2 SKILLED NURSING CARE	4,688,478					
3 PHYSICAL THERAPY	1,494,123					
4 OCCUPATIONAL THERAPY	441,582					
5 SPEECH PATHOLOGY	34,372					
6 MEDICAL SOCIAL SERVICES	116,089					
7 HOME HEALTH AIDE	520,286					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	11,019,021					
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	15,410,453					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	34,284,596	480		480		
21 COST TO BE ALLOCATED	2,310,645	2,996		7,145		
22 UNIT COST MULIPLIER	0.067396	6.241667		14.885417		

HHA COST CENTER	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)
	10	10.01	10.02	10.03	11	12
1 ADMIN & GENERAL		154	325			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		154	325			
21 COST TO BE ALLOCATED		19	42			
22 UNIT COST MULIPLIER		0.123377	0.129231			

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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HHA COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT SING HRS) 14	NR	CENTRAL SERVICES & SUPPL (COSTED EQUIS.) 15	R	PHARMACY (COSTED EQUIS.) 16	R	MEDICAL RECORDS & LIBRAR (TOTAL HARGES) 17	C	SOCIAL SERVICE (TIME SPENT) 18
1 ADMIN & GENERAL				333		152				
2 SKILLED NURSING CARE										
3 PHYSICAL THERAPY										
4 OCCUPATIONAL THERAPY										
5 SPEECH PATHOLOGY										
6 MEDICAL SOCIAL SERVICES										
7 HOME HEALTH AIDE										
8 SUPPLIES										
9 DRUGS										
9.20 COST ADMINISTERING DRUGS										
10 DME										
11 HOME DIALYSIS AIDE SVCS										
12 RESPIRATORY THERAPY										
13 PRIVATE DUTY NURSING										
14 CLINIC										
15 HEALTH PROM ACTIVITIES										
16 DAY CARE PROGRAM										
17 HOME DEL MEALS PROGRAM										
18 HOMEMAKER SERVICE										
19 ALL OTHER										
19.50 TELEMEDICINE										
20 TOTAL (SUM OF 1-19)				333		152				
21 COST TO BE ALLOCATED				35		145				
22 UNIT COST MULIPLIER				0.105105		0.953947				

HHA COST CENTER	PATIENT TRANSPORTATION (TOTAL HARGES) 19	C	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23	PARAMED ED PRGM (ASSIGNED TIME) 24
1 ADMIN & GENERAL							
2 SKILLED NURSING CARE							
3 PHYSICAL THERAPY							
4 OCCUPATIONAL THERAPY							
5 SPEECH PATHOLOGY							
6 MEDICAL SOCIAL SERVICES							
7 HOME HEALTH AIDE							
8 SUPPLIES							
9 DRUGS							
9.20 COST ADMINISTERING DRUGS							
10 DME							
11 HOME DIALYSIS AIDE SVCS							
12 RESPIRATORY THERAPY							
13 PRIVATE DUTY NURSING							
14 CLINIC							
15 HEALTH PROM ACTIVITIES							
16 DAY CARE PROGRAM							
17 HOME DEL MEALS PROGRAM							
18 HOMEMAKER SERVICE							
19 ALL OTHER							
19.50 TELEMEDICINE							
20 TOTAL (SUM OF 1-19)							
21 COST TO BE ALLOCATED							
22 UNIT COST MULIPLIER							

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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HHA COST CENTER	PARAMED ED C LINIC LAB (ASSIGNED TIME) 24.01	PARAMED RADI OLOGY-METHOD (ASSIGNED TIME) 24.02	PARAMED RESP IRATORY THER (ASSIGNED TIME) 24.03	DIETARY INTE RNSHIP PROG (MEALS ERVED) 24.04	PARAMED EMER GENCY METHOD (ASSIGNED TIME) 24.05	PARAMED PAST ORAL ED (TIME SPENT) 24.06
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULIPLIER						

HHA COST CENTER	PARAMED PHYS ICAL THERAPY (ASSIGNED TIME) 24.07	PARAMED OCCU P THERAPY (ASSIGNED TIME) 24.08	PARAMED PERF USION (ASSIGNED TIME) 24.09	PARAMED PHAR MACY (ASSIGNED TIME) 24.10	PARAMED NEUR OPHYSIOLOGY (ASSIGNED TIME) 24.11	RADIATION TH ERAPY ED-IUM (ASSIGNED TIME) 24.12
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULIPLIER						

ALLOCATION OF GENERAL SERVICE
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HHA COST CENTER	NUCLEAR MED ED-IUMC (ASSIGNED TIME) 24.13	MEDICAL ASSI STING PROGRA (ASSIGNED TIME) 24.14	SURGICAL TEC HNOLOGY PROG (ASSIGNED TIME) 24.15	PARAMED SPEE CH (ASSIGNED TIME) 24.16	PARAMED ED P RGM (ASSIGNED TIME) 24.17	PARAMED ED P RGM (ASSIGNED TIME) 24.18
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULIPLIER						

