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/ 1/2009 TO 12/31/2009	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2010 TIME 14:47

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/ 1/2009 AND ENDING 12/31/2009 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 XIX B	
		1	2	3	4
1	HOSPITAL	0	2,058,718	-469,492	0
2	SUBPROVIDER	0	-50,673	-402	0
7	HOSPITAL-BASED HHA	0	456	1,667	0
9 .10	FQHC	0	0	4,522	0
100	TOTAL	0	2,008,501	-463,705	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	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
	0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	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	P	N
12.00	HOSP-BASED HOSPICE	YELLOW ROSE UNIT	15-1511		7/ 1/1966			
14.10	HOSPITAL-BASED FQHC	HEALTHNET BARRINGTON	15-1804		7/ 1/1966	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			
16.03	RENAL DIALYSIS 4	RILEY HOSPITAL DIALYSIS	15-2320		4/ 9/2007			
16.04	RENAL DIALYSIS 5	CLARIAN HEALTH PARTNERS	15-3521		1/30/2009			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2009 TO: 12/31/2009

		1	2
18	TYPE OF CONTROL	2	

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? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	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 §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.	N			
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	N			
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	3	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	Y			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE 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 DATE 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 DATE 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 DATE 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 DATE IN COL. 3.		6/ 7/2005	/ /	
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /	
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)			/ /	
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).			/ /	

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?			Y	
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			Y	
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			Y	
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			N	
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.			N	
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES 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%	

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)?	N
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N

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

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 15H059

40.01 NAME: CLARIAN HEALTH PARTNERS FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00130
40.02 STREET: 340 WEST 10TH STREET P.O. BOX:
40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46202-

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? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N 00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?	
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?	
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?	
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).	

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

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

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.

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

MULTICAMPUS

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

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

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 5/ 4/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | 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	1,188	433,620			82,534		48,624
2	HMO					11,262		71,292
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	1,188	433,620			82,534		48,624
6	INTENSIVE CARE UNIT	65	23,725			7,346		
7	CORONARY CARE UNIT	85	31,025			6,012		
7 01	NEONATAL INTENSIVE CARE UNIT	35	12,775			1		
8	BURN INTENSIVE CARE UNIT	7	2,555					
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC	18	6,570			2,417		
9 03	UH NS 3IC	9	3,285			699		
9 04	RH PED IC	35	12,775			26		
9 05	TRANSPLANT ICU	17	6,205			841		
9 07	PEDIATRIC CANCER CENTER	6	2,190					
11	NURSERY							1,085
12	TOTAL	1,465	534,725			99,876		49,709
13	RPCH VISITS							
14	SUBPROVIDER	45	16,425			2,230		
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		2,136			2,136		
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C					4,165		
25	TOTAL	1,510						
26	OBSERVATION BED DAYS							3,582
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS					270		
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I/P DAYS: TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS: NOT ADMITTED	O/P VISITS: TOTAL ALL PATS	TRIPS: TOTAL OBSERVATION BEDS ADMITTED	TRIPS: 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			268,716				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			268,716				
6	INTENSIVE CARE UNIT			19,672				
7	CORONARY CARE UNIT			12,670				
7 01	NEONATAL INTENSIVE CARE UNIT			9,690				
8	BURN INTENSIVE CARE UNIT			1,578				
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC			5,405				
9 03	UH NS 3IC			2,319				
9 04	RH PED IC			9,235				
9 05	TRANSPLANT ICU			2,571				
9 07	PEDIATRIC CANCER CENTER			1,892				
11	NURSERY			7,449				
12	TOTAL			341,197			607.15	
13	RPCH VISITS							
14	SUBPROVIDER			7,241			4.67	
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY			62,646				
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE			2,136				
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C			15,814				
25	TOTAL						611.82	
26	OBSERVATION BED DAYS	343	3,239	11,617	1,314	10,303		
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I & R FTES: NET	FULL TIME EQUIV: EMPLOYEES ON PAYROLL	FULL TIME EQUIV: NONPAID WORKERS	DISCHARGES: TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					15,544	16,798	56,086

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET S-3
PART I

	COMPONENT	I & R FTES NET	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
2	HMO							
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 05	TRANSPLANT ICU							
9 07	PEDIATRIC CANCER CENTER							
11	NURSERY							
12	TOTAL	607.15	13,031.93			15,544	16,798	56,086
13	RPCH VISITS							
14	SUBPROVIDER	4.67	57.16			246		999
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY		271.90					
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE		40.13					
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C		39.76					
25	TOTAL	611.82	13,440.88					
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

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	526,114,548	-5,762,841	520,351,707	16,803,425.60	30.97	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	939,621		939,621	6,824.57	137.68	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	216,559		216,559	2,085.71	103.83	
5 PHYSICIAN - PART B	4,688,572		4,688,572	88,048.52	53.25	
5.01 NON-PHYSICIAN - PART B	792,275		792,275	13,868.22	57.13	
6 INTERNS & RESIDENTS (APPRVD)	26,439,649	-1,543,789	24,895,860	1,079,852.80	23.05	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	56,749,095	-1,310,906	55,438,189	1,848,745.60	29.99	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:		5,762,844	5,762,844	96,987.81	59.42	
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	104,459,934		104,459,934	4,025,814.56	25.95	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	177,928,424		177,928,424			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	19,731,306		19,731,306			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	223,784		223,784			CMS 339
18.01 PART A TEACHING PHYSICIANS	54,966		54,966			CMS 339
19 PHYSICIAN PART B	1,473,522		1,473,522			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)	242,319		242,319			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	9,612,567		9,612,567			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	13,421,938	-29,689	13,392,249	428,459.20	31.26	
22.01 A & G UNDER CONTRACT		2,764,330	2,764,330	16,402.76	168.53	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,805,450	-700	2,804,750	228,113.60	12.30	
25 LAUNDRY & LINEN SERVICE	597,594		597,594	44,158.40	13.53	
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	7,660,085	-42,069	7,618,016	391,539.20	19.46	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	13,341,509	-17,325	13,324,184	546,436.80	24.38	
31 CENTRAL SERVICE AND SUPPLY	2,868,371	-14,988	2,853,383	220,480.00	12.94	
32 PHARMACY	21,791,317	-423,270	21,368,047	597,771.20	35.75	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	208,453		208,453	10,940.80	19.05	
34 SOCIAL SERVICE	3,268,034		3,268,034	135,345.30	24.15	
35 OTHER GENERAL SERVICE	1,967,700		1,967,700	146,390.40	13.44	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	493,977,493	-1,454,722	492,522,771	15,635,973.11	31.50	
2 EXCLUDED AREA SALARIES	56,749,095	-1,310,906	55,438,189	1,848,745.60	29.99	
3 SUBTOTAL SALARIES	437,228,398	-143,816	437,084,582	13,787,227.51	31.70	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	104,459,934	5,762,844	110,222,778	4,122,802.37	26.73	
5 SUBTOTAL WAGE-RELATED COSTS	178,152,208		178,152,208		40.76	
6 TOTAL	719,840,540	5,619,028	725,459,568	17,910,029.88	40.51	
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	67,930,451	2,236,289	70,166,740	2,766,037.66	25.37	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET S-4
HHA NO:	TO 12/31/2009	
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	0	13,347	2,603	10,238
2	UNDUPLICATED CENSUS COUNT				

		TOTAL 5
1	HOME HEALTH AIDE HOURS	26,188
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)	1.03		1.03
5	OTHER ADMINISTRATIVE PERSONEL	109.34		109.34
6	DIRECTING NURSING SERVICE	27.30		27.30
7	NURSING SUPERVISOR			
8	PHYSICAL THERAPY SERVICE	14.25		14.25
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE	4.12		4.12
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE			
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE	1.21		1.21
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	12.59		12.59
17	HOME HEALTH AIDE SUPERVISOR			
18		33.37		33.37
18.01		20.28		20.28

	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	11,222	91	619	159
22	SKILLED NURSING VISIT CHARGES	0	0	0	0
23	PHYSICAL THERAPY VISITS	8,954	0	174	130
24	PHYSICAL THERAPY VISIT CHARGES	0	0	0	0
25	OCCUPATIONAL THERAPY VISITS	2,214	0	12	24
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27	SPEECH PATHOLOGY VISITS	313	0	2	13
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	377	0	8	9
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31	HOME HEALTH AIDE VISITS	4,272	0	18	74
32	HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	27,352	91	833	409
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	0	0
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,561	0	306	34
37	TOTAL NUMBER OF OUTLIER EPISODES	0	2	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	158,559	2,658	8,883	1,961

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET S-4
HHA NO:	TO 12/31/2009	
15-7158		
COUNTY:		

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	0	0	12,091
22	SKILLED NURSING VISIT CHARGES	0	0	0
23	PHYSICAL THERAPY VISITS	0	0	9,258
24	PHYSICAL THERAPY VISIT CHARGES	0	0	0
25	OCCUPATIONAL THERAPY VISITS	0	0	2,250
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27	SPEECH PATHOLOGY VISITS	0	0	328
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	0	0	394
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31	HOME HEALTH AIDE VISITS	0	0	4,364
32	HOME HEALTH AIDE VISIT CHARGES	0	0	0
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	28,685
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	0
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	1,901
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	2
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	172,061

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	3	159		3	66	74
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00	3.00		7.00	7.00	7.00
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.50	5.50		11.00		
4	CAPD EXCHANGES PER DAY				4.00		4.00
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	253	316				
6	NUMBER OF STATIONS	8	31				
7	TREATMENT CAPACITY PER DAY PER STATION	2	3				
8	UTILIZATION (SEE INSTRUCTIONS)	12.35	88.00				
9	AVERAGE TIMES DIALYZERS RE-USED						
10	PERCENTAGE OF PATIENTS RE-USING DIALYSIZERS						
	TRANSPLANT INFORMATION						
11	NUMBER OF PATIENTS ON TRANSPLANT LIST	31					
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	7					
	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: 15-0056	PERIOD: FROM 1/ 1/2009 TO 12/31/2009
	COMPONENT NO: 15-1804	PREPARED 5/31/2010 WORKSHEET S-8

FQHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 3401 EAST RAYMOND STREET

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		

		PHYSICIAN NAME	HOURS OF SUPERVISION
10	SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		

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 1

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	1700	800	2000	800	1700	800	1700	800	1700		
12.01	BARRINGTON XRAY			800	1700	800	2000	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 OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.			

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET S-9
HOSPICE NO:	TO 12/31/2009	
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	19,959	2,572	1,801	7
3	INPATIENT RESPITE CARE	281	5		
4	GENERAL INPATIENT CARE	1,972	356	6	
5	TOTAL HOSPICE DAYS	22,212	2,933	1,807	7

PART I - ENROLLMENT DAYS (CONTINUED)

		OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE		
2	ROUTINE HOME CARE	3,587	26,118
3	INPATIENT RESPITE CARE	39	325
4	GENERAL INPATIENT CARE	588	2,916
5	TOTAL HOSPICE DAYS	4,214	29,359

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	566	94	19	1
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	39.24	31.20	95.11	7.00
9	UNDUPLICATED CENSUS COUNT	513	81	22	

PART II - CENSUS DATA (CONTINUED)

		OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	172	832
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	24.50	35.29
9	UNDUPLICATED CENSUS COUNT	161	755

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET S-10
	TO 12/31/2009	

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)	.305453
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)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET S-10
	TO 12/31/2009	

DESCRIPTION

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
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: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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		57,175	57,175	1,095,349	1,152,524
3.01	0301	NEW CAP REL COSTS-INTEREST					
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				23,464,877	23,464,877
5	0500	EMPLOYEE BENEFITS				108,785,040	108,785,040
6.01	0610	NONPATIENT TELEPHONES				3,264,831	3,264,831
6.02	0611	DATA PROCESSING					
6.03	0612	PURCHASING, RECEIVING, & STORES	237,209	-1,479,092	-1,241,883	-80,483	-1,322,366
6.04	0613	ADMITTING					
6.05	0614	CASHIERING					
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	13,184,729	392,085,683	405,270,412	-3,457,885	401,812,527
7	0700	MAINTENANCE & REPAIRS		2	2		2
7.03	0703	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	2,805,450	1,298,107	4,103,557	-642,779	3,460,778
8.01	0801	IU LEASED SPACE					
9	0900	LAUNDRY & LINEN SERVICE	597,594	3,443,369	4,040,963	-150,409	3,890,554
10	1000	HOUSEKEEPING					
10.01	1001	HOUSEKEEPING - UNIVERSITY					
10.02	1002	HOUSEKEEPING - RILEY					
10.03	1003	HOUSEKEEPING - METHODIST					
11	1100	DIETARY	7,660,085	4,239,239	11,899,324	-1,881,472	10,017,852
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	13,341,509	6,434,393	19,775,902	-4,715,036	15,060,866
15	1500	CENTRAL SERVICES & SUPPLY	2,868,371	6,987,910	9,856,281	-803,757	9,052,524
16	1600	PHARMACY	21,791,317	85,817,517	107,608,834	-5,434,588	102,174,246
17	1700	MEDICAL RECORDS & LIBRARY	208,453	317,891	526,344	-48,463	477,881
18	1800	SOCIAL SERVICE	3,268,034	2,947,074	6,215,108	-743,991	5,471,117
19	1950	PATIENT TRANSPORTATION	1,967,700	647,169	2,614,869	-446,065	2,168,804
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	26,439,649	12,703,457	39,143,106	-3,370,315	35,772,791
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	132,818	521,730	654,548	3,199,885	3,854,433
24	2400	PARAMED ED PRGM					
24.01	2401	PARAMED ED CLINIC LAB	185,736	160,031	345,767	-43,971	301,796
24.02	2402	PARAMED RADIOLOGY-METHODIST	354,675	114,150	468,825	-79,024	389,801
24.03	2403	PARAMED RESPIRATORY THERAPY	303,158	173,240	476,398	-67,552	408,846
24.04	2404	DIETARY INTERNSHIP PROG					
24.05	2405	PARAMED EMERGENCY METHODIST	282,667	117,479	400,146	-63,430	336,716
24.06	2406	PARAMED PASTORAL ED	458,748	147,554	606,302	-104,192	502,110
24.07	2407	PARAMED PHYSICAL THERAPY	207,806	78,516	286,322	-49,172	237,150
24.08	2408	PARAMED OCCUP THERAPY					
24.09	2409	PARAMED PERFUSION					
24.10	2410	PARAMED PHARMACY	362,995	133,723	496,718	391,917	888,635
24.11	2411	PARAMED NEUROPHYSIOLOGY				38,265	38,265
24.12	2412	RADIATION THERAPY ED-IUMC				296,536	296,536
24.13	2413	NUCLEAR MED ED-IUMC				53,236	53,236
24.14	2414	MEDICAL ASSISTING PROGRAM	113,247	40,980	154,227	-24,529	129,698
24.15	2415	SURGICAL TECHNOLOGY PROGRAM	72,784	31,263	104,047	-19,934	84,113
24.16	2416	PARAMED SPEECH					
24.17	2417	PARAMED ED PRGM	153,199	53,819	207,018	-34,838	172,180
24.18	2418	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	133,656,497	60,127,402	193,783,899	-32,965,396	160,818,503
26	2600	INTENSIVE CARE UNIT	14,565,545	6,302,786	20,868,331	-3,299,131	17,569,200
27	2700	CORONARY CARE UNIT	10,226,821	4,956,512	15,183,333	-2,333,826	12,849,507
27.01	2701	NEONATAL INTENSIVE CARE UNIT	4,591,195	2,103,314	6,694,509	-1,199,255	5,495,254
28	2800	BURN INTENSIVE CARE UNIT	1,441,032	586,444	2,027,476	-408,576	1,618,900
29	2900	SURGICAL INTENSIVE CARE UNIT					
29.02	2902	UH SURG 6IC	4,223,421	2,517,932	6,741,353	-1,162,938	5,578,415
29.03	2903	UH NS 3IC	2,012,887	849,592	2,862,479	-438,540	2,423,939
29.04	2904	RH PED IC	8,521,980	4,781,378	13,303,358	-1,944,621	11,358,737
29.05	2905	TRANSPLANT ICU	2,549,808	1,410,008	3,959,816	-574,523	3,385,293
29.07	2907	PEDIATRIC CANCER CENTER	1,202,086	570,846	1,772,932	-271,044	1,501,888
31	3100	SUBPROVIDER	3,342,534	2,186,676	5,529,210	-764,356	4,764,854
33	3300	NURSERY	2,772,467	1,112,049	3,884,516	749,993	4,634,509
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	30,859,889	95,398,224	126,258,113	-11,222,708	115,035,405
37.01	3701	ENDOSCOPY	971,515	1,345,000	2,316,515	-340,431	1,976,084
38	3800	RECOVERY ROOM	6,859,054	2,681,232	9,540,286	-1,577,612	7,962,674
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY	2,407,651	15,239,220	17,646,871	-1,199,801	16,447,070
40.01	4001	PULMONARY FUNCTION TESTING	2,399,133	1,377,486	3,776,619	-714,006	3,062,613
41	4100	RADIOLOGY-DIAGNOSTIC	22,740,882	34,715,626	57,456,508	-12,301,175	45,155,333
42	4200	RADIOLOGY-THERAPEUTIC	4,569,501	4,718,794	9,288,295	-4,005,083	5,283,212
43	4300	RADIOISOTOPE	905,781	3,981,544	4,887,325	-955,359	3,931,966
44	4400	LABORATORY	22,159,637	48,898,499	71,058,136	-6,870,500	64,187,636
44.01	4401	TRANSPLANT IMMUNOLOGY	847,722	3,098,502	3,946,224	-215,342	3,730,882
44.02	4402	BONE MARROW TRANSPLANT LAB	967,729	1,551,440	2,519,169	-300,529	2,218,640
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.	3,019,982	17,092,244	20,112,226	-713,842	19,398,384
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	19,149,991	10,141,978	29,291,969	-4,303,030	24,988,939
50	5000	PHYSICAL THERAPY	6,128,961	2,740,935	8,869,896	-1,366,407	7,503,489
51	5100	OCCUPATIONAL THERAPY	2,015,597	712,125	2,727,722	-457,720	2,270,002
52	5200	SPEECH PATHOLOGY	2,758,997	2,605,894	5,364,891	-633,544	4,731,347
53	5300	ELECTROCARDIOLOGY	2,858,205	2,186,931	5,045,136	-827,430	4,217,706
54	5400	ELECTROENCEPHALOGRAPHY	2,048,544	1,599,213	3,647,757	-597,055	3,050,702
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	223,505	269,850	493,355	-51,038	442,317
56	5600	DRUGS CHARGED TO PATIENTS					
56.01	5601	RENAL-RILEY					
56.02	5602	RENAL-ADULT					
56.03	5603	OUTPATIENT RETAIL PHARMACY	3,440,408	22,204,279	25,644,687	-828,615	24,816,072
57	5700	RENAL DIALYSIS	7,165,660	9,044,137	16,209,797	-1,485,196	14,724,601
58	5800	ASC (NON-DISTINCT PART)					
58.04	5804	BMTU OUTPATIENT					
59	3020	RH NBN ECMO IC	322,742	218,431	541,173	-126,993	414,180
59.01	3021	CARDIOLOGY	1,810,992	13,785,439	15,596,431	-985,035	14,611,396
59.02	3022	PSYCH OTHER ANCILLARY	128,464	1,302,255	1,430,719	-70,650	1,360,069
59.03	3023	CARDIAC CATHERIZATION	2,986,828	8,980,326	11,967,154	-1,585,685	10,381,469
59.04	3024	DAY SURGERY	4,009,949	1,694,938	5,704,887	-974,123	4,730,764
59.05	3025	ONCOLOGY	284,536	173,225	457,761	-66,721	391,040
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	1,142,373	587,700	1,730,073	-338,567	1,391,506
60.02	6002	MEDICINE/DIAGNOSTIC	3,147,292	4,415,809	7,563,101	-727,745	6,835,356
60.03	6003	AMB SVC-OPTHALMOLOGY	212,626	109,161	321,787	-65,679	256,108
60.04	6004	AMB SVC-PSYCH ADULT	497,163	219,163	716,326	-90,339	625,987
60.05	6005	AMB SVC-DIABETES ADULT		1,919	1,919		1,919
60.06	6006	OUTPATIENT SURGERY	1,755,921	590,004	2,345,925	-417,574	1,928,351
60.07	6007	AMB SVC-RILEY CLINICS	4,142,720	2,496,225	6,638,945	-1,092,474	5,546,471
60.08	6008	DENTAL CLINIC					
60.09	6009	MOTILITY LAB	72,282	103,196	175,478	-20,242	155,236
60.10	6010	AMB SVC-PSYCH CHILD	197,451	92,432	289,883	-51,154	238,729
60.13	6013	ARTHRITIS CENTER					
60.14	6014	GERIATRICS CLINIC	455,110	318,792	773,902	-111,256	662,646
60.15	6015	SLEEP DISORDER CENTER	-140	-38	-178	2,812,969	2,812,791
60.16	6016	O/P CLINIC-ADULT	259,099	115,049	374,148	-63,587	310,561
60.17	6017	O/P CLINIC-PEDIATRIC	-2,957	2,087	-870		-870
60.18	6018	ARTHRITIS/INFUSION CENTER	173,657	5,004,264	5,177,921	-51,263	5,126,658
60.19	6019	NEUROLOGY UH	793,434	300,319	1,093,753	-210,152	883,601
60.20	6020	ORTHOPEDICS UH	340,167	125,552	465,719	-57,396	408,323
60.21	6021	AMB SVC-UH PHYSICAL MEDICINE	873,058	339,539	1,212,597	-200,244	1,012,353
60.22	6022	AMB SVC-DERMATOLOGY CLINIC	251,333	144,974	396,307	-57,081	339,226
60.24	6024	IU CANCER PAVILLION	824,257	266,394	1,090,651	-168,722	921,929
60.25	6025	CARDIO CLINIC	290,418	104,956	395,374	-74,828	320,546
61	6100	EMERGENCY	17,747,630	10,587,369	28,334,999	-4,269,736	24,065,263
61.01	6101	EMERGENCY-RILEY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	FAMILY PRACTICE					
63.60	6320	FEDERALLY QUALIFIED HEALTH CTR	1,884,047	1,058,357	2,942,404	-134,696	2,807,708
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS	38,750	455,152	493,902	6,050	499,952
65	6500	AMBULANCE SERVICES	5,141,840	9,306,975	14,448,815	-1,461,589	12,987,226
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	20,288,989	31,901,786	52,190,775	-11,918,893	40,271,882
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION	468,509	1,413,247	1,881,756	-335,778	1,545,978
83	8300	KIDNEY ACQUISITION	3,652,279	8,036,236	11,688,515	-3,378,447	8,310,068
84	8400	LIVER ACQUISITION	990,908	6,387,932	7,378,840	-484,197	6,894,643
85	8500	HEART ACQUISITION	435,574	792,666	1,228,240	-665,074	563,166
85.01	8510	PANCREAS ACQUISITION	101,751	2,726,912	2,828,663	104,969	2,933,632
85.02	8520	INTESTINE ACQUISITION	193,560	1,406,124	1,599,684	-100,017	1,499,667
86	8600	OTHER ORGAN ACQUISITION	204,270	269,635	473,905	-44,710	429,195
86.01	8601	POST TRANSPLANT EXPENSES				3,534,310	3,534,310
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	1,127	9,753	10,880	4,863,580	4,874,460
95		SUBTOTALS	506,720,559	1,002,024,726	1,508,745,285	3,670,646	1,512,415,931
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		330	330		330
97	9700	RESEARCH	7,986,617	10,079,253	18,065,870	-2,123,561	15,942,309
97.01	9701	RESEARCH-GCRC		215,733	215,733	-13,076	202,657
98	9800	PHYSICIANS' PRIVATE OFFICES	181,816	3,809,094	3,990,910	701,968	4,692,878
98.01	9801	OTHER NONREIMBURSABLE-METHODIST	7,161,519	19,639,759	26,801,278	-3,726,007	23,075,271
98.02	9802	CAFETERIA-IUMC					
98.03	9803	ORGAN PROC ORG					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
98.04 9804	OTHER NONREIMBURSABLE-IUMC	149,559	1,656,675	1,806,234	-32,356	1,773,878
98.05 9805	AOC-PRIVATE PHYSICIANS	482	285,705	286,187	-3,969	282,218
98.06 9806	NONALLOWABLE ADVERTISING					
98.07 9807	PHYSICIANS' PRIVATE OFFICES					
98.08 9808	MHH NON-REIMBURSABLE RADIOLOGY	101,083	152,213	253,296	-61,190	192,106
98.09 9809	MHH NON-REIMBURSABLE LABORATORY	171,115	131,764	302,879	-44,372	258,507
98.10 9810	SURGERY CENTER	37,315	168,080	205,395	-9,564	195,831
98.11 9811	UNUSED SPACE					
98.12 9812	RHI LAB		-7,565	-7,565	242,538	234,973
98.13 9813	NONALLOWABLE ADVERTISING				2,207,784	2,207,784
98.14 9814	NONALLOWABLE					
98.15 9815	ARTHRITIS CLINIC - NR	2,862,142	9,931,126	12,793,268	-616,700	12,176,568
98.16 9816	CARDIO PHYSICIANS	742,341	505,023	1,247,364	-192,141	1,055,223
99 9900	NONPAID WORKERS					
101	TOTAL	526,114,548	1,048,591,916	1,574,706,464	-0-	1,574,706,464

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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	32,384,734	33,537,258
3.01	0301	NEW CAP REL COSTS-INTEREST	19,008,395	19,008,395
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	41,500,011	64,964,888
5	0500	EMPLOYEE BENEFITS	-6,390,140	102,394,900
6.01	0610	NONPATIENT TELEPHONES	-494,879	2,769,952
6.02	0611	DATA PROCESSING	44,281,397	44,281,397
6.03	0612	PURCHASING, RECEIVING, & STORES	5,509,949	4,187,583
6.04	0613	ADMITTING	10,152,961	10,152,961
6.05	0614	CASHIERING	24,975,821	24,975,821
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-318,400,887	83,411,640
7	0700	MAINTENANCE & REPAIRS	15,296,479	15,296,481
7.03	0703	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT	42,130,763	45,591,541
8.01	0801	IU LEASED SPACE	80,500	80,500
9	0900	LAUNDRY & LINEN SERVICE		3,890,554
10	1000	HOUSEKEEPING		
10.01	1001	HOUSEKEEPING - UNIVERSITY	4,121,025	4,121,025
10.02	1002	HOUSEKEEPING - RILEY	2,108,522	2,108,522
10.03	1003	HOUSEKEEPING - METHODIST	4,781,155	4,781,155
11	1100	DIETARY	-302,809	9,715,043
12	1200	CAFETERIA	1,436,090	1,436,090
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION	3,632,701	18,693,567
15	1500	CENTRAL SERVICES & SUPPLY	4,632,660	13,685,184
16	1600	PHARMACY	-973,408	101,200,838
17	1700	MEDICAL RECORDS & LIBRARY	11,636,303	12,114,184
18	1800	SOCIAL SERVICE	-5,828	5,465,289
19	1950	PATIENT TRANSPORTATION		2,168,804
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	-3,174,870	32,597,921
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,064,393	12,918,826
24	2400	PARAMED ED PRGM		
24.01	2401	PARAMED ED CLINIC LAB	-9,225	292,571
24.02	2402	PARAMED RADIOLOGY-METHODIST	-149,626	240,175
24.03	2403	PARAMED RESPIRATORY THERAPY	-392,477	16,369
24.04	2404	DIETARY INTERNSHIP PROG		
24.05	2405	PARAMED EMERGENCY METHODIST	-73,787	262,929
24.06	2406	PARAMED PASTORAL ED		502,110
24.07	2407	PARAMED PHYSICAL THERAPY	-39,462	197,688
24.08	2408	PARAMED OCCUP THERAPY		
24.09	2409	PARAMED PERFUSION		
24.10	2410	PARAMED PHARMACY		888,635
24.11	2411	PARAMED NEUROPHYSIOLOGY		38,265
24.12	2412	RADIATION THERAPY ED-IUMC		296,536
24.13	2413	NUCLEAR MED ED-IUMC		53,236
24.14	2414	MEDICAL ASSISTING PROGRAM	-12,442	117,256
24.15	2415	SURGICAL TECHNOLOGY PROGRAM	-43,655	40,458
24.16	2416	PARAMED SPEECH		
24.17	2417	PARAMED ED PRGM	-18,526	153,654
24.18	2418	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-3,122,942	157,695,561
26	2600	INTENSIVE CARE UNIT		17,569,200
27	2700	CORONARY CARE UNIT		12,849,507
27.01	2701	NEONATAL INTENSIVE CARE UNIT	-30,451	5,464,803
28	2800	BURN INTENSIVE CARE UNIT	-6,563	1,612,337
29	2900	SURGICAL INTENSIVE CARE UNIT		
29.02	2902	UH SURG 6IC		5,578,415
29.03	2903	UH NS 3IC		2,423,939
29.04	2904	RH PED IC	-938,355	10,420,382
29.05	2905	TRANSPLANT ICU		3,385,293
29.07	2907	PEDIATRIC CANCER CENTER	-35,000	1,466,888
31	3100	SUBPROVIDER	-1,065,857	3,698,997
33	3300	NURSERY		4,634,509
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	-823,509	114,211,896
37.01	3701	ENDOSCOPY		1,976,084
38	3800	RECOVERY ROOM	4,443	7,967,117
39	3900	DELIVERY ROOM & LABOR ROOM		
40	4000	ANESTHESIOLOGY	-6,522,165	9,924,905
40.01	4001	PULMONARY FUNCTION TESTING	-6,046	3,056,567
41	4100	RADIOLOGY-DIAGNOSTIC	-106,880	45,048,453
42	4200	RADIOLOGY-THERAPEUTIC	-3,269	5,279,943
43	4300	RADIOISOTOPE	-626	3,931,340
44	4400	LABORATORY	-15,164,386	49,023,250
44.01	4401	TRANSPLANT IMMUNOLOGY		3,730,882
44.02	4402	BONE MARROW TRANSPLANT LAB		2,218,640
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		ANCILLARY SRVC COST CNTRS		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.	-37,828	19,360,556
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY	-53,844	24,935,095
50	5000	PHYSICAL THERAPY	3,990	7,507,479
51	5100	OCCUPATIONAL THERAPY	-554	2,269,448
52	5200	SPEECH PATHOLOGY	-2,863	4,728,484
53	5300	ELECTROCARDIOLOGY	-898,777	3,318,929
54	5400	ELECTROENCEPHALOGRAPHY	-20,201	3,030,501
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-492	441,825
56	5600	DRUGS CHARGED TO PATIENTS		
56.01	5601	RENAL-RILEY		
56.02	5602	RENAL-ADULT		
56.03	5603	OUTPATIENT RETAIL PHARMACY	-810,006	24,006,066
57	5700	RENAL DIALYSIS	-160,398	14,564,203
58	5800	ASC (NON-DISTINCT PART)		
58.04	5804	BMTU OUTPATIENT		
59	3020	RH NBN ECMO IC		414,180
59.01	3021	CARDIOLOGY	-64,399	14,546,997
59.02	3022	PSYCH OTHER ANCILLARY		1,360,069
59.03	3023	CARDIAC CATHERIZATION	-1,331,121	9,050,348
59.04	3024	DAY SURGERY		4,730,764
59.05	3025	ONCOLOGY		391,040
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	-3,138	1,388,368
60.02	6002	MEDICINE/DIAGNOSTIC	-2,677,401	4,157,955
60.03	6003	AMB SVC-OPTHALMOLOGY		256,108
60.04	6004	AMB SVC-PSYCH ADULT		625,987
60.05	6005	AMB SVC-DIABETES ADULT		1,919
60.06	6006	OUTPATIENT SURGERY		1,928,351
60.07	6007	AMB SVC-RILEY CLINICS	-3,713,603	1,832,868
60.08	6008	DENTAL CLINIC		
60.09	6009	MOTILITY LAB		155,236
60.10	6010	AMB SVC-PSYCH CHILD		238,729
60.13	6013	ARTHRITIS CENTER		
60.14	6014	GERIATRICS CLINIC	-384,764	277,882
60.15	6015	SLEEP DISORDER CENTER	-496,772	2,316,019
60.16	6016	O/P CLINIC-ADULT		310,561
60.17	6017	O/P CLINIC-PEDIATRIC		-870
60.18	6018	ARTHRITIS/INFUSION CENTER	-15,866	5,110,792
60.19	6019	NEUROLOGY UH		883,601
60.20	6020	ORTHOPEDICS UH		408,323
60.21	6021	AMB SVC-UH PHYSICAL MEDICINE		1,012,353
60.22	6022	AMB SVC-DERMATOLOGY CLINIC		339,226
60.24	6024	IU CANCER PAVILLION	-93	921,836
60.25	6025	CARDIO CLINIC		320,546
61	6100	EMERGENCY	-1,920,696	22,144,567
61.01	6101	EMERGENCY-RILEY		
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950	FAMILY PRACTICE		
63.60	6320	FEDERALLY QUALIFIED HEALTH CTR	-161,557	2,646,151
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		499,952
65	6500	AMBULANCE SERVICES		12,987,226
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	-4,551,609	35,720,273
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		1,545,978
83	8300	KIDNEY ACQUISITION	26,750	8,336,818
84	8400	LIVER ACQUISITION	-145,985	6,748,658
85	8500	HEART ACQUISITION		563,166
85.01	8510	PANCREAS ACQUISITION		2,933,632
85.02	8520	INTESTINE ACQUISITION		1,499,667
86	8600	OTHER ORGAN ACQUISITION	-1,000	428,195
86.01	8601	POST TRANSPLANT EXPENSES		3,534,310
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	-470,844	4,403,616
95		SUBTOTALS	-99,462,839	1,412,953,092
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		330
97	9700	RESEARCH	-8,578,289	7,364,020
97.01	9701	RESEARCH-GCRC		202,657
98	9800	PHYSICIANS' PRIVATE OFFICES	-2,546,895	2,145,983
98.01	9801	OTHER NONREIMBURSABLE-METHODIST	-8,999,787	14,075,484
98.02	9802	CAFETERIA-IUMC		
98.03	9803	ORGAN PROC ORG		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		NONREIMBURS COST CENTERS		
98.04	9804	OTHER NONREIMBURSABLE-IUMC	-1,730,658	43,220
98.05	9805	AOC-PRIVATE PHYSICIANS	-224	281,994
98.06	9806	NONALLOWABLE ADVERTISING		
98.07	9807	PHYSICIANS' PRIVATE OFFICES		
98.08	9808	MHH NON-REIMBURSABLE RADIOLOGY		192,106
98.09	9809	MHH NON-REIMBURSABLE LABORATORY		258,507
98.10	9810	SURGERY CENTER	-138,222	57,609
98.11	9811	UNUSED SPACE		
98.12	9812	RHI LAB		234,973
98.13	9813	NONALLOWABLE ADVERTISING	12,553,691	14,761,475
98.14	9814	NONALLOWABLE		
98.15	9815	ARTHRITIS CLINIC - NR	-9,650,700	2,525,868
98.16	9816	CARDIO PHYSICIANS	-178,042	877,181
99	9900	NONPAID WORKERS		
101		TOTAL	-118,731,965	1,455,974,499

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
29.05	TRANSPLANT ICU	2905	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	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	ANCILLARY SRVC COST		
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
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
60.18	ARTHRITIS/INFUSION CENTER	6018	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	0000	
	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

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
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
98.11	UNUSED SPACE	9811	PHYSICIANS' PRIVATE OFFICES
98.12	RHI LAB	9812	PHYSICIANS' PRIVATE OFFICES
98.13	NONALLOWABLE ADVERTISING	9813	PHYSICIANS' PRIVATE OFFICES
98.14	NONALLOWABLE	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	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
		1	2	3	4	5
1	NON-CAPITAL ITEMS	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		57,175
2	RENAL ADMINISTRATION	B	HOME PROGRAM DIALYSIS	64	11,209	3,763
3	BENEFITS	D	EMPLOYEE BENEFITS	5		99,471,682
4			SLEEP DISORDER CENTER	60.15		28
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

1	BENEFITS	D				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
		1	2	3	4	5
1	BENEFITS	D				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33	CONTRACT LABOR	E	PURCHASING, RECEIVING, & STORES	6.03	956	
34			OTHER ADMINISTRATIVE AND GENERAL	6.06		30,645
35			OPERATION OF PLANT	8		700

1	CONTRACT LABOR	E	NURSING ADMINISTRATION	14		17,325
2			CENTRAL SERVICES & SUPPLY	15		14,988
3			PHARMACY	16		19
4			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		143,549
5			ADULTS & PEDIATRICS	25		1,554,282
6			INTENSIVE CARE UNIT	26		58,175
7			CORONARY CARE UNIT	27		60,580
8			BURN INTENSIVE CARE UNIT	28		665
9			UH SURG 6IC	29.02		4,077
10			UH NS 3IC	29.03		66,512
11			RH PED IC	29.04		828
12			TRANSPLANT ICU	29.05		4,245
13			SUBPROVIDER	31		794
14			OPERATING ROOM	37		501,520
15			RECOVERY ROOM	38		86,191
16			PULMONARY FUNCTION TESTING	40.01		2,294
17			RADIOLOGY-DIAGNOSTIC	41		1,284
18			LABORATORY	44		2,155
19			RESPIRATORY THERAPY	49		1,080,284
20			RENAL DIALYSIS	57		1,379,104
21			CARDIOLOGY	59.01		9,714
22			CARDIAC CATHERIZATION	59.03		14,285
23			MEDICINE/DIAGNOSTIC	60.02		107,655
24			SLEEP DISORDER CENTER	60.15		8,035
25			ARTHRITIS/INFUSION CENTER	60.18		3,333
26			IU CANCER PAVILLION	60.24		21,490
27			CARDIO CLINIC	60.25		7,773
28			EMERGENCY	61		1,717
29			AMBULANCE SERVICES	65		2,259
30			HOME HEALTH AGENCY	71		439,194
31			KIDNEY ACQUISITION	83		17,009
32			PHYSICIANS' PRIVATE OFFICES	98		23,220
33			OTHER NONREIMBURSABLE-METHODIST	98.01		96,465
34			ARTHRITIS CLINIC - NR	98.15		643
35			CARDIO PHYSICIANS	98.16		789

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		1,126,106
2			NEW CAP REL COSTS-MVBLE EQUIP	4		23,132,749
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

1	DEPRECIATION	F				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
		1	2	3	4	5
1	DEPRECIATION	F				
2	HEM/ONC PHYSICIAN CLINIC	G	PHYSICIANS' PRIVATE OFFICES	98	286,765	454,777
3	HHA DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		26,418
4			NEW CAP REL COSTS-MVBLE EQUIP	4		332,128
5	HHA PTO RECLASS	I	EMPLOYEE BENEFITS	5		257,722
6	HHA PHONES	J	NONPATIENT TELEPHONES	6.01		127,477
7	HHA BENEFITS	K	EMPLOYEE BENEFITS	5		3,498,387
8	I&R	L	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,543,789	1,424,819
9	I&R #2	M	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	333,315	19,933
10	I&R #3	N	OTHER NONREIMBURSABLE-METHODIST	98.01	82,990	6,399
11	NURSERY	O	NURSERY	33	1,227,519	190,519
12	PARAMED RADIATION THERAPY	P	RADIATION THERAPY ED-IUMC	24.12	275,463	21,073
13	PARAMED NUCLEAR MEDICINE	Q	NUCLEAR MED ED-IUMC	24.13	49,453	3,783
14	PARAMED NEURO/EMG	R	PARAMED NEUROPHYSIOLOGY	24.11	35,546	2,719
15	PARAMED PHARMACY	S	PARAMED PHARMACY	24.10	435,689	33,330
16						
17						
18	PHONES	T	NONPATIENT TELEPHONES	6.01		3,137,354
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

1	PHONES	T				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

	EXPLANATION OF RECLASSIFICATION	INCREASE CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1	PHONES	T				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

1	PHONES	T				
2						
3						
4						
5						
6						
7						
8	PTO ALLOCATION	U	EMPLOYEE BENEFITS	5		5,557,249
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

	EXPLANATION OF RECLASSIFICATION	INCREASE: CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1	PTO ALLOCATION	U				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

1	PTO ALLOCATION	U				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34	RHI	V	RHI LAB	98.12	143,956	98,582
35	SLEEP LAB	W	SLEEP DISORDER CENTER	60.15	1,833,624	979,317

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	HOSPICE	X	HOSPICE	93	2,487,332	2,376,488
2	PSYCH ANCILLARY/OP BEHAVIORAL CARE	Y	ADULTS & PEDIATRICS	25		18,260
3			EMERGENCY	61		13,180
4	ORGAN	Z	LUNG ACQUISITION	82	132,737	44,140
5			LIVER ACQUISITION	84	64,716	23,514
6			HEART ACQUISITION	85	532,626	199,373
7			PANCREAS ACQUISITION	85.01	164,447	102,444
8			INTESTINE ACQUISITION	85.02	94,398	137,888
9	PRE-POST TRANSPLANT	AA	POST TRANSPLANT EXPENSES	86.01	2,660,314	873,996
10						
11						
12						
13						
14						
15	ACQUISITION/WORKUP EXPENSE	AB	PANCREAS ACQUISITION	85.01		21,703
16			KIDNEY ACQUISITION	83		616
17	NON-TRANSPLANT EMPLOYEES	AC	KIDNEY ACQUISITION	83	42,069	
18	NON-REIMBURSABLE FQHC	AD	OTHER NONREIMBURSABLE-METHODIST	98.01	79,529	55,167
19	MARKETING EXPENSE	AE	NONALLOWABLE ADVERTISING	98.13		2,207,784
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