APPORTIONMENT OF PATIENT SERVICE COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET H-6
HHA NO:	TO 12/31/2008	PARTS I II & III
15-7158		HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	5,089,033		5,089,033	25,068	203.01	5,105
2	PHYSICAL THERAPY	3	1,621,772		1,621,772	11,572	140.15	4,542
3	OCCUPATIONAL THERAPY	4	479,308		479,308	3,227	148.53	1,453
4	SPEECH PATHOLOGY	5	37,309		37,309	282	132.30	109
5	MEDICAL SOCIAL SERVICES	6	126,007		126,007	763	165.15	181
6	HOME HEALTH AIDE SERVICE	7	564,736		564,736	9,656	58.49	915
7	TOTAL		7,918,165		7,918,165	50,568		12,305

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	3,057		1,036,366	620,602		1,656,968
2	PHYSICAL THERAPY	2,052		636,561	287,588		924,149
3	OCCUPATIONAL THERAPY	758		215,814	112,586		328,400
4	SPEECH PATHOLOGY	64		14,421	8,467		22,888
5	MEDICAL SOCIAL SERVICES	198		29,892	32,700		62,592
6	HOME HEALTH AIDE SERVICES	2,137		53,518	124,993		178,511
7	TOTAL	8,266		1,986,572	1,186,936		3,173,508

	LIMITATION COST COMPUTATION PATIENT SERVICES					PROGRAM COST LIMITS	PROGRAM VISITS PART A
		1	2	3	4	5	6
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

APPORTIONMENT OF PATIENT SERVICE COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET H-6
HHA NO:	TO 12/31/2008	PARTS I II & III
15-7158		HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

	SUPPLIES AND EQUIPMENT COST COMPUTATION / OTHER PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
			1	2	3	4	5	6
15	COST OF MEDICAL SUPPLIES	8.00				116,591		60,711
16	COST OF DRUGS	9.00						
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR
		7	8	9	10	11
15	COST OF MEDICAL SUPPLIES	55,880				
16	COST OF DRUGS					
16.20	COST OF DRUGS					

	PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
		1	2
162	PROGRAM UNDUP CENSUS FROM WRKST S-4		
17	PER BENE COST LIMITATION (FRM FI)		
18	PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
			1	2	3	4
1	PHYSICAL THERAPY	50	.403243			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.463739			COL 2, LN 3
3	SPEECH PATHOLOGY	52	.528433			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.137706			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.213286			COL 2, LN 16
5.01	RENAL-RILEY	56.01				
5.02	RENAL-ADULT	56.02				
5.03	OUTPATIENT RETAIL PHARMACY	56.03	1.415315			

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE: PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	140.15					
2	OCCUPATIONAL THERAPY	3	148.53					
3	SPEECH PATHOLOGY	4	132.30					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET H-7
HHA NO:	TO 12/31/2008	PARTS I & II
15-7158		

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

		PART A 1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES			
2	TOTAL CHARGES	2,025,340	1,187,820	
	CUSTOMARY CHARGES			
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4	AMOUNT 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(B)			
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6	TOTAL CUSTOMARY CHARGES	2,025,340	1,187,820	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,025,340	1,187,820	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	2,232,372	1,180,270
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	13,140	5,634
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	14,126	13,420
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	16,522	5,979
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	1,994	2,555
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	2,278,154	1,207,858
13	EXCESS REASONABLE COST		
14	SUBTOTAL	2,278,154	1,207,858
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	2,278,154	1,207,858
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,278,154	1,207,858
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	2,278,154	1,207,858
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	2,278,154	1,207,858
25	INTERIM PAYMENTS	2,278,154	1,208,853
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		-995
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO: 15-0056
HHA NO: 15-7158
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET H-8

TITLE XVIII HHA 1

	DESCRIPTION		PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,278,154		1,208,853
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			2,278,154		1,208,853
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02				995
7	TOTAL MEDICARE PROGRAM LIABILITY			2,278,154		1,207,858

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET I-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1	REGISTERED NURSES	4,293,020	HOURS OF SERVICE	121,631.00	58.48
2	LICENSED PRACTICAL NURSES	105,462	HOURS OF SERVICE	5,856.00	2.82
3	NURSES AIDES		HOURS OF SERVICE		
4	TECHNICIANS	1,063,255	HOURS OF SERVICE	71,558.00	34.40
5	SOCIAL WORKERS	73,702	HOURS OF SERVICE	2,878.00	1.38
6	DIETICIANS	93,015	HOURS OF SERVICE	3,902.00	1.88
7	PHYSICIANS		ACCUMULATED COST		
8	NON-PATIENT CARE SALARY	312,943	ACCUMULATED COST		
9	SUBTOTAL (SUM OF LINES 1-8)	5,941,397			
10	EMPLOYEE BENEFITS	1,480,124	SALARY		
11	OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12	OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13	MACHINE COSTS & REPAIRS	24,309	PERCENTAGE OF TIME		
14	SUPPLIES	3,005,657	REQUISITIONS		
15	DRUGS	3,107,120	REQUISITIONS		
16	OTHER	1,892,841	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	15,451,448			
18	OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19	OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20	NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	722,970	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	463,188	PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS	299,039	SALARY		
23	ADMINISTRATIVE AND GENERAL	2,546,795	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	903,081	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS				
26	CENTRAL SERVICES & SUPPLIES	317,391	REQUISITIONS		
27	PHARMACY	2,965,898	REQUISITIONS		
28	OTHER ALLOCATED COST	829,102	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	24,498,912			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	24,498,912			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