1	MARKETING EXPENSE	AE				
2						
3						
4						
5						
6						
7						
8						
9						
36	TOTAL RECLASSIFICATIONS				12,518,442	151,801,839

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

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	NON-CAPITAL ITEMS	A	NEW CAP REL COSTS-BLDG & FIXT	3		57,175	9
2	RENAL ADMINISTRATION	B	RENAL DIALYSIS	57	11,209	3,763	
3	BENEFITS	D	PURCHASING, RECEIVING, & STORES	6.03		49,745	
4			OTHER ADMINISTRATIVE AND GENERAL	6.06		2,776,433	
5			OPERATION OF PLANT	8		581,032	
6			LAUNDRY & LINEN SERVICE	9		123,780	
7			DIETARY	11		1,593,612	
8			NURSING ADMINISTRATION	14		3,937,533	
9			CENTRAL SERVICES & SUPPLY	15		593,110	
10			PHARMACY	16		4,496,114	
11			MEDICAL RECORDS & LIBRARY	17		43,194	
12			SOCIAL SERVICE	18		674,994	
13			PATIENT TRANSPORTATION	19		407,357	
14			I&R SERVICES-SALARY & FRINGES APPRVD	22		276,982	
15			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		27,518	
16			PARAMED ED CLINIC LAB	24.01		38,482	
17			PARAMED RADIOLOGY-METHODIST	24.02		73,476	
18			PARAMED RESPIRATORY THERAPY	24.03		62,820	
19			PARAMED EMERGENCY METHODIST	24.05		58,350	
20			PARAMED PASTORAL ED	24.06		95,006	
21			PARAMED PHYSICAL THERAPY	24.07		43,103	
22			PARAMED PHARMACY	24.10		75,104	
23			MEDICAL ASSISTING PROGRAM	24.14		23,881	
24			SURGICAL TECHNOLOGY PROGRAM	24.15		17,650	
25			PARAMED ED PRGM	24.17		31,743	
26			ADULTS & PEDIATRICS	25		27,456,484	
27			INTENSIVE CARE UNIT	26		3,007,846	
28			CORONARY CARE UNIT	27		2,109,757	
29			NEONATAL INTENSIVE CARE UNIT	27.01		952,766	
30			BURN INTENSIVE CARE UNIT	28		299,218	
31			UH SURG 6IC	29.02		875,355	
32			UH NS 3IC	29.03		405,948	
33			RH PED IC	29.04		1,766,259	
34			TRANSPLANT ICU	29.05		551,347	
35			PEDIATRIC CANCER CENTER	29.07		249,446	

1	BENEFITS	D	SUBPROVIDER	31		692,607	
2			NURSERY	33		574,976	
3			OPERATING ROOM	37		6,338,332	
4			ENDOSCOPY	37.01		201,107	
5			RECOVERY ROOM	38		1,404,328	
6			ANESTHESIOLOGY	40		498,237	
7			PULMONARY FUNCTION TESTING	40.01		502,971	
8			RADIOLOGY-DIAGNOSTIC	41		4,654,491	
9			RADIOLOGY-THERAPEUTIC	42		1,115,755	
10			RADIOISOTOPE	43		188,357	
11			LABORATORY	44		4,633,804	
12			TRANSPLANT IMMUNOLOGY	44.01		175,689	
13			BONE MARROW TRANSPLANT LAB	44.02		200,255	
14			BLOOD STORING, PROCESSING & TRANS.	47		627,908	
15			RESPIRATORY THERAPY	49		3,743,165	
16			PHYSICAL THERAPY	50		1,267,880	
17			OCCUPATIONAL THERAPY	51		417,560	
18			SPEECH PATHOLOGY	52		545,047	
19			ELECTROCARDIOLOGY	53		592,141	
20			ELECTROENCEPHALOGRAPHY	54		428,731	
21			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		46,301	
22			OUTPATIENT RETAIL PHARMACY	56.03		712,921	
23			RENAL DIALYSIS	57		1,218,187	
24			RH NBN ECMO IC	59		68,351	
25			CARDIOLOGY	59.01		383,131	
26			PSYCH OTHER ANCILLARY	59.02		26,601	
27			CARDIAC CATHERIZATION	59.03		625,050	
28			DAY SURGERY	59.04		831,103	
29			ONCOLOGY	59.05		58,837	
30			AMB SVC-OB & GYN	60.01		178,012	
31			MEDICINE/DIAGNOSTIC	60.02		639,505	
32			AMB SVC-OPTHALMOLOGY	60.03		44,060	
33			AMB SVC-PSYCH ADULT	60.04		74,405	
34			OUTPATIENT SURGERY	60.06		274,404	
35			AMB SVC-RILEY CLINICS	60.07		959,921	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	BENEFITS	D	MOTILITY LAB	60.09		12,960	
2			AMB SVC-PSYCH CHILD	60.10		44,004	
3			GERIATRICS CLINIC	60.14		94,309	
4			O/P CLINIC-ADULT	60.16		53,695	
5			ARTHRITIS/INFUSION CENTER	60.18		35,558	
6			NEUROLOGY UH	60.19		150,330	
7			ORTHOPEDICS UH	60.20		39,811	
8			AMB SVC-UH PHYSICAL MEDICINE	60.21		174,817	
9			AMB SVC-DERMATOLOGY CLINIC	60.22		52,077	
10			IU CANCER PAVILLION	60.24		114,167	
11			CARDIO CLINIC	60.25		66,303	
12			EMERGENCY	61		3,676,249	
13			HOME PROGRAM DIALYSIS	64		8,036	
14			AMBULANCE SERVICES	65		1,063,691	
15			LUNG ACQUISITION	82		96,844	
16			KIDNEY ACQUISITION	83		749,570	
17			LIVER ACQUISITION	84		203,667	
18			HEART ACQUISITION	85		90,034	
19			PANCREAS ACQUISITION	85.01		20,886	
20			INTESTINE ACQUISITION	85.02		39,929	
21			OTHER ORGAN ACQUISITION	86		42,336	
22			HOSPICE	93		240	
23			RESEARCH	97		1,656,909	
24			PHYSICIANS' PRIVATE OFFICES	98		32,871	
25			OTHER NONREIMBURSABLE-METHODIST	98.01		1,424,843	
26			OTHER NONREIMBURSABLE-IUMC	98.04		30,933	
27			AOC-PRIVATE PHYSICIANS	98.05		99	
28			MHH NON-REIMBURSABLE RADIOLOGY	98.08		21,233	
29			MHH NON-REIMBURSABLE LABORATORY	98.09		35,485	
30			SURGERY CENTER	98.10		8,465	
31			ARTHRITIS CLINIC - NR	98.15		568,603	
32			CARDIO PHYSICIANS	98.16		143,181	
33	CONTRACT LABOR	E	PURCHASING, RECEIVING, & STORES	6.03		956	
34			OTHER ADMINISTRATIVE AND GENERAL	6.06	30,645		
35			OPERATION OF PLANT	8	700		
1	CONTRACT LABOR	E	NURSING ADMINISTRATION	14	17,325		
2			CENTRAL SERVICES & SUPPLY	15	14,988		
3			PHARMACY	16	19		
4			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	143,549		
5			ADULTS & PEDIATRICS	25	1,554,282		
6			INTENSIVE CARE UNIT	26	58,175		
7			CORONARY CARE UNIT	27	60,580		
8			BURN INTENSIVE CARE UNIT	28	665		
9			UH SURG 6IC	29.02	4,077		
10			UH NS 3IC	29.03	66,512		
11			RH PED IC	29.04	828		
12			TRANSPLANT ICU	29.05	4,245		
13			SUBPROVIDER	31	794		
14			OPERATING ROOM	37	501,520		
15			RECOVERY ROOM	38	86,191		
16			PULMONARY FUNCTION TESTING	40.01	2,294		
17			RADIOLOGY-DIAGNOSTIC	41	1,284		
18			LABORATORY	44	2,155		
19			RESPIRATORY THERAPY	49	1,080,284		
20			RENAL DIALYSIS	57	1,379,104		
21			CARDIOLOGY	59.01	9,714		
22			CARDIAC CATHERIZATION	59.03	14,285		
23			MEDICINE/DIAGNOSTIC	60.02	107,655		
24			SLEEP DISORDER CENTER	60.15	8,035		
25			ARTHRITIS/INFUSION CENTER	60.18	3,333		
26			IU CANCER PAVILLION	60.24	21,490		
27			CARDIO CLINIC	60.25	7,773		
28			EMERGENCY	61	1,717		
29			AMBULANCE SERVICES	65	2,259		
30			HOME HEALTH AGENCY	71	439,194		
31			KIDNEY ACQUISITION	83	17,009		
32			PHYSICIANS' PRIVATE OFFICES	98	23,220		
33			OTHER NONREIMBURSABLE-METHODIST	98.01	96,465		
34			ARTHRITIS CLINIC - NR	98.15	643		
35			CARDIO PHYSICIANS	98.16	789		

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	DEPRECIATION	F	PURCHASING, RECEIVING, & STORES	6.03		26,156	9
2			OTHER ADMINISTRATIVE AND GENERAL	6.06		367,714	9
3			OPERATION OF PLANT	8		26,016	9
4			LAUNDRY & LINEN SERVICE	9		15,756	9
5			DIETARY	11		128,280	9
6			NURSING ADMINISTRATION	14		588,687	9
7			CENTRAL SERVICES & SUPPLY	15		164,066	9
8			PHARMACY	16		156,345	9
9			SOCIAL SERVICE	18		60	9
10			PATIENT TRANSPORTATION	19		5,472	9
11			I&R SERVICES-SALARY & FRINGES APPRVD	22		20,797	9
12			SURGICAL TECHNOLOGY PROGRAM	24.15		1,072	9
13			ADULTS & PEDIATRICS	25		1,126,265	9
14			INTENSIVE CARE UNIT	26		49,531	9
15			CORONARY CARE UNIT	27		49,805	9
16			NEONATAL INTENSIVE CARE UNIT	27.01		171,708	9
17			BURN INTENSIVE CARE UNIT	28		84,024	9
18			UH SURG 6IC	29.02		173,843	9
19			UH NS 3IC	29.03		7,539	9
20			RH PED IC	29.04		38,692	9
21			TRANSPLANT ICU	29.05		1,016	9
22			SUBPROVIDER	31		8,157	9
23			NURSERY	33		38,868	9
24			OPERATING ROOM	37		4,320,006	9
25			ENDOSCOPY	37.01		122,074	9
26			RECOVERY ROOM	38		46,616	9
27			ANESTHESIOLOGY	40		662,050	9
28			PULMONARY FUNCTION TESTING	40.01		163,654	9
29			RADIOLOGY-DIAGNOSTIC	41		7,166,112	9
30			RADIOLOGY-THERAPEUTIC	42		2,506,808	9
31			RADIOISOTOPE	43		688,895	9
32			LABORATORY	44		1,515,726	9
33			TRANSPLANT IMMUNOLOGY	44.01		26,505	9
34			BONE MARROW TRANSPLANT LAB	44.02		79,837	9
35			BLOOD STORING, PROCESSING & TRANS.	47		34,524	9
1	DEPRECIATION	F	RESPIRATORY THERAPY	49		326,363	9
2			PHYSICAL THERAPY	50		15,000	9
3			SPEECH PATHOLOGY	52		27,218	9
4			ELECTROCARDIOLOGY	53		181,341	9
5			ELECTROENCEPHALOGRAPHY	54		94,668	9
6			OUTPATIENT RETAIL PHARMACY	56.03		8,410	9
7			RENAL DIALYSIS	57		138,832	9
8			RH NBN ECMO IC	59		53,264	9
9			CARDIOLOGY	59.01		559,611	9
10			PSYCH OTHER ANCILLARY	59.02		3,072	9
11			CARDIAC CATHERIZATION	59.03		836,784	9
12			DAY SURGERY	59.04		68,045	9
13			ONCOLOGY	59.05		75	9
14			AMB SVC-OB & GYN	60.01		129,684	9
15			MEDICINE/DIAGNOSTIC	60.02		5,342	9
16			AMB SVC-OPTHALMOLOGY	60.03		14,911	9
17			OUTPATIENT SURGERY	60.06		114,774	9
18			AMB SVC-RILEY CLINICS	60.07		18,177	9
19			MOTILITY LAB	60.09		5,652	9
20			GERIATRICS CLINIC	60.14		5,304	9
21			O/P CLINIC-ADULT	60.16		420	9
22			ARTHRITIS/INFUSION CENTER	60.18		4,080	9
23			NEUROLOGY UH	60.19		42,648	9
24			ORTHOPEDICS UH	60.20		396	9
25			IU CANCER PAVILLION	60.24		7,356	9
26			EMERGENCY	61		257,536	9
27			AMBULANCE SERVICES	65		296,683	9
28			KIDNEY ACQUISITION	83		16,900	9
29			LIVER ACQUISITION	84		7,416	9
30			RESEARCH	97		292,740	9
31			RESEARCH-GCRC	97.01		5,799	9
32			OTHER NONREIMBURSABLE-METHODIST	98.01		69,518	9
33			MHH NON-REIMBURSABLE RADIOLOGY	98.08		38,656	9
34			MHH NON-REIMBURSABLE LABORATORY	98.09		4,872	9
35			ARTHRITIS CLINIC - NR	98.15		324	9

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LINE NO 7	DECREASE SALARY 8	DECREASE OTHER 9	A-7 REF 10
1	DEPRECIATION	F	CARDIO PHYSICIANS	98.16		24,308	9
2	HEM/ONC PHYSICIAN CLINIC	G	ADULTS & PEDIATRICS	25	286,765	454,777	
3	HHA DEPRECIATION	H	HOME HEALTH AGENCY	71		358,546	9
4							9
5	HHA PTO RECLASS	I	HOME HEALTH AGENCY	71		257,722	
6	HHA PHONES	J	HOME HEALTH AGENCY	71		127,477	
7	HHA BENEFITS	K	HOME HEALTH AGENCY	71		3,498,387	
8	I&R	L	I&R SERVICES-SALARY & FRINGES APPRVD	22	1,543,789	1,424,819	
9	I&R #2	M	OTHER NONREIMBURSABLE-METHODIST	98.01	333,315	19,933	
10	I&R #3	N	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	82,990	6,399	
11	NURSERY	O	ADULTS & PEDIATRICS	25	1,227,519	190,519	
12	PARAMED RADIATION THERAPY	P	RADIOLOGY-THERAPEUTIC	42	275,463	21,073	
13	PARAMED NUCLEAR MEDICINE	Q	RADIOISOTOPE	43	49,453	3,783	
14	PARAMED NEURO/EMG	R	ELECTROENCEPHALOGRAPHY	54	35,546	2,719	
15	PARAMED PHARMACY	S	PHARMACY	16	423,251	32,379	
16			EMERGENCY	61	6,175	472	
17			CARDIO PHYSICIANS	98.16	6,263	479	
18	PHONES	T	PURCHASING, RECEIVING, & STORES	6.03		1,200	
19			OTHER ADMINISTRATIVE AND GENERAL	6.06		136,818	
20			OPERATION OF PLANT	8		5,943	
21			LAUNDRY & LINEN SERVICE	9		3,601	
22			DIETARY	11		33,912	
23			NURSING ADMINISTRATION	14		32,642	
24			CENTRAL SERVICES & SUPPLY	15		14,741	
25			PHARMACY	16		81,945	
26			MEDICAL RECORDS & LIBRARY	17		2,506	
27			SOCIAL SERVICE	18		26,963	
28			PATIENT TRANSPORTATION	19		9,054	
29			I&R SERVICES-SALARY & FRINGES APPRVD	22		80,848	
30			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		3,482	
31			PARAMED ED CLINIC LAB	24.01		4,035	
32			PARAMED RADIOLOGY-METHODIST	24.02		1,320	
33			PARAMED RESPIRATORY THERAPY	24.03		1,104	
34			PARAMED EMERGENCY METHODIST	24.05		1,560	
35			PARAMED PASTORAL ED	24.06		2,802	
1	PHONES	T	PARAMED PHYSICAL THERAPY	24.07		4,245	
2			PARAMED PHARMACY	24.10		660	
3			MEDICAL ASSISTING PROGRAM	24.14		648	
4			SURGICAL TECHNOLOGY PROGRAM	24.15		369	
5			PARAMED ED PRGM	24.17		1,120	
6			ADULTS & PEDIATRICS	25		718,634	
7			INTENSIVE CARE UNIT	26		58,159	
8			CORONARY CARE UNIT	27		53,501	
9			NEONATAL INTENSIVE CARE UNIT	27.01		15,492	
10			BURN INTENSIVE CARE UNIT	28		8,603	
11			UH SURG 6IC	29.02		57,137	
12			UH NS 3IC	29.03		6,785	
13			RH PED IC	29.04		25,836	
14			TRANSPLANT ICU	29.05		10,482	
15			PEDIATRIC CANCER CENTER	29.07		7,448	
16			SUBPROVIDER	31		20,345	
17			NURSERY	33		12,576	
18			OPERATING ROOM	37		187,915	
19			ENDOSCOPY	37.01		7,720	
20			RECOVERY ROOM	38		46,183	
21			ANESTHESIOLOGY	40		10,071	
22			PULMONARY FUNCTION TESTING	40.01		17,989	
23			RADIOLOGY-DIAGNOSTIC	41		220,869	
24			RADIOLOGY-THERAPEUTIC	42		41,821	
25			RADIOISOTOPE	43		13,871	
26			LABORATORY	44		214,588	
27			TRANSPLANT IMMUNOLOGY	44.01		1,944	
28			BONE MARROW TRANSPLANT LAB	44.02		8,505	
29			BLOOD STORING, PROCESSING & TRANS.	47		15,414	
30			RESPIRATORY THERAPY	49		28,897	
31			PHYSICAL THERAPY	50		14,728	
32			OCCUPATIONAL THERAPY	51		14,834	
33			SPEECH PATHOLOGY	52		31,697	
34			ELECTROCARDIOLOGY	53		17,368	
35			ELECTROENCEPHALOGRAPHY	54		15,872	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	PHONES	T	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,052	
2			OUTPATIENT RETAIL PHARMACY	56.03		29,741	
3			RENAL DIALYSIS	57		34,708	
4			RH NBN ECMO IC	59		423	
5			CARDIOLOGY	59.01		20,534	
6			PSYCH OTHER ANCILLARY	59.02		8,732	
7			CARDIAC CATHERIZATION	59.03		35,492	
8			DAY SURGERY	59.04		28,763	
9			ONCOLOGY	59.05		3,779	
10			AMB SVC-OB & GYN	60.01		20,208	
11			MEDICINE/DIAGNOSTIC	60.02		45,250	
12			AMB SVC-OPTHALMOLOGY	60.03		3,906	
13			AMB SVC-PSYCH ADULT	60.04		11,288	
14			OUTPATIENT SURGERY	60.06		11,057	
15			AMB SVC-RILEY CLINICS	60.07		70,046	
16			MOTILITY LAB	60.09		312	
17			AMB SVC-PSYCH CHILD	60.10		4,950	
18			GERIATRICS CLINIC	60.14		4,788	
19			O/P CLINIC-ADULT	60.16		7,094	
20			ARTHRITIS/INFUSION CENTER	60.18		7,356	
21			NEUROLOGY UH	60.19		9,736	
22			ORTHOPEDICS UH	60.20		14,215	
23			AMB SVC-UH PHYSICAL MEDICINE	60.21		15,008	
24			AMB SVC-DERMATOLOGY CLINIC	60.22		1,823	
25			IU CANCER PAVILLION	60.24		38,073	
26			CARDIO CLINIC	60.25		5,540	
27			EMERGENCY	61		122,624	
28			HOME PROGRAM DIALYSIS	64		449	
29			AMBULANCE SERVICES	65		16,635	
30			LUNG ACQUISITION	82		3,072	
31			KIDNEY ACQUISITION	83		42,432	
32			LIVER ACQUISITION	84		9,267	
33			HEART ACQUISITION	85		3,299	
34			INTESTINE ACQUISITION	85.02		1,825	
35			RESEARCH	97		50,394	
1	PHONES	T	RESEARCH-GCRC	97.01		7,277	
2			PHYSICIANS' PRIVATE OFFICES	98		1,363	
3			OTHER NONREIMBURSABLE-METHODIST	98.01		70,707	
4			AOC-PRIVATE PHYSICIANS	98.05		3,870	
5			SURGERY CENTER	98.10		231	
6			ARTHRITIS CLINIC - NR	98.15		2,381	
7			CARDIO PHYSICIANS	98.16		9,852	
8	PTO ALLOCATION	U	PURCHASING, RECEIVING, & STORES	6.03		3,382	
9			OTHER ADMINISTRATIVE AND GENERAL	6.06		151,840	
10			OPERATION OF PLANT	8		29,788	
11			LAUNDRY & LINEN SERVICE	9		7,272	
12			DIETARY	11		82,856	
13			NURSING ADMINISTRATION	14		154,455	
14			CENTRAL SERVICES & SUPPLY	15		31,840	
15			PHARMACY	16		240,728	
16			MEDICAL RECORDS & LIBRARY	17		2,763	
17			SOCIAL SERVICE	18		41,974	
18			PATIENT TRANSPORTATION	19		24,182	
19			I&R SERVICES-SALARY & FRINGES APPRVD	22		23,080	
20			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,582	
21			PARAMED ED CLINIC LAB	24.01		1,418	
22			PARAMED RADIOLOGY-METHODIST	24.02		4,228	
23			PARAMED RESPIRATORY THERAPY	24.03		3,628	
24			PARAMED EMERGENCY METHODIST	24.05		3,520	
25			PARAMED PASTORAL ED	24.06		6,384	
26			PARAMED PHYSICAL THERAPY	24.07		1,824	
27			PARAMED PHARMACY	24.10		1,338	
28			SURGICAL TECHNOLOGY PROGRAM	24.15		843	
29			PARAMED ED PRGM	24.17		1,975	
30			ADULTS & PEDIATRICS	25		1,522,666	
31			INTENSIVE CARE UNIT	26		183,595	
32			CORONARY CARE UNIT	27		120,740	
33			NEONATAL INTENSIVE CARE UNIT	27.01		59,289	
34			BURN INTENSIVE CARE UNIT	28		16,731	
35			UH SURG 6IC	29.02		56,603	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	PTO ALLOCATION	U	UH NS 3IC	29.03		18,268	
2			RH PED IC	29.04		113,834	
3			TRANSPLANT ICU	29.05		11,678	
4			PEDIATRIC CANCER CENTER	29.07		14,150	
5			SUBPROVIDER	31		43,247	
6			NURSERY	33		41,625	
7			OPERATING ROOM	37		360,442	
8			ENDOSCOPY	37.01		9,530	
9			RECOVERY ROOM	38		80,485	
10			ANESTHESIOLOGY	40		29,443	
11			PULMONARY FUNCTION TESTING	40.01		29,367	
12			RADIOLOGY-DIAGNOSTIC	41		258,497	
13			RADIOLOGY-THERAPEUTIC	42		44,163	
14			RADIOISOTOPE	43		11,000	
15			LABORATORY	44		263,575	
16			TRANSPLANT IMMUNOLOGY	44.01		11,204	
17			BONE MARROW TRANSPLANT LAB	44.02		11,932	
18			BLOOD STORING, PROCESSING & TRANS.	47		35,996	
19			RESPIRATORY THERAPY	49		204,605	
20			PHYSICAL THERAPY	50		68,799	
21			OCCUPATIONAL THERAPY	51		25,326	
22			SPEECH PATHOLOGY	52		29,582	
23			ELECTROCARDIOLOGY	53		36,580	
24			ELECTROENCEPHALOGRAPHY	54		19,519	
25			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,685	
26			OUTPATIENT RETAIL PHARMACY	56.03		36,033	
27			RENAL DIALYSIS	57		78,497	
28			RH NBN ECMO IC	59		4,955	
29			CARDIOLOGY	59.01		21,759	
30			PSYCH OTHER ANCILLARY	59.02		805	
31			CARDIAC CATHERIZATION	59.03		39,252	
32			DAY SURGERY	59.04		46,212	
33			ONCOLOGY	59.05		4,030	
34			AMB SVC-OB & GYN	60.01		10,663	
35			MEDICINE/DIAGNOSTIC	60.02		37,010	
1	PTO ALLOCATION	U	AMB SVC-OPTHALMOLOGY	60.03		2,802	
2			AMB SVC-PSYCH ADULT	60.04		3,723	
3			OUTPATIENT SURGERY	60.06		17,339	
4			AMB SVC-RILEY CLINICS	60.07		44,330	
5			MOTILITY LAB	60.09		1,318	
6			AMB SVC-PSYCH CHILD	60.10		2,200	
7			GERIATRICS CLINIC	60.14		6,681	
8			O/P CLINIC-ADULT	60.16		2,378	
9			ARTHRITIS/INFUSION CENTER	60.18		1,320	
10			NEUROLOGY UH	60.19		7,438	
11			ORTHOPEDICS UH	60.20		2,974	
12			AMB SVC-UH PHYSICAL MEDICINE	60.21		10,419	
13			AMB SVC-DERMATOLOGY CLINIC	60.22		3,181	
14			IU CANCER PAVILLION	60.24		9,126	
15			CARDIO CLINIC	60.25		2,985	
16			EMERGENCY	61		210,148	
17			HOME PROGRAM DIALYSIS	64		437	
18			AMBULANCE SERVICES	65		61,533	
19			LUNG ACQUISITION	82		5,764	
20			KIDNEY ACQUISITION	83		42,773	
21			LIVER ACQUISITION	84		11,018	
22			HEART ACQUISITION	85		5,228	
23			INTESTINE ACQUISITION	85.02		2,526	
24			OTHER ORGAN ACQUISITION	86		2,374	
25			RESEARCH	97		104,956	
26			PHYSICIANS' PRIVATE OFFICES	98		1,720	
27			OTHER NONREIMBURSABLE-METHODIST	98.01		94,630	
28			OTHER NONREIMBURSABLE-IUMC	98.04		1,423	
29			MHH NON-REIMBURSABLE RADIOLOGY	98.08		1,301	
30			MHH NON-REIMBURSABLE LABORATORY	98.09		4,015	
31			SURGERY CENTER	98.10		868	
32			ARTHRITIS CLINIC - NR	98.15		45,179	
33			CARDIO PHYSICIANS	98.16		7,870	
34	RHI	V	LABORATORY	44	143,956	98,582	
35	SLEEP LAB	W	HOME HEALTH AGENCY	71	1,833,624	979,317	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	HOSPICE	X	HOME HEALTH AGENCY	71	2,487,332	2,376,488	
2	PSYCH ANCILLARY/OP BEHAVIORAL CARE	Y	PSYCH OTHER ANCILLARY	59.02		31,440	
3							
4	ORGAN	Z	KIDNEY ACQUISITION	83	988,924	507,359	
5							
6							
7							
8							
9	PRE-POST TRANSPLANT	AA	LUNG ACQUISITION	82	351,695	55,280	
10			KIDNEY ACQUISITION	83	922,966	136,478	
11			LIVER ACQUISITION	84	290,986	41,760	
12			HEART ACQUISITION	85	810,149	488,363	
13			PANCREAS ACQUISITION	85.01	114,358	48,381	
14			INTESTINE ACQUISITION	85.02	170,160	103,734	
15	ACQUISITION/WORKUP EXPENSE	AB	LIVER ACQUISITION	84		8,190	
16			INTESTINE ACQUISITION	85.02		14,129	
17	NON-TRANSPLANT EMPLOYEES	AC	DIETARY	11	42,069		
18	NON-REIMBURSABLE FQHC	AD	FEDERALLY QUALIFIED HEALTH CTR	63.60	79,529	55,167	
19	MARKETING EXPENSE	AE	OTHER ADMINISTRATIVE AND GENERAL	6.06		82,255	
20			DIETARY	11		743	
21			NURSING ADMINISTRATION	14		1,719	
22			PHARMACY	16		3,826	
23			PARAMED ED CLINIC LAB	24.01		36	
24			ADULTS & PEDIATRICS	25		27	
25			CORONARY CARE UNIT	27		23	
26			OPERATING ROOM	37		16,013	
27			PULMONARY FUNCTION TESTING	40.01		25	
28			RADIOLOGY-DIAGNOSTIC	41		1,206	
29			LABORATORY	44		269	
30			OUTPATIENT RETAIL PHARMACY	56.03		41,510	
31			CARDIAC CATHERIZATION	59.03		49,107	
32			MEDICINE/DIAGNOSTIC	60.02		638	
33			AMB SVC-PSYCH ADULT	60.04		923	
34			GERIATRICS CLINIC	60.14		174	
35			ARTHRITIS/INFUSION CENTER	60.18		2,949	
1	MARKETING EXPENSE	AE	EMERGENCY	61		9,712	
2			AMBULANCE SERVICES	65		23,047	
3			KIDNEY ACQUISITION	83		13,730	
4			LIVER ACQUISITION	84		123	
5			RESEARCH	97		18,562	
6			PHYSICIANS' PRIVATE OFFICES	98		3,620	
7			OTHER NONREIMBURSABLE-METHODIST	98.01		1,937,146	
8			ARTHRITIS CLINIC - NR	98.15		213	
9			CARDIO PHYSICIANS	98.16		188	
36	TOTAL RECLASSIFICATIONS				18,281,283	146,038,998	

(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 : NON-CAPITAL ITEMS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	57,175	NEW CAP REL COSTS-BLDG & FIXT	3	57,175
TOTAL RECLASSIFICATIONS FOR CODE A			57,175			57,175

RECLASS CODE: B
EXPLANATION : RENAL ADMINISTRATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOME PROGRAM DIALYSIS	64	14,972	RENAL DIALYSIS	57	14,972
TOTAL RECLASSIFICATIONS FOR CODE B			14,972			14,972

RECLASS CODE: D
EXPLANATION : BENEFITS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	99,471,682	PURCHASING, RECEIVING, & STORE	6.03	49,745
2.00	SLEEP DISORDER CENTER	60.15	28	OTHER ADMINISTRATIVE AND GENER	6.06	2,776,433
3.00			0	OPERATION OF PLANT	8	581,032
4.00			0	LAUNDRY & LINEN SERVICE	9	123,780
5.00			0	DIETARY	11	1,593,612
6.00			0	NURSING ADMINISTRATION	14	3,937,533
7.00			0	CENTRAL SERVICES & SUPPLY	15	593,110
8.00			0	PHARMACY	16	4,496,114
9.00			0	MEDICAL RECORDS & LIBRARY	17	43,194
10.00			0	SOCIAL SERVICE	18	674,994
11.00			0	PATIENT TRANSPORTATION	19	407,357
12.00			0	I&R SERVICES-SALARY & FRINGES	22	276,982
13.00			0	I&R SERVICES-OTHER PRGM COSTS	23	27,518
14.00			0	PARAMED ED CLINIC LAB	24.01	38,482
15.00			0	PARAMED RADIOLOGY-METHODIST	24.02	73,476
16.00			0	PARAMED RESPIRATORY THERAPY	24.03	62,820
17.00			0	PARAMED EMERGENCY METHODIST	24.05	58,350
18.00			0	PARAMED PASTORAL ED	24.06	95,006
19.00			0	PARAMED PHYSICAL THERAPY	24.07	43,103
20.00			0	PARAMED PHARMACY	24.10	75,104
21.00			0	MEDICAL ASSISTING PROGRAM	24.14	23,881
22.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	17,650
23.00			0	PARAMED ED PRGM	24.17	31,743
24.00			0	ADULTS & PEDIATRICS	25	27,456,484
25.00			0	INTENSIVE CARE UNIT	26	3,007,846
26.00			0	CORONARY CARE UNIT	27	2,109,757
27.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	952,766
28.00			0	BURN INTENSIVE CARE UNIT	28	299,218
29.00			0	UH SURG 6IC	29.02	875,355
30.00			0	UH NS 3IC	29.03	405,948
31.00			0	RH PED IC	29.04	1,766,259
32.00			0	TRANSPLANT ICU	29.05	551,347
33.00			0	PEDIATRIC CANCER CENTER	29.07	249,446
34.00			0	SUBPROVIDER	31	692,607
35.00			0	NURSERY	33	574,976
36.00			0	OPERATING ROOM	37	6,338,332
37.00			0	ENDOSCOPY	37.01	201,107
38.00			0	RECOVERY ROOM	38	1,404,328
39.00			0	ANESTHESIOLOGY	40	498,237
40.00			0	PULMONARY FUNCTION TESTING	40.01	502,971
41.00			0	RADIOLOGY-DIAGNOSTIC	41	4,654,491
42.00			0	RADIOLOGY-THERAPEUTIC	42	1,115,755
43.00			0	RADIOISOTOPE	43	188,357
44.00			0	LABORATORY	44	4,633,804
45.00			0	TRANSPLANT IMMUNOLOGY	44.01	175,689
46.00			0	BONE MARROW TRANSPLANT LAB	44.02	200,255
47.00			0	BLOOD STORING, PROCESSING & TR	47	627,908
48.00			0	RESPIRATORY THERAPY	49	3,743,165
49.00			0	PHYSICAL THERAPY	50	1,267,880
50.00			0	OCCUPATIONAL THERAPY	51	417,560
51.00			0	SPEECH PATHOLOGY	52	545,047
52.00			0	ELECTROCARDIOLOGY	53	592,141
53.00			0	ELECTROENCEPHALOGRAPHY	54	428,731
54.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	46,301
55.00			0	OUTPATIENT RETAIL PHARMACY	56.03	712,921
56.00			0	RENAL DIALYSIS	57	1,218,187

RECLASS CODE: D
EXPLANATION : BENEFITS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
57.00			0	RH NBN ECMO IC	59	68,351
58.00			0	CARDIOLOGY	59.01	383,131
59.00			0	PSYCH OTHER ANCILLARY	59.02	26,601
60.00			0	CARDIAC CATHERIZATION	59.03	625,050
61.00			0	DAY SURGERY	59.04	831,103
62.00			0	ONCOLOGY	59.05	58,837
63.00			0	AMB SVC-OB & GYN	60.01	178,012
64.00			0	MEDICINE/DIAGNOSTIC	60.02	639,505
65.00			0	AMB SVC-OPTHALMOLOGY	60.03	44,060
66.00			0	AMB SVC-PSYCH ADULT	60.04	74,405
67.00			0	OUTPATIENT SURGERY	60.06	274,404
68.00			0	AMB SVC-RILEY CLINICS	60.07	959,921
69.00			0	MOTILITY LAB	60.09	12,960
70.00			0	AMB SVC-PSYCH CHILD	60.10	44,004
71.00			0	GERIATRICS CLINIC	60.14	94,309
72.00			0	O/P CLINIC-ADULT	60.16	53,695
73.00			0	ARTHRITIS/INFUSION CENTER	60.18	35,558
74.00			0	NEUROLOGY UH	60.19	150,330
75.00			0	ORTHOPEDICS UH	60.20	39,811
76.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	174,817
77.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	52,077
78.00			0	IU CANCER PAVILLION	60.24	114,167
79.00			0	CARDIO CLINIC	60.25	66,303
80.00			0	EMERGENCY	61	3,676,249
81.00			0	HOME PROGRAM DIALYSIS	64	8,036
82.00			0	AMBULANCE SERVICES	65	1,063,691
83.00			0	LUNG ACQUISITION	82	96,844
84.00			0	KIDNEY ACQUISITION	83	749,570
85.00			0	LIVER ACQUISITION	84	203,667
86.00			0	HEART ACQUISITION	85	90,034
87.00			0	PANCREAS ACQUISITION	85.01	20,886
88.00			0	INTESTINE ACQUISITION	85.02	39,929
89.00			0	OTHER ORGAN ACQUISITION	86	42,336
90.00			0	HOSPICE	93	240
91.00			0	RESEARCH	97	1,656,909
92.00			0	PHYSICIANS' PRIVATE OFFICES	98	32,871
93.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	1,424,843
94.00			0	OTHER NONREIMBURSABLE-IUMC	98.04	30,933
95.00			0	AOC-PRIVATE PHYSICIANS	98.05	99
96.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	21,233
97.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	35,485
98.00			0	SURGERY CENTER	98.10	8,465
99.00			0	ARTHRITIS CLINIC - NR	98.15	568,603
100.00			0	CARDIO PHYSICIANS	98.16	143,181
TOTAL RECLASSIFICATIONS FOR CODE D			99,471,710			99,471,710

RECLASS CODE: E
EXPLANATION : CONTRACT LABOR

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PURCHASING, RECEIVING, & STORE	6.03	956	PURCHASING, RECEIVING, & STORE	6.03	956
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	30,645	OTHER ADMINISTRATIVE AND GENER	6.06	30,645
3.00	OPERATION OF PLANT	8	700	OPERATION OF PLANT	8	700
4.00	NURSING ADMINISTRATION	14	17,325	NURSING ADMINISTRATION	14	17,325
5.00	CENTRAL SERVICES & SUPPLY	15	14,988	CENTRAL SERVICES & SUPPLY	15	14,988
6.00	PHARMACY	16	19	PHARMACY	16	19
7.00	I&R SERVICES-OTHER PRGM COSTS	23	143,549	I&R SERVICES-OTHER PRGM COSTS	23	143,549
8.00	ADULTS & PEDIATRICS	25	1,554,282	ADULTS & PEDIATRICS	25	1,554,282
9.00	INTENSIVE CARE UNIT	26	58,175	INTENSIVE CARE UNIT	26	58,175
10.00	CORONARY CARE UNIT	27	60,580	CORONARY CARE UNIT	27	60,580
11.00	BURN INTENSIVE CARE UNIT	28	665	BURN INTENSIVE CARE UNIT	28	665
12.00	UH SURG 6IC	29.02	4,077	UH SURG 6IC	29.02	4,077
13.00	UH NS 3IC	29.03	66,512	UH NS 3IC	29.03	66,512
14.00	RH PED IC	29.04	828	RH PED IC	29.04	828
15.00	TRANSPLANT ICU	29.05	4,245	TRANSPLANT ICU	29.05	4,245
16.00	SUBPROVIDER	31	794	SUBPROVIDER	31	794
17.00	OPERATING ROOM	37	501,520	OPERATING ROOM	37	501,520
18.00	RECOVERY ROOM	38	86,191	RECOVERY ROOM	38	86,191
19.00	PULMONARY FUNCTION TESTING	40.01	2,294	PULMONARY FUNCTION TESTING	40.01	2,294
20.00	RADIOLOGY-DIAGNOSTIC	41	1,284	RADIOLOGY-DIAGNOSTIC	41	1,284
21.00	LABORATORY	44	2,155	LABORATORY	44	2,155
22.00	RESPIRATORY THERAPY	49	1,080,284	RESPIRATORY THERAPY	49	1,080,284

RECLASS CODE: E
EXPLANATION : CONTRACT LABOR

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
23.00	RENAL DIALYSIS	57	1,379,104	RENAL DIALYSIS	57	1,379,104
24.00	CARDIOLOGY	59.01	9,714	CARDIOLOGY	59.01	9,714
25.00	CARDIAC CATHERIZATION	59.03	14,285	CARDIAC CATHERIZATION	59.03	14,285
26.00	MEDICINE/DIAGNOSTIC	60.02	107,655	MEDICINE/DIAGNOSTIC	60.02	107,655
27.00	SLEEP DISORDER CENTER	60.15	8,035	SLEEP DISORDER CENTER	60.15	8,035
28.00	ARTHRITIS/INFUSION CENTER	60.18	3,333	ARTHRITIS/INFUSION CENTER	60.18	3,333
29.00	IU CANCER PAVILLION	60.24	21,490	IU CANCER PAVILLION	60.24	21,490
30.00	CARDIO CLINIC	60.25	7,773	CARDIO CLINIC	60.25	7,773
31.00	EMERGENCY	61	1,717	EMERGENCY	61	1,717
32.00	AMBULANCE SERVICES	65	2,259	AMBULANCE SERVICES	65	2,259
33.00	HOME HEALTH AGENCY	71	439,194	HOME HEALTH AGENCY	71	439,194
34.00	KIDNEY ACQUISITION	83	17,009	KIDNEY ACQUISITION	83	17,009
35.00	PHYSICIANS' PRIVATE OFFICES	98	23,220	PHYSICIANS' PRIVATE OFFICES	98	23,220
36.00	OTHER NONREIMBURSABLE-METHODIS	98.01	96,465	OTHER NONREIMBURSABLE-METHODIS	98.01	96,465
37.00	ARTHRITIS CLINIC - NR	98.15	643	ARTHRITIS CLINIC - NR	98.15	643
38.00	CARDIO PHYSICIANS	98.16	789	CARDIO PHYSICIANS	98.16	789
TOTAL RECLASSIFICATIONS FOR CODE E			5,764,753			5,764,753