Health Financial Systems MCRIF32 FOR CLARIAN HEALTH PARTNERS, INC. IN LIEU OF FORM CMS-2552-96 (5/2008)

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009

SATELLITE NO: | WORKSHEET I-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE SALARY RNs 3	OTHER 4	EMPLOYEE BENEFITS 5
1	TOTAL RENAL DEPARTMENT COSTS	1,626,051	487,497	4,293,020	1,335,434	1,779,163
	MAINTENANCE					
2	HEMODIALYSIS	1,035,883	310,562	2,734,886	850,743	1,133,423
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	309,348	92,744	816,726	254,060	338,477
11	CCDP	280,820	84,191	741,408	230,631	307,263
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	1,626,051	487,497	4,293,020	1,335,434	1,779,163
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS 6	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10
1	TOTAL RENAL DEPARTMENT COSTS	6,073,018	3,323,048		18,917,231	5,581,681
	MAINTENANCE					
2	HEMODIALYSIS	3,868,840	2,116,961		12,051,298	3,555,833
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	1,155,362	632,194		3,598,911	1,061,887
11	CCDP	1,048,816	573,893		3,267,022	963,961
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	6,073,018	3,323,048		18,917,231	5,581,681
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	TOTAL (COL. 9 + COL. 10) 11
1	TOTAL RENAL DEPARTMENT COSTS	24,498,912
	MAINTENANCE	
2	HEMODIALYSIS	15,607,131
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
	HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	4,660,798
11	CCDP	4,230,983
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	24,498,912
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	24,498,912

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009

SATELLITE NO: | WORKSHEET I-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS BUILDING 1 (SQUARE FEET)	EQUIPMENT 2 (% OF TIME)	DIRECT PATIENT CARE SALARY RNs 3 (HOURS)	OTHER 4 (HOURS)	EMPLOYEE BENEFITS 5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS	1,626,051	487,497	4,293,020	1,335,434	1,779,163
	MAINTENANCE					
2	HEMODIALYSIS	31,373	31,373.00	31,373.00	31,373.00	31,373
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	9,369	9,369.00	9,369.00	9,369.00	9,369
11	CCDP	8,505	8,505.00	8,505.00	8,505.00	8,505
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	49,247	49,247.00	49,247.00	49,247.00	49,247
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	33.018275	9.899019	87.173229	27.117063	36.127338

	COMPOSITE PAYMENT SERVICES	DRUGS 6 (REQUIST.)	MEDICAL SUPPLIES 7 (REQUIST.)	ROUTINE ANCILLARY SERVICES 8 (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS	6,073,018	3,323,048		18,917,231	5,581,681
	MAINTENANCE					
2	HEMODIALYSIS	31,373	31,373	31,373		
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	9,369	9,369	9,369		
11	CCDP	8,505	8,505	8,505		
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	49,247	49,247	49,247		18,917,231
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	123.317522	67.477166			.295058

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET I-4
RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

		NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. I-2,COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
		1	2	3	4	4.01
1	MAINTENANCE - HEMODIALYSIS	31,373	15,607,131	497.47	26,598	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS					
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7	HOME PROGRAM - HEMODIALYSIS					
8	HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS			PATIENT WEEKS	
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	1,338	4,660,798	3,483.41	1,001	
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	1,215	4,230,983	3,482.29	560	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	31,373	24,498,912		26,598	

		TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
		5	6	6.01	7
1	MAINTENANCE - HEMODIALYSIS	13,231,707	204.99		5,452,324
2	MAINTENANCE - PERITONEAL DIALYSIS				
3	TRAINING - HEMODIALYSIS				
4	TRAINING - PERITONEAL DIALYSIS				
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7	HOME PROGRAM - HEMODIALYSIS		204.99		
8	HOME PROGRAM - PERITONEAL DIALYSIS				
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	3,486,893	583.73		584,314
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	1,950,082	594.96		333,178
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	18,668,682			6,369,816

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	
SATELLITE NO:	TO 12/31/2008	WORKSHEET I-1
		RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1	REGISTERED NURSES	32,064	HOURS OF SERVICE	1,033.00	.50
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3	NURSES AIDES		HOURS OF SERVICE		
4	TECHNICIANS	37,263	HOURS OF SERVICE	1,935.00	.93
5	SOCIAL WORKERS		HOURS OF SERVICE		
6	DIETICIANS		HOURS OF SERVICE		
7	PHYSICIANS		ACCUMULATED COST		
8	NON-PATIENT CARE SALARY		ACCUMULATED COST		
9	SUBTOTAL (SUM OF LINES 1-8)	69,327			
10	EMPLOYEE BENEFITS	9,366	SALARY		
11	OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12	OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13	MACHINE COSTS & REPAIRS	7,333	PERCENTAGE OF TIME		
14	SUPPLIES	1,297,731	REQUISITIONS		
15	DRUGS	95	REQUISITIONS		
16	OTHER	21,144	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	1,404,996			
18	OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19	OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20	NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	13,738	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	2,947	PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS	2,855	SALARY		
23	ADMINISTRATIVE AND GENERAL	229,255	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	15,549	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS				
26	CENTRAL SERVICES & SUPPLIES	134,977	REQUISITIONS		
27	PHARMACY	91	REQUISITIONS		
28	OTHER ALLOCATED COST	37,080	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	1,841,488			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	1,841,488			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET I-2
RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE SALARY RNs 3	OTHER 4	EMPLOYEE BENEFITS 5
1	TOTAL RENAL DEPARTMENT COSTS	29,287	10,280	32,064	37,263	12,221
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	29,287	10,280	32,064	37,263	12,221
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	29,287	10,280	32,064	37,263	12,221
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS 6	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10
1	TOTAL RENAL DEPARTMENT COSTS	186	1,432,708		1,554,009	287,479
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	186	1,432,708		1,554,009	287,479
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	186	1,432,708		1,554,009	287,479
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	TOTAL (COL. 9 + COL. 10) 11
1	TOTAL RENAL DEPARTMENT COSTS	1,841,488
	MAINTENANCE	
2	HEMODIALYSIS	
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
	HOME	
8	HEMODIALYSIS	1,841,488
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	1,841,488
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	1,841,488