RECLASS CODE: F
EXPLANATION : DEPRECIATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,126,106	PURCHASING, RECEIVING, & STORE	6.03	26,156
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	23,132,749	OTHER ADMINISTRATIVE AND GENER	6.06	367,714
3.00			0	OPERATION OF PLANT	8	26,016
4.00			0	LAUNDRY & LINEN SERVICE	9	15,756
5.00			0	DIETARY	11	128,280
6.00			0	NURSING ADMINISTRATION	14	588,687
7.00			0	CENTRAL SERVICES & SUPPLY	15	164,066
8.00			0	PHARMACY	16	156,345
9.00			0	SOCIAL SERVICE	18	60
10.00			0	PATIENT TRANSPORTATION	19	5,472
11.00			0	I&R SERVICES-SALARY & FRINGES	22	20,797
12.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	1,072
13.00			0	ADULTS & PEDIATRICS	25	1,126,265
14.00			0	INTENSIVE CARE UNIT	26	49,531
15.00			0	CORONARY CARE UNIT	27	49,805
16.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	171,708
17.00			0	BURN INTENSIVE CARE UNIT	28	84,024
18.00			0	UH SURG 6IC	29.02	173,843
19.00			0	UH NS 3IC	29.03	7,539
20.00			0	RH PED IC	29.04	38,692
21.00			0	TRANSPLANT ICU	29.05	1,016
22.00			0	SUBPROVIDER	31	8,157
23.00			0	NURSERY	33	38,868
24.00			0	OPERATING ROOM	37	4,320,006
25.00			0	ENDOSCOPY	37.01	122,074
26.00			0	RECOVERY ROOM	38	46,616
27.00			0	ANESTHESIOLOGY	40	662,050
28.00			0	PULMONARY FUNCTION TESTING	40.01	163,654
29.00			0	RADIOLOGY-DIAGNOSTIC	41	7,166,112
30.00			0	RADIOLOGY-THERAPEUTIC	42	2,506,808
31.00			0	RADIOISOTOPE	43	688,895
32.00			0	LABORATORY	44	1,515,726
33.00			0	TRANSPLANT IMMUNOLOGY	44.01	26,505
34.00			0	BONE MARROW TRANSPLANT LAB	44.02	79,837
35.00			0	BLOOD STORING, PROCESSING & TR	47	34,524
36.00			0	RESPIRATORY THERAPY	49	326,363
37.00			0	PHYSICAL THERAPY	50	15,000
38.00			0	SPEECH PATHOLOGY	52	27,218
39.00			0	ELECTROCARDIOLOGY	53	181,341
40.00			0	ELECTROENCEPHALOGRAPHY	54	94,668
41.00			0	OUTPATIENT RETAIL PHARMACY	56.03	8,410
42.00			0	RENAL DIALYSIS	57	138,832
43.00			0	RH NBN ECMO IC	59	53,264
44.00			0	CARDIOLOGY	59.01	559,611
45.00			0	PSYCH OTHER ANCILLARY	59.02	3,072
46.00			0	CARDIAC CATHERIZATION	59.03	836,784
47.00			0	DAY SURGERY	59.04	68,045
48.00			0	ONCOLOGY	59.05	75
49.00			0	AMB SVC-OB & GYN	60.01	129,684
50.00			0	MEDICINE/DIAGNOSTIC	60.02	5,342

RECLASS CODE: F
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
51.00			0	AMB SVC-OPTHALMOLOGY	60.03	14,911
52.00			0	OUTPATIENT SURGERY	60.06	114,774
53.00			0	AMB SVC-RILEY CLINICS	60.07	18,177
54.00			0	MOTILITY LAB	60.09	5,652
55.00			0	GERIATRICS CLINIC	60.14	5,304
56.00			0	O/P CLINIC-ADULT	60.16	420
57.00			0	ARTHRITIS/INFUSION CENTER	60.18	4,080
58.00			0	NEUROLOGY UH	60.19	42,648
59.00			0	ORTHOPEDICS UH	60.20	396
60.00			0	IU CANCER PAVILLION	60.24	7,356
61.00			0	EMERGENCY	61	257,536
62.00			0	AMBULANCE SERVICES	65	296,683
63.00			0	KIDNEY ACQUISITION	83	16,900
64.00			0	LIVER ACQUISITION	84	7,416
65.00			0	RESEARCH	97	292,740
66.00			0	RESEARCH-GCRC	97.01	5,799
67.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	69,518
68.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	38,656
69.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	4,872
70.00			0	ARTHRITIS CLINIC - NR	98.15	324
71.00			0	CARDIO PHYSICIANS	98.16	24,308
TOTAL RECLASSIFICATIONS FOR CODE F			24,258,855			24,258,855

RECLASS CODE: G
EXPLANATION : HEM/ONC PHYSICIAN CLINIC

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	741,542	ADULTS & PEDIATRICS	25	741,542
TOTAL RECLASSIFICATIONS FOR CODE G			741,542			741,542

RECLASS CODE: H
EXPLANATION : HHA DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	26,418	HOME HEALTH AGENCY	71	358,546
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	332,128			0
TOTAL RECLASSIFICATIONS FOR CODE H			358,546			358,546

RECLASS CODE: I
EXPLANATION : HHA PTO RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	257,722	HOME HEALTH AGENCY	71	257,722
TOTAL RECLASSIFICATIONS FOR CODE I			257,722			257,722

RECLASS CODE: J
EXPLANATION : HHA PHONES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	127,477	HOME HEALTH AGENCY	71	127,477
TOTAL RECLASSIFICATIONS FOR CODE J			127,477			127,477

RECLASS CODE: K
EXPLANATION : HHA BENEFITS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	3,498,387	HOME HEALTH AGENCY	71	3,498,387
TOTAL RECLASSIFICATIONS FOR CODE K			3,498,387			3,498,387

RECLASS CODE: L
EXPLANATION : I&R

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,968,608	I&R SERVICES-SALARY & FRINGES	22	2,968,608
TOTAL RECLASSIFICATIONS FOR CODE L			2,968,608			2,968,608

RECLASS CODE: M
EXPLANATION : I&R #2

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	353,248	OTHER NONREIMBURSABLE-METHODIS	98.01	353,248
TOTAL RECLASSIFICATIONS FOR CODE M			353,248			353,248

RECLASS CODE: N
EXPLANATION : I&R #3

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE-METHODIS	98.01	89,389	I&R SERVICES-OTHER PRGM COSTS	23	89,389
TOTAL RECLASSIFICATIONS FOR CODE N			89,389			89,389

RECLASS CODE: O
EXPLANATION : NURSERY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	1,418,038	ADULTS & PEDIATRICS	25	1,418,038
TOTAL RECLASSIFICATIONS FOR CODE O			1,418,038			1,418,038

RECLASS CODE: P
EXPLANATION : PARAMED RADIATION THERAPY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIATION THERAPY ED-IUMC	24.12	296,536	RADIOLOGY-THERAPEUTIC	42	296,536
TOTAL RECLASSIFICATIONS FOR CODE P			296,536			296,536

RECLASS CODE: Q
EXPLANATION : PARAMED NUCLEAR MEDICINE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NUCLEAR MED ED-IUMC	24.13	53,236	RADIOISOTOPE	43	53,236
TOTAL RECLASSIFICATIONS FOR CODE Q			53,236			53,236

RECLASS CODE: R
EXPLANATION : PARAMED NEURO/EMG

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED NEUROPHYSIOLOGY	24.11	38,265	ELECTROENCEPHALOGRAPHY	54	38,265
TOTAL RECLASSIFICATIONS FOR CODE R			38,265			38,265

RECLASS CODE: S
EXPLANATION : PARAMED PHARMACY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED PHARMACY	24.10	469,019	PHARMACY	16	455,630
2.00			0	EMERGENCY	61	6,647
3.00			0	CARDIO PHYSICIANS	98.16	6,742
TOTAL RECLASSIFICATIONS FOR CODE S			469,019			469,019

RECLASS CODE: T
EXPLANATION : PHONES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	3,137,354	PURCHASING, RECEIVING, & STORE	6.03	1,200
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	136,818
3.00			0	OPERATION OF PLANT	8	5,943
4.00			0	LAUNDRY & LINEN SERVICE	9	3,601
5.00			0	DIETARY	11	33,912
6.00			0	NURSING ADMINISTRATION	14	32,642
7.00			0	CENTRAL SERVICES & SUPPLY	15	14,741
8.00			0	PHARMACY	16	81,945
9.00			0	MEDICAL RECORDS & LIBRARY	17	2,506

RECLASS CODE: T
EXPLANATION : PHONES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
10.00			0	SOCIAL SERVICE	18	26,963
11.00			0	PATIENT TRANSPORTATION	19	9,054
12.00			0	I&R SERVICES-SALARY & FRINGES	22	80,848
13.00			0	I&R SERVICES-OTHER PRGM COSTS	23	3,482
14.00			0	PARAMED ED CLINIC LAB	24.01	4,035
15.00			0	PARAMED RADIOLOGY-METHODIST	24.02	1,320
16.00			0	PARAMED RESPIRATORY THERAPY	24.03	1,104
17.00			0	PARAMED EMERGENCY METHODIST	24.05	1,560
18.00			0	PARAMED PASTORAL ED	24.06	2,802
19.00			0	PARAMED PHYSICAL THERAPY	24.07	4,245
20.00			0	PARAMED PHARMACY	24.10	660
21.00			0	MEDICAL ASSISTING PROGRAM	24.14	648
22.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	369
23.00			0	PARAMED ED PRGM	24.17	1,120
24.00			0	ADULTS & PEDIATRICS	25	718,634
25.00			0	INTENSIVE CARE UNIT	26	58,159
26.00			0	CORONARY CARE UNIT	27	53,501
27.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	15,492
28.00			0	BURN INTENSIVE CARE UNIT	28	8,603
29.00			0	UH SURG 6IC	29.02	57,137
30.00			0	UH NS 3IC	29.03	6,785
31.00			0	RH PED IC	29.04	25,836
32.00			0	TRANSPLANT ICU	29.05	10,482
33.00			0	PEDIATRIC CANCER CENTER	29.07	7,448
34.00			0	SUBPROVIDER	31	20,345
35.00			0	NURSERY	33	12,576
36.00			0	OPERATING ROOM	37	187,915
37.00			0	ENDOSCOPY	37.01	7,720
38.00			0	RECOVERY ROOM	38	46,183
39.00			0	ANESTHESIOLOGY	40	10,071
40.00			0	PULMONARY FUNCTION TESTING	40.01	17,989
41.00			0	RADIOLOGY-DIAGNOSTIC	41	220,869
42.00			0	RADIOLOGY-THERAPEUTIC	42	41,821
43.00			0	RADIOISOTOPE	43	13,871
44.00			0	LABORATORY	44	214,588
45.00			0	TRANSPLANT IMMUNOLOGY	44.01	1,944
46.00			0	BONE MARROW TRANSPLANT LAB	44.02	8,505
47.00			0	BLOOD STORING, PROCESSING & TR	47	15,414
48.00			0	RESPIRATORY THERAPY	49	28,897
49.00			0	PHYSICAL THERAPY	50	14,728
50.00			0	OCCUPATIONAL THERAPY	51	14,834
51.00			0	SPEECH PATHOLOGY	52	31,697
52.00			0	ELECTROCARDIOLOGY	53	17,368
53.00			0	ELECTROENCEPHALOGRAPHY	54	15,872
54.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	2,052
55.00			0	OUTPATIENT RETAIL PHARMACY	56.03	29,741
56.00			0	RENAL DIALYSIS	57	34,708
57.00			0	RH NBN ECMO IC	59	423
58.00			0	CARDIOLOGY	59.01	20,534
59.00			0	PSYCH OTHER ANCILLARY	59.02	8,732
60.00			0	CARDIAC CATHERIZATION	59.03	35,492
61.00			0	DAY SURGERY	59.04	28,763
62.00			0	ONCOLOGY	59.05	3,779
63.00			0	AMB SVC-OB & GYN	60.01	20,208
64.00			0	MEDICINE/DIAGNOSTIC	60.02	45,250
65.00			0	AMB SVC-OPTHALMOLOGY	60.03	3,906
66.00			0	AMB SVC-PSYCH ADULT	60.04	11,288
67.00			0	OUTPATIENT SURGERY	60.06	11,057
68.00			0	AMB SVC-RILEY CLINICS	60.07	70,046
69.00			0	MOTILITY LAB	60.09	312
70.00			0	AMB SVC-PSYCH CHILD	60.10	4,950
71.00			0	GERIATRICS CLINIC	60.14	4,788
72.00			0	O/P CLINIC-ADULT	60.16	7,094
73.00			0	ARTHRITIS/INFUSION CENTER	60.18	7,356
74.00			0	NEUROLOGY UH	60.19	9,736
75.00			0	ORTHOPEDICS UH	60.20	14,215
76.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	15,008
77.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	1,823
78.00			0	IU CANCER PAVILLION	60.24	38,073
79.00			0	CARDIO CLINIC	60.25	5,540
80.00			0	EMERGENCY	61	122,624
81.00			0	HOME PROGRAM DIALYSIS	64	449
82.00			0	AMBULANCE SERVICES	65	16,635
83.00			0	LUNG ACQUISITION	82	3,072

RECLASS CODE: T
EXPLANATION : PHONES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
84.00			0	KIDNEY ACQUISITION	83	42,432
85.00			0	LIVER ACQUISITION	84	9,267
86.00			0	HEART ACQUISITION	85	3,299
87.00			0	INTESTINE ACQUISITION	85.02	1,825
88.00			0	RESEARCH	97	50,394
89.00			0	RESEARCH-GCRC	97.01	7,277
90.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,363
91.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	70,707
92.00			0	AOC-PRIVATE PHYSICIANS	98.05	3,870
93.00			0	SURGERY CENTER	98.10	231
94.00			0	ARTHRITIS CLINIC - NR	98.15	2,381
95.00			0	CARDIO PHYSICIANS	98.16	9,852
TOTAL RECLASSIFICATIONS FOR CODE T			3,137,354			3,137,354

RECLASS CODE: U
EXPLANATION : PTO ALLOCATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	5,557,249	PURCHASING, RECEIVING, & STORE	6.03	3,382
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	151,840
3.00			0	OPERATION OF PLANT	8	29,788
4.00			0	LAUNDRY & LINEN SERVICE	9	7,272
5.00			0	DIETARY	11	82,856
6.00			0	NURSING ADMINISTRATION	14	154,455
7.00			0	CENTRAL SERVICES & SUPPLY	15	31,840
8.00			0	PHARMACY	16	240,728
9.00			0	MEDICAL RECORDS & LIBRARY	17	2,763
10.00			0	SOCIAL SERVICE	18	41,974
11.00			0	PATIENT TRANSPORTATION	19	24,182
12.00			0	I&R SERVICES-SALARY & FRINGES	22	23,080
13.00			0	I&R SERVICES-OTHER PRGM COSTS	23	1,582
14.00			0	PARAMED ED CLINIC LAB	24.01	1,418
15.00			0	PARAMED RADIOLOGY-METHODIST	24.02	4,228
16.00			0	PARAMED RESPIRATORY THERAPY	24.03	3,628
17.00			0	PARAMED EMERGENCY METHODIST	24.05	3,520
18.00			0	PARAMED PASTORAL ED	24.06	6,384
19.00			0	PARAMED PHYSICAL THERAPY	24.07	1,824
20.00			0	PARAMED PHARMACY	24.10	1,338
21.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	843
22.00			0	PARAMED ED PRGM	24.17	1,975
23.00			0	ADULTS & PEDIATRICS	25	1,522,666
24.00			0	INTENSIVE CARE UNIT	26	183,595
25.00			0	CORONARY CARE UNIT	27	120,740
26.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	59,289
27.00			0	BURN INTENSIVE CARE UNIT	28	16,731
28.00			0	UH SURG 6IC	29.02	56,603
29.00			0	UH NS 3IC	29.03	18,268
30.00			0	RH PED IC	29.04	113,834
31.00			0	TRANSPLANT ICU	29.05	11,678
32.00			0	PEDIATRIC CANCER CENTER	29.07	14,150
33.00			0	SUBPROVIDER	31	43,247
34.00			0	NURSERY	33	41,625
35.00			0	OPERATING ROOM	37	360,442
36.00			0	ENDOSCOPY	37.01	9,530
37.00			0	RECOVERY ROOM	38	80,485
38.00			0	ANESTHESIOLOGY	40	29,443
39.00			0	PULMONARY FUNCTION TESTING	40.01	29,367
40.00			0	RADIOLOGY-DIAGNOSTIC	41	258,497
41.00			0	RADIOLOGY-THERAPEUTIC	42	44,163
42.00			0	RADIOISOTOPE	43	11,000
43.00			0	LABORATORY	44	263,575
44.00			0	TRANSPLANT IMMUNOLOGY	44.01	11,204
45.00			0	BONE MARROW TRANSPLANT LAB	44.02	11,932
46.00			0	BLOOD STORING, PROCESSING & TR	47	35,996
47.00			0	RESPIRATORY THERAPY	49	204,605
48.00			0	PHYSICAL THERAPY	50	68,799
49.00			0	OCCUPATIONAL THERAPY	51	25,326
50.00			0	SPEECH PATHOLOGY	52	29,582
51.00			0	ELECTROCARDIOLOGY	53	36,580
52.00			0	ELECTROENCEPHALOGRAPHY	54	19,519
53.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	2,685
54.00			0	OUTPATIENT RETAIL PHARMACY	56.03	36,033

RECLASS CODE: U
EXPLANATION : PTO ALLOCATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
55.00			0	RENAL DIALYSIS	57	78,497
56.00			0	RH NBN ECMO IC	59	4,955
57.00			0	CARDIOLOGY	59.01	21,759
58.00			0	PSYCH OTHER ANCILLARY	59.02	805
59.00			0	CARDIAC CATHERIZATION	59.03	39,252
60.00			0	DAY SURGERY	59.04	46,212
61.00			0	ONCOLOGY	59.05	4,030
62.00			0	AMB SVC-OB & GYN	60.01	10,663
63.00			0	MEDICINE/DIAGNOSTIC	60.02	37,010
64.00			0	AMB SVC-OPTHALMOLOGY	60.03	2,802
65.00			0	AMB SVC-PSYCH ADULT	60.04	3,723
66.00			0	OUTPATIENT SURGERY	60.06	17,339
67.00			0	AMB SVC-RILEY CLINICS	60.07	44,330
68.00			0	MOTILITY LAB	60.09	1,318
69.00			0	AMB SVC-PSYCH CHILD	60.10	2,200
70.00			0	GERIATRICS CLINIC	60.14	6,681
71.00			0	O/P CLINIC-ADULT	60.16	2,378
72.00			0	ARTHRITIS/INFUSION CENTER	60.18	1,320
73.00			0	NEUROLOGY UH	60.19	7,438
74.00			0	ORTHOPEDICS UH	60.20	2,974
75.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	10,419
76.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	3,181
77.00			0	IU CANCER PAVILLION	60.24	9,126
78.00			0	CARDIO CLINIC	60.25	2,985
79.00			0	EMERGENCY	61	210,148
80.00			0	HOME PROGRAM DIALYSIS	64	437
81.00			0	AMBULANCE SERVICES	65	61,533
82.00			0	LUNG ACQUISITION	82	5,764
83.00			0	KIDNEY ACQUISITION	83	42,773
84.00			0	LIVER ACQUISITION	84	11,018
85.00			0	HEART ACQUISITION	85	5,228
86.00			0	INTESTINE ACQUISITION	85.02	2,526
87.00			0	OTHER ORGAN ACQUISITION	86	2,374
88.00			0	RESEARCH	97	104,956
89.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,720
90.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	94,630
91.00			0	OTHER NONREIMBURSABLE-IUMC	98.04	1,423
92.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	1,301
93.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	4,015
94.00			0	SURGERY CENTER	98.10	868
95.00			0	ARTHRITIS CLINIC - NR	98.15	45,179
96.00			0	CARDIO PHYSICIANS	98.16	7,870
TOTAL RECLASSIFICATIONS FOR CODE U			5,557,249			5,557,249

RECLASS CODE: V
EXPLANATION : RHI

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RHI LAB	98.12	242,538	LABORATORY	44	242,538
TOTAL RECLASSIFICATIONS FOR CODE V			242,538			242,538

RECLASS CODE: W
EXPLANATION : SLEEP LAB

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SLEEP DISORDER CENTER	60.15	2,812,941	HOME HEALTH AGENCY	71	2,812,941
TOTAL RECLASSIFICATIONS FOR CODE W			2,812,941			2,812,941

RECLASS CODE: X
EXPLANATION : HOSPICE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	4,863,820	HOME HEALTH AGENCY	71	4,863,820
TOTAL RECLASSIFICATIONS FOR CODE X			4,863,820			4,863,820

RECLASS CODE: Y
EXPLANATION : PSYCH ANCILLARY/OP BEHAVIORAL CARE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	18,260	PSYCH OTHER ANCILLARY	59.02	31,440

RECLASS CODE: Y
EXPLANATION : PSYCH ANCILLARY/OP BEHAVIORAL CARE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	EMERGENCY	61	13,180			0
TOTAL RECLASSIFICATIONS FOR CODE Y			31,440			31,440

RECLASS CODE: Z
EXPLANATION : ORGAN

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	176,877	KIDNEY ACQUISITION	83	1,496,283
2.00	LIVER ACQUISITION	84	88,230			0
3.00	HEART ACQUISITION	85	731,999			0
4.00	PANCREAS ACQUISITION	85.01	266,891			0
5.00	INTESTINE ACQUISITION	85.02	232,286			0
TOTAL RECLASSIFICATIONS FOR CODE Z			1,496,283			1,496,283

RECLASS CODE: AA
EXPLANATION : PRE-POST TRANSPLANT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	POST TRANSPLANT EXPENSES	86.01	3,534,310	LUNG ACQUISITION	82	406,975
2.00			0	KIDNEY ACQUISITION	83	1,059,444
3.00			0	LIVER ACQUISITION	84	332,746
4.00			0	HEART ACQUISITION	85	1,298,512
5.00			0	PANCREAS ACQUISITION	85.01	162,739
6.00			0	INTESTINE ACQUISITION	85.02	273,894
TOTAL RECLASSIFICATIONS FOR CODE AA			3,534,310			3,534,310

RECLASS CODE: AB
EXPLANATION : ACQUISITION/WORKUP EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PANCREAS ACQUISITION	85.01	21,703	LIVER ACQUISITION	84	8,190
2.00	KIDNEY ACQUISITION	83	616	INTESTINE ACQUISITION	85.02	14,129
TOTAL RECLASSIFICATIONS FOR CODE AB			22,319			22,319

RECLASS CODE: AC
EXPLANATION : NON-TRANSPLANT EMPLOYEES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	42,069	DIETARY	11	42,069
TOTAL RECLASSIFICATIONS FOR CODE AC			42,069			42,069

RECLASS CODE: AD
EXPLANATION : NON-REIMBURSABLE FQHC

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE-METHODIS	98.01	134,696	FEDERALLY QUALIFIED HEALTH CTR	63.60	134,696
TOTAL RECLASSIFICATIONS FOR CODE AD			134,696			134,696

RECLASS CODE: AE
EXPLANATION : MARKETING EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONALLOWABLE ADVERTISING	98.13	2,207,784	OTHER ADMINISTRATIVE AND GENER	6.06	82,255
2.00			0	DIETARY	11	743
3.00			0	NURSING ADMINISTRATION	14	1,719
4.00			0	PHARMACY	16	3,826
5.00			0	PARAMED ED CLINIC LAB	24.01	36
6.00			0	ADULTS & PEDIATRICS	25	27
7.00			0	CORONARY CARE UNIT	27	23
8.00			0	OPERATING ROOM	37	16,013
9.00			0	PULMONARY FUNCTION TESTING	40.01	25
10.00			0	RADIOLOGY-DIAGNOSTIC	41	1,206

RECLASS CODE: AE
EXPLANATION : MARKETING EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
11.00			0	LABORATORY	44	269
12.00			0	OUTPATIENT RETAIL PHARMACY	56.03	41,510
13.00			0	CARDIAC CATHERIZATION	59.03	49,107
14.00			0	MEDICINE/DIAGNOSTIC	60.02	638
15.00			0	AMB SVC-PSYCH ADULT	60.04	923
16.00			0	GERIATRICS CLINIC	60.14	174
17.00			0	ARTHRITIS/INFUSION CENTER	60.18	2,949
18.00			0	EMERGENCY	61	9,712
19.00			0	AMBULANCE SERVICES	65	23,047
20.00			0	KIDNEY ACQUISITION	83	13,730
21.00			0	LIVER ACQUISITION	84	123
22.00			0	RESEARCH	97	18,562
23.00			0	PHYSICIANS' PRIVATE OFFICES	98	3,620
24.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	1,937,146
25.00			0	ARTHRITIS CLINIC - NR	98.15	213
26.00			0	CARDIO PHYSICIANS	98.16	188
TOTAL RECLASSIFICATIONS FOR CODE AE			2,207,784			2,207,784

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS

PROVIDER NO: 15-0056

PERIOD: FROM 1/ 1/2009 TO 12/31/2009

PREPARED 5/31/2010

WORKSHEET A-7

PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	129,069,000	5,771,000		5,771,000		134,840,000	
2	LAND IMPROVEMENTS	16,203,000					16,203,000	
3	BUILDINGS & FIXTURE	475,598,000	109,820,000		109,820,000		585,418,000	
4	BUILDING IMPROVEMEN	509,107,000	51,506,000		51,506,000		560,613,000	
5	FIXED EQUIPMENT	46,303,000	1,892,000		1,892,000		48,195,000	
6	MOVABLE EQUIPMENT	970,590,000	92,899,000		92,899,000		1,063,489,000	
7	SUBTOTAL	2,146,870,000	261,888,000		261,888,000		2,408,758,000	
8	RECONCILING ITEMS							
9	TOTAL	2,146,870,000	261,888,000		261,888,000		2,408,758,000	

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	1210,429,000		1210,429,000	.532310				
3 01	NEW CAP REL COSTS-IN								
4	NEW CAP REL COSTS-MV	1063,489,000		1063,489,000	.467690				
5	TOTAL	2273,918,000		2273,918,000	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	33,537,258						33,537,258
3 01	NEW CAP REL COSTS-IN			19,008,395				19,008,395
4	NEW CAP REL COSTS-MV	64,964,888						64,964,888
5	TOTAL	98,502,146		19,008,395				117,510,541

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	57,175						57,175
3 01	NEW CAP REL COSTS-IN							
4	NEW CAP REL COSTS-MV							
5	TOTAL	57,175						57,175

* 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: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I 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	B	-37,073	LABORATORY	44	
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	-29,751,217			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	208,242,309			
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	-71,130,292	OTHER ADMINISTRATIVE AND	6.06	
38	PARKING GARAGE DIRECT EXPENSE	A	-484,865	OPERATION OF PLANT	8	
39	PARKING GARAGE DIRECT EXPENSE	A	-57,175	OTHER ADMINISTRATIVE AND	6.06	
40	PARKING GARAGE DEPRECIATION EXP.	A	-429,251	NEW CAP REL COSTS-BLDG &	3	9
41	PHARMACY RESEARCH	A	-397,314	PHARMACY	16	
42	CAFETERIA MEAL REVENUE	B	-151,508	DIETARY	11	
43	RENT-LEASE REVENUE	B	-3,203,035	OTHER ADMINISTRATIVE AND	6.06	
44	RENT-LEASE REVENUE	B	-534,148	I&R SERVICES-SALARY & FRI	22	
45	RENT-LEASE REVENUE	B	-24,312	LABORATORY	44	
46	RENT-LEASE REVENUE	B	-1,323,498	AMB SVC-RILEY CLINICS	60.07	
47	NON-PATIENT LAB REVENUE	B	-3,302,646	LABORATORY	44	
48	NON-PATIENT LAB REVENUE	B	-35,739	BLOOD STORING, PROCESSING	47	
49	TELEPHONE REVENUE	B	-1,331	SUBPROVIDER	31	
49.01	CLASS & LECTURE REVENUE	B	-15,800	OTHER ADMINISTRATIVE AND	6.06	
49.02	CLASS & LECTURE REVENUE	B	-129,427	NURSING ADMINISTRATION	14	
49.03	CLASS & LECTURE REVENUE	B	-5,828	SOCIAL SERVICE	18	
49.04	CLASS & LECTURE REVENUE	B	-9,225	PARAMED ED CLINIC LAB	24.01	
49.05	CLASS & LECTURE REVENUE	B	-149,626	PARAMED RADIOLOGY-METHODI	24.02	
49.06	CLASS & LECTURE REVENUE	B	-392,045	PARAMED RESPIRATORY THERA	24.03	
49.07	CLASS & LECTURE REVENUE	B	-55,809	PARAMED EMERGENCY METHODI	24.05	
49.08	CLASS & LECTURE REVENUE	B	-39,462	PARAMED PHYSICAL THERAPY	24.07	
49.09	CLASS & LECTURE REVENUE	B	-12,442	MEDICAL ASSISTING PROGRAM	24.14	
49.10	CLASS & LECTURE REVENUE	B	-43,655	SURGICAL TECHNOLOGY PROGR	24.15	
49.11	CLASS & LECTURE REVENUE	B	-18,526	PARAMED ED PRGM	24.17	
49.12	CLASS & LECTURE REVENUE	B	-34,868	ADULTS & PEDIATRICS	25	
49.13	CATERING REVENUE	B	-114,622	DIETARY	11	
49.14	OTHER OPERATING REVENUE	B	-343,097	OTHER ADMINISTRATIVE AND	6.06	
49.15	OTHER OPERATING REVENUE	B	-6,992	OPERATION OF PLANT	8	
49.16	OTHER OPERATING REVENUE	B	-6,679	DIETARY	11	
49.17	OTHER OPERATING REVENUE	B	-479,870	PHARMACY	16	
49.18	OTHER OPERATING REVENUE	B	-7,619	I&R SERVICES-SALARY & FRI	22	
49.19	OTHER OPERATING REVENUE	B	-17,978	PARAMED EMERGENCY METHODI	24.05	
49.20	OTHER OPERATING REVENUE	B	-647,769	ADULTS & PEDIATRICS	25	
49.21	OTHER OPERATING REVENUE	B	-6,046	PULMONARY FUNCTION TESTIN	40.01	
49.22	OTHER OPERATING REVENUE	B	-69,049	RADIOLOGY-DIAGNOSTIC	41	
49.23	OTHER OPERATING REVENUE	B	-1,529	RADIOLOGY-DIAGNOSTIC	41	
49.24	OTHER OPERATING REVENUE	B	-3,764,848	LABORATORY	44	
49.25	OTHER OPERATING REVENUE	B	-19,546	ELECTROCARDIOLOGY	53	
49.26	OTHER OPERATING REVENUE	B	-360	ELECTROENCEPHALOGRAPHY	54	
49.27	OTHER OPERATING REVENUE	B	-215,360	OUTPATIENT RETAIL PHARMAC	56.03	
49.28	OTHER OPERATING REVENUE	B	-6,065	RENAL DIALYSIS	57	
49.29	OTHER OPERATING REVENUE	B	-64,548	CARDIOLOGY	59.01	
49.30	OTHER OPERATING REVENUE	B	-2,390,105	AMB SVC-RILEY CLINICS	60.07	
49.31	OTHER OPERATING REVENUE	B	-16	GERIATRICS CLINIC	60.14	
49.32	OTHER OPERATING REVENUE	B	-240	SLEEP DISORDER CENTER	60.15	
49.33	OTHER OPERATING REVENUE	B	-11,162	ARTHRITIS/INFUSION CENTER	60.18	
49.34	OTHER OPERATING REVENUE	B	-93	IU CANCER PAVILLION	60.24	
49.35	OTHER OPERATING REVENUE	B	-295,527	EMERGENCY	61	

	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
49.36	OTHER OPERATING REVENUE	B	-1,628	HOME HEALTH AGENCY	71	
49.37	SHARED PROFESSIONAL REVENUE	B	-395,880	EMERGENCY	61	
49.38	HHA INVESTMENT INTEREST INCOME	B	-55,507	HOME HEALTH AGENCY	71	
49.39	PRIVATE REIMBURSEMENT REVENUE	B	-3,000	EMERGENCY	61	
49.40	PRIVATE REIMBURSEMENT REVENUE	B	-1,000	OTHER ORGAN ACQUISITION	86	
49.41	UNIVERSITY BUILDING LEASE	A	80,500	IU LEASED SPACE	8.01	
49.42	MEDICAL EDUCATION SUPPORT	A	10,000,000	I&R SERVICES-OTHER PRGM C	23	
49.43	NON-ALLOWABLE INTEREST EXPENSE	A	-36,497	OTHER ADMINISTRATIVE AND	6.06	
49.44	NON-ALLOWABLE INTEREST EXPENSE	A	-49	PHARMACY	16	
49.45	NON-ALLOWABLE INTEREST EXPENSE	A	-431	ADULTS & PEDIATRICS	25	
49.46	NON-ALLOWABLE INTEREST EXPENSE	A	-75,829	RADIOLOGY-DIAGNOSTIC	41	
49.47	NON-ALLOWABLE INTEREST EXPENSE	A	-6,531	LABORATORY	44	
49.48	NON-ALLOWABLE INTEREST EXPENSE	A	-35	MEDICAL SUPPLIES CHARGED	55	
49.49	NON-ALLOWABLE INTEREST EXPENSE	A	-46	RENAL DIALYSIS	57	
49.50	NON-ALLOWABLE INTEREST EXPENSE	A	-75	EMERGENCY	61	
49.51	NON-ALLOWABLE INTEREST EXPENSE	A	-75	OTHER NONREIMBURSABLE-MET	98.01	
49.52	NON-ALLOWABLE INTEREST EXPENSE	A	-224	AOC-PRIVATE PHYSICIANS	98.05	
49.53	PHYSICIAN BILLING	A	-51,521	GERIATRICS CLINIC	60.14	
49.54	MALPRACTICE INSURANCE	A	-20,627	NURSING ADMINISTRATION	14	
49.55	MALPRACTICE INSURANCE	A	-1,487	SUBPROVIDER	31	
49.56	MALPRACTICE INSURANCE	A	-185,079	OTHER NONREIMBURSABLE-MET	98.01	
49.57	MALPRACTICE INSURANCE	A	-1,376	ARTHRITIS CLINIC - NR	98.15	
49.58	BAD DEBT EXPENSE	A	-66,609,151	OTHER ADMINISTRATIVE AND	6.06	
49.59	BAD DEBT EXPENSE	A	-80	RADIOLOGY-DIAGNOSTIC	41	
49.60	BAD DEBT EXPENSE	A	-544,246	OUTPATIENT RETAIL PHARMAC	56.03	
49.61	BENEFITS OFFSET TO HOME OFFICE	A	-99,471,681	EMPLOYEE BENEFITS	5	
49.62	DEPRECIATION EXPENSE TO HOME OFC.	A	-1,126,106	NEW CAP REL COSTS-BLDG &	3	9
49.63	HHA DEPRECIATION TO HOME OFFICE	A	-26,418	NEW CAP REL COSTS-BLDG &	3	9
49.64	HHA DEPRECIATION TO HOME OFFICE	A	-332,128	NEW CAP REL COSTS-MVBLE E	4	9
49.65	HHA PTO TO HOME OFFICE	A	-257,722	EMPLOYEE BENEFITS	5	
49.66	HHA PHONES TO HOME OFFICE	A	-127,477	NONPATIENT TELEPHONES	6.01	
49.67	HHA BENEFITS TO HOME OFFICE	A	-3,498,387	EMPLOYEE BENEFITS	5	
49.68	PHONE EXPENSE TO HOME OFFICE	A	-3,137,352	NONPATIENT TELEPHONES	6.01	
49.69	PTO EXPENSE TO HOME OFFICE	A	-5,557,249	EMPLOYEE BENEFITS	5	
49.70	CLARIAN NORTH SLEEP LAB	A	-305,989	HOME HEALTH AGENCY	71	
49.71	IOPO PAYMENTS	A	174,300	KIDNEY ACQUISITION	83	
49.72	FQHC OTHER INCOME	B	-47,702	FEDERALLY QUALIFIED HEALT	63.60	
49.73	KIDNEY - PRO FEES	A	-147,550	KIDNEY ACQUISITION	83	
49.74	LIVER - PRO FEES	A	-145,985	LIVER ACQUISITION	84	
49.75	PHYS FEES - HOSPITALISTS & OTHERS	A	-8,578,289	RESEARCH	97	
49.76	PHYS FEES - PHYS. PRACTICES	A	-475,667	PHYSICIANS' PRIVATE OFFIC	98	
49.77	PHYS FEES - VARIOUS	A	-8,798,344	OTHER NONREIMBURSABLE-MET	98.01	
49.78	PHYS FEES - PEDS	A	-1,730,658	OTHER NONREIMBURSABLE-IUM	98.04	
49.79	PHYS FEES - RILEY P.O.W.E.R.	A	-138,222	SURGERY CENTER	98.10	
49.80	PHYS FEES - VARIOUS	A	-9,646,108	ARTHRITIS CLINIC - NR	98.15	
49.81	PHYS FEES - ADV. HEART CARE	A	-178,042	CARDIO PHYSICIANS	98.16	
49.82	HHA BAD DEBT EXPENSE	A	-4,188,485	HOME HEALTH AGENCY	71	
49.83	HHA SLEEP LAB BAD DEBT EXPENSE	A	-494,914	SLEEP DISORDER CENTER	60.15	
49.84	HHA HOSPICE BAD DEBT EXPENSE	A	-470,844	HOSPICE	93	
49.85	FQHC BAD DEBT EXPENSE	A	-113,855	FEDERALLY QUALIFIED HEALT	63.60	
49.86	FQHC BAD DEBT EXPENSE	A	-4,289	OTHER NONREIMBURSABLE-MET	98.01	
49.87						
49.88						
49.89						
49.90						
49.91						
49.92						
49.93						
49.94						
49.95						
49.96						
49.97						
49.98						
49.99						
50	TOTAL (SUM OF LINES 1 THRU 49)		-118,731,965			

(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 &	HOME OFFICE BLDG & FIXTUR	33,966,509		33,966,509	9
2 3 1	NEW CAP REL COSTS-INTERES	HOME OFFICE INTEREST	19,008,395		19,008,395	11
3 4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE MME	41,832,139		41,832,139	9
4 5	EMPLOYEE BENEFITS	HOME OFFICE BENEFITS	102,394,899		102,394,899	
4.01 6 1	NONPATIENT TELEPHONES	HOME OFFICE PHONES	2,769,950		2,769,950	
4.02 6 2	DATA PROCESSING	HOME OFFICE DATA PROCESSI	44,281,397		44,281,397	
4.03 6 3	PURCHASING, RECEIVING, &	HOME OFFICE PURCHASING	5,509,949		5,509,949	
4.04 6 4	ADMITTING	HOME OFFICE ADMITTING	10,152,961		10,152,961	
4.05 6 5	CASHIERING	HOME OFFICE CASHIERING	24,975,821		24,975,821	
4.06 6 6	OTHER ADMINISTRATIVE AND	HOME OFFICE A&G	57,880,448	226,223,757	-168,343,309	
4.07 7	MAINTENANCE & REPAIRS	HOME OFFICE MAINTENANCE	15,296,479		15,296,479	
4.08 8	OPERATION OF PLANT	HOME OFFICE OPERATION OF	42,622,620		42,622,620	
4.09 10 1	HOUSEKEEPING - UNIVERSITY	HOME OFFICE HOUSEKEEPING	4,121,025		4,121,025	
4.10 10 2	HOUSEKEEPING - RILEY	HOME OFFICE HOUSEKEEPING	2,108,522		2,108,522	
4.11 10 3	HOUSEKEEPING - METHODIST	HOME OFFICE HOUSEKEEPING	4,781,155		4,781,155	
4.12 12	CAFETERIA	HOME OFFICE CAFETERIA	1,436,090		1,436,090	
4.13 14	NURSING ADMINISTRATION	HOME OFFICE NURSING ADMIN	3,782,755		3,782,755	
4.14 15	CENTRAL SERVICES & SUPPLY	HOME OFFICE SUPPLIES	4,632,660		4,632,660	
4.15 17	MEDICAL RECORDS & LIBRARY	HOME OFFICE MED RECORDS	11,636,303		11,636,303	
4.16 25	ADULTS & PEDIATRICS	SERVICES FROM CHAIN HOSP	10,724		10,724	
4.17 37	OPERATING ROOM	SERVICES FROM CHAIN HOSP	35,112		35,112	
4.18 38	RECOVERY ROOM	SERVICES FROM CHAIN HOSP	3,936		3,936	
4.19 41	RADIOLOGY-DIAGNOSTIC	SERVICES FROM CHAIN HOSP	65,556		65,556	
4.20 42	RADIOLOGY-THERAPEUTIC	SERVICES FROM CHAIN HOSP	2,776		2,776	
4.21 43	RADIOISOTOPE	SERVICES FROM CHAIN HOSP	403		403	
4.22 44	LABORATORY	SERVICES FROM CHAIN HOSP	25,942		25,942	
4.23 47	BLOOD STORING, PROCESSING	SERVICES FROM CHAIN HOSP	1,916		1,916	
4.24 49	RESPIRATORY THERAPY	SERVICES FROM CHAIN HOSP	1,827		1,827	
4.25 50	PHYSICAL THERAPY	SERVICES FROM CHAIN HOSP	4,311		4,311	
4.26 51	OCCUPATIONAL THERAPY	SERVICES FROM CHAIN HOSP	363		363	
4.27 53	ELECTROCARDIOLOGY	SERVICES FROM CHAIN HOSP	1,052		1,052	
4.28 16	PHARMACY	SERVICES FROM CHAIN HOSP	2,635		2,635	
4.29 59 3	CARDIAC CATHERIZATION	SERVICES FROM CHAIN HOSP	23,130		23,130	
4.30 60 1	AMB SVC-OB & GYN	SERVICES FROM CHAIN HOSP	1,714		1,714	
4.31 61	EMERGENCY	SERVICES FROM CHAIN HOSP	22,840		22,840	
4.32 25	ADULTS & PEDIATRICS	SERVICES TO CHAIN HOSP		13,547	-13,547	
4.33 37	OPERATING ROOM	SERVICES TO CHAIN HOSP		-12,714	12,714	
4.34 38	RECOVERY ROOM	SERVICES TO CHAIN HOSP		-507	507	
4.35 40	ANESTHESIOLOGY	SERVICES TO CHAIN HOSP		-698	698	
4.36 41	RADIOLOGY-DIAGNOSTIC	SERVICES TO CHAIN HOSP		25,949	-25,949	
4.37 42	RADIOLOGY-THERAPEUTIC	SERVICES TO CHAIN HOSP		6,045	-6,045	
4.38 43	RADIOISOTOPE	SERVICES TO CHAIN HOSP		1,029	-1,029	
4.39 44	LABORATORY	SERVICES TO CHAIN HOSP		5,195,222	-5,195,222	
4.40 47	BLOOD STORING, PROCESSING	SERVICES TO CHAIN HOSP		4,005	-4,005	
4.41 49	RESPIRATORY THERAPY	SERVICES TO CHAIN HOSP		55,671	-55,671	
4.42 50	PHYSICAL THERAPY	SERVICES TO CHAIN HOSP		321	-321	
4.43 51	OCCUPATIONAL THERAPY	SERVICES TO CHAIN HOSP		917	-917	
4.44 52	SPEECH PATHOLOGY	SERVICES TO CHAIN HOSP		2,863	-2,863	
4.45 53	ELECTROCARDIOLOGY	SERVICES TO CHAIN HOSP		1,079	-1,079	
4.46 55	MEDICAL SUPPLIES CHARGED	SERVICES TO CHAIN HOSP		457	-457	
4.47 16	PHARMACY	SERVICES TO CHAIN HOSP		2,839	-2,839	
4.48 57	RENAL DIALYSIS	SERVICES TO CHAIN HOSP		161	-161	
4.49 59 1	CARDIOLOGY	SERVICES TO CHAIN HOSP		-149	149	
4.50 59 3	CARDIAC CATHERIZATION	SERVICES TO CHAIN HOSP		22,979	-22,979	
4.51 60 1	AMB SVC-OB & GYN	SERVICES TO CHAIN HOSP		4,852	-4,852	
4.52 60 15	SLEEP DISORDER CENTER	SERVICES TO CHAIN HOSP		1,618	-1,618	
4.53 61	EMERGENCY	SERVICES TO CHAIN HOSP		8,876	-8,876	
4.54 6 6	OTHER ADMINISTRATIVE AND	PHYSICIAN FEES		995,562	-995,562	
4.55 23	I&R SERVICES-OTHER PRGM C	PHYSICIAN FEES		604,857	-604,857	
4.56 31	SUBPROVIDER	PHYSICIAN FEES		898,500	-898,500	
4.57 61	EMERGENCY	PHYSICIAN FEES		1,240,178	-1,240,178	
4.58 98 1	OTHER NONREIMBURSABLE-MET	PHYSICIAN FEES		12,000	-12,000	
4.59 98 15	ARTHRITIS CLINIC - NR	PHYSICIAN FEES		3,216	-3,216	
4.60 16	PHARMACY	SHARED EMPLOYEES	2,705	2,705		
4.61 25	ADULTS & PEDIATRICS	SHARED EMPLOYEES	5,904	5,904		
4.62 41	RADIOLOGY-DIAGNOSTIC	SHARED EMPLOYEES	498,690	498,690		
4.63 59 1	CARDIOLOGY	SHARED EMPLOYEES	19,505	19,505		
4.64 97	RESEARCH	SHARED EMPLOYEES	159,009	159,009		
4.65 98 16	CARDIO PHYSICIANS	SHARED EMPLOYEES	53,848	53,848		
4.66 25	ADULTS & PEDIATRICS	HEM-ONC CLINIC LEASE		150,973	-150,973	
4.67 56 3	OUTPATIENT RETAIL PHARMAC	OP PHARMACY LEASE		50,400	-50,400	
4.68 53	ELECTROCARDIOLOGY	EKG PHYS INTERP FEES		120,663	-120,663	
4.69 98	PHYSICIANS' PRIVATE OFFIC	CTI FEES	698,220	2,769,448	-2,071,228	

4.70	6	6	OTHER ADMINISTRATIVE AND	DISEASE MANAGEMENT FEES	430,544	430,544	
4.71	59	2	PSYCH OTHER ANCILLARY	BEHAV ACCESS - IPA FEES	1,212,226	1,212,226	
4.72	25		ADULTS & PEDIATRICS	WOMENS HEALTH CHARGEBACKS	67,860	67,860	
4.73	16		PHARMACY	CN PHARMACY CHARGEBACKS	300	300	
4.74	24	1	PARAMED ED CLINIC LAB	EOHS CHARGEBACKS	5,025	5,025	
4.75	37		OPERATING ROOM	EOHS CHARGEBACKS	1,053	1,053	
4.76	60	4	AMB SVC-PSYCH ADULT	EOHS CHARGEBACKS	43,529	43,529	
4.77	98	13	NONALLOWABLE ADVERTISING	HOME OFFICE NA ADVERTISIN	12,553,691		12,553,691
5			TOTALS		449,146,423	240,904,114	208,242,309

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	B		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/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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 A&G	7,666,969	7,666,969					
2	11	DIETARY	30,000	30,000					
3	14	NURSING ADMINISTRATION							
4	16	PHARMACY	95,971	95,971					
5	22	I&R SALARY AND FRINGE	2,633,103	2,633,103					
6	23	I&R OTHER COSTS	330,750	330,750					
7	24	3 PARAMED RT	432	432					
8	25	ADULTS & PEDS	2,286,078	2,286,078					
9	27	1 NICU	30,451	30,451					
10	28	BURN UNIT	6,563	6,563					
11	29	4 RH PED IC	938,355	938,355					
12	29	7 PEDIATRIC CANCER CENTER	35,000	35,000					
13	31	SUBPROVIDER	164,539	164,539					
14	37	OPERATING ROOM	871,335	871,335					
15	40	ANESTHESIA	6,522,863	6,522,863					
16	44	LABORATORY	2,859,696	2,859,696					
17	53	EKG	758,541	758,541					
18	54	EEG	19,841	19,841					
19	57	RENAL	154,126	154,126					
20	59	3 CARDIAC CATHETERIZATION	1,331,272	1,331,272					
21	60	2 MEDICINE/DIAGNOSTIC CLINI	2,677,401	2,677,401					
22	60	14 GERIATRICS CLINIC	333,227	333,227					
23	60	18 ARTHRITIS/INFUSION CENTER	4,704	4,704					
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	29,751,217	29,751,217					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	6	6 OTHER A&G							7,666,969
2	11	DIETARY							30,000
3	14	NURSING ADMINISTRATION							
4	16	PHARMACY							95,971
5	22	I&R SALARY AND FRINGE							2,633,103
6	23	I&R OTHER COSTS							330,750
7	24	3 PARAMED RT							432
8	25	ADULTS & PEDS							2,286,078
9	27	1 NICU							30,451
10	28	BURN UNIT							6,563
11	29	4 RH PED IC							938,355
12	29	7 PEDIATRIC CANCER CENTER							35,000
13	31	SUBPROVIDER							164,539
14	37	OPERATING ROOM							871,335
15	40	ANESTHESIA							6,522,863
16	44	LABORATORY							2,859,696
17	53	EKG							758,541
18	54	EEG							19,841
19	57	RENAL							154,126
20	59	3 CARDIAC CATHETERIZATION							1,331,272
21	60	2 MEDICINE/DIAGNOSTIC CLINI							2,677,401
22	60	14 GERIATRICS CLINIC							333,227
23	60	18 ARTHRITIS/INFUSION CENTER							4,704
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							29,751,217

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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	63	COSTED REQ	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	65	TOTAL CHARGES	ENTERED
18	SOCIAL SERVICE	17	PATIENT DAYS	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	NOT 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	PATIENT DAYS	ENTERED
24.07	PARAMED PHYSICAL THERAPY	47	ASSIGNED TIME	ENTERED
24.08	PARAMED OCCUP THERAPY	48	ASSIGNED TIME	NOT ENTERED
24.09	PARAMED PERFUSION	49	ASSIGNED TIME	NOT 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	NOT ENTERED
24.17	PARAMED ED PRGM	57	ASSIGNED TIME	ENTERED
24.18	PARAMED ED PRGM	58	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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 &	33,537,258			33,537,258			
003 01	NEW CAP REL COSTS-INTERES	19,008,395				19,008,395		
004	NEW CAP REL COSTS-MVBLE E	64,964,888					64,964,888	
005	EMPLOYEE BENEFITS	102,394,900			15,685	8,890		102,419,475
006 01	NONPATIENT TELEPHONES	2,769,952						48,843
006 02	DATA PROCESSING	44,281,397						2,848,615
006 03	PURCHASING, RECEIVING, &	4,187,583			1,644	932	54,203	791,307
006 04	ADMITTING	10,152,961						1,371,359
006 05	CASHIERING	24,975,821						1,962,996
006 06	OTHER ADMINISTRATIVE AND	83,411,640			647,651	367,079	1,099,016	6,188,003
007	MAINTENANCE & REPAIRS	15,296,481			612,219	346,996		675,174
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	45,591,541			10,167	5,762	51,567	1,587,864
008 01	IU LEASED SPACE	80,500						
009	LAUNDRY & LINEN SERVICE	3,890,554			335,754	190,300	31,225	99,657
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY	4,121,025						496,981
010 02	HOUSEKEEPING - RILEY	2,108,522						254,280
010 03	HOUSEKEEPING - METHODIST	4,781,155						576,590
011	DIETARY	9,715,043			351,789	199,388	194,734	1,270,411
012	CAFETERIA	1,436,090						153,309
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	18,693,567			284,742	161,387	3,249,228	2,791,669
015	CENTRAL SERVICES & SUPPLY	13,685,184			321,374	182,150	347,634	621,168
016	PHARMACY	101,200,838			503,939	285,625	1,897,239	3,501,681
017	MEDICAL RECORDS & LIBRARY	12,114,184			8,929	5,061	19,622	1,104,439
018	SOCIAL SERVICE	5,465,289			42,830	24,276	113	544,990
019	PATIENT TRANSPORTATION	2,168,804			16,507	9,356	10,856	328,142
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	32,597,921			44,512	25,229	43,429	4,207,318
023	I&R SERVICES-OTHER PRGM C	12,918,826			402,291	228,012	3,996	241,819
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	292,571			112,372	63,691	987	30,974
024 02	PARAMED RADIOLOGY-METHODI	240,175			36,509	20,693		59,147
024 03	PARAMED RESPIRATORY THERA	16,369			35,319	20,018		50,556
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	262,929			31,964	18,117		47,139
024 06	PARAMED PASTORAL ED	502,110			7,634	4,327		76,503
024 07	PARAMED PHYSICAL THERAPY	197,688						34,655
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	888,635						133,192
024 11	PARAMED NEUROPHYSIOLOGY	38,265						5,928
024 12	RADIATION THERAPY ED-IUMC	296,536						45,937
024 13	NUCLEAR MED ED-IUMC	53,236						8,247
024 14	MEDICAL ASSISTING PROGRAM	117,256			14,768	8,370		18,886
024 15	SURGICAL TECHNOLOGY PROGR	40,458			21,080	11,948	2,125	12,138
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	153,654			37,964	21,518		25,548
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	157,695,561			6,097,862	3,456,174	2,442,847	21,734,561
026	INTENSIVE CARE UNIT	17,569,200			525,066	297,599	400,817	2,419,307
027	CORONARY CARE UNIT	12,849,507			341,924	193,797	99,595	1,695,363
027 01	NEONATAL INTENSIVE CARE U	5,464,803			75,447	42,762	275,556	760,568
028	BURN INTENSIVE CARE UNIT	1,612,337			40,884	23,172	167,748	240,201
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	5,578,415			417,740	236,768	344,566	703,635
029 03	UH NS 3IC	2,423,939			63,664	36,084	14,935	324,585
029 04	RH PED IC	10,420,382			273,866	155,223	112,272	1,421,021
029 05	TRANSPLANT ICU	3,385,293			117,162	66,406		424,508
029 07	PEDIATRIC CANCER CENTER	1,466,888			57,702	32,705	922	200,465
031	SUBPROVIDER	3,698,997			198,845	112,702	19,674	557,282
033	NURSERY	4,634,509			157,196	89,096	77,219	667,054
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	114,211,896			2,080,336	1,179,102	9,822,268	5,064,064
037 01	ENDOSCOPY	1,976,084			42,972	24,356	244,933	162,014
038	RECOVERY ROOM	7,967,117			428,539	242,889	92,459	1,129,470
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	9,924,905			19,332	10,957	1,386,675	401,510
040 01	PULMONARY FUNCTION TESTIN	3,056,567			188,603	106,897	370,228	399,706
041	RADIOLOGY-DIAGNOSTIC	45,048,453			1,655,463	938,291	16,658,649	3,792,146
042	RADIOLOGY-THERAPEUTIC	5,279,943			387,759	219,776	4,614,181	716,091
043	RADIOISOTOPE	3,931,340			177,538	100,626	1,539,809	142,805
044	LABORATORY	49,023,250			1,597,137	905,232	2,588,784	3,669,829
044 01	TRANSPLANT IMMUNOLOGY	3,730,882			43,067	24,409	56,463	141,370
044 02	BONE MARROW TRANSPLANT LA	2,218,640			118,041	66,904	148,177	161,382

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	19,360,556			93,210	52,830	77,834	503,624
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	24,935,095			225,783	127,970	987,900	3,013,377
050	PHYSICAL THERAPY	7,507,479			238,293	135,061	57,448	1,022,090
051	OCCUPATIONAL THERAPY	2,269,448			154,474	87,554	2,206	336,129
052	SPEECH PATHOLOGY	4,728,484			203,380	115,273	59,147	460,101
053	ELECTROCARDIOLOGY	3,318,929			78,347	44,406	446,414	476,646
054	ELECTROENCEPHALOGRAPHY	3,030,501			99,994	56,675	275,350	332,387
055	MEDICAL SUPPLIES CHARGED	441,825			30,434	17,249		37,273
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	24,006,066					68,575	573,736
057	RENAL DIALYSIS	14,564,203			361,549	204,920	306,064	963,120
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	414,180					105,571	53,822
059 01	CARDIOLOGY	14,546,997			105,181	59,615	1,285,076	300,388
059 02	PSYCH OTHER ANCILLARY	1,360,069			26,532	15,038	5,691	21,423
059 03	CARDIAC CATHERIZATION	9,050,348			304,045	172,328	1,897,915	495,713
059 04	DAY SURGERY	4,730,764			342,973	194,392	134,596	668,715
059 05	ONCOLOGY	391,040			38,616	21,887	6,085,461	47,450
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	1,388,368			152,046	86,177	268,122	190,507
060 02	MEDICINE/DIAGNOSTIC	4,157,955			389,885	220,981	21,767	506,902
060 03	AMB SVC-OPTHALMOLOGY	256,108			49,359	27,976	29,553	35,458
060 04	AMB SVC-PSYCH ADULT	625,987			165,019	93,530		82,909
060 05	AMB SVC-DIABETES ADULT	1,919			17,933	10,164		
060 06	OUTPATIENT SURGERY	1,928,351			99,182	56,215	537,224	292,824
060 07	AMB SVC-RILEY CLINICS	1,832,868			318,020	180,249	215,797	690,857
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	155,236			4,772	2,704	11,193	12,054
060 10	AMB SVC-PSYCH CHILD	238,729			14,948	8,472		32,928
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	277,882			43,756	24,800	10,509	38,679
060 15	SLEEP DISORDER CENTER	2,316,019			166,314	94,264	49,151	304,419
060 16	O/P CLINIC-ADULT	310,561			95,109	53,906	838	43,208
060 17	O/P CLINIC-PEDIATRIC	-870			157,300	89,155	226	
060 18	ARTHRITIS/INFUSION CENTER	5,110,792					12,990	27,619
060 19	NEUROLOGY UH	883,601			65,970	37,391	84,541	132,316
060 20	ORTHOPEDICS UH	408,323			91,623	51,930	1,931	56,728
060 21	AMB SVC-UH PHYSICAL MEDIC	1,012,353			93,777	53,151		145,595
060 22	AMB SVC-DERMATOLOGY CLINI	339,226			57,891	32,812		41,913
060 24	IU CANCER PAVILLION	921,836			207,991	117,886	14,590	133,873
060 25	CARDIO CLINIC	320,546			20,626	11,691		47,135
061	EMERGENCY	22,144,567			853,923	483,990	522,904	2,958,350
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT	2,646,151						300,974
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	499,952			7,965	4,515	5,128	8,331
065	AMBULANCE SERVICES	12,987,226					681,176	857,097
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	35,720,273			31,445	17,822	576,257	2,543,016
082	LUNG ACQUISITION	1,545,978			15,770	8,938	1,116	41,616
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	8,336,818			34,657	19,643	14,879	294,413
084	LIVER ACQUISITION	6,748,658			5,764	3,267	5,619	118,967
085	HEART ACQUISITION	563,166			9,562	5,420	684	34,904
085 01	PANCREAS ACQUISITION	2,933,632			3,090	1,751	3,669	25,321
085 02	INTESTINE ACQUISITION	1,499,667			1,332	755	1,140	19,645
086	OTHER ORGAN ACQUISITION	428,195						34,065
086 01	POST TRANSPLANT EXPENSES	3,534,310			60,792	34,456	21,093	443,644
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	4,403,616			65,101	36,898	32,890	414,985
095	SUBTOTALS	1,412,953,092			24,607,521	13,947,159	63,404,986	99,361,648
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	330			121,735	68,998		
097	RESEARCH	7,364,020			356,116	201,841	1,077,739	1,294,253
097 01	RESEARCH-GCRC	202,657			160,304	90,858	11,492	
098	PHYSICIANS' PRIVATE OFFIC	2,145,983			10,734	6,084		74,270
098 01	OTHER NONREIMBURSABLE-MET	14,075,484			1,234,218	699,535	304,885	1,009,679
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	43,220			2,570	1,457		5,425

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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
		NONREIMBURS COST CENTERS							
098	05	AOC-PRIVATE PHYSICIANS	281,994			3,752,683	2,126,963		80
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI	192,106					76,916	16,857
098	09	MHH NON-REIMBURSABLE LABO	258,507			756	428	9,663	28,536
098	10	SURGERY CENTER	57,609						6,223
098	11	UNUSED SPACE				3,245,693	1,839,608		
098	12	RHI LAB	234,973						24,007
098	13	NONALLOWABLE ADVERTISING	14,761,475						258,696
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	2,525,868					22,237	217,181
098	16	CARDIO PHYSICIANS	877,181			44,928	25,464	56,970	122,620
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	1,455,974,499			33,537,258	19,008,395	64,964,888	102,419,475

	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	2,818,795						
006 02	DATA PROCESSING		47,130,012					
006 03	PURCHASING, RECEIVING, &	1,487	24,868	5,062,024				
006 04	ADMITTING				11,524,320			
006 05	CASHIERING					26,938,817		
006 06	OTHER ADMINISTRATIVE AND	127,911	2,138,656	5,431			93,985,387	93,985,387
007	MAINTENANCE & REPAIRS						16,930,870	1,168,332
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	297	4,974	24			47,252,196	3,260,685
008 01	IU LEASED SPACE						80,500	5,555
009	LAUNDRY & LINEN SERVICE	3,570	59,683	2,887			4,613,630	318,368
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY						4,618,006	318,670
010 02	HOUSEKEEPING - RILEY						2,362,802	163,048
010 03	HOUSEKEEPING - METHODIST						5,357,745	369,717
011	DIETARY	32,126	537,151	3,331			12,303,973	849,048
012	CAFETERIA						1,589,399	109,678
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	27,069	452,599	2,364			25,662,625	1,770,875
015	CENTRAL SERVICES & SUPPLY	12,791	213,866				15,384,167	1,061,600
016	PHARMACY	80,019	1,337,903	66,860			108,874,104	7,512,966
017	MEDICAL RECORDS & LIBRARY	2,082	34,815	49			13,289,181	917,033
018	SOCIAL SERVICE	22,013	368,048	309			6,467,868	446,322
019	PATIENT TRANSPORTATION	10,411	174,077	716			2,718,869	187,618
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	19,335	323,285	38			37,261,067	2,571,237
023	I&R SERVICES-OTHER PRGM C	75,854	1,268,273	3,654			15,142,725	1,044,939
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	4,759	79,578	189			585,121	40,377
024 02	PARAMED RADIOLOGY-METHODI	1,487	24,868	28			382,907	26,423
024 03	PARAMED RESPIRATORY THERA	1,190	19,894	143			143,489	9,902
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	1,785	29,842	43			391,819	27,038
024 06	PARAMED PASTORAL ED	3,570	59,683	5			653,832	45,118
024 07	PARAMED PHYSICAL THERAPY	2,975	49,736	196			285,250	19,684
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	595	9,947	104			1,032,473	71,247
024 11	PARAMED NEUROPHYSIOLOGY						44,193	3,050
024 12	RADIATION THERAPY ED-IUMC						342,473	23,633
024 13	NUCLEAR MED ED-IUMC						61,483	4,243
024 14	MEDICAL ASSISTING PROGRAM	1,487	24,868				185,635	12,810
024 15	SURGICAL TECHNOLOGY PROGR	297	4,974	49			93,069	6,422
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	1,785	29,842	12			270,323	18,654
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	586,608	9,807,982	376,853	2,266,754	3,312,493	207,777,695	14,337,869
026	INTENSIVE CARE UNIT	79,126	1,322,983	47,903	230,613	333,358	23,225,972	1,602,731
027	CORONARY CARE UNIT	52,652	880,331	44,957	151,278	218,676	16,528,080	1,140,537
027 01	NEONATAL INTENSIVE CARE U	12,196	203,918	13,833	99,769	144,219	7,093,071	489,464
028	BURN INTENSIVE CARE UNIT	5,354	89,525	905	19,878	28,731	2,228,735	153,796
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	39,563	661,491	24,008	64,696	93,519	8,164,401	563,393
029 03	UH NS 3IC	3,867	64,657	6,723	27,069	39,130	3,004,653	207,339
029 04	RH PED IC	15,468	258,628	31,649	143,180	206,970	13,038,659	899,746
029 05	TRANSPLANT ICU			17,862	33,885	48,982	4,094,098	282,517
029 07	PEDIATRIC CANCER CENTER	4,462	74,604	4,449	25,531	36,905	1,904,633	131,431
031	SUBPROVIDER	22,905	382,969	1,775	43,323	63,765	5,102,237	352,085
033	NURSERY	16,956	283,496	8,487	85,636	123,871	6,143,520	423,940
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	144,271	2,412,205	2,096,523	2,041,465	4,324,526	143,376,656	9,893,850
037 01	ENDOSCOPY	10,114	169,103	19,687	39,966	82,200	2,771,429	191,245
038	RECOVERY ROOM	39,266	656,518	14,900	107,027	318,953	10,997,138	758,869
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	9,816	164,129	161,374	119,082	224,352	12,422,132	857,202
040 01	PULMONARY FUNCTION TESTIN	13,981	233,760	10,817	11,428	132,799	4,524,786	312,237
041	RADIOLOGY-DIAGNOSTIC	196,626	3,287,562	356,372	920,132	3,240,318	76,094,012	5,250,943
042	RADIOLOGY-THERAPEUTIC	18,443	308,364	10,929	24,346	457,828	12,037,660	830,671
043	RADIOISOTOPE	12,494	208,892	72,709	26,467	144,791	6,357,471	438,704
044	LABORATORY	173,423	2,899,620	535,234	1,258,810	3,445,935	66,097,254	4,561,107
044 01	TRANSPLANT IMMUNOLOGY	2,082	34,815	35,614	11,795	121,675	4,202,172	289,975
044 02	BONE MARROW TRANSPLANT LA	7,437	124,340	30,649	11,931	59,303	2,946,804	203,347

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	12,791	213,866	18,674	211,079	359,903	20,904,367	1,442,527
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	35,696	596,834	114,882	750,581	1,127,271	31,915,389	2,202,353
050	PHYSICAL THERAPY	13,089	218,839	14,758	78,287	202,135	9,487,479	654,693
051	OCCUPATIONAL THERAPY	13,981	233,760	2,247	28,021	60,104	3,187,924	219,986
052	SPEECH PATHOLOGY	24,095	402,863	48,386	17,328	90,696	6,149,753	424,370
053	ELECTROCARDIOLOGY	20,823	348,153	3,758	163,017	316,935	5,217,428	360,034
054	ELECTROENCEPHALOGRAPHY	14,873	248,681	7,576	51,892	119,284	4,237,213	292,393
055	MEDICAL SUPPLIES CHARGED	1,487	24,868	100,779	19,899	39,963	713,777	49,255
056	DRUGS CHARGED TO PATIENTS				1,380,494	2,527,731	3,908,225	269,691
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	30,639	512,283	2,324		227,112	25,420,735	1,754,183
057	RENAL DIALYSIS	30,044	502,336	98,728	68,467	379,750	17,479,181	1,206,168
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	297	4,974	1,760	5,401	7,807	593,812	40,977
059 01	CARDIOLOGY	8,032	134,288	302,874	180,264	618,706	17,541,421	1,210,463
059 02	PSYCH OTHER ANCILLARY	11,006	184,024	503	975	6,162	1,631,423	112,578
059 03	CARDIAC CATHERIZATION	41,348	691,333	149,629	193,844	513,555	13,510,058	932,275
059 04	DAY SURGERY	18,443	308,364	10,385	3,274	48,210	6,460,116	445,787
059 05	ONCOLOGY	3,570	59,683	34		33	6,647,774	458,736
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	16,361	273,549	4,306	3,128	47,250	2,429,814	167,672
060 02	MEDICINE/DIAGNOSTIC	37,778	631,650	6,913	985	72,871	6,047,687	417,327
060 03	AMB SVC-OPTHALMOLOGY	2,975	49,736	149	37	8,374	459,725	31,724
060 04	AMB SVC-PSYCH ADULT	9,519	159,156	923	7	15,407	1,152,457	79,526
060 05	AMB SVC-DIABETES ADULT			46			30,062	2,074
060 06	OUTPATIENT SURGERY	15,766	263,602	1,308	22,552	79,309	3,296,333	227,467
060 07	AMB SVC-RILEY CLINICS	55,031	920,119	10,697	2,052	64,311	4,290,001	296,036
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	297	4,974	1,959	239	4,017	197,445	13,625
060 10	AMB SVC-PSYCH CHILD	4,165	69,631	93			368,966	25,461
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	4,759	79,578	157	9	709	480,838	33,181
060 15	SLEEP DISORDER CENTER	16,956	283,496		145	86,595	3,317,359	228,918
060 16	O/P CLINIC-ADULT	7,734	129,314	143	8	1,216	642,037	44,304
060 17	O/P CLINIC-PEDIATRIC			4			245,815	16,963
060 18	ARTHRITIS/INFUSION CENTER	7,437	124,340	1,934	47	86,630	5,371,789	370,686
060 19	NEUROLOGY UH	7,437	124,340	386	11	5,035	1,341,028	92,539
060 20	ORTHOPEDICS UH	8,924	149,209	207	8	2,266	771,149	53,214
060 21	AMB SVC-UH PHYSICAL MEDIC	11,006	184,024	470	26	7,167	1,507,569	104,031
060 22	AMB SVC-DERMATOLOGY CLINI	1,190	19,894	1,262	11	4,688	498,887	34,426
060 24	IU CANCER PAVILLION	32,424	542,124	1,084	86	6,736	1,978,630	136,537
060 25	CARDIO CLINIC	6,544	109,420	222	30	1,677	517,891	35,738
061	EMERGENCY	133,860	2,238,128	88,642	326,214	1,420,603	31,171,181	2,150,999
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT					15,216	2,962,341	204,419
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	297	4,974	11,723	72	16,053	559,010	38,575
065	AMBULANCE SERVICES	19,335	323,285	4,497	342	227,086	15,100,044	1,041,994
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY					496,613	39,385,426	2,717,831
082	LUNG ACQUISITION	1,190	19,894	188	15,811	22,855	1,673,356	115,472
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	16,063	268,575	2,510	111,873	161,842	9,261,273	639,083
084	LIVER ACQUISITION	5,949	99,472	948	69,410	99,538	7,157,592	493,917
085	HEART ACQUISITION	595	9,947	115	9,324	13,479	647,196	44,660
085 01	PANCREAS ACQUISITION	3,867	64,657	619	28,914	41,108	3,106,628	214,376
085 02	INTESTINE ACQUISITION	1,190	19,894	192	15,848	22,146	1,581,809	109,154
086	OTHER ORGAN ACQUISITION	297	4,974	5,349			472,880	32,632
086 01	POST TRANSPLANT EXPENSES	22,607	377,995	3,558			4,498,455	310,420
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE			97		47,112	5,000,699	345,078
095	SUBTOTALS	2,633,772	44,036,422	5,038,642	11,524,073	26,926,565	1,391,029,896	89,503,818
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	5,949	99,472	5			296,489	20,460
097	RESEARCH	88,645	1,482,138	15,080			11,879,832	819,780
097 01	RESEARCH-GCRC	5,057	84,552	1,688	243	351	557,202	38,450
098	PHYSICIANS' PRIVATE OFFIC	1,487	24,868	81		305	2,263,812	156,217
098 01	OTHER NONREIMBURSABLE-MET	71,987	1,203,616	3,634	3	7,922	18,610,963	1,284,268
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM						52,672	3,635

		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	05	AOC-PRIVATE PHYSICIANS	1,190	19,894				6,182,804	426,651
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI					2,409	288,288	19,894
098	09	MHH NON-REIMBURSABLE LABO	1,190	19,894	502	1	1,264	320,741	22,133
098	10	SURGERY CENTER			61			63,893	4,409
098	11	UNUSED SPACE						5,085,301	350,916
098	12	RHI LAB			1,257			260,237	17,958
098	13	NONALLOWABLE ADVERTISING						15,020,171	1,036,482
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	297	4,974	679			2,771,236	191,232
098	16	CARDIO PHYSICIANS	9,221	154,182	395		1	1,290,962	89,084
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	2,818,795	47,130,012	5,062,024	11,524,320	26,938,817	1,455,974,499	93,985,387

	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	18,099,202						
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	5,704		50,518,585				
008 01	IU LEASED SPACE				86,055			
009	LAUNDRY & LINEN SERVICE	188,372		525,950		5,646,320		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							4,936,676
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY	197,368		551,067				56,567
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	159,752		446,040		97		17,125
015	CENTRAL SERVICES & SUPPLY	180,304		503,423		4,239		32,094
016	PHARMACY	282,730		789,407		138,958		107,844
017	MEDICAL RECORDS & LIBRARY	5,009		13,987	86,055			4,010
018	SOCIAL SERVICE	24,030		67,093		1,268		
019	PATIENT TRANSPORTATION	9,261		25,857				7,094
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	24,973		69,727		24,001		2,779
023	I&R SERVICES-OTHER PRGM C	225,702		630,178				17,341
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	63,045		176,027				
024 02	PARAMED RADIOLOGY-METHODI	20,483		57,191				
024 03	PARAMED RESPIRATORY THERA	19,815		55,326				
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	17,933		50,071				
024 06	PARAMED PASTORAL ED	4,283		11,959				
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	8,286		23,134				
024 15	SURGICAL TECHNOLOGY PROGR	11,827		33,021				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	21,300		59,470				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,421,148		9,552,139		2,915,778		767,017
026	INTENSIVE CARE UNIT	294,583		822,501		375,387		
027	CORONARY CARE UNIT	191,833		535,615		285,454		60,356
027 01	NEONATAL INTENSIVE CARE U	42,329		118,185		36,269		
028	BURN INTENSIVE CARE UNIT	22,938		64,044				
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	234,369		654,378		555		187,591
029 03	UH NS 3IC	35,718		99,729		175		28,589
029 04	RH PED IC	153,650		429,004		6		
029 05	TRANSPLANT ICU	65,733		183,531				52,613
029 07	PEDIATRIC CANCER CENTER	32,373		90,389				
031	SUBPROVIDER	111,560		311,485		103,940		
033	NURSERY	88,193		246,243		44,021		41,335
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,167,153		3,258,790		777,937		410,700
037 01	ENDOSCOPY	24,109		67,315		37,846		
038	RECOVERY ROOM	240,428		671,295		82,080		33,184
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	10,846		30,283				645
040 01	PULMONARY FUNCTION TESTIN	105,814		295,441				12,733
041	RADIOLOGY-DIAGNOSTIC	928,782		2,593,238		118,524		329,625
042	RADIOLOGY-THERAPEUTIC	217,549		607,415		20,904		93,490
043	RADIOISOTOPE	99,606		278,109		8,837		33,375
044	LABORATORY	896,059		2,501,872		167		31,793
044 01	TRANSPLANT IMMUNOLOGY	24,162		67,463				
044 02	BONE MARROW TRANSPLANT LA	66,226		184,908		3,157		38,178

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	52,295		146,011		6,829		5,134
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	126,673		353,683		523		16,157
050	PHYSICAL THERAPY	133,692		373,279		19,774		13,586
051	OCCUPATIONAL THERAPY	86,666		241,980				12,716
052	SPEECH PATHOLOGY	114,105		318,590		1,143		19,424
053	ELECTROCARDIOLOGY	43,956		122,729		10,904		
054	ELECTROENCEPHALOGRAPHY	56,101		156,638		2,828		19,072
055	MEDICAL SUPPLIES CHARGED	17,075		47,674				
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							
057	RENAL DIALYSIS	202,844		566,357		6,386		103,775
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	59,011		164,764		221		7,866
059 02	PSYCH OTHER ANCILLARY	14,885		41,561				
059 03	CARDIAC CATHERIZATION	170,582		476,278		90,512		9,678
059 04	DAY SURGERY	192,422		537,258		224		137,897
059 05	ONCOLOGY	21,665		60,491				1,332
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	85,304		238,176		203		68,278
060 02	MEDICINE/DIAGNOSTIC	218,741		610,745		669		127,968
060 03	AMB SVC-OPTHALMOLOGY	27,693		77,320		70		22,165
060 04	AMB SVC-PSYCH ADULT	92,582		258,498				29,226
060 05	AMB SVC-DIABETES ADULT	10,061		28,092				8,053
060 06	OUTPATIENT SURGERY	55,645		155,365		1,149		40,525
060 07	AMB SVC-RILEY CLINICS	178,422		498,169		93		
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	2,677		7,474				
060 10	AMB SVC-PSYCH CHILD	8,386		23,415		4		
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	24,549		68,543				
060 15	SLEEP DISORDER CENTER	93,309		260,526				18,292
060 16	O/P CLINIC-ADULT	53,360		148,986				
060 17	O/P CLINIC-PEDIATRIC	88,251		246,406				
060 18	ARTHRITIS/INFUSION CENTER							
060 19	NEUROLOGY UH	37,012		103,340		327		29,625
060 20	ORTHOPEDICS UH	51,404		143,524		443		41,144
060 21	AMB SVC-UH PHYSICAL MEDIC	52,613		146,899				42,112
060 22	AMB SVC-DERMATOLOGY CLINI	32,479		90,685		1,183		25,997
060 24	IU CANCER PAVILLION	116,691		325,812				93,401
060 25	CARDIO CLINIC	11,572		32,310				
061	EMERGENCY	479,085		1,337,647		475,004		19,043
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	4,469		12,477				3,577
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	17,642		49,257				2,520
082	LUNG ACQUISITION	8,847		24,703				
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	19,444		54,290				3,933
084	LIVER ACQUISITION	3,234		9,029				2,588
085	HEART ACQUISITION	5,365		14,979				
085 01	PANCREAS ACQUISITION	1,733		4,840				1,387
085 02	INTESTINE ACQUISITION	747		2,087				598
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	34,107		95,229				7,370
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	36,524		101,978				1,612
095	SUBTOTALS	13,089,258		36,530,394	86,055	5,598,089		3,302,129
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	68,298		190,695				15,037
097	RESEARCH	199,796		557,846		5,043		3,267
097 01	RESEARCH-GCRC	89,937		251,112				71,987
098	PHYSICIANS' PRIVATE OFFIC	6,022		16,814				4,820
098 01	OTHER NONREIMBURSABLE-MET	692,446		1,933,369		43,188		25,640
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	1,442		4,026				

		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	05	AOC-PRIVATE PHYSICIANS	2,105,408		5,878,477				498,640
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO	424		1,184				
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	1,820,965		5,084,290				1,015,156
098	12	RHI LAB							
098	13	NONALLOWABLE ADVERTISING							
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS	25,206		70,378				
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	18,099,202		50,518,585	86,055	5,646,320		4,936,676

	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	2,525,850						
010 03	HOUSEKEEPING - METHODIST		5,727,462					
011	DIETARY	10,579	86,640	14,055,242				
012	CAFETERIA				1,699,077			
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	3,752	96,524		52,086		28,208,876	
015	CENTRAL SERVICES & SUPPLY	26,236	81,093		21,016			17,294,172
016	PHARMACY	32,787	80,409		56,980		3,922	229,055
017	MEDICAL RECORDS & LIBRARY				30,247		38,099	166
018	SOCIAL SERVICE	11,468	6,802		12,901			1,057
019	PATIENT TRANSPORTATION		306		13,954		80	2,454
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	16,241			102,932			131
023	I&R SERVICES-OTHER PRGM C		156,872		6,755		70,515	12,520
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB		48,472		577			649
024 02	PARAMED RADIOLOGY-METHODI		15,748		993			97
024 03	PARAMED RESPIRATORY THERA		15,235		795			489
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI		13,788		1,045			146
024 06	PARAMED PASTORAL ED	2,463	791		2,415			17
024 07	PARAMED PHYSICAL THERAPY				563			672
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				2,736			356
024 11	PARAMED NEUROPHYSIOLOGY				129			
024 12	RADIATION THERAPY ED-IUMC				740			
024 13	NUCLEAR MED ED-IUMC				119			
024 14	MEDICAL ASSISTING PROGRAM		6,370		293			1
024 15	SURGICAL TECHNOLOGY PROGR		9,093		244			166
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM		16,376		547			42
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	509,732	1,374,736	11,414,594	422,483		13,320,363	1,291,057
026	INTENSIVE CARE UNIT		226,488	236,842	43,694		1,545,496	164,110
027	CORONARY CARE UNIT		89,514	931,143	30,222		1,084,784	154,018
027 01	NEONATAL INTENSIVE CARE U		32,544	75,678	13,643		490,806	47,392
028	BURN INTENSIVE CARE UNIT	17,327		59,773	3,971		124,863	3,100
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC			243,443	13,133		482,482	82,248
029 03	UH NS 3IC			86,799	4,858		172,807	23,034
029 04	RH PED IC	116,064		342,265	26,651		960,882	108,425
029 05	TRANSPLANT ICU				7,945		297,429	61,194
029 07	PEDIATRIC CANCER CENTER	24,454		47,151	4,102		119,740	15,241
031	SUBPROVIDER		85,772	293,201	11,349		232,197	6,080
033	NURSERY		28,102		12,092		425,974	29,074
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	159,158	340,859		110,981		2,083,125	7,182,778
037 01	ENDOSCOPY		18,536		3,293		73,877	67,446
038	RECOVERY ROOM	61,077	90,810		20,098		662,492	51,047
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	276	7,438		7,736		155,918	552,851
040 01	PULMONARY FUNCTION TESTIN	56,492	11,624		8,625		60,510	37,058
041	RADIOLOGY-DIAGNOSTIC	183,128	187,912		72,201		347,775	1,220,893
042	RADIOLOGY-THERAPEUTIC		77,462		10,135		65,313	37,441
043	RADIOISOTOPE	8,177	36,200		2,252		15,448	249,093
044	LABORATORY	29,379	48,402		83,514		80	1,833,653
044 01	TRANSPLANT IMMUNOLOGY	997	17,562		2,657			122,011
044 02	BONE MARROW TRANSPLANT LA	4,212	9,953		3,174		41,381	105,001