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009
SATELLITE NO: | WORKSHEET I-3
RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS BUILDING 1 (SQUARE FEET)	EQUIPMENT 2 (% OF TIME)	DIRECT PATIENT CARE SALARY RNs 3 (HOURS)	OTHER 4 (HOURS)	EMPLOYEE BENEFITS 5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS	29,287	10,280	32,064	37,263	12,221
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	17,355	17,355.00	17,355.00	17,355.00	17,355
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	17,355	17,355.00	17,355.00	17,355.00	17,355
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	1.687525	.592337	1.847537	2.147105	.704177

	COMPOSITE PAYMENT SERVICES	DRUGS 6 (REQUIST.)	MEDICAL SUPPLIES 7 (REQUIST.)	ROUTINE ANCILLARY SERVICES 8 (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS	186	1,432,708		1,554,009	287,479
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	17,355	17,355	17,355		
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	17,355	17,355	17,355		1,554,009
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.010717	82.553039			.184992

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET I-4
RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

		NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. I-2,COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
		1	2	3	4	4.01
1	MAINTENANCE - HEMODIALYSIS					
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS					
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7	HOME PROGRAM - HEMODIALYSIS	17,355	1,841,488	106.11	13,589	
8	HOME PROGRAM - PERITONEAL DIALYSIS	PATIENT WEEKS			PATIENT WEEKS	
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	17,355	1,841,488		13,589	

		TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
		5	6	6.01	7
1	MAINTENANCE - HEMODIALYSIS				
2	MAINTENANCE - PERITONEAL DIALYSIS				
3	TRAINING - HEMODIALYSIS				
4	TRAINING - PERITONEAL DIALYSIS				
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7	HOME PROGRAM - HEMODIALYSIS	1,441,929	202.70		2,754,490
8	HOME PROGRAM - PERITONEAL DIALYSIS				
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	1,441,929			2,754,490

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET I-5
RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	20,110,611
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	9,124,306
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	776,164
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	543,315
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	-776,164
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	7,299,445
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	2,601,025
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	776,164

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K

HOSPICE 1

		SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	756,450	175,927		
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	840,509	195,476		
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	235,227	54,707		
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION			70,426	
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS	136,347	31,710		
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,968,533	457,820	70,426	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K

HOSPICE 1

		OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	250,866	1,183,243		1,183,243
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	221,647	221,647		221,647
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE		1,035,985		1,035,985
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES		289,934		289,934
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	240,614	240,614		240,614
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	332,119	332,119		332,119
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	473,590	473,590		473,590
22	PATIENT TRANSPORTATION		70,426		70,426
23	IMAGING SERVICES	6,671	6,671		6,671
24	LABS AND DIAGNOSTICS	23,172	23,172		23,172
25	MEDICAL SUPPLIES	19,040	19,040		19,040
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS		168,057		168,057
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,567,719	4,064,498		4,064,498

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K

HOSPICE 1

		ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
	GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.		
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3	PLANT OPERATION AND MAINTENANCE		
4	TRANSPORTATION - STAFF		
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-1	1,183,242
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		221,647
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		1,035,985
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		289,934
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		240,614
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		332,119
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		473,590
22	PATIENT TRANSPORTATION		70,426
23	IMAGING SERVICES		6,671
24	LABS AND DIAGNOSTICS		23,172
25	MEDICAL SUPPLIES		19,040
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		168,057
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)	-1	4,064,497

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-1

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL		74,688		39,602
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				6,467
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			235,227	
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)		74,688	235,227	46,069

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-1

HOSPICE 1

		NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	179,030			463,130
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	834,042			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				136,347
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,013,072			599,477

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2008	
15-1511		

HOSPICE 1

		TOTAL (1) 9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	756,450
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	840,509
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	235,227
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	136,347
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,968,533

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-2

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL		17,370		9,210
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				1,504
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			54,707	
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)		17,370	54,707	10,714

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-2

HOSPICE 1

		NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	41,637			107,710
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	193,972			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				31,710
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	235,609			139,420

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2008	
15-1511		

HOSPICE 1

		TOTAL (1) 9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	175,927
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	195,476
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	54,707
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	31,710
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	457,820

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-4
PART I

HOSPICE 1

		NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
		0	1	2	3
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	1,183,242			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	221,647			
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,035,985			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	289,934			
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	240,614			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	332,119			
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	473,590			
22	PATIENT TRANSPORTATION	70,426			
23	IMAGING SERVICES	6,671			
24	LABS AND DIAGNOSTICS	23,172			
25	MEDICAL SUPPLIES	19,040			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS	168,057			
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	4,064,497			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-4
PART I