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	861	10,662		9,814		11,286	63,977
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	35,294	45,945		58,835		97,089	393,572
050	PHYSICAL THERAPY	10,755	64,974		18,948			50,561
051	OCCUPATIONAL THERAPY	19,509	34,562		7,609			7,698
052	SPEECH PATHOLOGY	58,334	9,696		9,225		11,526	165,766
053	ELECTROCARDIOLOGY		33,795		11,063		41,461	12,873
054	ELECTROENCEPHALOGRAPHY	10,988	13,629		6,083			25,955
055	MEDICAL SUPPLIES CHARGED	12,898			795			345,257
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC				10,940			7,962
057	RENAL DIALYSIS	22,648	33,225		21,038		503,373	338,232
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				569		17,449	6,029
059 01	CARDIOLOGY	37,152			5,950		63,952	1,037,612
059 02	PSYCH OTHER ANCILLARY		11,444		400		14,567	1,723
059 03	CARDIAC CATHERIZATION		121,854	76,071	8,512		142,391	512,613
059 04	DAY SURGERY	13,066	2,185		13,581		374,348	35,577
059 05	ONCOLOGY		15,382		960		9,365	115
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				4,162		63,552	14,751
060 02	MEDICINE/DIAGNOSTIC		45,256		14,697		184,413	23,683
060 03	AMB SVC-OPTHALMOLOGY				1,085		4,482	511
060 04	AMB SVC-PSYCH ADULT		43,108		1,915		23,772	3,162
060 05	AMB SVC-DIABETES ADULT							159
060 06	OUTPATIENT SURGERY		3,856		6,168		23,212	4,482
060 07	AMB SVC-RILEY CLINICS	134,776			16,966		247,564	36,646
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	2,022			202		12,326	6,711
060 10	AMB SVC-PSYCH CHILD	6,335			954			319
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		18,874		1,196		7,444	539
060 15	SLEEP DISORDER CENTER		54,170		6,628			
060 16	O/P CLINIC-ADULT		41,026		1,094		12,086	489
060 17	O/P CLINIC-PEDIATRIC		67,852					15
060 18	ARTHRITIS/INFUSION CENTER				587		14,727	6,627
060 19	NEUROLOGY UH				3,363		54,828	1,321
060 20	ORTHOPEDICS UH				1,786		11,846	709
060 21	AMB SVC-UH PHYSICAL MEDIC				4,247		31,216	1,609
060 22	AMB SVC-DERMATOLOGY CLINI				1,289		16,088	4,324
060 24	IU CANCER PAVILLION				3,846		8,804	3,712
060 25	CARDIO CLINIC		8,897		1,019		15,208	759
061	EMERGENCY	74,956	255,116		59,603		1,768,087	303,679
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				222		80	40,161
065	AMBULANCE SERVICES				15,899		225,873	15,405
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	4,957	3,203		54,876		449,746	
082	LUNG ACQUISITION		6,798		389			645
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION		11,171		5,183		400	8,598
084	LIVER ACQUISITION				1,957		160	3,247
085	HEART ACQUISITION		4,129		238			395
085 01	PANCREAS ACQUISITION				1,277		80	2,120
085 02	INTESTINE ACQUISITION				397			658
086	OTHER ORGAN ACQUISITION				412		13,447	18,324
086 01	POST TRANSPLANT EXPENSES		19,143		7,346		480	12,188
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		26,533		7,956		164,162	334
095	SUBTOTALS	1,718,550	4,324,918	13,806,960	1,638,157		27,517,248	17,214,067
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	24,182	13,450					15
097	RESEARCH		150,473		22,329		442,222	51,663
097 01	RESEARCH-GCRC			248,282				5,782
098	PHYSICIANS' PRIVATE OFFIC				654		2,001	278
098 01	OTHER NONREIMBURSABLE-MET	3,067	501,778		22,557		153,437	12,449
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM		1,109		186		3,522	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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 05	AOC-PRIVATE PHYSICIANS	766,621	359,473		2		80	
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI				222			
098 09	MHH NON-REIMBURSABLE LABO				864			1,722
098 10	SURGERY CENTER				246			210
098 11	UNUSED SPACE	13,430	356,881					
098 12	RHI LAB				698			4,308
098 13	NONALLOWABLE ADVERTISING				3,311			
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR				7,835		39,300	2,326
098 16	CARDIO PHYSICIANS		19,380		2,016		51,066	1,352
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,525,850	5,727,462	14,055,242	1,699,077		28,208,876	17,294,172

	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	118,109,162						
017	MEDICAL RECORDS & LIBRARY		14,383,787					
018	SOCIAL SERVICE			7,038,809				
019	PATIENT TRANSPORTATION				2,965,493			
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							40,073,088
023	I&R SERVICES-OTHER PRGM C	70,515						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	613						
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	69						
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	68,493	1,768,358	5,417,110	364,552			6,097,517
026	INTENSIVE CARE UNIT	2,945	177,961	393,445	36,687			1,230,551
027	CORONARY CARE UNIT	4,267	116,739	253,403	24,066			75,322
027 01	NEONATAL INTENSIVE CARE U	10,019	76,991	193,802	15,872			661,335
028	BURN INTENSIVE CARE UNIT	3,012	15,338	31,560	3,162			
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	233	49,925	108,101	10,292			479,076
029 03	UH NS 3IC		20,889	46,381	4,306			340,346
029 04	RH PED IC	9,449	110,490	184,702	22,778			78,649
029 05	TRANSPLANT ICU	1,898	26,149	51,421	5,391			
029 07	PEDIATRIC CANCER CENTER	83	19,702	37,840	4,062			
031	SUBPROVIDER	455	34,040	144,822	7,018			317,656
033	NURSERY	151	66,128	148,982	13,633			
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	820,134	2,311,261	4,900	476,702			4,907,386
037 01	ENDOSCOPY	1,717	43,882		9,046			95
038	RECOVERY ROOM	924	170,272	9,000	35,102			
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	1,241,809	119,769		24,691			3,165,163
040 01	PULMONARY FUNCTION TESTIN	50,404	70,894		14,615			622,365
041	RADIOLOGY-DIAGNOSTIC	374,222	1,729,827		356,609			3,243,513
042	RADIOLOGY-THERAPEUTIC	6,714	244,409		50,386			361,171
043	RADIOISOTOPE	191,186	77,296		15,935			338,060
044	LABORATORY	32,343	1,839,595		379,238			1,453,903
044 01	TRANSPLANT IMMUNOLOGY		64,956		13,391			
044 02	BONE MARROW TRANSPLANT LA	19,193	31,658		6,526			

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	15,006,117	192,132		39,609			
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	2,286	601,788		124,060			50,734
050	PHYSICAL THERAPY	1,776	107,909		22,246			300,212
051	OCCUPATIONAL THERAPY	23	32,086		6,615			
052	SPEECH PATHOLOGY	14,460	48,418		9,981			500,582
053	ELECTROCARDIOLOGY	1,528	169,194		34,880			185,232
054	ELECTROENCEPHALOGRAPHY	3,288	63,679		13,128			395,318
055	MEDICAL SUPPLIES CHARGED		21,334		4,398			
056	DRUGS CHARGED TO PATIENTS	72,879,572	1,349,416		278,186			
056 01	RENAL-RILEY							166,278
056 02	RENAL-ADULT							86,684
056 03	OUTPATIENT RETAIL PHARMAC	18,790,549	121,243		24,995			
057	RENAL DIALYSIS	2,490,000	202,728	500	41,793			140,908
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							9,314
059	RH NBN ECMO IC		4,168		859			
059 01	CARDIOLOGY	515	330,293		68,091			1,034,766
059 02	PSYCH OTHER ANCILLARY	1,490	3,289		678			48,393
059 03	CARDIAC CATHERIZATION	33,120	274,159	440	56,519			329,324
059 04	DAY SURGERY	191	25,737	12,340	5,306			
059 05	ONCOLOGY		18		4			707,245
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	15,845	25,224		5,200			744,372
060 02	MEDICINE/DIAGNOSTIC	246,610	38,902		8,020			289,680
060 03	AMB SVC-OPTHALMOLOGY	14,340	4,470		922			596,627
060 04	AMB SVC-PSYCH ADULT	990	8,225		1,696			178,225
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY	8,933	42,339		8,728			
060 07	AMB SVC-RILEY CLINICS	506,084	34,332		7,078			553,677
060 08	DENTAL CLINIC							1,022,745
060 09	MOTILITY LAB	7	2,145		442			
060 10	AMB SVC-PSYCH CHILD							203,507
060 13	ARTHRITIS CENTER							136,982
060 14	GERIATRICS CLINIC	920	379		78			149,602
060 15	SLEEP DISORDER CENTER		46,228		9,530			
060 16	O/P CLINIC-ADULT	1,041	649		134			1,070,975
060 17	O/P CLINIC-PEDIATRIC							1,744,005
060 18	ARTHRITIS/INFUSION CENTER	4,379,349	46,247		9,534			
060 19	NEUROLOGY UH	10,094	2,688		554			313,247
060 20	ORTHOPEDICS UH	43,438	1,210		249			695,543
060 21	AMB SVC-UH PHYSICAL MEDIC	65,362	3,826		789			
060 22	AMB SVC-DERMATOLOGY CLINI	16,706	2,503		516			96,147
060 24	IU CANCER PAVILLION	2,671	3,596		741			28,357
060 25	CARDIO CLINIC	1,405	895		185			452,998
061	EMERGENCY	12,568	758,382	60	156,343			2,147,072
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT		8,123		1,675			
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	78	8,570		1,767			
065	AMBULANCE SERVICES	57,356	121,229		24,992			
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		265,114		54,654			
082	LUNG ACQUISITION	572	12,201		2,515			
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	7,624	86,398		17,811			
084	LIVER ACQUISITION	2,880	53,138		10,954			
085	HEART ACQUISITION	350	7,195		1,483			
085 01	PANCREAS ACQUISITION	1,880	21,945		4,524			
085 02	INTESTINE ACQUISITION	584	11,822		2,437			
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	10,808						
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		25,150		5,185			
095	SUBTOTALS	117,544,258	14,377,245	7,038,809	2,964,144			37,750,859
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH	3,385						1,024,418
097 01	RESEARCH-GCRC	4,011	188		39			
098	PHYSICIANS' PRIVATE OFFIC		163		34			
098 01	OTHER NONREIMBURSABLE-MET	4,421	4,229		872			1,297,811
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET B I PART I

		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	05	AOC-PRIVATE PHYSICIANS							
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI		1,286		265			
098	09	MHH NON-REIMBURSABLE LABO	10,640	675		139			
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE ADVERTISING							
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	506,201						
098	16	CARDIO PHYSICIANS	36,246	1					
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	118,109,162	14,383,787	7,038,809	2,965,493			40,073,088

	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	17,378,062						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB			914,881				
024 02	PARAMED RADIOLOGY-METHODI			105,721	609,563			
024 03	PARAMED RESPIRATORY THERA			107,429		352,480		
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI			90,234				592,143
024 06	PARAMED PASTORAL ED			136,723				
024 07	PARAMED PHYSICAL THERAPY			64,566				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			217,779				
024 11	PARAMED NEUROPHYSIOLOGY			8,629				
024 12	RADIATION THERAPY ED-IUMC			66,870				
024 13	NUCLEAR MED ED-IUMC			12,005				
024 14	MEDICAL ASSISTING PROGRAM			34,779				
024 15	SURGICAL TECHNOLOGY PROGR			23,463				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			46,683				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,644,244						
026	INTENSIVE CARE UNIT	533,640						
027	CORONARY CARE UNIT	32,664						
027 01	NEONATAL INTENSIVE CARE U	286,794						
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	207,756						
029 03	UH NS 3IC	147,594						
029 04	RH PED IC	34,107						
029 05	TRANSPLANT ICU							
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER	137,754						
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	2,128,133						
037 01	ENDOSCOPY	41						
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	1,372,602						
040 01	PULMONARY FUNCTION TESTIN	269,894						
041	RADIOLOGY-DIAGNOSTIC	1,406,579			609,563			
042	RADIOLOGY-THERAPEUTIC	156,625						
043	RADIOISOTOPE	146,603						
044	LABORATORY	630,499						
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	22,001				352,480		
050	PHYSICAL THERAPY	130,190						
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY	217,082						
053	ELECTROCARDIOLOGY	80,328						
054	ELECTROENCEPHALOGRAPHY	171,433						
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY	72,108						
056 02	RENAL-ADULT	37,591						
056 03	OUTPATIENT RETAIL PHARMAC							
057	RENAL DIALYSIS	61,106						
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT	4,039						
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	448,736						
059 02	PSYCH OTHER ANCILLARY	20,986						
059 03	CARDIAC CATHERIZATION	142,814						
059 04	DAY SURGERY							
059 05	ONCOLOGY	306,703						
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	322,804						
060 02	MEDICINE/DIAGNOSTIC	125,622						
060 03	AMB SVC-OPTHALMOLOGY	258,733						
060 04	AMB SVC-PSYCH ADULT	77,289						
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS	240,107						
060 08	DENTAL CLINIC	443,523						
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD	88,253						
060 13	ARTHRITIS CENTER	59,403						
060 14	GERIATRICS CLINIC	64,876						
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT	464,438						
060 17	O/P CLINIC-PEDIATRIC	756,304						
060 18	ARTHRITIS/INFUSION CENTER							
060 19	NEUROLOGY UH	135,843						
060 20	ORTHOPEDICS UH	301,629						
060 21	AMB SVC-UH PHYSICAL MEDIC							
060 22	AMB SVC-DERMATOLOGY CLINI	41,695						
060 24	IU CANCER PAVILLION	12,297						
060 25	CARDIO CLINIC	196,447						
061	EMERGENCY	931,098						592,143
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	16,371,007		914,881	609,563	352,480		592,143
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH	444,248						
097 01	RESEARCH-GCRC							
098	PHYSICIANS' PRIVATE OFFIC							
098 01	OTHER NONREIMBURSABLE-MET	562,807						
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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 05	AOC-PRIVATE PHYSICIANS							
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							
098 09	MHH NON-REIMBURSABLE LABO							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	17,378,062		914,881	609,563	352,480		592,143

	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	857,601						
024 07	PARAMED PHYSICAL THERAPY		370,735					
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY					1,324,591		
024 11	PARAMED NEUROPHYSIOLOGY						56,001	
024 12	RADIATION THERAPY ED-IUMC							433,716
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	660,014						
026	INTENSIVE CARE UNIT	47,937						
027	CORONARY CARE UNIT	30,874						
027 01	NEONATAL INTENSIVE CARE U	23,613						
028	BURN INTENSIVE CARE UNIT	3,845						
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	13,171						
029 03	UH NS 3IC	5,651						
029 04	RH PED IC	22,504						
029 05	TRANSPLANT ICU	6,265						
029 07	PEDIATRIC CANCER CENTER	4,610						
031	SUBPROVIDER	17,645						
033	NURSERY	18,152						
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	597						
037 01	ENDOSCOPY							
038	RECOVERY ROOM	1,097						
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							433,716
043	RADIOISOTOPE							
044	LABORATORY		370,735					
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							

	COST CENTER DESCRIPTION	PARAMED RAL ED	PASTO CAL THERAPY	PARAMED PHYSI THERAPY	PARAMED OCCUP SION	PARAMED PERFU ACY	PARAMED PHARM PHYSIOLOGY	PARAMED NEURO RAPY	RADIATION THE ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11		24.12
	ANCILLARY SRVC COST CNTRS								
045	PBP CLINICAL LAB SERVICES								
046	WHOLE BLOOD & PACKED RED								
047	BLOOD STORING, PROCESSING								
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY								
050	PHYSICAL THERAPY								
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY								
053	ELECTROCARDIOLOGY								
054	ELECTROENCEPHALOGRAPHY						56,001		
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS					1,324,591			
056 01	RENAL-RILEY								
056 02	RENAL-ADULT								
056 03	OUTPATIENT RETAIL PHARMAC								
057	RENAL DIALYSIS	61							
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	54							
059 04	DAY SURGERY	1,504							
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 18	ARTHRITIS/INFUSION CENTER								
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	7							
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	857,601	370,735			1,324,591	56,001		433,716
	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								

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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 05	AOC-PRIVATE PHYSICIANS									
098 06	NONALLOWABLE ADVERTISING									
098 07	PHYSICIANS' PRIVATE OFFIC									
098 08	MHH NON-REIMBURSABLE RADI									
098 09	MHH NON-REIMBURSABLE LABO									
098 10	SURGERY CENTER									
098 11	UNUSED SPACE									
098 12	RHI LAB									
098 13	NONALLOWABLE ADVERTISING									
098 14	NONALLOWABLE									
098 15	ARTHRITIS CLINIC - NR									
098 16	CARDIO PHYSICIANS									
099	NONPAID WORKERS									
101	CROSS FOOT ADJUSTMENT									
102	NEGATIVE COST CENTER									
103	TOTAL	857,601	370,735				1,324,591	56,001	433,716	

	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	77,850						
024 14	MEDICAL ASSISTING PROGRAM		271,308					
024 15	SURGICAL TECHNOLOGY PROGR			177,305				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM					433,395		
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		271,308					284,396,207
026	INTENSIVE CARE UNIT							30,960,970
027	CORONARY CARE UNIT							21,568,891
027 01	NEONATAL INTENSIVE CARE U							9,707,807
028	BURN INTENSIVE CARE UNIT							2,735,464
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							11,494,547
029 03	UH NS 3IC							4,228,868
029 04	RH PED IC							16,538,031
029 05	TRANSPLANT ICU							5,136,184
029 07	PEDIATRIC CANCER CENTER							2,435,811
031	SUBPROVIDER							7,269,296
033	NURSERY							7,729,540
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			177,305				179,588,405
037 01	ENDOSCOPY							3,309,877
038	RECOVERY ROOM							13,884,913
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							19,969,361
040 01	PULMONARY FUNCTION TESTIN							6,453,492
041	RADIOLOGY-DIAGNOSTIC							95,047,346
042	RADIOLOGY-THERAPEUTIC							15,251,061
043	RADIOISOTOPE	77,850						8,374,202
044	LABORATORY							80,789,593
044 01	TRANSPLANT IMMUNOLOGY							4,805,346
044 02	BONE MARROW TRANSPLANT LA							3,663,718

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							37,891,621
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							36,398,862
050	PHYSICAL THERAPY							11,390,074
051	OCCUPATIONAL THERAPY							3,857,374
052	SPEECH PATHOLOGY							8,072,455
053	ELECTROCARDIOLOGY							6,325,405
054	ELECTROENCEPHALOGRAPHY							5,523,747
055	MEDICAL SUPPLIES CHARGED							1,212,463
056	DRUGS CHARGED TO PATIENTS					433,395		80,443,076
056 01	RENAL-RILEY							238,386
056 02	RENAL-ADULT							124,275
056 03	OUTPATIENT RETAIL PHARMAC							46,130,607
057	RENAL DIALYSIS							23,420,323
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							13,353
059	RH NBN ECMO IC							663,863
059 01	CARDIOLOGY							22,010,813
059 02	PSYCH OTHER ANCILLARY							1,903,417
059 03	CARDIAC CATHERIZATION							16,887,254
059 04	DAY SURGERY							8,257,539
059 05	ONCOLOGY							8,229,790
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							4,185,357
060 02	MEDICINE/DIAGNOSTIC							8,400,020
060 03	AMB SVC-OPTHALMOLOGY							1,499,867
060 04	AMB SVC-PSYCH ADULT							1,950,671
060 05	AMB SVC-DIABETES ADULT							78,501
060 06	OUTPATIENT SURGERY							3,874,202
060 07	AMB SVC-RILEY CLINICS							7,039,951
060 08	DENTAL CLINIC							1,466,268
060 09	MOTILITY LAB							245,076
060 10	AMB SVC-PSYCH CHILD							725,600
060 13	ARTHRITIS CENTER							196,385
060 14	GERIATRICS CLINIC							851,019
060 15	SLEEP DISORDER CENTER							4,034,960
060 16	O/P CLINIC-ADULT							2,480,619
060 17	O/P CLINIC-PEDIATRIC							3,165,611
060 18	ARTHRITIS/INFUSION CENTER							10,199,546
060 19	NEUROLOGY UH							2,125,809
060 20	ORTHOPEDICS UH							2,117,288
060 21	AMB SVC-UH PHYSICAL MEDIC							1,960,273
060 22	AMB SVC-DERMATOLOGY CLINI							862,925
060 24	IU CANCER PAVILLION							2,715,095
060 25	CARDIO CLINIC							1,275,324
061	EMERGENCY							42,692,073
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							3,176,558
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							668,986
065	AMBULANCE SERVICES							16,602,792
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							43,005,226
082	LUNG ACQUISITION							1,845,498
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							10,115,208
084	LIVER ACQUISITION							7,738,696
085	HEART ACQUISITION							725,990
085 01	PANCREAS ACQUISITION							3,360,790
085 02	INTESTINE ACQUISITION							1,710,293
086	OTHER ORGAN ACQUISITION							537,695
086 01	POST TRANSPLANT EXPENSES							4,995,546
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							5,715,211
095	SUBTOTALS	77,850	271,308	177,305		433,395		1,358,674,556
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							628,626
097	RESEARCH							15,604,302
097 01	RESEARCH-GCRC							1,266,990
098	PHYSICIANS' PRIVATE OFFIC							2,450,815
098 01	OTHER NONREIMBURSABLE-MET							25,153,302
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							66,592

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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	05	AOC-PRIVATE PHYSICIANS							16,218,156
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							309,955
098	09	MHH NON-REIMBURSABLE LABO							358,522
098	10	SURGERY CENTER							68,758
098	11	UNUSED SPACE							13,726,939
098	12	RHI LAB							283,201
098	13	NONALLOWABLE ADVERTISING							16,059,964
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR							3,518,130
098	16	CARDIO PHYSICIANS							1,585,691
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	77,850	271,308	177,305		433,395		1,455,974,499

	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	-8,741,761	275,654,446
026	INTENSIVE CARE UNIT	-1,764,191	29,196,779
027	CORONARY CARE UNIT	-107,986	21,460,905
027 01	NEONATAL INTENSIVE CARE U	-948,129	8,759,678
028	BURN INTENSIVE CARE UNIT		2,735,464
029	SURGICAL INTENSIVE CARE U		
029 02	UH SURG 6IC	-686,832	10,807,715
029 03	UH NS 3IC	-487,940	3,740,928
029 04	RH PED IC	-112,756	16,425,275
029 05	TRANSPLANT ICU		5,136,184
029 07	PEDIATRIC CANCER CENTER		2,435,811
031	SUBPROVIDER	-455,410	6,813,886
033	NURSERY		7,729,540
034	SKILLED NURSING FACILITY		
035	NURSING FACILITY		
035 01	ICF/MR		
036	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM	-7,035,519	172,552,886
037 01	ENDOSCOPY	-136	3,309,741
038	RECOVERY ROOM		13,884,913
039	DELIVERY ROOM & LABOR ROO		
040	ANESTHESIOLOGY	-4,537,765	15,431,596
040 01	PULMONARY FUNCTION TESTIN	-892,259	5,561,233
041	RADIOLOGY-DIAGNOSTIC	-4,650,092	90,397,254
042	RADIOLOGY-THERAPEUTIC	-517,796	14,733,265
043	RADIOISOTOPE	-484,663	7,889,539
044	LABORATORY	-2,084,402	78,705,191
044 01	TRANSPLANT IMMUNOLOGY		4,805,346
044 02	BONE MARROW TRANSPLANT LA		3,663,718

	COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	ANCILLARY SRVC COST CNTRS		
045	PBP CLINICAL LAB SERVICES		
046	WHOLE BLOOD & PACKED RED		
047	BLOOD STORING, PROCESSING		37,891,621
048	INTRAVENOUS THERAPY		
049	RESPIRATORY THERAPY	-72,735	36,326,127
050	PHYSICAL THERAPY	-430,402	10,959,672
051	OCCUPATIONAL THERAPY		3,857,374
052	SPEECH PATHOLOGY	-717,664	7,354,791
053	ELECTROCARDIOLOGY	-265,560	6,059,845
054	ELECTROENCEPHALOGRAPHY	-566,751	4,956,996
055	MEDICAL SUPPLIES CHARGED		1,212,463
056	DRUGS CHARGED TO PATIENTS		80,443,076
056 01	RENAL-RILEY	-238,386	
056 02	RENAL-ADULT	-124,275	
056 03	OUTPATIENT RETAIL PHARMAC		46,130,607
057	RENAL DIALYSIS	-202,014	23,218,309
058	ASC (NON-DISTINCT PART)		
058 04	BMTU OUTPATIENT	-13,353	
059	RH NBN ECMO IC		663,863
059 01	CARDIOLOGY	-1,483,502	20,527,311
059 02	PSYCH OTHER ANCILLARY	-69,379	1,834,038
059 03	CARDIAC CATHERIZATION	-472,138	16,415,116
059 04	DAY SURGERY		8,257,539
059 05	ONCOLOGY	-1,013,948	7,215,842
059 06	DAY SURGERY-RILEY		
059 07	CARDIOLOGY-RILEY		
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		
060 01	AMB SVC-OB & GYN	-1,067,176	3,118,181
060 02	MEDICINE/DIAGNOSTIC	-415,302	7,984,718
060 03	AMB SVC-OPTHALMOLOGY	-855,360	644,507
060 04	AMB SVC-PSYCH ADULT	-255,514	1,695,157
060 05	AMB SVC-DIABETES ADULT		78,501
060 06	OUTPATIENT SURGERY		3,874,202
060 07	AMB SVC-RILEY CLINICS	-793,784	6,246,167
060 08	DENTAL CLINIC	-1,466,268	
060 09	MOTILITY LAB		245,076
060 10	AMB SVC-PSYCH CHILD	-291,760	433,840
060 13	ARTHRITIS CENTER	-196,385	
060 14	GERIATRICS CLINIC	-214,478	636,541
060 15	SLEEP DISORDER CENTER		4,034,960
060 16	O/P CLINIC-ADULT	-1,535,413	945,206
060 17	O/P CLINIC-PEDIATRIC	-2,500,309	665,302
060 18	ARTHRITIS/INFUSION CENTER		10,199,546
060 19	NEUROLOGY UH	-449,090	1,676,719
060 20	ORTHOPEDICS UH	-997,172	1,120,116
060 21	AMB SVC-UH PHYSICAL MEDIC		1,960,273
060 22	AMB SVC-DERMATOLOGY CLINI	-137,842	725,083
060 24	IU CANCER PAVILLION	-40,654	2,674,441
060 25	CARDIO CLINIC	-649,445	625,879
061	EMERGENCY	-3,078,170	39,613,903
061 01	EMERGENCY-RILEY		
062	OBSERVATION BEDS (NON-DIS		
063	FAMILY PRACTICE		
063 60	FEDERALLY QUALIFIED HEALT		3,176,558
	OTHER REIMBURS COST CNTRS		
064	HOME PROGRAM DIALYSIS		668,986
065	AMBULANCE SERVICES		16,602,792
066	DURABLE MEDICAL EQUIP-REN		
067	DURABLE MEDICAL EQUIP-SOL		
069	CORF		
070	I&R SERVICES-NOT APPRVD P		
071	HOME HEALTH AGENCY		43,005,226
082	LUNG ACQUISITION		1,845,498
	SPEC PURPOSE COST CENTERS		
083	KIDNEY ACQUISITION		10,115,208
084	LIVER ACQUISITION		7,738,696
085	HEART ACQUISITION		725,990
085 01	PANCREAS ACQUISITION		3,360,790
085 02	INTESTINE ACQUISITION		1,710,293
086	OTHER ORGAN ACQUISITION		537,695
086 01	POST TRANSPLANT EXPENSES		4,995,546
092	AMBULATORY SURGICAL CENTE		
093	HOSPICE		5,715,211
095	SUBTOTALS	-54,121,866	1,304,552,690
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		628,626
097	RESEARCH	-1,468,666	14,135,636
097 01	RESEARCH-GCRC		1,266,990
098	PHYSICIANS' PRIVATE OFFIC		2,450,815
098 01	OTHER NONREIMBURSABLE-MET	-1,860,618	23,292,684
098 02	CAFETERIA-IUMC		
098 03	ORGAN PROC ORG		
098 04	OTHER NONREIMBURSABLE-IUM		66,592

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ	TOTAL
			26	27
		NONREIMBURS COST CENTERS		
098	05	AOC-PRIVATE PHYSICIANS		16,218,156
098	06	NONALLOWABLE ADVERTISING		
098	07	PHYSICIANS' PRIVATE OFFIC		
098	08	MHH NON-REIMBURSABLE RADI		309,955
098	09	MHH NON-REIMBURSABLE LABO		358,522
098	10	SURGERY CENTER		68,758
098	11	UNUSED SPACE		13,726,939
098	12	RHI LAB		283,201
098	13	NONALLOWABLE ADVERTISING		16,059,964
098	14	NONALLOWABLE		
098	15	ARTHRITIS CLINIC - NR		3,518,130
098	16	CARDIO PHYSICIANS		1,585,691
099		NONPAID WORKERS		
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		
103		TOTAL	-57,451,150	1,398,523,349

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	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	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				15,685	8,890		24,575
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &				1,644	932	54,203	56,779
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND				647,651	367,079	1,099,016	2,113,746
007	MAINTENANCE & REPAIRS				612,219	346,996		959,215
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT				10,167	5,762	51,567	67,496
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE				335,754	190,300	31,225	557,279
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY				351,789	199,388	194,734	745,911
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				284,742	161,387	3,249,228	3,695,357
015	CENTRAL SERVICES & SUPPLY				321,374	182,150	347,634	851,158
016	PHARMACY				503,939	285,625	1,897,239	2,686,803
017	MEDICAL RECORDS & LIBRARY				8,929	5,061	19,622	33,612
018	SOCIAL SERVICE				42,830	24,276	113	67,219
019	PATIENT TRANSPORTATION				16,507	9,356	10,856	36,719
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI				44,512	25,229	43,429	113,170
023	I&R SERVICES-OTHER PRGM C				402,291	228,012	3,996	634,299
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB				112,372	63,691	987	177,050
024 02	PARAMED RADIOLOGY-METHODI				36,509	20,693		57,202
024 03	PARAMED RESPIRATORY THERA				35,319	20,018		55,337
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI				31,964	18,117		50,081
024 06	PARAMED PASTORAL ED				7,634	4,327		11,961
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				14,768	8,370		23,138
024 15	SURGICAL TECHNOLOGY PROGR				21,080	11,948	2,125	35,153
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM				37,964	21,518		59,482
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				6,097,862	3,456,174	2,442,847	11,996,883
026	INTENSIVE CARE UNIT				525,066	297,599	400,817	1,223,482
027	CORONARY CARE UNIT				341,924	193,797	99,595	635,316
027 01	NEONATAL INTENSIVE CARE U				75,447	42,762	275,556	393,765
028	BURN INTENSIVE CARE UNIT				40,884	23,172	167,748	231,804
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC				417,740	236,768	344,566	999,074
029 03	UH NS 3IC				63,664	36,084	14,935	114,683
029 04	RH PED IC				273,866	155,223	112,272	541,361
029 05	TRANSPLANT ICU				117,162	66,406		183,568
029 07	PEDIATRIC CANCER CENTER				57,702	32,705	922	91,329
031	SUBPROVIDER				198,845	112,702	19,674	331,221
033	NURSERY				157,196	89,096	77,219	323,511
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				2,080,336	1,179,102	9,822,268	13,081,706
037 01	ENDOSCOPY				42,972	24,356	244,933	312,261
038	RECOVERY ROOM				428,539	242,889	92,459	763,887
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY				19,332	10,957	1,386,675	1,416,964
040 01	PULMONARY FUNCTION TESTIN				188,603	106,897	370,228	665,728
041	RADIOLOGY-DIAGNOSTIC				1,655,463	938,291	16,658,649	19,252,403
042	RADIOLOGY-THERAPEUTIC				387,759	219,776	4,614,181	5,221,716
043	RADIOISOTOPE				177,538	100,626	1,539,809	1,817,973
044	LABORATORY				1,597,137	905,232	2,588,784	5,091,153
044 01	TRANSPLANT IMMUNOLOGY				43,067	24,409	56,463	123,939
044 02	BONE MARROW TRANSPLANT LA				118,041	66,904	148,177	333,122

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING				93,210	52,830	77,834	223,874
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				225,783	127,970	987,900	1,341,653
050	PHYSICAL THERAPY				238,293	135,061	57,448	430,802
051	OCCUPATIONAL THERAPY				154,474	87,554	2,206	244,234
052	SPEECH PATHOLOGY				203,380	115,273	59,147	377,800
053	ELECTROCARDIOLOGY				78,347	44,406	446,414	569,167
054	ELECTROENCEPHALOGRAPHY				99,994	56,675	275,350	432,019
055	MEDICAL SUPPLIES CHARGED				30,434	17,249		47,683
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC						68,575	68,575
057	RENAL DIALYSIS				361,549	204,920	306,064	872,533
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC						105,571	105,571
059 01	CARDIOLOGY				105,181	59,615	1,285,076	1,449,872
059 02	PSYCH OTHER ANCILLARY				26,532	15,038	5,691	47,261
059 03	CARDIAC CATHERIZATION				304,045	172,328	1,897,915	2,374,288
059 04	DAY SURGERY				342,973	194,392	134,596	671,961
059 05	ONCOLOGY				38,616	21,887	6,085,461	6,145,964
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				152,046	86,177	268,122	506,345
060 02	MEDICINE/DIAGNOSTIC				389,885	220,981	21,767	632,633
060 03	AMB SVC-OPTHALMOLOGY				49,359	27,976	29,553	106,888
060 04	AMB SVC-PSYCH ADULT				165,019	93,530		258,549
060 05	AMB SVC-DIABETES ADULT				17,933	10,164		28,097
060 06	OUTPATIENT SURGERY				99,182	56,215	537,224	692,621
060 07	AMB SVC-RILEY CLINICS				318,020	180,249	215,797	714,066
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB				4,772	2,704	11,193	18,669
060 10	AMB SVC-PSYCH CHILD				14,948	8,472		23,420
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC				43,756	24,800	10,509	79,065
060 15	SLEEP DISORDER CENTER				166,314	94,264	49,151	309,729
060 16	O/P CLINIC-ADULT				95,109	53,906	838	149,853
060 17	O/P CLINIC-PEDIATRIC				157,300	89,155	226	246,681
060 18	ARTHRITIS/INFUSION CENTER						12,990	12,990
060 19	NEUROLOGY UH				65,970	37,391	84,541	187,902
060 20	ORTHOPEDICS UH				91,623	51,930	1,931	145,484
060 21	AMB SVC-UH PHYSICAL MEDIC				93,777	53,151		146,928
060 22	AMB SVC-DERMATOLOGY CLINI				57,891	32,812		90,703
060 24	IU CANCER PAVILLION				207,991	117,886	14,590	340,467
060 25	CARDIO CLINIC				20,626	11,691		32,317
061	EMERGENCY				853,923	483,990	522,904	1,860,817
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				7,965	4,515	5,128	17,608
065	AMBULANCE SERVICES						681,176	681,176
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY				31,445	17,822	576,257	625,524
082	LUNG ACQUISITION				15,770	8,938	1,116	25,824
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION				34,657	19,643	14,879	69,179
084	LIVER ACQUISITION				5,764	3,267	5,619	14,650
085	HEART ACQUISITION				9,562	5,420	684	15,666
085 01	PANCREAS ACQUISITION				3,090	1,751	3,669	8,510
085 02	INTESTINE ACQUISITION				1,332	755	1,140	3,227
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES				60,792	34,456	21,093	116,341
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE				65,101	36,898	32,890	134,889
095	SUBTOTALS				24,607,521	13,947,159	63,404,986	101,959,666
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				121,735	68,998		190,733
097	RESEARCH				356,116	201,841	1,077,739	1,635,696
097 01	RESEARCH-GCRC				160,304	90,858	11,492	262,654
098	PHYSICIANS' PRIVATE OFFIC				10,734	6,084		16,818
098 01	OTHER NONREIMBURSABLE-MET				1,234,218	699,535	304,885	2,238,638
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM				2,570	1,457		4,027

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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	05	AOC-PRIVATE PHYSICIANS				3,752,683	2,126,963		5,879,646
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI						76,916	76,916
098	09	MHH NON-REIMBURSABLE LABO				756	428	9,663	10,847
098	10	SURGERY CENTER							
098	11	UNUSED SPACE				3,245,693	1,839,608		5,085,301
098	12	RHI LAB							
098	13	NONALLOWABLE ADVERTISING							
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR						22,237	22,237
098	16	CARDIO PHYSICIANS				44,928	25,464	56,970	127,362
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL				33,537,258	19,008,395	64,964,888	117,510,541

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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
	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	24,575						
006 01	NONPATIENT TELEPHONES	12	12					
006 02	DATA PROCESSING	683		683				
006 03	PURCHASING, RECEIVING, &	190			56,969			
006 04	ADMITTING	329				329		
006 05	CASHIERING	471					471	
006 06	OTHER ADMINISTRATIVE AND	1,484	1	31	61			2,115,323
007	MAINTENANCE & REPAIRS	162						26,294
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	381						73,383
008 01	IU LEASED SPACE							125
009	LAUNDRY & LINEN SERVICE	24		1	32			7,165
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY	119						7,172
010 02	HOUSEKEEPING - RILEY	61						3,669
010 03	HOUSEKEEPING - METHODIST	138						8,321
011	DIETARY	305		8	37			19,108
012	CAFETERIA	37						2,468
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	670		7	27			39,854
015	CENTRAL SERVICES & SUPPLY	149		3				23,892
016	PHARMACY	840		19	752			169,081
017	MEDICAL RECORDS & LIBRARY	265		1	1			20,638
018	SOCIAL SERVICE	131		5	3			10,045
019	PATIENT TRANSPORTATION	79		3	8			4,222
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	1,009		5				57,866
023	I&R SERVICES-OTHER PRGM C	58		18	41			23,517
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	7		1	2			909
024 02	PARAMED RADIOLOGY-METHODI	14						595
024 03	PARAMED RESPIRATORY THERA	12			2			223
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	11						608
024 06	PARAMED PASTORAL ED	18		1				1,015
024 07	PARAMED PHYSICAL THERAPY	8		1	2			443
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	32			1			1,603
024 11	PARAMED NEUROPHYSIOLOGY	1						69
024 12	RADIATION THERAPY ED-IUMC	11						532
024 13	NUCLEAR MED ED-IUMC	2						95
024 14	MEDICAL ASSISTING PROGRAM	5						288
024 15	SURGICAL TECHNOLOGY PROGR	3			1			145
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	6						420
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	5,219	7	148	4,241	329		322,831
026	INTENSIVE CARE UNIT	580		19	539			36,070
027	CORONARY CARE UNIT	407		13	506			25,668
027 01	NEONATAL INTENSIVE CARE U	182		3	156			11,016
028	BURN INTENSIVE CARE UNIT	58		1	10			3,461
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	169		10	270			12,679
029 03	UH NS 3IC	78		1	76			4,666
029 04	RH PED IC	341		4	356			20,249
029 05	TRANSPLANT ICU	102			201			6,358
029 07	PEDIATRIC CANCER CENTER	48		1	50			2,958
031	SUBPROVIDER	134		6	20			7,924
033	NURSERY	160		4	96			9,541
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,215	1	35	23,596		471	222,664
037 01	ENDOSCOPY	39		2	222			4,304
038	RECOVERY ROOM	271		10	168			17,079
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	96		2	1,816			19,292
040 01	PULMONARY FUNCTION TESTIN	96		3	122			7,027
041	RADIOLOGY-DIAGNOSTIC	910	1	48	4,011			118,174
042	RADIOLOGY-THERAPEUTIC	172		4	123			18,694
043	RADIOISOTOPE	34		3	818			9,873
044	LABORATORY	880	1	42	6,024			102,649
044 01	TRANSPLANT IMMUNOLOGY	34		1	401			6,526
044 02	BONE MARROW TRANSPLANT LA	39		2	345			4,576

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	121		3	210			32,464
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	723		9	1,293			49,565
050	PHYSICAL THERAPY	245		3	166			14,734
051	OCCUPATIONAL THERAPY	81		3	25			4,951
052	SPEECH PATHOLOGY	110		6	545			9,551
053	ELECTROCARDIOLOGY	114		5	42			8,103
054	ELECTROENCEPHALOGRAPHY	80		4	85			6,580
055	MEDICAL SUPPLIES CHARGED	9			1,134			1,108
056	DRUGS CHARGED TO PATIENTS							6,069
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	138		7	26			39,478
057	RENAL DIALYSIS	231		7	1,111			27,145
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	13			20			922
059 01	CARDIOLOGY	72		2	3,409			27,242
059 02	PSYCH OTHER ANCILLARY	5		3	6			2,534
059 03	CARDIAC CATHERIZATION	119		10	1,684			20,981
059 04	DAY SURGERY	160		4	117			10,033
059 05	ONCOLOGY	11		1				10,324
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	46		4	48			3,774
060 02	MEDICINE/DIAGNOSTIC	122		9	78			9,392
060 03	AMB SVC-OPTHALMOLOGY	9		1	2			714
060 04	AMB SVC-PSYCH ADULT	20		2	10			1,790
060 05	AMB SVC-DIABETES ADULT				1			47
060 06	OUTPATIENT SURGERY	70		4	15			5,119
060 07	AMB SVC-RILEY CLINICS	166		13	120			6,662
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	3			22			307
060 10	AMB SVC-PSYCH CHILD	8		1	1			573
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	9		1	2			747
060 15	SLEEP DISORDER CENTER	73		4				5,152
060 16	O/P CLINIC-ADULT	10		2	2			997
060 17	O/P CLINIC-PEDIATRIC							382
060 18	ARTHRITIS/INFUSION CENTER	7		2	22			8,342
060 19	NEUROLOGY UH	32		2	4			2,083
060 20	ORTHOPEDICS UH	14		2	2			1,198
060 21	AMB SVC-UH PHYSICAL MEDIC	35		3	5			2,341
060 22	AMB SVC-DERMATOLOGY CLINI	10			14			775
060 24	IU CANCER PAVILLION	32		8	12			3,073
060 25	CARDIO CLINIC	11		2	2			804
061	EMERGENCY	710	1	32	998			48,409
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT	72						4,601
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	2			132			868
065	AMBULANCE SERVICES	206		5	51			23,450
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	610						61,166
082	LUNG ACQUISITION	10			2			2,599
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	71		4	28			14,383
084	LIVER ACQUISITION	29		1	11			11,116
085	HEART ACQUISITION	8			1			1,005
085 01	PANCREAS ACQUISITION	6		1	7			4,825
085 02	INTESTINE ACQUISITION	5			2			2,457
086	OTHER ORGAN ACQUISITION	8			60			734
086 01	POST TRANSPLANT EXPENSES	106		5	40			6,986
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	100			1			7,766
095	SUBTOTALS	23,843	12	641	56,705	329	471	2,014,465
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			1				460
097	RESEARCH	310		21	170			18,449
097 01	RESEARCH-GCRC			1	19			865
098	PHYSICIANS' PRIVATE OFFIC	18			1			3,516
098 01	OTHER NONREIMBURSABLE-MET	242		17	41			28,903
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	1						82

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET B 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	05	AOC-PRIVATE PHYSICIANS							9,602
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI	4						448
098	09	MHH NON-REIMBURSABLE LABO	7			6			498
098	10	SURGERY CENTER	1			1			99
098	11	UNUSED SPACE							7,897
098	12	RHI LAB	6			14			404
098	13	NONALLOWABLE ADVERTISING	62						23,326
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	52			8			4,304
098	16	CARDIO PHYSICIANS	29		2	4			2,005
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	24,575	12	683	56,969	329	471	2,115,323

	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	985,671						
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	311		141,571				
008 01	IU LEASED SPACE				125			
009	LAUNDRY & LINEN SERVICE	10,259		1,474		576,234		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							7,291
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY	10,749		1,544				84
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	8,700		1,250		10		25
015	CENTRAL SERVICES & SUPPLY	9,819		1,411		433		47
016	PHARMACY	15,397		2,212		14,181		159
017	MEDICAL RECORDS & LIBRARY	273		39	125			6
018	SOCIAL SERVICE	1,309		188		129		
019	PATIENT TRANSPORTATION	504		72				10
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	1,360		195		2,449		4
023	I&R SERVICES-OTHER PRGM C	12,292		1,766				26
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	3,433		493				
024 02	PARAMED RADIOLOGY-METHODI	1,115		160				
024 03	PARAMED RESPIRATORY THERA	1,079		155				
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	977		140				
024 06	PARAMED PASTORAL ED	233		34				
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	451		65				
024 15	SURGICAL TECHNOLOGY PROGR	644		93				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	1,160		167				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	186,309		26,770		297,568		1,133
026	INTENSIVE CARE UNIT	16,043		2,305		38,310		
027	CORONARY CARE UNIT	10,447		1,501		29,132		89
027 01	NEONATAL INTENSIVE CARE U	2,305		331		3,701		
028	BURN INTENSIVE CARE UNIT	1,249		179				
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	12,764		1,834		57		277
029 03	UH NS 3IC	1,945		279		18		42
029 04	RH PED IC	8,368		1,202		1		
029 05	TRANSPLANT ICU	3,580		514				78
029 07	PEDIATRIC CANCER CENTER	1,763		253				
031	SUBPROVIDER	6,075		873		10,608		
033	NURSERY	4,803		690		4,493		61
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	63,562		9,132		79,392		607
037 01	ENDOSCOPY	1,313		189		3,862		
038	RECOVERY ROOM	13,094		1,881		8,377		49
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	591		85				1
040 01	PULMONARY FUNCTION TESTIN	5,763		828				19
041	RADIOLOGY-DIAGNOSTIC	50,581		7,267		12,096		487
042	RADIOLOGY-THERAPEUTIC	11,848		1,702		2,133		138
043	RADIOISOTOPE	5,424		779		902		49
044	LABORATORY	48,799		7,011		17		47
044 01	TRANSPLANT IMMUNOLOGY	1,316		189				
044 02	BONE MARROW TRANSPLANT LA	3,607		518		322		56

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	2,848		409		697		8
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	6,899		991		53		24
050	PHYSICAL THERAPY	7,281		1,046		2,018		20
051	OCCUPATIONAL THERAPY	4,720		678				19
052	SPEECH PATHOLOGY	6,214		893		117		29
053	ELECTROCARDIOLOGY	2,394		344		1,113		
054	ELECTROENCEPHALOGRAPHY	3,055		439		289		28
055	MEDICAL SUPPLIES CHARGED	930		134				
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							
057	RENAL DIALYSIS	11,047		1,587		652		153
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	3,214		462		23		12
059 02	PSYCH OTHER ANCILLARY	811		116				
059 03	CARDIAC CATHERIZATION	9,290		1,335		9,237		14
059 04	DAY SURGERY	10,479		1,506		23		204
059 05	ONCOLOGY	1,180		170				2
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	4,646		667		21		101
060 02	MEDICINE/DIAGNOSTIC	11,913		1,712		68		189
060 03	AMB SVC-OPTHALMOLOGY	1,508		217		7		33
060 04	AMB SVC-PSYCH ADULT	5,042		724				43
060 05	AMB SVC-DIABETES ADULT	548		79				12
060 06	OUTPATIENT SURGERY	3,030		435		117		60
060 07	AMB SVC-RILEY CLINICS	9,717		1,396		10		
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	146		21				
060 10	AMB SVC-PSYCH CHILD	457		66				
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	1,337		192				
060 15	SLEEP DISORDER CENTER	5,082		730				27
060 16	O/P CLINIC-ADULT	2,906		418				
060 17	O/P CLINIC-PEDIATRIC	4,806		691				
060 18	ARTHRITIS/INFUSION CENTER							
060 19	NEUROLOGY UH	2,016		290		33		44
060 20	ORTHOPEDICS UH	2,799		402		45		61
060 21	AMB SVC-UH PHYSICAL MEDIC	2,865		412				62
060 22	AMB SVC-DERMATOLOGY CLINI	1,769		254		121		38
060 24	IU CANCER PAVILLION	6,355		913				138
060 25	CARDIO CLINIC	630		91				
061	EMERGENCY	26,091		3,749		48,476		28
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	243		35				5
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	961		138				4
082	LUNG ACQUISITION	482		69				
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	1,059		152				6
084	LIVER ACQUISITION	176		25				4
085	HEART ACQUISITION	292		42				
085 01	PANCREAS ACQUISITION	94		14				2
085 02	INTESTINE ACQUISITION	41		6				1
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	1,857		267				11
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	1,989		286				2
095	SUBTOTALS	712,833		102,373	125	571,311		4,878
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	3,719		534				22
097	RESEARCH	10,881		1,563		515		5
097 01	RESEARCH-GCRC	4,898		704				106
098	PHYSICIANS' PRIVATE OFFIC	328		47				7
098 01	OTHER NONREIMBURSABLE-MET	37,710		5,418		4,408		38
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	79		11				

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET B I PART III

		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	05	AOC-PRIVATE PHYSICIANS	114,659		16,473				736
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO	23		3				
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	99,168		14,248				1,499
098	12	RHI LAB							
098	13	NONALLOWABLE ADVERTISING							
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS	1,373		197				
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	985,671		141,571	125	576,234		7,291

	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	3,730						
010 03	HOUSEKEEPING - METHODIST		8,459					
011	DIETARY	16	128	777,890				
012	CAFETERIA				2,505			
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	6	143		77		3,746,126	
015	CENTRAL SERVICES & SUPPLY	39	120		31			887,102
016	PHARMACY	48	119		84		521	11,749
017	MEDICAL RECORDS & LIBRARY				45		5,060	9
018	SOCIAL SERVICE	17	10		19			54
019	PATIENT TRANSPORTATION				21		11	126
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	24			152			7
023	I&R SERVICES-OTHER PRGM C		232		10		9,364	642
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB		72		1			33
024 02	PARAMED RADIOLOGY-METHODI		23		1			5
024 03	PARAMED RESPIRATORY THERA		22		1			25
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI		20		2			7
024 06	PARAMED PASTORAL ED	4	1		4			1
024 07	PARAMED PHYSICAL THERAPY				1			34
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				4			18
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC				1			
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM		9					
024 15	SURGICAL TECHNOLOGY PROGR		13					9
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM		24		1			2
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	753	2,032	631,744	619		1,768,935	66,223
026	INTENSIVE CARE UNIT		334	13,108	64		205,241	8,418
027	CORONARY CARE UNIT		132	51,534	45		144,059	7,900
027 01	NEONATAL INTENSIVE CARE U		48	4,188	20		65,179	2,431
028	BURN INTENSIVE CARE UNIT	26		3,308	6		16,582	159
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC			13,473	19		64,073	4,219
029 03	UH NS 3IC			4,804	7		22,949	1,181
029 04	RH PED IC	171		18,943	39		127,605	5,561
029 05	TRANSPLANT ICU				12		39,498	3,139
029 07	PEDIATRIC CANCER CENTER	36		2,610	6		15,901	782
031	SUBPROVIDER		127	16,227	17		30,836	312
033	NURSERY		42		18		56,569	1,491
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	235	503		164		276,638	368,453
037 01	ENDOSCOPY		27		5		9,811	3,460
038	RECOVERY ROOM	90	134		30		87,979	2,618
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY		11		11		20,706	28,358
040 01	PULMONARY FUNCTION TESTIN	83	17		13		8,036	1,901
041	RADIOLOGY-DIAGNOSTIC	270	278		106		46,184	62,624
042	RADIOLOGY-THERAPEUTIC		114		15		8,674	1,920
043	RADIOISOTOPE	12	53		3		2,051	12,777
044	LABORATORY	43	71		123		11	94,055
044 01	TRANSPLANT IMMUNOLOGY	1	26		4			6,258
044 02	BONE MARROW TRANSPLANT LA	6	15		5		5,495	5,386

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET B I PART III

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	1	16		14		1,499	3,282
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	52	68		87		12,893	20,188
050	PHYSICAL THERAPY	16	96		28			2,593
051	OCCUPATIONAL THERAPY	29	51		11			395
052	SPEECH PATHOLOGY	86	14		14		1,531	8,503
053	ELECTROCARDIOLOGY		50		16		5,506	660
054	ELECTROENCEPHALOGRAPHY	16	20		9			1,331
055	MEDICAL SUPPLIES CHARGED	19			1			17,709
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC				16			408
057	RENAL DIALYSIS	33	49		31		66,848	17,349
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				1		2,317	309
059 01	CARDIOLOGY	55			9		8,493	53,223
059 02	PSYCH OTHER ANCILLARY		17		1		1,935	88
059 03	CARDIAC CATHERIZATION		180	4,210	13		18,910	26,294
059 04	DAY SURGERY	19	3		20		49,713	1,825
059 05	ONCOLOGY		23		1		1,244	6
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				6		8,440	757
060 02	MEDICINE/DIAGNOSTIC		67		22		24,490	1,215
060 03	AMB SVC-OPTHALMOLOGY				2		595	26
060 04	AMB SVC-PSYCH ADULT		64		3		3,157	162
060 05	AMB SVC-DIABETES ADULT							8
060 06	OUTPATIENT SURGERY		6		9		3,082	230
060 07	AMB SVC-RILEY CLINICS	199			25		32,876	1,880
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	3					1,637	344
060 10	AMB SVC-PSYCH CHILD	9			1			16
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		28		2		989	28
060 15	SLEEP DISORDER CENTER		80		10			
060 16	O/P CLINIC-ADULT		61		2		1,605	25
060 17	O/P CLINIC-PEDIATRIC		100					1
060 18	ARTHRITIS/INFUSION CENTER				1		1,956	340
060 19	NEUROLOGY UH				5		7,281	68
060 20	ORTHOPEDICS UH				3		1,573	36
060 21	AMB SVC-UH PHYSICAL MEDIC				6		4,145	83
060 22	AMB SVC-DERMATOLOGY CLINI				2		2,136	222
060 24	IU CANCER PAVILLION				6		1,169	190
060 25	CARDIO CLINIC		13		2		2,020	39
061	EMERGENCY	111	377		88		234,801	15,577
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						11	2,060
065	AMBULANCE SERVICES				23		29,996	790
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	7	5		81		59,726	
082	LUNG ACQUISITION		10		1			33
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION		16		8		53	441
084	LIVER ACQUISITION				3		21	167
085	HEART ACQUISITION		6					20
085 01	PANCREAS ACQUISITION				2		11	109
085 02	INTESTINE ACQUISITION				1			34
086	OTHER ORGAN ACQUISITION				1		1,786	940
086 01	POST TRANSPLANT EXPENSES		28		11		64	625
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		39		12		21,801	17
095	SUBTOTALS	2,535	6,387	764,149	2,416		3,654,278	882,993
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	36	20					1
097	RESEARCH		222		33		58,727	2,650
097 01	RESEARCH-GCRC			13,741				297
098	PHYSICIANS' PRIVATE OFFIC				1		266	14
098 01	OTHER NONREIMBURSABLE-MET	5	741		33		20,376	639
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM		2				468	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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	05	AOC-PRIVATE PHYSICIANS	1,134	531				11	
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO				1			88
098	10	SURGERY CENTER							11
098	11	UNUSED SPACE	20	527					
098	12	RHI LAB				1			221
098	13	NONALLOWABLE ADVERTISING				5			
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR				12		5,219	119
098	16	CARDIO PHYSICIANS		29		3		6,781	69
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	3,730	8,459	777,890	2,505		3,746,126	887,102

		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	2,901,965						
017	MEDICAL RECORDS & LIBRARY		60,074					
018	SOCIAL SERVICE			79,129				
019	PATIENT TRANSPORTATION				41,775			
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							176,241
023	I&R SERVICES-OTHER PRGM C	1,733						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	15						
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	2						
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	1,683	7,627	60,898	5,084			
026	INTENSIVE CARE UNIT	72	768	4,423	512			
027	CORONARY CARE UNIT	105	503	2,849	336			
027 01	NEONATAL INTENSIVE CARE U	246	332	2,179	221			
028	BURN INTENSIVE CARE UNIT	74	66	355	44			
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	6	215	1,215	144			
029 03	UH NS 3IC		90	521	60			
029 04	RH PED IC	232	477	2,076	318			
029 05	TRANSPLANT ICU	47	113	578	75			
029 07	PEDIATRIC CANCER CENTER	2	85	425	57			
031	SUBPROVIDER	11	147	1,628	98			
033	NURSERY	4	285	1,675	190			
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	20,150	8,006	55	7,063			
037 01	ENDOSCOPY	42	189		126			
038	RECOVERY ROOM	23	734	101	490			
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	30,511	517		344			
040 01	PULMONARY FUNCTION TESTIN	1,238	306		204			
041	RADIOLOGY-DIAGNOSTIC	9,195	7,460		4,974			
042	RADIOLOGY-THERAPEUTIC	165	1,054		703			
043	RADIOISOTOPE	4,697	333		222			
044	LABORATORY	795	7,934		5,289			
044 01	TRANSPLANT IMMUNOLOGY		280		187			
044 02	BONE MARROW TRANSPLANT LA	472	137		91			

		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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	368,697	829		552			
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	56	2,595		1,730			
050	PHYSICAL THERAPY	44	465		310			
051	OCCUPATIONAL THERAPY	1	138		92			
052	SPEECH PATHOLOGY	355	209		139			
053	ELECTROCARDIOLOGY	38	730		486			
054	ELECTROENCEPHALOGRAPHY	81	275		183			
055	MEDICAL SUPPLIES CHARGED		92		61			
056	DRUGS CHARGED TO PATIENTS	1,790,681	5,820		3,880			
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	461,679	523		349			
057	RENAL DIALYSIS	61,179	874	6	583			
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC		18		12			
059 01	CARDIOLOGY	13	1,424		950			
059 02	PSYCH OTHER ANCILLARY	37	14		9			
059 03	CARDIAC CATHERIZATION	814	1,182	5	788			
059 04	DAY SURGERY	5	111	139	74			
059 05	ONCOLOGY							
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	389	109		73			
060 02	MEDICINE/DIAGNOSTIC	6,059	168		112			
060 03	AMB SVC-OPTHALMOLOGY	352	19		13			
060 04	AMB SVC-PSYCH ADULT	24	35		24			
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY	219	183		122			
060 07	AMB SVC-RILEY CLINICS	12,434	148		99			
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB		9		6			
060 10	AMB SVC-PSYCH CHILD							
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	23	2		1			
060 15	SLEEP DISORDER CENTER		199		133			
060 16	O/P CLINIC-ADULT	26	3		2			
060 17	O/P CLINIC-PEDIATRIC							
060 18	ARTHRITIS/INFUSION CENTER	107,600	199		133			
060 19	NEUROLOGY UH	248	12		8			
060 20	ORTHOPEDICS UH	1,067	5		3			
060 21	AMB SVC-UH PHYSICAL MEDIC	1,606	17		11			
060 22	AMB SVC-DERMATOLOGY CLINI	410	11		7			
060 24	IU CANCER PAVILLION	66	16		10			
060 25	CARDIO CLINIC	35	4		3			
061	EMERGENCY	309	3,271	1	2,181			
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT		35		23			
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	2	37		25			
065	AMBULANCE SERVICES	1,409	523		349			
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		1,143		762			
082	LUNG ACQUISITION	14	53		35			
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	187	373		248			
084	LIVER ACQUISITION	71	229		153			
085	HEART ACQUISITION	9	31		21			
085 01	PANCREAS ACQUISITION	46	95		63			
085 02	INTESTINE ACQUISITION	14	51		34			
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	266						
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		108		72			
095	SUBTOTALS	2,888,085	60,045	79,129	41,756			
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH	83						
097 01	RESEARCH-GCRC	99	1		1			
098	PHYSICIANS' PRIVATE OFFIC		1					
098 01	OTHER NONREIMBURSABLE-MET	109	18		12			
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							

		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 05	AOC-PRIVATE PHYSICIANS							
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI		6		4			
098 09	MHH NON-REIMBURSABLE LABO	261	3		2			
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR	12,437						
098 16	CARDIO PHYSICIANS	891						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							176,241
102	NEGATIVE COST CENTER							
103	TOTAL	2,901,965	60,074	79,129	41,775			176,241

	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	683,998						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB			182,016				
024 02	PARAMED RADIOLOGY-METHODI			21,033	80,148			
024 03	PARAMED RESPIRATORY THERA			21,373		78,229		
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI			17,952				69,800
024 06	PARAMED PASTORAL ED			27,201				
024 07	PARAMED PHYSICAL THERAPY			12,846				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			43,327				
024 11	PARAMED NEUROPHYSIOLOGY			1,717				
024 12	RADIATION THERAPY ED-IUMC			13,304				
024 13	NUCLEAR MED ED-IUMC			2,388				
024 14	MEDICAL ASSISTING PROGRAM			6,919				
024 15	SURGICAL TECHNOLOGY PROGR			4,668				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			9,288				
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 05	TRANSPLANT ICU							
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							

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
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 18	ARTHRITIS/INFUSION CENTER							
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			182,016				
	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							

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PARAMED ED CLINIC 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 05	AOC-PRIVATE PHYSICIANS							
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							
098 09	MHH NON-REIMBURSABLE LABO							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS	683,998			80,148	78,229		69,800
102	NEGATIVE COST CENTER							
103	TOTAL	683,998		182,016	80,148	78,229		69,800

	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	40,473						
024 07	PARAMED PHYSICAL THERAPY		13,335					
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY					44,985		
024 11	PARAMED NEUROPHYSIOLOGY						1,787	
024 12	RADIATION THERAPY ED-IUMC							13,848
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 05	TRANSPLANT ICU							
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							

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
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 18	ARTHRITIS/INFUSION CENTER							
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							

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUPTHERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	NONREIMBURS COST CENTERS							
098 05	AOC-PRIVATE PHYSICIANS							
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							
098 09	MHH NON-REIMBURSABLE LABO							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS	40,473	13,335			44,985	1,787	13,848
102	NEGATIVE COST CENTER							
103	TOTAL	40,473	13,335			44,985	1,787	13,848

	COST CENTER DESCRIPTION	NUCLEAR MED ED-IUMC	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMED SPEECH	PARAMED ED PRGM	PARAMED ED PRGM	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	2,485						
024 14	MEDICAL ASSISTING PROGRAM		30,875					
024 15	SURGICAL TECHNOLOGY PROGR			40,729				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM					70,550		
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							15,387,036
026	INTENSIVE CARE UNIT							1,550,288
027	CORONARY CARE UNIT							910,542
027 01	NEONATAL INTENSIVE CARE U							486,303
028	BURN INTENSIVE CARE UNIT							257,382
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							1,110,498
029 03	UH NS 3IC							151,400
029 04	RH PED IC							727,304
029 05	TRANSPLANT ICU							237,863
029 07	PEDIATRIC CANCER CENTER							116,306
031	SUBPROVIDER							406,264
033	NURSERY							403,633
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							14,163,648
037 01	ENDOSCOPY							335,852
038	RECOVERY ROOM							897,015
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							1,519,305
040 01	PULMONARY FUNCTION TESTIN							691,384
041	RADIOLOGY-DIAGNOSTIC							19,577,069
042	RADIOLOGY-THERAPEUTIC							5,269,175
043	RADIOISOTOPE							1,856,003
044	LABORATORY							5,364,944
044 01	TRANSPLANT IMMUNOLOGY							139,162
044 02	BONE MARROW TRANSPLANT LA							354,194

	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							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							635,524
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							1,438,879
050	PHYSICAL THERAPY							459,867
051	OCCUPATIONAL THERAPY							255,428
052	SPEECH PATHOLOGY							406,116
053	ELECTROCARDIOLOGY							588,768
054	ELECTROENCEPHALOGRAPHY							444,494
055	MEDICAL SUPPLIES CHARGED							68,880
056	DRUGS CHARGED TO PATIENTS							1,806,450
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							571,199
057	RENAL DIALYSIS							1,061,418
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							109,183
059 01	CARDIOLOGY							1,548,475
059 02	PSYCH OTHER ANCILLARY							52,837
059 03	CARDIAC CATHERIZATION							2,469,354
059 04	DAY SURGERY							746,396
059 05	ONCOLOGY							6,158,926
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							525,426
060 02	MEDICINE/DIAGNOSTIC							688,249
060 03	AMB SVC-OPTHALMOLOGY							110,386
060 04	AMB SVC-PSYCH ADULT							269,649
060 05	AMB SVC-DIABETES ADULT							28,792
060 06	OUTPATIENT SURGERY							705,322
060 07	AMB SVC-RILEY CLINICS							779,811
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							21,167
060 10	AMB SVC-PSYCH CHILD							24,552
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							82,426
060 15	SLEEP DISORDER CENTER							321,219
060 16	O/P CLINIC-ADULT							155,912
060 17	O/P CLINIC-PEDIATRIC							252,661
060 18	ARTHRITIS/INFUSION CENTER							131,592
060 19	NEUROLOGY UH							200,028
060 20	ORTHOPEDICS UH							152,694
060 21	AMB SVC-UH PHYSICAL MEDIC							158,519
060 22	AMB SVC-DERMATOLOGY CLINI							96,472
060 24	IU CANCER PAVILLION							352,455
060 25	CARDIO CLINIC							35,973
061	EMERGENCY							2,246,027
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							4,731
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							21,028
065	AMBULANCE SERVICES							737,978
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							750,127
082	LUNG ACQUISITION							29,132
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							86,208
084	LIVER ACQUISITION							26,656
085	HEART ACQUISITION							17,101
085 01	PANCREAS ACQUISITION							13,785
085 02	INTESTINE ACQUISITION							5,873
086	OTHER ORGAN ACQUISITION							3,529
086 01	POST TRANSPLANT EXPENSES							126,607
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							167,082
095	SUBTOTALS							100,063,933
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							195,526
097	RESEARCH							1,729,325
097 01	RESEARCH-GCRC							283,386
098	PHYSICIANS' PRIVATE OFFIC							21,017
098 01	OTHER NONREIMBURSABLE-MET							2,337,348
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							4,670

	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 05	AOC-PRIVATE PHYSICIANS							6,022,792
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							77,378
098 09	MHH NON-REIMBURSABLE LABO							11,739
098 10	SURGERY CENTER							112
098 11	UNUSED SPACE							5,208,660
098 12	RHI LAB							646
098 13	NONALLOWABLE ADVERTISING							23,393
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							44,388
098 16	CARDIO PHYSICIANS							138,745
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS	2,485	30,875	40,729		70,550		1,347,483
102	NEGATIVE COST CENTER							
103	TOTAL	2,485	30,875	40,729		70,550		117,510,541

			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		15,387,036
026		INTENSIVE CARE UNIT		1,550,288
027		CORONARY CARE UNIT		910,542
027	01	NEONATAL INTENSIVE CARE U		486,303
028		BURN INTENSIVE CARE UNIT		257,382
029		SURGICAL INTENSIVE CARE U		
029	02	UH SURG 6IC		1,110,498
029	03	UH NS 3IC		151,400
029	04	RH PED IC		727,304
029	05	TRANSPLANT ICU		237,863
029	07	PEDIATRIC CANCER CENTER		116,306
031		SUBPROVIDER		406,264
033		NURSERY		403,633
034		SKILLED NURSING FACILITY		
035		NURSING FACILITY		
035	01	ICF/MR		
036		OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
037		OPERATING ROOM		14,163,648
037	01	ENDOSCOPY		335,852
038		RECOVERY ROOM		897,015
039		DELIVERY ROOM & LABOR ROO		
040		ANESTHESIOLOGY		1,519,305
040	01	PULMONARY FUNCTION TESTIN		691,384
041		RADIOLOGY-DIAGNOSTIC		19,577,069
042		RADIOLOGY-THERAPEUTIC		5,269,175
043		RADIOISOTOPE		1,856,003
044		LABORATORY		5,364,944
044	01	TRANSPLANT IMMUNOLOGY		139,162
044	02	BONE MARROW TRANSPLANT LA		354,194

		POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		ANCILLARY SRVC COST CNTRS	
045		PBP CLINICAL LAB SERVICES	
046		WHOLE BLOOD & PACKED RED	
047		BLOOD STORING, PROCESSING	635,524
048		INTRAVENOUS THERAPY	
049		RESPIRATORY THERAPY	1,438,879
050		PHYSICAL THERAPY	459,867
051		OCCUPATIONAL THERAPY	255,428
052		SPEECH PATHOLOGY	406,116
053		ELECTROCARDIOLOGY	588,768
054		ELECTROENCEPHALOGRAPHY	444,494
055		MEDICAL SUPPLIES CHARGED	68,880
056		DRUGS CHARGED TO PATIENTS	1,806,450
056	01	RENAL-RILEY	
056	02	RENAL-ADULT	
056	03	OUTPATIENT RETAIL PHARMAC	571,199
057		RENAL DIALYSIS	1,061,418
058		ASC (NON-DISTINCT PART)	
058	04	BMTU OUTPATIENT	
059		RH NBN ECMO IC	109,183
059	01	CARDIOLOGY	1,548,475
059	02	PSYCH OTHER ANCILLARY	52,837
059	03	CARDIAC CATHERIZATION	2,469,354
059	04	DAY SURGERY	746,396
059	05	ONCOLOGY	6,158,926
059	06	DAY SURGERY-RILEY	
059	07	CARDIOLOGY-RILEY	
		OUTPAT SERVICE COST CNTRS	
060		CLINIC	
060	01	AMB SVC-OB & GYN	525,426
060	02	MEDICINE/DIAGNOSTIC	688,249
060	03	AMB SVC-OPTHALMOLOGY	110,386
060	04	AMB SVC-PSYCH ADULT	269,649
060	05	AMB SVC-DIABETES ADULT	28,792
060	06	OUTPATIENT SURGERY	705,322
060	07	AMB SVC-RILEY CLINICS	779,811
060	08	DENTAL CLINIC	
060	09	MOTILITY LAB	21,167
060	10	AMB SVC-PSYCH CHILD	24,552
060	13	ARTHRITIS CENTER	
060	14	GERIATRICS CLINIC	82,426
060	15	SLEEP DISORDER CENTER	321,219
060	16	O/P CLINIC-ADULT	155,912
060	17	O/P CLINIC-PEDIATRIC	252,661
060	18	ARTHRITIS/INFUSION CENTER	131,592
060	19	NEUROLOGY UH	200,028
060	20	ORTHOPEDICS UH	152,694
060	21	AMB SVC-UH PHYSICAL MEDIC	158,519
060	22	AMB SVC-DERMATOLOGY CLINI	96,472
060	24	IU CANCER PAVILLION	352,455
060	25	CARDIO CLINIC	35,973
061		EMERGENCY	2,246,027
061	01	EMERGENCY-RILEY	
062		OBSERVATION BEDS (NON-DIS	
063		FAMILY PRACTICE	
063	60	FEDERALLY QUALIFIED HEALT	4,731
		OTHER REIMBURS COST CNTRS	
064		HOME PROGRAM DIALYSIS	21,028
065		AMBULANCE SERVICES	737,978
066		DURABLE MEDICAL EQUIP-REN	
067		DURABLE MEDICAL EQUIP-SOL	
069		CORF	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	750,127
082		LUNG ACQUISITION	29,132
		SPEC PURPOSE COST CENTERS	
083		KIDNEY ACQUISITION	86,208
084		LIVER ACQUISITION	26,656
085		HEART ACQUISITION	17,101
085	01	PANCREAS ACQUISITION	13,785
085	02	INTESTINE ACQUISITION	5,873
086		OTHER ORGAN ACQUISITION	3,529
086	01	POST TRANSPLANT EXPENSES	126,607
092		AMBULATORY SURGICAL CENTE	
093		HOSPICE	167,082
095		SUBTOTALS	100,063,933
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	195,526
097		RESEARCH	1,729,325
097	01	RESEARCH-GCRC	283,386
098		PHYSICIANS' PRIVATE OFFIC	21,017
098	01	OTHER NONREIMBURSABLE-MET	2,337,348
098	02	CAFETERIA-IUMC	
098	03	ORGAN PROC ORG	
098	04	OTHER NONREIMBURSABLE-IUM	4,670

			POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		NONREIMBURS COST CENTERS		
098	05	AOC-PRIVATE PHYSICIANS		6,022,792
098	06	NONALLOWABLE ADVERTISING		
098	07	PHYSICIANS' PRIVATE OFFIC		
098	08	MHH NON-REIMBURSABLE RADI		77,378
098	09	MHH NON-REIMBURSABLE LABO		11,739
098	10	SURGERY CENTER		112
098	11	UNUSED SPACE		5,208,660
098	12	RHI LAB		646
098	13	NONALLOWABLE ADVERTISING		23,393
098	14	NONALLOWABLE		
098	15	ARTHRITIS CLINIC - NR		44,388
098	16	CARDIO PHYSICIANS		138,745
099		NONPAID WORKERS		
101		CROSS FOOT ADJUSTMENTS		1,347,483
102		NEGATIVE COST CENTER		
103		TOTAL		117,510,541

	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			3,549,458			
003 01	NEW CAP REL COSTS-INT				3,549,458		
004	NEW CAP REL COSTS-MVB					32,776,397	
005	EMPLOYEE BENEFITS			1,660	1,660		614,156,506
006 01	NONPATIENT TELEPHONES						292,888
006 02	DATA PROCESSING						17,081,714
006 03	PURCHASING, RECEIVING			174	174	27,347	4,745,072
006 04	ADMITTING						8,223,353
006 05	CASHIERING						11,771,101
006 06	OTHER ADMINISTRATIVE			68,545	68,545	554,481	37,106,350
007	MAINTENANCE & REPAIRS			64,795	64,795		4,048,679
007 03	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT			1,076	1,076	26,017	9,521,623
008 01	IU LEASED SPACE						
009	LAUNDRY & LINEN SERVI			35,535	35,535	15,754	597,594
010	HOUSEKEEPING						
010 01	HOUSEKEEPING - UNIVER						2,980,146
010 02	HOUSEKEEPING - RILEY						1,524,791
010 03	HOUSEKEEPING - METHOD						3,457,523
011	DIETARY			37,232	37,232	98,248	7,618,016
012	CAFETERIA						919,316
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO			30,136	30,136	1,639,316	16,740,236
015	CENTRAL SERVICES & SU			34,013	34,013	175,390	3,724,834
016	PHARMACY			53,335	53,335	957,204	20,997,824
017	MEDICAL RECORDS & LIB			945	945	9,900	6,622,766
018	SOCIAL SERVICE			4,533	4,533	57	3,268,034
019	PATIENT TRANSPORTATIO			1,747	1,747	5,477	1,967,700
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &			4,711	4,711	21,911	25,229,175
023	I&R SERVICES-OTHER PR			42,577	42,577	2,016	1,450,068
024	PARAMED ED PRGM						
024 01	PARAMED ED CLINIC LAB			11,893	11,893	498	185,736
024 02	PARAMED RADIOLOGY-MET			3,864	3,864		354,675
024 03	PARAMED RESPIRATORY T			3,738	3,738		303,158
024 04	DIETARY INTERNSHIP PR						
024 05	PARAMED EMERGENCY MET			3,383	3,383		282,667
024 06	PARAMED PASTORAL ED			808	808		458,748
024 07	PARAMED PHYSICAL THER						207,806
024 08	PARAMED OCCUP THERAPY						
024 09	PARAMED PERFUSION						
024 10	PARAMED PHARMACY						798,684
024 11	PARAMED NEUROPHYSIOLO						35,546
024 12	RADIATION THERAPY ED-						275,463
024 13	NUCLEAR MED ED-IUMC						49,453
024 14	MEDICAL ASSISTING PRO			1,563	1,563		113,247
024 15	SURGICAL TECHNOLOGY P			2,231	2,231	1,072	72,784
024 16	PARAMED SPEECH						
024 17	PARAMED ED PRGM			4,018	4,018		153,199
024 18	PARAMED ED PRGM						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS			645,375	645,375	1,232,477	130,329,574
026	INTENSIVE CARE UNIT			55,571	55,571	202,222	14,507,370
027	CORONARY CARE UNIT			36,188	36,188	50,248	10,166,241
027 01	NEONATAL INTENSIVE CA			7,985	7,985	139,025	4,560,744
028	BURN INTENSIVE CARE U			4,327	4,327	84,633	1,440,367
029	SURGICAL INTENSIVE CA						
029 02	UH SURG 6IC			44,212	44,212	173,842	4,219,344
029 03	UH NS 3IC			6,738	6,738	7,535	1,946,375
029 04	RH PED IC			28,985	28,985	56,644	8,521,152
029 05	TRANSPLANT ICU			12,400	12,400		2,545,563
029 07	PEDIATRIC CANCER CENT			6,107	6,107	465	1,202,086
031	SUBPROVIDER			21,045	21,045	9,926	3,341,740
033	NURSERY			16,637	16,637	38,959	3,999,986
034	SKILLED NURSING FACIL						
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			220,175	220,175	4,955,578	30,366,649
037 01	ENDOSCOPY			4,548	4,548	123,575	971,515
038	RECOVERY ROOM			45,355	45,355	46,648	6,772,863
039	DELIVERY ROOM & LABOR						
040	ANESTHESIOLOGY			2,046	2,046	699,612	2,407,651
040 01	PULMONARY FUNCTION TE			19,961	19,961	186,789	2,396,839
041	RADIOLOGY-DIAGNOSTIC			175,208	175,208	8,404,701	22,739,598
042	RADIOLOGY-THERAPEUTIC			41,039	41,039	2,327,969	4,294,038

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET B-1

	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						
043	RADIOISOTOPE			18,790	18,790	776,872	856,328
044	LABORATORY			169,035	169,035	1,306,106	22,006,120
044 01	TRANSPLANT IMMUNOLOGY			4,558	4,558	28,487	847,722
044 02	BONE MARROW TRANSPLAN			12,493	12,493	74,759	967,729
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES			9,865	9,865	39,269	3,019,982
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			23,896	23,896	498,420	18,069,707
050	PHYSICAL THERAPY			25,220	25,220	28,984	6,128,961
051	OCCUPATIONAL THERAPY			16,349	16,349	1,113	2,015,597
052	SPEECH PATHOLOGY			21,525	21,525	29,841	2,758,997
053	ELECTROCARDIOLOGY			8,292	8,292	225,227	2,858,205
054	ELECTROENCEPHALOGRAPH			10,583	10,583	138,921	1,993,157
055	MEDICAL SUPPLIES CHAR			3,221	3,221		223,505
056	DRUGS CHARGED TO PATI						
056 01	RENAL-RILEY						
056 02	RENAL-ADULT						
056 03	OUTPATIENT RETAIL PHA					34,598	3,440,408
057	RENAL DIALYSIS			38,265	38,265	154,417	5,775,347
058	ASC (NON-DISTINCT PAR						
058 04	BMTU OUTPATIENT						
059	RH NBN ECMO IC					53,263	322,742
059 01	CARDIOLOGY			11,132	11,132	648,353	1,801,278
059 02	PSYCH OTHER ANCILLARY			2,808	2,808	2,871	128,464
059 03	CARDIAC CATHERIZATION			32,179	32,179	957,545	2,972,543
059 04	DAY SURGERY			36,299	36,299	67,907	4,009,949
059 05	ONCOLOGY			4,087	4,087	3,070,266	284,536
059 06	DAY SURGERY-RILEY						
059 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST C						
060	CLINIC						
060 01	AMB SVC-OB & GYN			16,092	16,092	135,274	1,142,373
060 02	MEDICINE/DIAGNOSTIC			41,264	41,264	10,982	3,039,637
060 03	AMB SVC-OPTHALMOLOGY			5,224	5,224	14,910	212,626
060 04	AMB SVC-PSYCH ADULT			17,465	17,465		497,163
060 05	AMB SVC-DIABETES ADUL			1,898	1,898		
060 06	OUTPATIENT SURGERY			10,497	10,497	271,043	1,755,921
060 07	AMB SVC-RILEY CLINICS			33,658	33,658	108,875	4,142,720
060 08	DENTAL CLINIC						
060 09	MOTILITY LAB			505	505	5,647	72,282
060 10	AMB SVC-PSYCH CHILD			1,582	1,582		197,451
060 13	ARTHRITIS CENTER						
060 14	GERIATRICS CLINIC			4,631	4,631	5,302	231,939
060 15	SLEEP DISORDER CENTER			17,602	17,602	24,798	1,825,449
060 16	O/P CLINIC-ADULT			10,066	10,066	423	259,099
060 17	O/P CLINIC-PEDIATRIC			16,648	16,648	114	
060 18	ARTHRITIS/INFUSION CE					6,554	165,620
060 19	NEUROLOGY UH			6,982	6,982	42,653	793,434
060 20	ORTHOPEDICS UH			9,697	9,697	974	340,167
060 21	AMB SVC-UH PHYSICAL M			9,925	9,925		873,058
060 22	AMB SVC-DERMATOLOGY C			6,127	6,127		251,333
060 24	IU CANCER PAVILLION			22,013	22,013	7,361	802,767
060 25	CARDIO CLINIC			2,183	2,183		282,645
061	EMERGENCY			90,376	90,376	263,818	17,739,738
061 01	EMERGENCY-RILEY						
062	OBSERVATION BEDS (NON						
063	FAMILY PRACTICE						
063 60	FEDERALLY QUALIFIED H						1,804,788
	OTHER REIMBURS COST C						
064	HOME PROGRAM DIALYSIS			843	843	2,587	49,959
065	AMBULANCE SERVICES					343,670	5,139,581
066	DURABLE MEDICAL EQUIP						
067	DURABLE MEDICAL EQUIP						
069	CORF						
070	I&R SERVICES-NOT APPR						
071	HOME HEALTH AGENCY			3,328	3,328	290,736	15,249,192
082	LUNG ACQUISITION			1,669	1,669	563	249,551
	SPEC PURPOSE COST CEN						
083	KIDNEY ACQUISITION			3,668	3,668	7,507	1,765,449
084	LIVER ACQUISITION			610	610	2,835	713,385
085	HEART ACQUISITION			1,012	1,012	345	209,304
085 01	PANCREAS ACQUISITION			327	327	1,851	151,840
085 02	INTESTINE ACQUISITION			141	141	575	117,799
086	OTHER ORGAN ACQUISITI						204,270
086 01	POST TRANSPLANT EXPEN			6,434	6,434	10,642	2,660,313
092	AMBULATORY SURGICAL C						
093	HOSPICE			6,890	6,890	16,594	2,488,459
095	SUBTOTALS			2,604,368	2,604,368	31,989,388	595,820,253
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE			12,884	12,884		