HOSPICE 1

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL			1,183,242	1,183,242
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE			221,647	91,024
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE			1,035,985	425,445
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			289,934	119,067
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			240,614	98,813
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			332,119	136,391
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			473,590	194,489
22	PATIENT TRANSPORTATION			70,426	28,922
23	IMAGING SERVICES			6,671	2,740
24	LABS AND DIAGNOSTICS			23,172	9,516
25	MEDICAL SUPPLIES			19,040	7,819
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS			168,057	69,016
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)			2,881,255	1,183,242

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-4
PART I

HOSPICE 1

		TOTAL (COL. 5A + COL. 6)
		7
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	312,671
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,461,430
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	409,001
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	339,427
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	468,510
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	668,079
22	PATIENT TRANSPORTATION	99,348
23	IMAGING SERVICES	9,411
24	LABS AND DIAGNOSTICS	32,688
25	MEDICAL SUPPLIES	26,859
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	237,073
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	4,064,497

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511

PERIOD: FROM 1/ 1/2008 TO 12/31/2008

PREPARED 6/10/2009
WORKSHEET K-4
PART II

HOSPICE 1

		CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30					
31					
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)				
35	UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511

PERIOD: FROM 1/ 1/2008 TO 12/31/2008

PREPARED 6/10/2009
WORKSHEET K-4
PART II

HOSPICE 1

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL		-1,183,242	2,881,255
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			221,647
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			1,035,985
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			289,934
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			240,614
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			332,119
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			473,590
22	PATIENT TRANSPORTATION			70,426
23	IMAGING SERVICES			6,671
24	LABS AND DIAGNOSTICS			23,172
25	MEDICAL SUPPLIES			19,040
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30				168,057
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			1,183,242
35	UNIT COST MULTIPLIER	.000000		.410669

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET K-5 I PART I I HOSPICE NO: 15-1511 I

HOSPICE 1

	HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
			0	1	2	3
1.00	ADMINISTRATIVE AND GENERAL	6				78,627
2.00	INPATIENT - GENERAL CARE	7	312,671			
3.00	INPATIENT - RESPITE CARE	8				
4.00	PHYSICIAN SERVICES	9				
5.00	NURSING CARE	10	1,461,430			
5.20	NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00	PHYSICAL THERAPY	11				
7.00	OCCUPATIONAL THERAPY	12				
8.00	SPEECH/LANGUAGE PATHOLOGY	13				
9.00	MEDICAL SOCIAL SERVICES	14	409,001			
10.00	SPIRITUAL COUNSELING	15				
11.00	DIETARY COUNSELING	16				
12.00	COUNSELING - OTHER	17				
13.00	HOME HEALTH AIDE AND HOMEMAKER	18	339,427			
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00		19				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	20	468,510			
15.30	ANALGESICS	20.30				
15.31	SEDATIVES / HYPNOTICS	20.31				
15.32	OTHER	20.32				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	21	668,079			
17.00	PATIENT TRANSPORTATION	22	99,348			
18.00	IMAGING SERVICES	23	9,411			
19.00	LABS AND DIAGNOSTICS	24	32,688			
20.00	MEDICAL SUPPLIES	25	26,859			
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00	RADIATION THERAPY	27				
23.00	CHEMOTHERAPY	28				
24.00		29				
25.00	BEREAVEMENT PROGRAM COSTS	30	237,073			
26.00	VOLUNTEER PROGRAM COSTS	31				
27.00	FUNDRAISING	32				
28.00	OTHER PROGRAM COSTS	33				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		4,064,497			78,627
30.00	UNIT COST MULIPLIER					

	HOSPICE COST CENTER	NEW CAP REL COSTS-INTEREST	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
		3.01	4	5	6.01
1.00	ADMINISTRATIVE AND GENERAL	57,942		80,893	16,283
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	57,942		80,893	16,283
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056 | HOSPICE NO: 15-1511 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET K-5 | PART I

HOSPICE 1

HOSPICE COST CENTER	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING
	6.02	6.03	6.04	6.05
1.00 ADMINISTRATIVE AND GENERAL	285,224	51		60,115
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	285,224	51		60,115
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	SUBTOTAL	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS
	6A.05	6.06	7	7.03
1.00 ADMINISTRATIVE AND GENERAL	579,135	39,031	45,299	
2.00 INPATIENT - GENERAL CARE	312,671	21,073		
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,461,430	98,494		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	409,001	27,565		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	339,427	22,876		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	468,510	31,576		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	668,079	45,026		
17.00 PATIENT TRANSPORTATION	99,348	6,696		
18.00 IMAGING SERVICES	9,411	634		
19.00 LABS AND DIAGNOSTICS	32,688	2,203		
20.00 MEDICAL SUPPLIES	26,859	1,810		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	237,073	15,978		
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,643,632	312,962	45,299	
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET K-5 I PART I

HOSPICE 1

	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
HOSPICE COST CENTER	8	8.01	9	10
1.00 ADMINISTRATIVE AND GENERAL	108,029			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	108,029			
30.00 UNIT COST MULIPLIER				