	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						
097	RESEARCH			37,690	37,690	543,746	7,760,985
097 01	RESEARCH-GCRC			16,966	16,966	5,798	
098	PHYSICIANS' PRIVATE O			1,136	1,136		445,361
098 01	OTHER NONREIMBURSABLE			130,625	130,625	153,822	6,054,540
098 02	CAFETERIA-IUMC						
098 03	ORGAN PROC ORG						
098 04	OTHER NONREIMBURSABLE			272	272		32,530
098 05	AOC-PRIVATE PHYSICIAN			397,170	397,170		482
098 06	NONALLOWABLE ADVERTIS						
098 07	PHYSICIANS' PRIVATE O						
098 08	MHH NON-REIMBURSABLE					38,806	101,083
098 09	MHH NON-REIMBURSABLE			80	80	4,875	171,115
098 10	SURGERY CENTER						37,315
098 11	UNUSED SPACE			343,512	343,512		
098 12	RHI LAB						143,956
098 13	NONALLOWABLE ADVERTIS						1,551,273
098 14	NONALLOWABLE						
098 15	ARTHRITIS CLINIC - NR					11,219	1,302,324
098 16	CARDIO PHYSICIANS			4,755	4,755	28,743	735,289
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)			33,537,258	19,008,395	64,964,888	102,419,475
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			9.448557	5.355295	1.982063	.166764
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						24,575
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						.000040

	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	9,476						
006 02	DATA PROCESSING		9,476					
006 03	PURCHASING, RECEIVING	5	5	186,174,843				
006 04	ADMITTING				2557,153,204			
006 05	CASHIERING					4135,176,156		
006 06	OTHER ADMINISTRATIVE	430	430	199,749			-93,985,387	1361,989,112
007	MAINTENANCE & REPAIRS			2				16,930,870
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1	1	888				47,252,196
008 01	IU LEASED SPACE							80,500
009	LAUNDRY & LINEN SERVI	12	12	106,179				4,613,630
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							4,618,006
010 02	HOUSEKEEPING - RILEY							2,362,802
010 03	HOUSEKEEPING - METHOD							5,357,745
011	DIETARY	108	108	122,506				12,303,973
012	CAFETERIA							1,589,399
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	91	91	86,936				25,662,625
015	CENTRAL SERVICES & SU	43	43					15,384,167
016	PHARMACY	269	269	2,458,988				108,874,104
017	MEDICAL RECORDS & LIB	7	7	1,784				13,289,181
018	SOCIAL SERVICE	74	74	11,350				6,467,868
019	PATIENT TRANSPORTATIO	35	35	26,345				2,718,869
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	65	65	1,409				37,261,067
023	I&R SERVICES-OTHER PR	255	255	134,406				15,142,725
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	16	16	6,966				585,121
024 02	PARAMED RADIOLOGY-MET	5	5	1,039				382,907
024 03	PARAMED RESPIRATORY T	4	4	5,250				143,489
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET	6	6	1,564				391,819
024 06	PARAMED PASTORAL ED	12	12	186				653,832
024 07	PARAMED PHYSICAL THER	10	10	7,215				285,250
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	2	2	3,827				1,032,473
024 11	PARAMED NEUROPHYSIOLO							44,193
024 12	RADIATION THERAPY ED-							342,473
024 13	NUCLEAR MED ED-IUMC							61,483
024 14	MEDICAL ASSISTING PRO	5	5	14				185,635
024 15	SURGICAL TECHNOLOGY P	1	1	1,786				93,069
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	6	6	451				270,323
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1,972	1,972	13,859,981	503,111,436	508,440,940		207,777,695
026	INTENSIVE CARE UNIT	266	266	1,761,780	51,167,734	51,167,734		23,225,972
027	CORONARY CARE UNIT	177	177	1,653,444	33,565,040	33,565,040		16,528,080
027 01	NEONATAL INTENSIVE CA	41	41	508,767	22,136,443	22,136,443		7,093,071
028	BURN INTENSIVE CARE U	18	18	33,275	4,410,561	4,409,994		2,228,735
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	133	133	882,968	14,354,462	14,354,462		8,164,401
029 03	UH NS 3IC	13	13	247,277	6,006,092	6,006,092		3,004,653
029 04	RH PED IC	52	52	1,163,979	31,768,253	31,768,253		13,038,659
029 05	TRANSPLANT ICU			656,945	7,518,324	7,518,324		4,094,098
029 07	PEDIATRIC CANCER CENT	15	15	163,615	5,664,638	5,664,638		1,904,633
031	SUBPROVIDER	77	77	65,270	9,612,443	9,787,375		5,102,237
033	NURSERY	57	57	312,119	19,000,686	19,013,250		6,143,520
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	485	485	77,108,977	452,954,241	664,064,915		143,376,656
037 01	ENDOSCOPY	34	34	724,063	8,867,453	12,616,963		2,771,429
038	RECOVERY ROOM	132	132	548,013	23,746,826	48,956,774		10,997,138
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	33	33	5,935,066	26,421,523	34,436,208		12,422,132
040 01	PULMONARY FUNCTION TE	47	47	397,833	2,535,599	20,383,519		4,524,786
041	RADIOLOGY-DIAGNOSTIC	661	661	13,106,737	204,156,287	497,362,673		76,094,012
042	RADIOLOGY-THERAPEUTIC	62	62	401,940	5,401,863	70,272,942		12,037,660

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT)HARGES	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							
043	RADIOISOTOPE	42	42	2,674,102	5,872,358	22,224,205		6,357,471
044	LABORATORY	583	583	19,684,947	279,301,031	528,923,289		66,097,254
044 01	TRANSPLANT IMMUNOLOGY	7	7	1,309,831	2,617,087	18,676,139		4,202,172
044 02	BONE MARROW TRANSPLAN	25	25	1,127,227	2,647,205	9,102,484		2,946,804
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	43	43	686,814	46,833,641	55,242,227		20,904,367
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	120	120	4,225,139	166,536,700	173,026,948		31,915,389
050	PHYSICAL THERAPY	44	44	542,791	17,370,099	31,026,168		9,487,479
051	OCCUPATIONAL THERAPY	47	47	82,638	6,217,283	9,225,428		3,187,924
052	SPEECH PATHOLOGY	81	81	1,779,557	3,844,651	13,921,104		6,149,753
053	ELECTROCARDIOLOGY	70	70	138,201	36,169,782	48,646,893		5,217,428
054	ELECTROENCEPHALOGRAPH	50	50	278,632	11,513,736	18,309,153		4,237,213
055	MEDICAL SUPPLIES CHAR	5	5	3,706,465	4,415,035	6,133,995		713,777
056	DRUGS CHARGED TO PATI				306,300,074	387,986,269		3,908,225
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA	103	103	85,480		34,859,927		25,420,735
057	RENAL DIALYSIS	101	101	3,631,051	15,191,223	58,288,626		17,479,181
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	1	1	64,723	1,198,293	1,198,293		593,812
059 01	CARDIOLOGY	27	27	11,139,156	39,996,399	94,966,440		17,541,421
059 02	PSYCH OTHER ANCILLARY	37	37	18,495	216,356	945,762		1,631,423
059 03	CARDIAC CATHERIZATION	139	139	5,503,093	43,009,563	78,826,552		13,510,058
059 04	DAY SURGERY	62	62	381,932	726,498	7,399,872		6,460,116
059 05	ONCOLOGY	12	12	1,236	58	5,104		6,647,774
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN	55	55	158,357	694,023	7,252,515		2,429,814
060 02	MEDICINE/DIAGNOSTIC	127	127	254,249	218,624	11,185,100		6,047,687
060 03	AMB SVC-OPTHALMOLOGY	10	10	5,482	8,131	1,285,289		459,725
060 04	AMB SVC-PSYCH ADULT	32	32	33,942	1,487	2,364,883		1,152,457
060 05	AMB SVC-DIABETES ADUL			1,702				30,062
060 06	OUTPATIENT SURGERY	53	53	48,120	5,003,780	12,173,320		3,296,333
060 07	AMB SVC-RILEY CLINICS	185	185	393,405	455,295	9,871,175		4,290,001
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	1	1	72,048	53,059	616,618		197,445
060 10	AMB SVC-PSYCH CHILD	14	14	3,428				368,966
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	16	16	5,791	2,033	108,892		480,838
060 15	SLEEP DISORDER CENTER	57	57		32,097	13,291,683		3,317,359
060 16	O/P CLINIC-ADULT	26	26	5,249	1,862	186,675		642,037
060 17	O/P CLINIC-PEDIATRIC			159				245,815
060 18	ARTHRITIS/INFUSION CE	25	25	71,146	10,478	13,297,051		5,371,789
060 19	NEUROLOGY UH	25	25	14,183	2,537	772,888		1,341,028
060 20	ORTHOPEDICS UH	30	30	7,615	1,753	347,810		771,149
060 21	AMB SVC-UH PHYSICAL M	37	37	17,273	5,823	1,100,063		1,507,569
060 22	AMB SVC-DERMATOLOGY C	4	4	46,419	2,406	719,544		498,887
060 24	IU CANCER PAVILLION	109	109	39,854	18,998	1,033,884		1,978,630
060 25	CARDIO CLINIC	22	22	8,148	6,593	257,459		517,891
061	EMERGENCY	450	450	3,260,107	72,379,355	218,051,050		31,171,181
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H					2,335,541		2,962,341
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS	1	1	431,148	15,930	2,463,943		559,010
065	AMBULANCE SERVICES	65	65	165,380	75,896	34,855,884		15,100,044
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY					76,226,079		39,385,426
082	LUNG ACQUISITION	4	4	6,922	3,508,056	3,508,056		1,673,356
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	54	54	92,306	24,822,140	24,841,388		9,261,273
084	LIVER ACQUISITION	20	20	34,861	15,400,536	15,278,226		7,157,592
085	HEART ACQUISITION	2	2	4,236	2,068,859	2,068,859		647,196
085 01	PANCREAS ACQUISITION	13	13	22,762	6,415,346	6,309,742		3,106,628
085 02	INTESTINE ACQUISITION	4	4	7,066	3,516,398	3,399,184		1,581,809
086	OTHER ORGAN ACQUISITI	1	1	196,710				472,880
086 01	POST TRANSPLANT EXPEN	76	76	130,841				4,498,455
092	AMBULATORY SURGICAL C							
093	HOSPICE			3,583		7,231,284		5,000,699
095	SUBTOTALS	8,854	8,854	185,314,891	2557,098,471	4133,295,502	-93,985,387	1297,044,509
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	20	20	166				296,489

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	RECONCIL-IATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
		6.01	6.02	6.03	6.04	6.05	6a.06	6.06
	NONREIMBURS COST CENT							
097	RESEARCH	298	298	554,624				11,879,832
097 01	RESEARCH-GCRC	17	17	62,070	53,913	53,913		557,202
098	PHYSICIANS' PRIVATE O	5	5	2,986		46,797		2,263,812
098 01	OTHER NONREIMBURSABLE	242	242	133,644	695	1,215,967		18,610,963
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE							52,672
098 05	AOC-PRIVATE PHYSICIAN	4	4					6,182,804
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE					369,687		288,288
098 09	MHH NON-REIMBURSABLE	4	4	18,481	125	194,071		320,741
098 10	SURGERY CENTER			2,254				63,893
098 11	UNUSED SPACE							5,085,301
098 12	RHI LAB			46,244				260,237
098 13	NONALLOWABLE ADVERTIS							15,020,171
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR	1	1	24,969				2,771,236
098 16	CARDIO PHYSICIANS	31	31	14,514		219		1,290,962
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,818,795	47,130,012	5,062,024	11,524,320	26,938,817		93,985,387
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	297.466758	4,973.618827	.027190	.004507	.006515		.069006
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	12	683	56,969	329	471		2,115,323
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001266	.072077	.000306				.001553

	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	3,414,284							
007 03	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT	1,076		3,413,208					
008 01	IU LEASED SPACE				6,616				
009	LAUNDRY & LINEN SERVI	35,535		35,535		2,969,082			
010	HOUSEKEEPING								
010 01	HOUSEKEEPING - UNIVER							1,163,491	
010 02	HOUSEKEEPING - RILEY								
010 03	HOUSEKEEPING - METHOD								
011	DIETARY	37,232		37,232				13,332	
012	CAFETERIA								
013	MAINTENANCE OF PERSON								
014	NURSING ADMINISTRATIO	30,136		30,136		51		4,036	
015	CENTRAL SERVICES & SU	34,013		34,013		2,229		7,564	
016	PHARMACY	53,335		53,335		73,070		25,417	
017	MEDICAL RECORDS & LIB	945		945	6,616			945	
018	SOCIAL SERVICE	4,533		4,533		667			
019	PATIENT TRANSPORTATIO	1,747		1,747				1,672	
020	NONPHYSICIAN ANESTHET								
021	NURSING SCHOOL								
022	I&R SERVICES-SALARY &	4,711		4,711		12,621		655	
023	I&R SERVICES-OTHER PR	42,577		42,577				4,087	
024	PARAMED ED PRGM								
024 01	PARAMED ED CLINIC LAB	11,893		11,893					
024 02	PARAMED RADIOLOGY-MET	3,864		3,864					
024 03	PARAMED RESPIRATORY T	3,738		3,738					
024 04	DIETARY INTERNSHIP PR								
024 05	PARAMED EMERGENCY MET	3,383		3,383					
024 06	PARAMED PASTORAL ED	808		808					
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	1,563		1,563					
024 15	SURGICAL TECHNOLOGY P	2,231		2,231					
024 16	PARAMED SPEECH								
024 17	PARAMED ED PRGM	4,018		4,018					
024 18	PARAMED ED PRGM								
	INPAT ROUTINE SRVC CN								
025	ADULTS & PEDIATRICS	645,375		645,375		1,533,244		180,773	
026	INTENSIVE CARE UNIT	55,571		55,571		197,395			
027	CORONARY CARE UNIT	36,188		36,188		150,104		14,225	
027 01	NEONATAL INTENSIVE CA	7,985		7,985		19,072			
028	BURN INTENSIVE CARE U	4,327		4,327					
029	SURGICAL INTENSIVE CA								
029 02	UH SURG 6IC	44,212		44,212		292		44,212	
029 03	UH NS 3IC	6,738		6,738		92		6,738	
029 04	RH PED IC	28,985		28,985		3			
029 05	TRANSPLANT ICU	12,400		12,400				12,400	
029 07	PEDIATRIC CANCER CENT	6,107		6,107					
031	SUBPROVIDER	21,045		21,045		54,656			
033	NURSERY	16,637		16,637		23,148		9,742	
034	SKILLED NURSING FACIL								
035	NURSING FACILITY								
035 01	ICF/MR								
036	OTHER LONG TERM CARE								
	ANCILLARY SRVC COST C								
037	OPERATING ROOM	220,175		220,175		409,073		96,795	
037 01	ENDOSCOPY	4,548		4,548		19,901			
038	RECOVERY ROOM	45,355		45,355		43,161		7,821	
039	DELIVERY ROOM & LABOR								
040	ANESTHESIOLOGY	2,046		2,046				152	
040 01	PULMONARY FUNCTION TE	19,961		19,961				3,001	
041	RADIOLOGY-DIAGNOSTIC	175,208		175,208		62,325		77,687	
042	RADIOLOGY-THERAPEUTIC	41,039		41,039		10,992		22,034	

	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							
043	RADIOISOTOPE	18,790		18,790		4,647		7,866
044	LABORATORY	169,035		169,035		88		7,493
044 01	TRANSPLANT IMMUNOLOGY	4,558		4,558				
044 02	BONE MARROW TRANSPLAN	12,493		12,493		1,660		8,998
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	9,865		9,865		3,591		1,210
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	23,896		23,896		275		3,808
050	PHYSICAL THERAPY	25,220		25,220		10,398		3,202
051	OCCUPATIONAL THERAPY	16,349		16,349				2,997
052	SPEECH PATHOLOGY	21,525		21,525		601		4,578
053	ELECTROCARDIOLOGY	8,292		8,292		5,734		
054	ELECTROENCEPHALOGRAPH	10,583		10,583		1,487		4,495
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							
057	RENAL DIALYSIS	38,265		38,265		3,358		24,458
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	11,132		11,132		116		1,854
059 02	PSYCH OTHER ANCILLARY	2,808		2,808				
059 03	CARDIAC CATHERIZATION	32,179		32,179		47,595		2,281
059 04	DAY SURGERY	36,299		36,299		118		32,500
059 05	ONCOLOGY	4,087		4,087				314
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN	16,092		16,092		107		16,092
060 02	MEDICINE/DIAGNOSTIC	41,264		41,264		352		30,160
060 03	AMB SVC-OPTHALMOLOGY	5,224		5,224		37		5,224
060 04	AMB SVC-PSYCH ADULT	17,465		17,465				6,888
060 05	AMB SVC-DIABETES ADUL	1,898		1,898				1,898
060 06	OUTPATIENT SURGERY	10,497		10,497		604		9,551
060 07	AMB SVC-RILEY CLINICS	33,658		33,658		49		
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	505		505				
060 10	AMB SVC-PSYCH CHILD	1,582		1,582		2		
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	4,631		4,631				
060 15	SLEEP DISORDER CENTER	17,602		17,602				4,311
060 16	O/P CLINIC-ADULT	10,066		10,066				
060 17	O/P CLINIC-PEDIATRIC	16,648		16,648				
060 18	ARTHRITIS/INFUSION CE							
060 19	NEUROLOGY UH	6,982		6,982		172		6,982
060 20	ORTHOPEDICS UH	9,697		9,697		233		9,697
060 21	AMB SVC-UH PHYSICAL M	9,925		9,925				9,925
060 22	AMB SVC-DERMATOLOGY C	6,127		6,127		622		6,127
060 24	IU CANCER PAVILLION	22,013		22,013				22,013
060 25	CARDIO CLINIC	2,183		2,183				
061	EMERGENCY	90,376		90,376		249,778		4,488
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS	843		843				843
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	3,328		3,328				594
082	LUNG ACQUISITION	1,669		1,669				
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	3,668		3,668				927
084	LIVER ACQUISITION	610		610				610
085	HEART ACQUISITION	1,012		1,012				
085 01	PANCREAS ACQUISITION	327		327				327
085 02	INTESTINE ACQUISITION	141		141				141
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN	6,434		6,434				1,737
092	AMBULATORY SURGICAL C							
093	HOSPICE	6,890		6,890				380
095	SUBTOTALS	2,469,194		2,468,118	6,616	2,943,720		778,257
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	12,884		12,884				3,544

		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	
		NONREIMBURS COST CENT								
097		RESEARCH	37,690		37,690		2,652		770	
097	01	RESEARCH-GCRC	16,966		16,966				16,966	
098		PHYSICIANS' PRIVATE O	1,136		1,136				1,136	
098	01	OTHER NONREIMBURSABLE	130,625		130,625		22,710		6,043	
098	02	CAFETERIA-IUMC								
098	03	ORGAN PROC ORG								
098	04	OTHER NONREIMBURSABLE	272		272					
098	05	AOC-PRIVATE PHYSICIAN	397,170		397,170				117,521	
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	343,512		343,512				239,254	
098	12	RHI LAB								
098	13	NONALLOWABLE ADVERTIS								
098	14	NONALLOWABLE								
098	15	ARTHRITIS CLINIC - NR								
098	16	CARDIO PHYSICIANS	4,755		4,755					
099		NONPAID WORKERS								
101		CROSS FOOT ADJUSTMENT								
102		NEGATIVE COST CENTER								
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	18,099,202		50,518,585	86,055	5,646,320		4,936,676	
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.301024		14.800910	13.007104	1.901706		4.242986	
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	985,671		141,571	125	576,234		7,291	
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.288690		.041477	.018894	.194078		.006266	

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUAREEET)	DIETARY F(MEALSERVED)	CAFETERIA S(FTE'S)	MAINTENANCE O F PERSONNEL (NUMBERHOUSED)	NURSING ADMINISTRATION (DIRECTSING HRS)	CENTRAL SERVICES & SUPPLY NR(COSTED REQ)
		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	630,788						
010 03	HOUSEKEEPING - METHOD		1,405,286					
011	DIETARY	2,642	21,258	749,402				
012	CAFETERIA				856,968			
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	937	23,683		26,271		352,434	
015	CENTRAL SERVICES & SU	6,552	19,897		10,600			185,658,583
016	PHARMACY	8,188	19,729		28,739		49	2,458,988
017	MEDICAL RECORDS & LIB				15,256		476	1,784
018	SOCIAL SERVICE	2,864	1,669		6,507			11,350
019	PATIENT TRANSPORTATIO		75		7,038		1	26,345
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	4,056			51,916			1,409
023	I&R SERVICES-OTHER PR		38,490		3,407		881	134,406
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB		11,893		291			6,966
024 02	PARAMED RADIOLOGY-MET		3,864		501			1,039
024 03	PARAMED RESPIRATORY T		3,738		401			5,250
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET		3,383		527			1,564
024 06	PARAMED PASTORAL ED	615	194		1,218			186
024 07	PARAMED PHYSICAL THER				284			7,215
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				1,380			3,827
024 11	PARAMED NEUROPHYSIOLO				65			
024 12	RADIATION THERAPY ED-				373			
024 13	NUCLEAR MED ED-IUMC				60			
024 14	MEDICAL ASSISTING PRO		1,563		148			14
024 15	SURGICAL TECHNOLOGY P		2,231		123			1,786
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM		4,018		276			451
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	127,297	337,305	608,607	213,088		166,421	13,859,981
026	INTENSIVE CARE UNIT		55,571	12,628	22,038		19,309	1,761,780
027	CORONARY CARE UNIT		21,963	49,647	15,243		13,553	1,653,444
027 01	NEONATAL INTENSIVE CA		7,985	4,035	6,881		6,132	508,767
028	BURN INTENSIVE CARE U	4,327		3,187	2,003		1,560	33,275
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC			12,980	6,624		6,028	882,968
029 03	UH NS 3IC			4,628	2,450		2,159	247,277
029 04	RH PED IC	28,985		18,249	13,442		12,005	1,163,979
029 05	TRANSPLANT ICU				4,007		3,716	656,945
029 07	PEDIATRIC CANCER CENT	6,107		2,514	2,069		1,496	163,615
031	SUBPROVIDER		21,045	15,633	5,724		2,901	65,270
033	NURSERY		6,895		6,099		5,322	312,119
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	39,747	83,633		55,976		26,026	77,108,977
037 01	ENDOSCOPY		4,548		1,661		923	724,063
038	RECOVERY ROOM	15,253	22,281		10,137		8,277	548,013
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	69	1,825		3,902		1,948	5,935,066
040 01	PULMONARY FUNCTION TE	14,108	2,852		4,350		756	397,833
041	RADIOLOGY-DIAGNOSTIC	45,733	46,106		36,416		4,345	13,106,737
042	RADIOLOGY-THERAPEUTIC		19,006		5,112		816	401,940

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)
		10.02	10.03	11	12	13	14	15
	ANCILLARY SRVC COST C							
043	RADIOISOTOPE	2,042	8,882		1,136		193	2,674,102
044	LABORATORY	7,337	11,876		42,122		1	19,684,947
044 01	TRANSPLANT IMMUNOLOGY	249	4,309		1,340			1,309,831
044 02	BONE MARROW TRANSPLAN	1,052	2,442		1,601		517	1,127,227
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	215	2,616		4,950		141	686,814
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	8,814	11,273		29,675		1,213	4,225,139
050	PHYSICAL THERAPY	2,686	15,942		9,557			542,791
051	OCCUPATIONAL THERAPY	4,872	8,480		3,838			82,638
052	SPEECH PATHOLOGY	14,568	2,379		4,653		144	1,779,557
053	ELECTROCARDIOLOGY		8,292		5,580		518	138,201
054	ELECTROENCEPHALOGRAPH	2,744	3,344		3,068			278,632
055	MEDICAL SUPPLIES CHAR	3,221			401			3,706,465
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA				5,518			85,480
057	RENAL DIALYSIS	5,656	8,152		10,611		6,289	3,631,051
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				287		218	64,723
059 01	CARDIOLOGY	9,278			3,001		799	11,139,156
059 02	PSYCH OTHER ANCILLARY		2,808		202		182	18,495
059 03	CARDIAC CATHERIZATION		29,898	4,056	4,293		1,779	5,503,093
059 04	DAY SURGERY	3,263	536		6,850		4,677	381,932
059 05	ONCOLOGY		3,774		484		117	1,236
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN				2,099		794	158,357
060 02	MEDICINE/DIAGNOSTIC		11,104		7,413		2,304	254,249
060 03	AMB SVC-OPTHALMOLOGY				547		56	5,482
060 04	AMB SVC-PSYCH ADULT		10,577		966		297	33,942
060 05	AMB SVC-DIABETES ADUL							1,702
060 06	OUTPATIENT SURGERY		946		3,111		290	48,120
060 07	AMB SVC-RILEY CLINICS	33,658			8,557		3,093	393,405
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	505			102		154	72,048
060 10	AMB SVC-PSYCH CHILD	1,582			481			3,428
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		4,631		603		93	5,791
060 15	SLEEP DISORDER CENTER		13,291		3,343			
060 16	O/P CLINIC-ADULT		10,066		552		151	5,249
060 17	O/P CLINIC-PEDIATRIC		16,648					159
060 18	ARTHRITIS/INFUSION CE				296		184	71,146
060 19	NEUROLOGY UH				1,696		685	14,183
060 20	ORTHOPEDICS UH				901		148	7,615
060 21	AMB SVC-UH PHYSICAL M				2,142		390	17,273
060 22	AMB SVC-DERMATOLOGY C				650		201	46,419
060 24	IU CANCER PAVILLION				1,940		110	39,854
060 25	CARDIO CLINIC		2,183		514		190	8,148
061	EMERGENCY	18,719	62,595		30,062		22,090	3,260,107
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS				112		1	431,148
065	AMBULANCE SERVICES				8,019		2,822	165,380
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	1,238	786		27,678		5,619	
082	LUNG ACQUISITION		1,668		196			6,922
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION		2,741		2,614		5	92,306
084	LIVER ACQUISITION				987		2	34,861
085	HEART ACQUISITION		1,013		120			4,236
085 01	PANCREAS ACQUISITION				644		1	22,762
085 02	INTESTINE ACQUISITION				200			7,066
086	OTHER ORGAN ACQUISITI				208		168	196,710
086 01	POST TRANSPLANT EXPEN		4,697		3,705		6	130,841
092	AMBULATORY SURGICAL C							
093	HOSPICE		6,510		4,013		2,051	3,583
095	SUBTOTALS	429,179	1,061,159	736,164	826,241		343,793	184,798,631
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	6,039	3,300					166

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUAREFEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)
		10.02	10.03	11	12	13	14	15
	NONREIMBURS COST CENT							
097	RESEARCH		36,920		11,262		5,525	554,624
097 01	RESEARCH-GCRC			13,238				62,070
098	PHYSICIANS' PRIVATE O				330		25	2,986
098 01	OTHER NONREIMBURSABLE	766	123,116		11,377		1,917	133,644
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE		272		94		44	
098 05	AOC-PRIVATE PHYSICIAN	191,450	88,200		1		1	
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE				112			
098 09	MHH NON-REIMBURSABLE				436			18,481
098 10	SURGERY CENTER				124			2,254
098 11	UNUSED SPACE	3,354	87,564					
098 12	RHI LAB				352			46,244
098 13	NONALLOWABLE ADVERTIS				1,670			
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR				3,952		491	24,969
098 16	CARDIO PHYSICIANS		4,755		1,017		638	14,514
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,525,850	5,727,462	14,055,242	1,699,077		28,208,876	17,294,172
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.004277	4.075656	18.755277	1.982661		80.040166	.093150
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	3,730	8,459	777,890	2,505		3,746,126	887,102
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.005913	.006019	1.038014	.002923		10.629298	.004778

	COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TOTAL HARGES	SOCIAL SERVICE (PATIENT AYS	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	121,383,429						
017	MEDICAL RECORDS & LIB		4135,176,156					
018	SOCIAL SERVICE			351,936				
019	PATIENT TRANSPORTATIO				4135,176,156			
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							5,890,060
023	I&R SERVICES-OTHER PR	72,470						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	630						
024 02	PARAMED RADIOLOGY-MET							
024 03	PARAMED RESPIRATORY T							
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET	71						
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	70,392	508,440,940	270,852	508,440,940			896,231
026	INTENSIVE CARE UNIT	3,027	51,167,734	19,672	51,167,734			180,870
027	CORONARY CARE UNIT	4,385	33,565,040	12,670	33,565,040			11,071
027 01	NEONATAL INTENSIVE CA	10,297	22,136,443	9,690	22,136,443			97,205
028	BURN INTENSIVE CARE U	3,095	4,409,994	1,578	4,409,994			
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	239	14,354,462	5,405	14,354,462			70,416
029 03	UH NS 3IC		6,006,092	2,319	6,006,092			50,025
029 04	RH PED IC	9,711	31,768,253	9,235	31,768,253			11,560
029 05	TRANSPLANT ICU	1,951	7,518,324	2,571	7,518,324			
029 07	PEDIATRIC CANCER CENT	85	5,664,638	1,892	5,664,638			
031	SUBPROVIDER	468	9,787,375	7,241	9,787,375			46,690
033	NURSERY	155	19,013,250	7,449	19,013,250			
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	842,870	664,064,915	245	664,064,915			721,302
037 01	ENDOSCOPY	1,765	12,616,963		12,616,963			14
038	RECOVERY ROOM	950	48,956,774	450	48,956,774			
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	1,276,235	34,436,208		34,436,208			465,225
040 01	PULMONARY FUNCTION TE	51,801	20,383,519		20,383,519			91,477
041	RADIOLOGY-DIAGNOSTIC	384,596	497,362,673		497,362,673			476,741
042	RADIOLOGY-THERAPEUTIC	6,900	70,272,942		70,272,942			53,086

	COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES	SOCIAL SERVICE (PATIENT DAYS	PATIENT TRANSPORTATION (TOTAL CHARGES	NONPHYSICIANANESTHETISTS (ASSIGNED TIME	NURSING SCHOOL (ASSIGNED TIME	I&R SERVICES-SALARY & FRINGE (ASSIGNED TIME
		16	17	18	19	20	21	22
	ANCILLARY SRVC COST C							
043	RADIOISOTOPE	196,486	22,224,205		22,224,205			49,689
044	LABORATORY	33,240	528,923,289		528,923,289			213,699
044 01	TRANSPLANT IMMUNOLOGY		18,676,139		18,676,139			
044 02	BONE MARROW TRANSPLAN	19,725	9,102,484		9,102,484			
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	15,422,129	55,242,227		55,242,227			
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	2,349	173,026,948		173,026,948			7,457
050	PHYSICAL THERAPY	1,825	31,026,168		31,026,168			44,126
051	OCCUPATIONAL THERAPY	24	9,225,428		9,225,428			
052	SPEECH PATHOLOGY	14,861	13,921,104		13,921,104			73,577
053	ELECTROCARDIOLOGY	1,570	48,646,893		48,646,893			27,226
054	ELECTROENCEPHALOGRAPH	3,379	18,309,153		18,309,153			58,105
055	MEDICAL SUPPLIES CHAR		6,133,995		6,133,995			
056	DRUGS CHARGED TO PATI	74,899,950	387,986,269		387,986,269			
056 01	RENAL-RILEY							24,440
056 02	RENAL-ADULT							12,741
056 03	OUTPATIENT RETAIL PHA	19,311,476	34,859,927		34,859,927			
057	RENAL DIALYSIS	2,559,030	58,288,626	25	58,288,626			20,711
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							1,369
059	RH NBN ECMO IC		1,198,293		1,198,293			
059 01	CARDIOLOGY	529	94,966,440		94,966,440			152,093
059 02	PSYCH OTHER ANCILLARY	1,531	945,762		945,762			7,113
059 03	CARDIAC CATHERIZATION	34,038	78,826,552	22	78,826,552			48,405
059 04	DAY SURGERY	196	7,399,872	617	7,399,872			
059 05	ONCOLOGY		5,104		5,104			103,953
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN	16,284	7,252,515		7,252,515			109,410
060 02	MEDICINE/DIAGNOSTIC	253,447	11,185,100		11,185,100			42,578
060 03	AMB SVC-OPTHALMOLOGY	14,738	1,285,289		1,285,289			87,694
060 04	AMB SVC-PSYCH ADULT	1,017	2,364,883		2,364,883			26,196
060 05	AMB SVC-DIABETES ADUL							
060 06	OUTPATIENT SURGERY	9,181	12,173,320		12,173,320			
060 07	AMB SVC-RILEY CLINICS	520,114	9,871,175		9,871,175			81,381
060 08	DENTAL CLINIC							150,326
060 09	MOTILITY LAB	7	616,618		616,618			
060 10	AMB SVC-PSYCH CHILD							29,912
060 13	ARTHRITIS CENTER							20,134
060 14	GERIATRICS CLINIC	945	108,892		108,892			21,989
060 15	SLEEP DISORDER CENTER		13,291,683		13,291,683			
060 16	O/P CLINIC-ADULT	1,070	186,675		186,675			157,415
060 17	O/P CLINIC-PEDIATRIC							256,339
060 18	ARTHRITIS/INFUSION CE	4,500,757	13,297,051		13,297,051			
060 19	NEUROLOGY UH	10,374	772,888		772,888			46,042
060 20	ORTHOPEDICS UH	44,642	347,810		347,810			102,233
060 21	AMB SVC-UH PHYSICAL M	67,174	1,100,063		1,100,063			
060 22	AMB SVC-DERMATOLOGY C	17,169	719,544		719,544			14,132
060 24	IU CANCER PAVILLION	2,745	1,033,884		1,033,884			4,168
060 25	CARDIO CLINIC	1,444	257,459		257,459			66,583
061	EMERGENCY	12,916	218,051,050	3	218,051,050			315,583
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H		2,335,541		2,335,541			
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS	80	2,463,943		2,463,943			
065	AMBULANCE SERVICES	58,946	34,855,884		34,855,884			
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY		76,226,079		76,226,079			
082	LUNG ACQUISITION	588	3,508,056		3,508,056			
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	7,835	24,841,388		24,841,388			
084	LIVER ACQUISITION	2,960	15,278,226		15,278,226			
085	HEART ACQUISITION	360	2,068,859		2,068,859			
085 01	PANCREAS ACQUISITION	1,932	6,309,742		6,309,742			
085 02	INTESTINE ACQUISITION	600	3,399,184		3,399,184			
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN	11,108						
092	AMBULATORY SURGICAL C							
093	HOSPICE		7,231,284		7,231,284			
095	SUBTOTALS	120,802,864	4133,295,502	351,936	4133,295,502			5,548,732
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							

	COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TOTAL HARGES	SOCIAL SERVICE (PATIENT DAYS	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							
097	RESEARCH	3,479						150,572
097 01	RESEARCH-GCRC	4,122	53,913		53,913			
098	PHYSICIANS' PRIVATE O		46,797		46,797			
098 01	OTHER NONREIMBURSABLE	4,544	1,215,967		1,215,967			190,756
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		369,687		369,687			
098 09	MHH NON-REIMBURSABLE	10,935	194,071		194,071			
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTIS							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR	520,234						
098 16	CARDIO PHYSICIANS	37,251	219		219			
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	118,109,162	14,383,787	7,038,809	2,965,493			40,073,088
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.973025	.003478	20.000253	.000717			6.803511
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	2,901,965	60,074	79,129	41,775			176,241
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.023907	.000015	.224839	.000010			.029922

	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 METHODI (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	5,890,060						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB			4,057,059				
024 02	PARAMED RADIOLOGY-MET			468,825	100			
024 03	PARAMED RESPIRATORY T			476,398		100		
024 04	DIETARY INTERNSHIP PR						749,402	
024 05	PARAMED EMERGENCY MET			400,147				100
024 06	PARAMED PASTORAL ED			606,301				
024 07	PARAMED PHYSICAL THER			286,322				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			965,737				
024 11	PARAMED NEUROPHYSIOLO			38,266				
024 12	RADIATION THERAPY ED-			296,535				
024 13	NUCLEAR MED ED-IUMC			53,236				
024 14	MEDICAL ASSISTING PRO			154,227				
024 15	SURGICAL TECHNOLOGY P			104,047				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			207,018				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	896,231					608,607	
026	INTENSIVE CARE UNIT	180,870					12,628	
027	CORONARY CARE UNIT	11,071					49,647	
027 01	NEONATAL INTENSIVE CA	97,205					4,035	
028	BURN INTENSIVE CARE U						3,187	
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	70,416					12,980	
029 03	UH NS 3IC	50,025					4,628	
029 04	RH PED IC	11,560					18,249	
029 05	TRANSPLANT ICU							
029 07	PEDIATRIC CANCER CENT						2,514	
031	SUBPROVIDER	46,690					15,633	
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	721,302						
037 01	ENDOSCOPY	14						
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	465,225						
040 01	PULMONARY FUNCTION TE	91,477						
041	RADIOLOGY-DIAGNOSTIC	476,741			100			
042	RADIOLOGY-THERAPEUTIC	53,086						

	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							
043	RADIOISOTOPE	49,689						
044	LABORATORY	213,699						
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	7,457				100		
050	PHYSICAL THERAPY	44,126						
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY	73,577						
053	ELECTROCARDIOLOGY	27,226						
054	ELECTROENCEPHALOGRAPH	58,105						
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY	24,440						
056 02	RENAL-ADULT	12,741						
056 03	OUTPATIENT RETAIL PHA							
057	RENAL DIALYSIS	20,711						
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT	1,369						
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	152,093						
059 02	PSYCH OTHER ANCILLARY	7,113						
059 03	CARDIAC CATHERIZATION	48,405					4,056	
059 04	DAY SURGERY							
059 05	ONCOLOGY	103,953						
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN	109,410						
060 02	MEDICINE/DIAGNOSTIC	42,578						
060 03	AMB SVC-OPTHALMOLOGY	87,694						
060 04	AMB SVC-PSYCH ADULT	26,196						
060 05	AMB SVC-DIABETES ADUL							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS	81,381						
060 08	DENTAL CLINIC	150,326						
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD	29,912						
060 13	ARTHRITIS CENTER	20,134						
060 14	GERIATRICS CLINIC	21,989						
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT	157,415						
060 17	O/P CLINIC-PEDIATRIC	256,339						
060 18	ARTHRITIS/INFUSION CE							
060 19	NEUROLOGY UH	46,042						
060 20	ORTHOPEDICS UH	102,233						
060 21	AMB SVC-UH PHYSICAL M							
060 22	AMB SVC-DERMATOLOGY C	14,132						
060 24	IU CANCER PAVILLION	4,168						
060 25	CARDIO CLINIC	66,583						
061	EMERGENCY	315,583						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	5,548,732		4,057,059	100	100	736,164	100
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							

	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
	NONREIMBURS COST CENT							
097	RESEARCH	150,572						
097 01	RESEARCH-GCRC						13,238	
098	PHYSICIANS' PRIVATE O							
098 01	OTHER NONREIMBURSABLE	190,756						
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 ADVERTIS							
098 14	NONALLOWABLE							
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)	17,378,062		914,881	609,563	352,480		592,143
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.950405		.225503	6,095.630000	3,524.800000		5,921.430000
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	683,998		182,016	80,148	78,229		69,800
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.116128		.044864	801.480000	782.290000		698.000000

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (PATIENT DAYS)	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	351,936						
024 07	PARAMED PHYSICAL THER		100					
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
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	270,852						
026	INTENSIVE CARE UNIT	19,672						
027	CORONARY CARE UNIT	12,670						
027 01	NEONATAL INTENSIVE CA	9,690						
028	BURN INTENSIVE CARE U	1,578						
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	5,405						
029 03	UH NS 3IC	2,319						
029 04	RH PED IC	9,235						
029 05	TRANSPLANT ICU	2,571						
029 07	PEDIATRIC CANCER CENT	1,892						
031	SUBPROVIDER	7,241						
033	NURSERY	7,449						
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	245						
037 01	ENDOSCOPY							
038	RECOVERY ROOM	450						
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TE							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							100

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (PATIENT DAYS)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)	PARAMED NEURO PHYSIOLOGY (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							
043	RADIOISOTOPE							
044	LABORATORY		100					
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							
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	25						
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	22						
059 04	DAY SURGERY	617						
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 18	ARTHRITIS/INFUSION CE							
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	3						
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	351,936	100			100	100	100
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (PATIENT DAYS)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)	PARAMED NEURO PHYSIOLOGY (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							
097	RESEARCH							
097 01	RESEARCH-GCRC							
098	PHYSICIANS' PRIVATE O							
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 ADVERTIS							
098 14	NONALLOWABLE							
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)	857,601	370,735			1,324,591	56,001	433,716
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.436810	3,707.350000			13,245.910000	560.010000	4,337.160000
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	40,473	13,335			44,985	1,787	13,848
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.115001	133.350000			449.850000	17.870000	138.480000

	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						
024 17	PARAMED ED PRGM					100	
024 18	PARAMED ED PRGM						
	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 05	TRANSPLANT ICU						
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						

	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						
043	RADIOISOTOPE	100					
044	LABORATORY						
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						
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPH						
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						
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 18	ARTHRITIS/INFUSION CE						
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	
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE						

	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						
097	RESEARCH						
097 01	RESEARCH-GCRC						
098	PHYSICIANS' PRIVATE O						
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 ADVERTIS						
098 14	NONALLOWABLE						
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	77,850	271,308	177,305		433,395	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	778.500000	2,713.080000	1,773.050000		4,333.950000	
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	2,485	30,875	40,729		70,550	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	24.850000	308.750000	407.290000		705.500000	