	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY
HOSPICE COST CENTER	10.01	10.02	10.03	11
1.00 ADMINISTRATIVE AND GENERAL			78,180	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			78,180	
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET K-5 I PART I

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	12	13	14	15
1.00 ADMINISTRATIVE AND GENERAL	9,979		3,949	161
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	9,979		3,949	161
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION
	16	17	18	19
1.00 ADMINISTRATIVE AND GENERAL	317,606	26,193		6,343
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	317,606	26,193		6,343
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET K-5 I PART I

HOSPICE 1

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	20	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	PARAMED ED PRGM	PARAMED ED CLINIC LAB	PARAMED RADIOLOGY-METHO DIST	PARAMED RESPIRATORY THERAPY
	24	24.01	24.02	24.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2008	PART I
15-1511		

HOSPICE 1

	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODIST	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY
HOSPICE COST CENTER	24.04	24.05	24.06	24.07
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY
HOSPICE COST CENTER	24.08	24.09	24.10	24.11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/10/2009 I WORKSHEET K-5 I PART I

HOSPICE 1

HOSPICE COST CENTER	RADIATION THERAPY ED-IUMC	NUCLEAR MED ED-IUMC	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGRAM
	24.12	24.13	24.14	24.15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	PARAMED SPEECH	PARAMED ED PRGM	PARAMED ED PRGM	SUBTOTAL
	24.16	24.17	24.18	25
1.00 ADMINISTRATIVE AND GENERAL				1,213,905
2.00 INPATIENT - GENERAL CARE				333,744
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				1,559,924
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				436,566
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				362,303
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				500,086
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				713,105
17.00 PATIENT TRANSPORTATION				106,044
18.00 IMAGING SERVICES				10,045
19.00 LABS AND DIAGNOSTICS				34,891
20.00 MEDICAL SUPPLIES				28,669
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				253,051
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				5,552,333
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET K-5 PART I

HOSPICE NO: 15-1511

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		1,213,905		
2.00 INPATIENT - GENERAL CARE		333,744	93,383	427,127
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,559,924	436,471	1,996,395
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		436,566	122,152	558,718
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		362,303	101,373	463,676
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		500,086	139,926	640,012
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		713,105	199,529	912,634
17.00 PATIENT TRANSPORTATION		106,044	29,671	135,715
18.00 IMAGING SERVICES		10,045	2,811	12,856
19.00 LABS AND DIAGNOSTICS		34,891	9,763	44,654
20.00 MEDICAL SUPPLIES		28,669	8,022	36,691
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		253,051	70,804	323,855
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		5,552,333		5,552,333
30.00 UNIT COST MULIPLIER			.279803	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0056 | HOSPICE NO: 15-1511 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET K-5 PART II

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-INTEREST (SQUARE FEET)
	1	2	3	3.01
1.00 ADMINISTRATIVE AND GENERAL			7,257	7,257
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			7,257	7,257
30.00 TOTAL COST TO BE ALLOCATED			78,627	57,942
31.00 UNIT COST MULIPLIER	.000000	.000000	10.834642	7.984291

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)
	4	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL		1,964,045	52	52
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0056
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HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,964,045	52	52
30.00 TOTAL COST TO BE ALLOCATED		80,893	16,283	285,224
31.00 UNIT COST MULIPLIER	.000000	.041187	313.134615	5485.076923

HOSPICE COST CENTER	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	RECONCILIATION
	6.03	6.04	6.05	6A.06
1.00 ADMINISTRATIVE AND GENERAL	1,545		7,215,827	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,545		7,215,827	
30.00 TOTAL COST TO BE ALLOCATED	51		60,115	
31.00 UNIT COST MULIPLIER	.033010	.000000	.008331	

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

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HOSPICE NO: 15-1511

HOSPICE 1

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	6.06	7	7.03	8
1.00 ADMINISTRATIVE AND GENERAL	579,135	7,257		7,257
2.00 INPATIENT - GENERAL CARE	312,671			
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,461,430			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	409,001			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	339,427			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	468,510			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	668,079			
17.00 PATIENT TRANSPORTATION	99,348			
18.00 IMAGING SERVICES	9,411			
19.00 LABS AND DIAGNOSTICS	32,688			
20.00 MEDICAL SUPPLIES	26,859			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	237,073			
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,643,632	7,257		7,257
30.00 TOTAL COST TO BE ALLOCATED	312,962	45,299		108,029
31.00 UNIT COST MULIPLIER	.067396	6.242111	.000000	14.886179

HOSPICE COST CENTER	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)
	8.01	9	10	10.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

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HOSPICE 1

	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
HOSPICE COST CENTER	8.01	9	10	10.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA
HOSPICE COST CENTER	(RILEY SQUAREFEET)	(MH SQUARE FEET)	(MEALS SERVED)	(FTE'S)
	10.02	10.03	11	12
1.00 ADMINISTRATIVE AND GENERAL		7,257		3,153
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		7,257		3,153
30.00 TOTAL COST TO BE ALLOCATED		78,180		9,979
31.00 UNIT COST MULIPLIER	.000000	10.773047	.000000	3.164922

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

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HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	13	14	15	16
1.00 ADMINISTRATIVE AND GENERAL		40	1,545	332,119
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		40	1,545	332,119
30.00 TOTAL COST TO BE ALLOCATED		3,949	161	317,606
31.00 UNIT COST MULIPLIER	.000000	98.725000	.104207	.956302

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (TIME SPENT)	PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	17	18	19	20
1.00 ADMINISTRATIVE AND GENERAL	7,215,827		7,215,827	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

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HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS
	17	18	19	20
29.00 TOTAL (SUM OF LINE 1 THRU 28)	7,215,827		7,215,827	
30.00 TOTAL COST TO BE ALLOCATED	26,193		6,343	
31.00 UNIT COST MULIPLIER	.003630	.000000	.000879	.000000

HOSPICE COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

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HOSPICE NO: 15-1511

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED CLINIC LAB (ASSIGNED TIME) 24.01	PARAMED RADIOLOGY-METHO DIST (ASSIGNED TIME) 24.02	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME) 24.03	DIETARY INTERNSHIP PROG (MEALS SERVED) 24.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PARAMED EMERGENCY METHODIST (ASSIGNED TIME) 24.05	PARAMED PASTORAL ED (TIME SPENT) 24.06	PARAMED PHYSICAL THERAPY (ASSIGNED TIME) 24.07	PARAMED OCCUP THERAPY (ASSIGNED TIME) 24.08
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

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HOSPICE 1

	HOSPICE COST CENTER	PARAMED EMERGENCY METHODIST	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY
		24.05	24.06	24.07	24.08
29.00	TOTAL (SUM OF LINE 1 THRU 28)				
30.00	TOTAL COST TO BE ALLOCATED				
31.00	UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

	HOSPICE COST CENTER	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)
		24.09	24.10	24.11	24.12
1.00	ADMINISTRATIVE AND GENERAL				
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)				
30.00	TOTAL COST TO BE ALLOCATED				
31.00	UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0056 | HOSPICE NO: 15-1511 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET K-5 | PART II

HOSPICE 1

HOSPICE COST CENTER	NUCLEAR MED ED-IUMC (ASSIGNED TIME) 24.13	MEDICAL ASSISTING PROGRAM (ASSIGNED TIME) 24.14	SURGICAL TECHNOLOGY PROGRAM (ASSIGNED TIME) 24.15	PARAMED SPEECH (ASSIGNED TIME) 24.16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PARAMED ED PRGM (ASSIGNED TIME) 24.17	PARAMED ED PRGM (ASSIGNED TIME) 24.18
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-5
PART II

HOSPICE 1

	PARAMED ED PRGM	PARAMED ED PRGM
HOSPICE COST CENTER	24.17	24.18
29.00 TOTAL (SUM OF LINE 1 THRU 28)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULIPLIER	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET K-5
PART III

HOSPICE 1

		WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.403243		
2	OCCUPATIONAL THERAPY	51	.463739		
3	SPEECH PATHOLOGY	52	.528433		
4	DRUGS CHARGED TO PATIENTS	56	.213286		
4.01	RENAL-RILEY	56.01			
4.02	RENAL-ADULT	56.02			
4.03	OUTPATIENT RETAIL PHARMACY	56.03	1.415315		
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.173765		
6.01	TRANSPLANT IMMUNOLOGY	44.01	.316560		
6.02	BONE MARROW TRANSPLANT LAB	44.02	.553333		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.137706		
8	EMERGENCY	61	.238787		
8.01	EMERGENCY-RILEY	61.01			
9	RADIOLOGY-DIAGNOSTIC	41	.204976		
10	RH NBN ECMO IC	59	.804178		
10.01	CARDIOLOGY	59.01	.258563		
10.02	PSYCH OTHER ANCILLARY	59.02	.661863		
10.03	CARDIAC CATHERIZATION	59.03	.235436		
10.04	DAY SURGERY	59.04	1.779218		
10.05	ONCOLOGY	59.05	15.954942		
10.06	DAY SURGERY-RILEY	59.06			
10.07	CARDIOLOGY-RILEY	59.07			
11	TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET K-6
HOSPICE NO:	TO 12/31/2008	
15-1511		

HOSPICE 1

COMPUTATION OF PER DIEM COST

		TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
		1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				5,552,333
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				25,918
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				214.23
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	20,251			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	4,338,372			
6	UNDUPLICATED MEDICAID DAYS		2,637		
7	AGGREGATE MEDICAID COST		564,925		
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	3,048			
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	652,973			
10	UNDUPLICATED NF DAYS		153		
11	AGGREGATE NF COST		32,777		
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			3,030	
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			649,117	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 12/31/2008	PARTS I-IV
15-0056		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	12,365,236
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,813,478
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	879.69
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	548.22
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	19.23
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2,377,835
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	6.62
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	35.13
5 .02	SUM OF 5 AND 5.01	41.75
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	8.82
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	1,090,614
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	17,647,163

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 CIRCUMSTANCES	.00
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 MINUMUM 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)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/10/2009
15-0056	FROM 1/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 12/31/2008	PARTS I-IV
15-0056		

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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

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 CIRCUMSTANCES	.00
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 MINUMUM 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)	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET M-1

FQHC 1

		COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI-CATION 4
	FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	2,439,088		2,439,088	
2	PHYSICIAN ASSISTANT				
3	NURSE PRACTITIONER	792,413		792,413	
4	VISITING NURSE				
5	OTHER NURSE	2,245,173		2,245,173	
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	26,649		26,649	
8	LABORATORY TECHNICIAN				
9	OTHER FACILITY HEALTH CARE STAFF COSTS	2,766,459		2,766,459	
10	SUBTOTAL (SUM OF LINES 1-9)	8,269,782		8,269,782	
	COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT				
12	PHYSICIAN SUPERVISION UNDER AGREEMENT				
13	OTHER COSTS UNDER AGREEMENT				
14	SUBTOTAL (SUM OF LINES 11-13)				
	OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		1,056,380	1,056,380	
16	TRANSPORTATION (HEALTH CARE STAFF)		93,328	93,328	
17	DEPRECIATION-MEDICAL EQUIPMENT		144,838	144,838	
18	PROFESSIONAL LIABILITY INSURANCE				
19	OTHER HEALTH CARE COSTS		214,783	214,783	
20	ALLOWABLE GME COSTS				
21	SUBTOTAL (SUM OF LINES 15-20)		1,509,329	1,509,329	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	8,269,782	1,509,329	9,779,111	
	COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY		272,103	272,103	
24	DENTAL				
25	OPTOMETRY				
26	ALL OTHER NONREIMBURSABLE COSTS				
27	NONALLOWABLE GME COSTS				
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		272,103	272,103	
	FACILITY OVERHEAD				
29	FACILITY COSTS		748,777	748,777	
30	ADMINISTRATIVE COSTS	4,268,306	3,727,297	7,995,603	
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	4,268,306	4,476,074	8,744,380	
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	12,538,088	6,257,506	18,795,594	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET M-1

FQHC 1

		RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
	FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	2,439,088		2,439,088
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	792,413		792,413
4	VISITING NURSE			
5	OTHER NURSE	2,245,173		2,245,173
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER	26,649		26,649
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	2,766,459		2,766,459
10	SUBTOTAL (SUM OF LINES 1-9)	8,269,782		8,269,782
	COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
	OTHER HEALTH CARE COSTS			
15	MEDICAL SUPPLIES	1,056,380		1,056,380
16	TRANSPORTATION (HEALTH CARE STAFF)	93,328		93,328
17	DEPRECIATION-MEDICAL EQUIPMENT	144,838		144,838
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS	214,783	-120,092	94,691
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	1,509,329	-120,092	1,389,237
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	9,779,111	-120,092	9,659,019
	COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY	272,103		272,103
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	272,103		272,103
	FACILITY OVERHEAD			
29	FACILITY COSTS	748,777		748,777
30	ADMINISTRATIVE COSTS	7,995,603		7,995,603
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	8,744,380		8,744,380
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	18,795,594	-120,092	18,675,502

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 6/10/2009 | WORKSHEET M-2

COMPONENT NO: 15-1804

FQHC 1

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
	POSITIONS				
1	PHYSICIANS	16.01	110,672	4,200	67,242
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	8.78	21,950	2,100	18,438
4	SUBTOTAL (SUM OF LINES 1-3)	24.79	132,622		85,680
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	.48			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	25.27	132,622		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	9,659,019
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	272,103
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	9,931,122
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.972601
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	8,744,380
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	2,441,330
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	11,185,710
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)	
18	SUBTRACT LINE 17 FROM LINE 16	11,185,710
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	10,879,233
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	20,538,252

		GREATER OF COL. 2 OR COL. 4 5
	POSITIONS	
1	PHYSICIANS	
2	PHYSICIAN ASSISTANTS	
3	NURSE PRACTITIONERS	
4	SUBTOTAL (SUM OF LINES 1-3)	132,622
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	132,622
9	PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 6/10/2009
WORKSHEET M-3

TITLE XVIII FQHC 1

	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	20,538,252		
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)			
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	20,538,252		
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	132,622		
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)			
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	132,622		
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	154.86		
		CALCULATION OF LIMIT (1)		
		PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2	
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)		117.41	
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)		117.41	
	CALCULATION OF SETTLEMENT			
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		5,118	
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		600,904	
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)			
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)			
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)			
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)			
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		600,904	
16.01	PRIMARY PAYER AMOUNT			
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)			
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		600,904	
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		480,723	
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)			
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		480,723	
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			
23	OTHER ADJUSTMENTS (SPECIFY)			
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		480,723	
25	INTERIM PAYMENTS		474,428	
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		6,295	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2			

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES [ ] RHC [X] FQHC	PROVIDER NO: 15-0056 COMPONENT NO: -	PERIOD: FROM 1/ 1/2008 TO 12/31/2008

PREPARED 6/10/2009
WORKSHEET M-5

FQHC 1

	DESCRIPTION		PART B MM/DD/YYYY 1	AMOUNT 2
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			474,428
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
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	ADJUSTMENTS TO PROVIDER	.01		
	ADJUSTMENTS TO PROVIDER	.02		
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	SUBTOTAL	.99		NONE
4	TOTAL INTERIM PAYMENTS			474,428
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER	.01		
	TENTATIVE TO PROVIDER	.02		
	TENTATIVE TO PROVIDER	.03		
	TENTATIVE TO PROGRAM	.50		
	TENTATIVE TO PROGRAM	.51		
	TENTATIVE TO PROGRAM	.52		
	SUBTOTAL	.99		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02		6,295
7	TOTAL MEDICARE PROGRAM LIABILITY			480,723

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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