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	275,654,446		275,654,446		275,654,446
26	INTENSIVE CARE UNIT	29,196,779		29,196,779		29,196,779
27	CORONARY CARE UNIT	21,460,905		21,460,905		21,460,905
27 01	NEONATAL INTENSIVE CARE U	8,759,678		8,759,678		8,759,678
28	BURN INTENSIVE CARE UNIT	2,735,464		2,735,464		2,735,464
29	SURGICAL INTENSIVE CARE U					
29 02	UH SURG 6IC	10,807,715		10,807,715		10,807,715
29 03	UH NS 3IC	3,740,928		3,740,928		3,740,928
29 04	RH PED IC	16,425,275		16,425,275		16,425,275
29 05	TRANSPLANT ICU	5,136,184		5,136,184		5,136,184
29 07	PEDIATRIC CANCER CENTER	2,435,811		2,435,811		2,435,811
31	SUBPROVIDER	6,813,886		6,813,886		6,813,886
33	NURSERY	7,729,540		7,729,540		7,729,540
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	172,552,886		172,552,886		172,552,886
37 01	ENDOSCOPY	3,309,741		3,309,741		3,309,741
38	RECOVERY ROOM	13,884,913		13,884,913		13,884,913
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	15,431,596		15,431,596		15,431,596
40 01	PULMONARY FUNCTION TESTIN	5,561,233		5,561,233		5,561,233
41	RADIOLOGY-DIAGNOSTIC	90,397,254		90,397,254		90,397,254
42	RADIOLOGY-THERAPEUTIC	14,733,265		14,733,265		14,733,265
43	RADIOISOTOPE	7,889,539		7,889,539		7,889,539
44	LABORATORY	78,705,191		78,705,191		78,705,191
44 01	TRANSPLANT IMMUNOLOGY	4,805,346		4,805,346		4,805,346
44 02	BONE MARROW TRANSPLANT LA	3,663,718		3,663,718		3,663,718
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	37,891,621		37,891,621		37,891,621
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	36,326,127		36,326,127		36,326,127
50	PHYSICAL THERAPY	10,959,672		10,959,672		10,959,672
51	OCCUPATIONAL THERAPY	3,857,374		3,857,374		3,857,374
52	SPEECH PATHOLOGY	7,354,791		7,354,791		7,354,791
53	ELECTROCARDIOLOGY	6,059,845		6,059,845		6,059,845
54	ELECTROENCEPHALOGRAPHY	4,956,996		4,956,996		4,956,996
55	MEDICAL SUPPLIES CHARGED	1,212,463		1,212,463		1,212,463
56	DRUGS CHARGED TO PATIENTS	80,443,076		80,443,076		80,443,076
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMAC	46,130,607		46,130,607		46,130,607
57	RENAL DIALYSIS	23,218,309		23,218,309		23,218,309
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC	663,863		663,863		663,863
59 01	CARDIOLOGY	20,527,311		20,527,311		20,527,311
59 02	PSYCH OTHER ANCILLARY	1,834,038		1,834,038		1,834,038
59 03	CARDIAC CATHERIZATION	16,415,116		16,415,116		16,415,116
59 04	DAY SURGERY	8,257,539		8,257,539		8,257,539
59 05	ONCOLOGY	7,215,842		7,215,842		7,215,842
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN	3,118,181		3,118,181		3,118,181
60 02	MEDICINE/DIAGNOSTIC	7,984,718		7,984,718		7,984,718
60 03	AMB SVC-OPTHALMOLOGY	644,507		644,507		644,507
60 04	AMB SVC-PSYCH ADULT	1,695,157		1,695,157		1,695,157
60 05	AMB SVC-DIABETES ADULT	78,501		78,501		78,501
60 06	OUTPATIENT SURGERY	3,874,202		3,874,202		3,874,202
60 07	AMB SVC-RILEY CLINICS	6,246,167		6,246,167		6,246,167
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB	245,076		245,076		245,076
60 10	AMB SVC-PSYCH CHILD	433,840		433,840		433,840
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC	636,541		636,541		636,541
60 15	SLEEP DISORDER CENTER	4,034,960		4,034,960		4,034,960
60 16	O/P CLINIC-ADULT	945,206		945,206		945,206
60 17	O/P CLINIC-PEDIATRIC	665,302		665,302		665,302
60 18	ARTHRITIS/INFUSION CENTER	10,199,546		10,199,546		10,199,546
60 19	NEUROLOGY UH	1,676,719		1,676,719		1,676,719
60 20	ORTHOPEDICS UH	1,120,116		1,120,116		1,120,116
60 21	AMB SVC-UH PHYSICAL MEDIC	1,960,273		1,960,273		1,960,273
60 22	AMB SVC-DERMATOLOGY CLINI	725,083		725,083		725,083
60 24	IU CANCER PAVILLION	2,674,441		2,674,441		2,674,441
60 25	CARDIO CLINIC	625,879		625,879		625,879
61	EMERGENCY	39,613,903		39,613,903		39,613,903
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DIS	11,423,112		11,423,112		11,423,112
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALT	3,176,558		3,176,558		3,176,558

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET C PART I

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
	OUTPAT SERVICE COST CNTRS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	668,986		668,986		668,986
65	AMBULANCE SERVICES	16,602,792		16,602,792		16,602,792
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	1236,225,649		1236,225,649		1236,225,649
102	LESS OBSERVATION BEDS	11,423,112		11,423,112		11,423,112
103	TOTAL	1224,802,537		1224,802,537		1224,802,537

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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	508,440,940		508,440,940			
26	INTENSIVE CARE UNIT	51,167,734		51,167,734			
27	CORONARY CARE UNIT	33,565,040		33,565,040			
27 01	NEONATAL INTENSIVE CARE U	22,136,443		22,136,443			
28	BURN INTENSIVE CARE UNIT	4,409,994		4,409,994			
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC	14,354,462		14,354,462			
29 03	UH NS 3IC	6,006,092		6,006,092			
29 04	RH PED IC	31,768,253		31,768,253			
29 05	TRANSPLANT ICU	7,518,324		7,518,324			
29 07	PEDIATRIC CANCER CENTER	5,664,638		5,664,638			
31	SUBPROVIDER	9,787,375		9,787,375			
33	NURSERY	19,013,250		19,013,250			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	452,954,241	211,110,674	664,064,915	.259843	.259843	.259843
37 01	ENDOSCOPY	8,867,453	3,749,510	12,616,963	.262325	.262325	.262325
38	RECOVERY ROOM	23,746,826	25,209,948	48,956,774	.283616	.283616	.283616
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	26,421,523	8,014,685	34,436,208	.448121	.448121	.448121
40 01	PULMONARY FUNCTION TESTIN	2,535,599	17,847,921	20,383,520	.272830	.272830	.272830
41	RADIOLOGY-DIAGNOSTIC	204,156,287	293,206,387	497,362,674	.181753	.181753	.181753
42	RADIOLOGY-THERAPEUTIC	5,401,863	64,871,078	70,272,941	.209658	.209658	.209658
43	RADIOISOTOPE	5,872,358	16,351,847	22,224,205	.354998	.354998	.354998
44	LABORATORY	279,301,031	249,622,258	528,923,289	.148803	.148803	.148803
44 01	TRANSPLANT IMMUNOLOGY	2,617,087	16,059,052	18,676,139	.257299	.257299	.257299
44 02	BONE MARROW TRANSPLANT LA	2,647,205	6,455,279	9,102,484	.402497	.402497	.402497
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	46,833,641	8,408,586	55,242,227	.685918	.685918	.685918
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	166,536,700	6,490,248	173,026,948	.209945	.209945	.209945
50	PHYSICAL THERAPY	17,370,099	13,656,069	31,026,168	.353240	.353240	.353240
51	OCCUPATIONAL THERAPY	6,217,283	3,008,145	9,225,428	.418124	.418124	.418124
52	SPEECH PATHOLOGY	3,844,651	10,076,453	13,921,104	.528320	.528320	.528320
53	ELECTROCARDIOLOGY	36,169,782	12,477,111	48,646,893	.124568	.124568	.124568
54	ELECTROENCEPHALOGRAPHY	11,513,736	6,795,416	18,309,152	.270739	.270739	.270739
55	MEDICAL SUPPLIES CHARGED	4,415,035	1,718,960	6,133,995	.197663	.197663	.197663
56	DRUGS CHARGED TO PATIENTS	306,300,074	81,686,196	387,986,270	.207335	.207335	.207335
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		34,859,927	34,859,927	1.323313	1.323313	1.323313
57	RENAL DIALYSIS	15,191,223	43,097,403	58,288,626	.398333	.398333	.398333
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC	1,198,293		1,198,293	.554007	.554007	.554007
59 01	CARDIOLOGY	39,996,399	54,970,041	94,966,440	.216153	.216153	.216153
59 02	PSYCH OTHER ANCILLARY	238,314	707,448	945,762	1.939217	1.939217	1.939217
59 03	CARDIAC CATHERIZATION	43,009,563	35,816,990	78,826,553	.208243	.208243	.208243
59 04	DAY SURGERY	726,498	6,673,374	7,399,872	1.115903	1.115903	1.115903
59 05	ONCOLOGY	58	5,046	5,104	1413.762147	1413.762147	1413.762147
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	694,023	6,558,492	7,252,515	.429945	.429945	.429945
60 02	MEDICINE/DIAGNOSTIC	218,624	10,966,477	11,185,101	.713871	.713871	.713871
60 03	AMB SVC-OPTHALMOLOGY	8,383	1,276,907	1,285,290	.501449	.501449	.501449
60 04	AMB SVC-PSYCH ADULT	1,487	2,363,397	2,364,884	.716803	.716803	.716803
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	5,003,780	7,169,540	12,173,320	.318254	.318254	.318254
60 07	AMB SVC-RILEY CLINICS	455,295	9,415,880	9,871,175	.632768	.632768	.632768
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	53,059	563,559	616,618	.397452	.397452	.397452
60 10	AMB SVC-PSYCH CHILD						
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	2,033	106,860	108,893	5.845564	5.845564	5.845564
60 15	SLEEP DISORDER CENTER	32,097	13,259,586	13,291,683	.303570	.303570	.303570
60 16	O/P CLINIC-ADULT	1,862	184,813	186,675	5.063378	5.063378	5.063378
60 17	O/P CLINIC-PEDIATRIC						
60 18	ARTHRITIS/INFUSION CENTER	10,478	13,286,573	13,297,051	.767053	.767053	.767053
60 19	NEUROLOGY UH	2,537	770,351	772,888	2.169420	2.169420	2.169420
60 20	ORTHOPEDICS UH	1,753	346,056	347,809	3.220492	3.220492	3.220492
60 21	AMB SVC-UH PHYSICAL MEDIC	6,231	1,093,832	1,100,063	1.781964	1.781964	1.781964
60 22	AMB SVC-DERMATOLOGY CLINI	2,406	717,138	719,544	1.007698	1.007698	1.007698
60 24	IU CANCER PAVILLION	18,998	1,014,887	1,033,885	2.586788	2.586788	2.586788
60 25	CARDIO CLINIC	6,917	250,542	257,459	2.430985	2.430985	2.430985
61	EMERGENCY	72,379,355	145,671,695	218,051,050	.181673	.181673	.181673
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	1,834,212	13,518,587	15,352,799	.744041	.744041	.744041
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT		2,335,541	2,335,541	1.360095	1.360095	1.360095

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	OUTPAT SERVICE COST CNTRS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	15,930	2,448,013	2,463,943	.271510	.271510	.271510
65	AMBULANCE SERVICES	75,896	34,779,988	34,855,884	.476327	.476327	.476327
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	2508,740,723	1501,044,766	4009,785,489			
102	LESS OBSERVATION BEDS						
103	TOTAL	2508,740,723	1501,044,766	4009,785,489			

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	284,396,207		284,396,207		284,396,207
26	INTENSIVE CARE UNIT	30,960,970		30,960,970		30,960,970
27	CORONARY CARE UNIT	21,568,891		21,568,891		21,568,891
27 01	NEONATAL INTENSIVE CARE U	9,707,807		9,707,807		9,707,807
28	BURN INTENSIVE CARE UNIT	2,735,464		2,735,464		2,735,464
29	SURGICAL INTENSIVE CARE U					
29 02	UH SURG 6IC	11,494,547		11,494,547		11,494,547
29 03	UH NS 3IC	4,228,868		4,228,868		4,228,868
29 04	RH PED IC	16,538,031		16,538,031		16,538,031
29 05	TRANSPLANT ICU	5,136,184		5,136,184		5,136,184
29 07	PEDIATRIC CANCER CENTER	2,435,811		2,435,811		2,435,811
31	SUBPROVIDER	7,269,296		7,269,296		7,269,296
33	NURSERY	7,729,540		7,729,540		7,729,540
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	179,588,405		179,588,405		179,588,405
37 01	ENDOSCOPY	3,309,877		3,309,877		3,309,877
38	RECOVERY ROOM	13,884,913		13,884,913		13,884,913
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	19,969,361		19,969,361		19,969,361
40 01	PULMONARY FUNCTION TESTIN	6,453,492		6,453,492		6,453,492
41	RADIOLOGY-DIAGNOSTIC	95,047,346		95,047,346		95,047,346
42	RADIOLOGY-THERAPEUTIC	15,251,061		15,251,061		15,251,061
43	RADIOISOTOPE	8,374,202		8,374,202		8,374,202
44	LABORATORY	80,789,593		80,789,593		80,789,593
44 01	TRANSPLANT IMMUNOLOGY	4,805,346		4,805,346		4,805,346
44 02	BONE MARROW TRANSPLANT LA	3,663,718		3,663,718		3,663,718
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	37,891,621		37,891,621		37,891,621
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	36,398,862		36,398,862		36,398,862
50	PHYSICAL THERAPY	11,390,074		11,390,074		11,390,074
51	OCCUPATIONAL THERAPY	3,857,374		3,857,374		3,857,374
52	SPEECH PATHOLOGY	8,072,455		8,072,455		8,072,455
53	ELECTROCARDIOLOGY	6,325,405		6,325,405		6,325,405
54	ELECTROENCEPHALOGRAPHY	5,523,747		5,523,747		5,523,747
55	MEDICAL SUPPLIES CHARGED	1,212,463		1,212,463		1,212,463
56	DRUGS CHARGED TO PATIENTS	80,443,076		80,443,076		80,443,076
56 01	RENAL-RILEY	238,386		238,386		238,386
56 02	RENAL-ADULT	124,275		124,275		124,275
56 03	OUTPATIENT RETAIL PHARMAC	46,130,607		46,130,607		46,130,607
57	RENAL DIALYSIS	23,420,323		23,420,323		23,420,323
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT	13,353		13,353		13,353
59	RH NBN ECMO IC	663,863		663,863		663,863
59 01	CARDIOLOGY	22,010,813		22,010,813		22,010,813
59 02	PSYCH OTHER ANCILLARY	1,903,417		1,903,417		1,903,417
59 03	CARDIAC CATHERIZATION	16,887,254		16,887,254		16,887,254
59 04	DAY SURGERY	8,257,539		8,257,539		8,257,539
59 05	ONCOLOGY	8,229,790		8,229,790		8,229,790
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN	4,185,357		4,185,357		4,185,357
60 02	MEDICINE/DIAGNOSTIC	8,400,020		8,400,020		8,400,020
60 03	AMB SVC-OPTHALMOLOGY	1,499,867		1,499,867		1,499,867
60 04	AMB SVC-PSYCH ADULT	1,950,671		1,950,671		1,950,671
60 05	AMB SVC-DIABETES ADULT	78,501		78,501		78,501
60 06	OUTPATIENT SURGERY	3,874,202		3,874,202		3,874,202
60 07	AMB SVC-RILEY CLINICS	7,039,951		7,039,951		7,039,951
60 08	DENTAL CLINIC	1,466,268		1,466,268		1,466,268
60 09	MOTILITY LAB	245,076		245,076		245,076
60 10	AMB SVC-PSYCH CHILD	725,600		725,600		725,600
60 13	ARTHRITIS CENTER	196,385		196,385		196,385
60 14	GERIATRICS CLINIC	851,019		851,019		851,019
60 15	SLEEP DISORDER CENTER	4,034,960		4,034,960		4,034,960
60 16	O/P CLINIC-ADULT	2,480,619		2,480,619		2,480,619
60 17	O/P CLINIC-PEDIATRIC	3,165,611		3,165,611		3,165,611
60 18	ARTHRITIS/INFUSION CENTER	10,199,546		10,199,546		10,199,546
60 19	NEUROLOGY UH	2,125,809		2,125,809		2,125,809
60 20	ORTHOPEDICS UH	2,117,288		2,117,288		2,117,288
60 21	AMB SVC-UH PHYSICAL MEDIC	1,960,273		1,960,273		1,960,273
60 22	AMB SVC-DERMATOLOGY CLINI	862,925		862,925		862,925
60 24	IU CANCER PAVILLION	2,715,095		2,715,095		2,715,095
60 25	CARDIO CLINIC	1,275,324		1,275,324		1,275,324
61	EMERGENCY	42,692,073		42,692,073		42,692,073
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DIS	11,423,112		11,423,112		11,423,112
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALT	3,176,558		3,176,558		3,176,558

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET C
PART I

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
	OUTPAT SERVICE COST CNTRS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	668,986		668,986		668,986
65	AMBULANCE SERVICES	16,602,792		16,602,792		16,602,792
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	1290,347,515		1290,347,515		1290,347,515
102	LESS OBSERVATION BEDS	11,423,112		11,423,112		11,423,112
103	TOTAL	1278,924,403		1278,924,403		1278,924,403

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	508,440,940		508,440,940			
26	INTENSIVE CARE UNIT	51,167,734		51,167,734			
27	CORONARY CARE UNIT	33,565,040		33,565,040			
27 01	NEONATAL INTENSIVE CARE U	22,136,443		22,136,443			
28	BURN INTENSIVE CARE UNIT	4,409,994		4,409,994			
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC	14,354,462		14,354,462			
29 03	UH NS 3IC	6,006,092		6,006,092			
29 04	RH PED IC	31,768,253		31,768,253			
29 05	TRANSPLANT ICU	7,518,324		7,518,324			
29 07	PEDIATRIC CANCER CENTER	5,664,638		5,664,638			
31	SUBPROVIDER	9,787,375		9,787,375			
33	NURSERY	19,013,250		19,013,250			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	452,954,241	211,110,674	664,064,915	.270438	.270438	.270438
37 01	ENDOSCOPY	8,867,453	3,749,510	12,616,963	.262335	.262335	.262335
38	RECOVERY ROOM	23,746,826	25,209,948	48,956,774	.283616	.283616	.283616
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	26,421,523	8,014,685	34,436,208	.579894	.579894	.579894
40 01	PULMONARY FUNCTION TESTIN	2,535,599	17,847,921	20,383,520	.316603	.316603	.316603
41	RADIOLOGY-DIAGNOSTIC	204,156,287	293,206,387	497,362,674	.191103	.191103	.191103
42	RADIOLOGY-THERAPEUTIC	5,401,863	64,871,078	70,272,941	.217026	.217026	.217026
43	RADIOISOTOPE	5,872,358	16,351,847	22,224,205	.376805	.376805	.376805
44	LABORATORY	279,301,031	249,622,258	528,923,289	.152743	.152743	.152743
44 01	TRANSPLANT IMMUNOLOGY	2,617,087	16,059,052	18,676,139	.257299	.257299	.257299
44 02	BONE MARROW TRANSPLANT LA	2,647,205	6,455,279	9,102,484	.402497	.402497	.402497
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	46,833,641	8,408,586	55,242,227	.685918	.685918	.685918
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	166,536,700	6,490,248	173,026,948	.210365	.210365	.210365
50	PHYSICAL THERAPY	17,370,099	13,656,069	31,026,168	.367112	.367112	.367112
51	OCCUPATIONAL THERAPY	6,217,283	3,008,145	9,225,428	.418124	.418124	.418124
52	SPEECH PATHOLOGY	3,844,651	10,076,453	13,921,104	.579872	.579872	.579872
53	ELECTROCARDIOLOGY	36,169,782	12,477,111	48,646,893	.130027	.130027	.130027
54	ELECTROENCEPHALOGRAPHY	11,513,736	6,795,416	18,309,152	.301693	.301693	.301693
55	MEDICAL SUPPLIES CHARGED	4,415,035	1,718,960	6,133,995	.197663	.197663	.197663
56	DRUGS CHARGED TO PATIENTS	306,300,074	81,686,196	387,986,270	.207335	.207335	.207335
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		34,859,927	34,859,927	1.323313	1.323313	1.323313
57	RENAL DIALYSIS	15,191,223	43,097,403	58,288,626	.401799	.401799	.401799
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC	1,198,293		1,198,293	.554007	.554007	.554007
59 01	CARDIOLOGY	39,996,399	54,970,041	94,966,440	.231775	.231775	.231775
59 02	PSYCH OTHER ANCILLARY	238,314	707,448	945,762	2.012575	2.012575	2.012575
59 03	CARDIAC CATHERIZATION	43,009,563	35,816,990	78,826,553	.214233	.214233	.214233
59 04	DAY SURGERY	726,498	6,673,374	7,399,872	1.115903	1.115903	1.115903
59 05	ONCOLOGY	58	5,046	5,104	1612.419671	1612.419671	1612.419671
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	694,023	6,558,492	7,252,515	.577090	.577090	.577090
60 02	MEDICINE/DIAGNOSTIC	218,624	10,966,477	11,185,101	.751001	.751001	.751001
60 03	AMB SVC-OPTHALMOLOGY	8,383	1,276,907	1,285,290	1.166948	1.166948	1.166948
60 04	AMB SVC-PSYCH ADULT	1,487	2,363,397	2,364,884	.824848	.824848	.824848
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	5,003,780	7,169,540	12,173,320	.318254	.318254	.318254
60 07	AMB SVC-RILEY CLINICS	455,295	9,415,880	9,871,175	.713183	.713183	.713183
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	53,059	563,559	616,618	.397452	.397452	.397452
60 10	AMB SVC-PSYCH CHILD						
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	2,033	106,860	108,893	7.815186	7.815186	7.815186
60 15	SLEEP DISORDER CENTER	32,097	13,259,586	13,291,683	.303570	.303570	.303570
60 16	O/P CLINIC-ADULT	1,862	184,813	186,675	13.288437	13.288437	13.288437
60 17	O/P CLINIC-PEDIATRIC						
60 18	ARTHRITIS/INFUSION CENTER	10,478	13,286,573	13,297,051	.767053	.767053	.767053
60 19	NEUROLOGY UH	2,537	770,351	772,888	2.750475	2.750475	2.750475
60 20	ORTHOPEDICS UH	1,753	346,056	347,809	6.087502	6.087502	6.087502
60 21	AMB SVC-UH PHYSICAL MEDIC	6,231	1,093,832	1,100,063	1.781964	1.781964	1.781964
60 22	AMB SVC-DERMATOLOGY CLINI	2,406	717,138	719,544	1.199266	1.199266	1.199266
60 24	IU CANCER PAVILLION	18,998	1,014,887	1,033,885	2.626109	2.626109	2.626109
60 25	CARDIO CLINIC	6,917	250,542	257,459	4.953503	4.953503	4.953503
61	EMERGENCY	72,379,355	145,671,695	218,051,050	.195789	.195789	.195789
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	1,834,212	13,518,587	15,352,799	.744041	.744041	.744041
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT		2,335,541	2,335,541	1.360095	1.360095	1.360095

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	OUTPAT SERVICE COST CNTRS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	15,930	2,448,013	2,463,943	.271510	.271510	.271510
65	AMBULANCE SERVICES	75,896	34,779,988	34,855,884	.476327	.476327	.476327
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	2508,740,723	1501,044,766	4009,785,489			
102	LESS OBSERVATION BEDS						
103	TOTAL	2508,740,723	1501,044,766	4009,785,489			

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	172,552,886	14,163,648	158,389,238			172,552,886
37	01	ENDOSCOPY	3,309,741	335,852	2,973,889			3,309,741
38		RECOVERY ROOM	13,884,913	897,015	12,987,898			13,884,913
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	15,431,596	1,519,305	13,912,291			15,431,596
40	01	PULMONARY FUNCTION TESTIN	5,561,233	691,384	4,869,849			5,561,233
41		RADIOLOGY-DIAGNOSTIC	90,397,254	19,577,069	70,820,185			90,397,254
42		RADIOLOGY-THERAPEUTIC	14,733,265	5,269,175	9,464,090			14,733,265
43		RADIOISOTOPE	7,889,539	1,856,003	6,033,536			7,889,539
44		LABORATORY	78,705,191	5,364,944	73,340,247			78,705,191
44	01	TRANSPLANT IMMUNOLOGY	4,805,346	139,162	4,666,184			4,805,346
44	02	BONE MARROW TRANSPLANT LA	3,663,718	354,194	3,309,524			3,663,718
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	37,891,621	635,524	37,256,097			37,891,621
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	36,326,127	1,438,879	34,887,248			36,326,127
50		PHYSICAL THERAPY	10,959,672	459,867	10,499,805			10,959,672
51		OCCUPATIONAL THERAPY	3,857,374	255,428	3,601,946			3,857,374
52		SPEECH PATHOLOGY	7,354,791	406,116	6,948,675			7,354,791
53		ELECTROCARDIOLOGY	6,059,845	588,768	5,471,077			6,059,845
54		ELECTROENCEPHALOGRAPHY	4,956,996	444,494	4,512,502			4,956,996
55		MEDICAL SUPPLIES CHARGED	1,212,463	68,880	1,143,583			1,212,463
56		DRUGS CHARGED TO PATIENTS	80,443,076	1,806,450	78,636,626			80,443,076
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC	46,130,607	571,199	45,559,408			46,130,607
57		RENAL DIALYSIS	23,218,309	1,061,418	22,156,891			23,218,309
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC	663,863	109,183	554,680			663,863
59	01	CARDIOLOGY	20,527,311	1,548,475	18,978,836			20,527,311
59	02	PSYCH OTHER ANCILLARY	1,834,038	52,837	1,781,201			1,834,038
59	03	CARDIAC CATHERIZATION	16,415,116	2,469,354	13,945,762			16,415,116
59	04	DAY SURGERY	8,257,539	746,396	7,511,143			8,257,539
59	05	ONCOLOGY	7,215,842	6,158,926	1,056,916			7,215,842
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	3,118,181	525,426	2,592,755			3,118,181
60	02	MEDICINE/DIAGNOSTIC	7,984,718	688,249	7,296,469			7,984,718
60	03	AMB SVC-OPTHALMOLOGY	644,507	110,386	534,121			644,507
60	04	AMB SVC-PSYCH ADULT	1,695,157	269,649	1,425,508			1,695,157
60	05	AMB SVC-DIABETES ADULT	78,501	28,792	49,709			78,501
60	06	OUTPATIENT SURGERY	3,874,202	705,322	3,168,880			3,874,202
60	07	AMB SVC-RILEY CLINICS	6,246,167	779,811	5,466,356			6,246,167
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	245,076	21,167	223,909			245,076
60	10	AMB SVC-PSYCH CHILD	433,840	24,552	409,288			433,840
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	636,541	82,426	554,115			636,541
60	15	SLEEP DISORDER CENTER	4,034,960	321,219	3,713,741			4,034,960
60	16	O/P CLINIC-ADULT	945,206	155,912	789,294			945,206
60	17	O/P CLINIC-PEDIATRIC	665,302	252,661	412,641			665,302
60	18	ARTHRITIS/INFUSION CENTER	10,199,546	131,592	10,067,954			10,199,546
60	19	NEUROLOGY UH	1,676,719	200,028	1,476,691			1,676,719
60	20	ORTHOPEDICS UH	1,120,116	152,694	967,422			1,120,116
60	21	AMB SVC-UH PHYSICAL MEDIC	1,960,273	158,519	1,801,754			1,960,273
60	22	AMB SVC-DERMATOLOGY CLINI	725,083	96,472	628,611			725,083
60	24	IU CANCER PAVILLION	2,674,441	352,455	2,321,986			2,674,441
60	25	CARDIO CLINIC	625,879	35,973	589,906			625,879
61		EMERGENCY	39,613,903	2,246,027	37,367,876			39,613,903
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	11,423,112	637,638	10,785,474			11,423,112
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT	3,176,558	4,731	3,171,827			3,176,558
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	668,986	21,028	647,958			668,986
65		AMBULANCE SERVICES	16,602,792	737,978	15,864,814			16,602,792
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	845,329,038	77,730,652	767,598,386			845,329,038
102		LESS OBSERVATION BEDS	11,423,112	637,638	10,785,474			11,423,112
103		TOTAL	833,905,926	77,093,014	756,812,912			833,905,926

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	664,064,915	.259843	.259843
37	01	ENDOSCOPY	12,616,963	.262325	.262325
38		RECOVERY ROOM	48,956,774	.283616	.283616
39		DELIVERY ROOM & LABOR ROO			
40		ANESTHESIOLOGY	34,436,208	.448121	.448121
40	01	PULMONARY FUNCTION TESTIN	20,383,520	.272830	.272830
41		RADIOLOGY-DIAGNOSTIC	497,362,674	.181753	.181753
42		RADIOLOGY-THERAPEUTIC	70,272,941	.209658	.209658
43		RADIOISOTOPE	22,224,205	.354998	.354998
44		LABORATORY	528,923,289	.148803	.148803
44	01	TRANSPLANT IMMUNOLOGY	18,676,139	.257299	.257299
44	02	BONE MARROW TRANSPLANT LA	9,102,484	.402497	.402497
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	55,242,227	.685918	.685918
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	173,026,948	.209945	.209945
50		PHYSICAL THERAPY	31,026,168	.353240	.353240
51		OCCUPATIONAL THERAPY	9,225,428	.418124	.418124
52		SPEECH PATHOLOGY	13,921,104	.528320	.528320
53		ELECTROCARDIOLOGY	48,646,893	.124568	.124568
54		ELECTROENCEPHALOGRAPHY	18,309,152	.270739	.270739
55		MEDICAL SUPPLIES CHARGED	6,133,995	.197663	.197663
56		DRUGS CHARGED TO PATIENTS	387,986,270	.207335	.207335
56	01	RENAL-RILEY			
56	02	RENAL-ADULT			
56	03	OUTPATIENT RETAIL PHARMAC	34,859,927	1.323313	1.323313
57		RENAL DIALYSIS	58,288,626	.398333	.398333
58		ASC (NON-DISTINCT PART)			
58	04	BMTU OUTPATIENT			
59		RH NBN ECMO IC	1,198,293	.554007	.554007
59	01	CARDIOLOGY	94,966,440	.216153	.216153
59	02	PSYCH OTHER ANCILLARY	945,762	1.939217	1.939217
59	03	CARDIAC CATHERIZATION	78,826,553	.208243	.208243
59	04	DAY SURGERY	7,399,872	1.115903	1.115903
59	05	ONCOLOGY	5,104	1413.762147	1413.762147
59	06	DAY SURGERY-RILEY			
59	07	CARDIOLOGY-RILEY			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	AMB SVC-OB & GYN	7,252,515	.429945	.429945
60	02	MEDICINE/DIAGNOSTIC	11,185,101	.713871	.713871
60	03	AMB SVC-OPTHALMOLOGY	1,285,290	.501449	.501449
60	04	AMB SVC-PSYCH ADULT	2,364,884	.716803	.716803
60	05	AMB SVC-DIABETES ADULT			
60	06	OUTPATIENT SURGERY	12,173,320	.318254	.318254
60	07	AMB SVC-RILEY CLINICS	9,871,175	.632768	.632768
60	08	DENTAL CLINIC			
60	09	MOTILITY LAB	616,618	.397452	.397452
60	10	AMB SVC-PSYCH CHILD			
60	13	ARTHRITIS CENTER			
60	14	GERIATRICS CLINIC	108,893	5.845564	5.845564
60	15	SLEEP DISORDER CENTER	13,291,683	.303570	.303570
60	16	O/P CLINIC-ADULT	186,675	5.063378	5.063378
60	17	O/P CLINIC-PEDIATRIC			
60	18	ARTHRITIS/INFUSION CENTER	13,297,051	.767053	.767053
60	19	NEUROLOGY UH	772,888	2.169420	2.169420
60	20	ORTHOPEDICS UH	347,809	3.220492	3.220492
60	21	AMB SVC-UH PHYSICAL MEDIC	1,100,063	1.781964	1.781964
60	22	AMB SVC-DERMATOLOGY CLINI	719,544	1.007698	1.007698
60	24	IU CANCER PAVILLION	1,033,885	2.586788	2.586788
60	25	CARDIO CLINIC	257,459	2.430985	2.430985
61		EMERGENCY	218,051,050	.181673	.181673
61	01	EMERGENCY-RILEY			
62		OBSERVATION BEDS (NON-DIS	15,352,799	.744041	.744041
63		FAMILY PRACTICE			
63	60	FEDERALLY QUALIFIED HEALT	2,335,541	1.360095	1.360095
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	2,463,943	.271510	.271510
65		AMBULANCE SERVICES	34,855,884	.476327	.476327
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	3295,952,944		
102		LESS OBSERVATION BEDS	15,352,799		
103		TOTAL	3280,600,145		

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	179,588,405	14,163,648	165,424,757	1,416,365	9,594,636	168,577,404
37 01	ENDOSCOPY	3,309,877	335,852	2,974,025	33,585	172,493	3,103,799
38	RECOVERY ROOM	13,884,913	897,015	12,987,898	89,702	753,298	13,041,913
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	19,969,361	1,519,305	18,450,056	151,931	1,070,103	18,747,327
40 01	PULMONARY FUNCTION TESTIN	6,453,492	691,384	5,762,108	69,138	334,202	6,050,152
41	RADIOLOGY-DIAGNOSTIC	95,047,346	19,577,069	75,470,277	1,957,707	4,377,276	88,712,363
42	RADIOLOGY-THERAPEUTIC	15,251,061	5,269,175	9,981,886	526,918	578,949	14,145,194
43	RADIOISOTOPE	8,374,202	1,856,003	6,518,199	185,600	378,056	7,810,546
44	LABORATORY	80,789,593	5,364,944	75,424,649	536,494	4,374,630	75,878,469
44 01	TRANSPLANT IMMUNOLOGY	4,805,346	139,162	4,666,184	13,916	270,639	4,520,791
44 02	BONE MARROW TRANSPLANT LA	3,663,718	354,194	3,309,524	35,419	191,952	3,436,347
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	37,891,621	635,524	37,256,097	63,552	2,160,854	35,667,215
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	36,398,862	1,438,879	34,959,983	143,888	2,027,679	34,227,295
50	PHYSICAL THERAPY	11,390,074	459,867	10,930,207	45,987	633,952	10,710,135
51	OCCUPATIONAL THERAPY	3,857,374	255,428	3,601,946	25,543	208,913	3,622,918
52	SPEECH PATHOLOGY	8,072,455	406,116	7,666,339	40,612	444,648	7,587,195
53	ELECTROCARDIOLOGY	6,325,405	588,768	5,736,637	58,877	332,725	5,933,803
54	ELECTROENCEPHALOGRAPHY	5,523,747	444,494	5,079,253	44,449	294,597	5,184,701
55	MEDICAL SUPPLIES CHARGED	1,212,463	68,880	1,143,583	6,888	66,328	1,139,247
56	DRUGS CHARGED TO PATIENTS	80,443,076	1,806,450	78,636,626	180,645	4,560,924	75,701,507
56 01	RENAL-RILEY	238,386		238,386		13,826	224,560
56 02	RENAL-ADULT	124,275		124,275		7,208	117,067
56 03	OUTPATIENT RETAIL PHARMAC	46,130,607	571,199	45,559,408	57,120	2,642,446	43,431,041
57	RENAL DIALYSIS	23,420,323	1,061,418	22,358,905	106,142	1,296,816	22,017,365
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT	13,353		13,353		774	12,579
59	RH NBN ECMO IC	663,863	109,183	554,680	10,918	32,171	620,774
59 01	CARDIOLOGY	22,010,813	1,548,475	20,462,338	154,848	1,186,816	20,669,149
59 02	PSYCH OTHER ANCILLARY	1,903,417	52,837	1,850,580	5,284	107,334	1,790,799
59 03	CARDIAC CATHERIZATION	16,887,254	2,469,354	14,417,900	246,935	836,238	15,804,081
59 04	DAY SURGERY	8,257,539	746,396	7,511,143	74,640	435,646	7,747,253
59 05	ONCOLOGY	8,229,790	6,158,926	2,070,864	615,893	120,110	7,493,787
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	4,185,357	525,426	3,659,931	52,543	212,276	3,920,538
60 02	MEDICINE/DIAGNOSTIC	8,400,020	688,249	7,711,771	68,825	447,283	7,883,912
60 03	AMB SVC-OPTHALMOLOGY	1,499,867	110,386	1,389,481	11,039	80,590	1,408,238
60 04	AMB SVC-PSYCH ADULT	1,950,671	269,649	1,681,022	26,965	97,499	1,826,207
60 05	AMB SVC-DIABETES ADULT	78,501	28,792	49,709	2,879	2,883	72,739
60 06	OUTPATIENT SURGERY	3,874,202	705,322	3,168,880	70,532	183,795	3,619,875
60 07	AMB SVC-RILEY CLINICS	7,039,951	779,811	6,260,140	77,981	363,088	6,598,882
60 08	DENTAL CLINIC	1,466,268		1,466,268		85,044	1,381,224
60 09	MOTILITY LAB	245,076	21,167	223,909	2,117	12,987	229,972
60 10	AMB SVC-PSYCH CHILD	725,600	24,552	701,048	2,455	40,661	682,484
60 13	ARTHRITIS CENTER	196,385		196,385		11,390	184,995
60 14	GERIATRICS CLINIC	851,019	82,426	768,593	8,243	44,578	798,198
60 15	SLEEP DISORDER CENTER	4,034,960	321,219	3,713,741	32,122	215,397	3,787,441
60 16	O/P CLINIC-ADULT	2,480,619	155,912	2,324,707	15,591	134,833	2,330,195
60 17	O/P CLINIC-PEDIATRIC	3,165,611	252,661	2,912,950	25,266	168,951	2,971,394
60 18	ARTHRITIS/INFUSION CENTER	10,199,546	131,592	10,067,954	13,159	583,941	9,602,446
60 19	NEUROLOGY UH	2,125,809	200,028	1,925,781	20,003	111,695	1,994,111
60 20	ORTHOPEDICS UH	2,117,288	152,694	1,964,594	15,269	113,946	1,988,073
60 21	AMB SVC-UH PHYSICAL MEDIC	1,960,273	158,519	1,801,754	15,852	104,502	1,839,919
60 22	AMB SVC-DERMATOLOGY CLINI	862,925	96,472	766,453	9,647	44,454	808,824
60 24	IU CANCER PAVILLION	2,715,095	352,455	2,362,640	35,246	137,033	2,542,816
60 25	CARDIO CLINIC	1,275,324	35,973	1,239,351	3,597	71,882	1,199,845
61	EMERGENCY	42,692,073	2,246,027	40,446,046	224,603	2,345,871	40,121,599
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	11,423,112	637,638	10,785,474	63,764	625,557	10,733,791
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT	3,176,558	4,731	3,171,827	473	183,966	2,992,119
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	668,986	21,028	647,958	2,103	37,582	629,301
65	AMBULANCE SERVICES	16,602,792	737,978	15,864,814	73,798	920,159	15,608,835
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	886,145,899	77,730,652	808,415,247	7,773,068	46,888,082	831,484,749
102	LESS OBSERVATION BEDS	11,423,112	637,638	10,785,474	63,764	625,557	10,733,791
103	TOTAL	874,722,787	77,093,014	797,629,773	7,709,304	46,262,525	820,750,958

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	664,064,915	.253857	.268305
37	01	ENDOSCOPY	12,616,963	.246002	.259674
38		RECOVERY ROOM	48,956,774	.266396	.281783
39		DELIVERY ROOM & LABOR ROO			
40		ANESTHESIOLOGY	34,436,208	.544407	.575482
40	01	PULMONARY FUNCTION TESTIN	20,383,520	.296816	.313212
41		RADIOLOGY-DIAGNOSTIC	497,362,674	.178366	.187167
42		RADIOLOGY-THERAPEUTIC	70,272,941	.201289	.209528
43		RADIOISOTOPE	22,224,205	.351443	.368454
44		LABORATORY	528,923,289	.143458	.151729
44	01	TRANSPLANT IMMUNOLOGY	18,676,139	.242062	.256554
44	02	BONE MARROW TRANSPLANT LA	9,102,484	.377517	.398605
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	55,242,227	.645651	.684767
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	173,026,948	.197815	.209534
50		PHYSICAL THERAPY	31,026,168	.345197	.365630
51		OCCUPATIONAL THERAPY	9,225,428	.392710	.415355
52		SPEECH PATHOLOGY	13,921,104	.545014	.576954
53		ELECTROCARDIOLOGY	48,646,893	.121977	.128817
54		ELECTROENCEPHALOGRAPHY	18,309,152	.283175	.299266
55		MEDICAL SUPPLIES CHARGED	6,133,995	.185727	.196540
56		DRUGS CHARGED TO PATIENTS	387,986,270	.195114	.206869
56	01	RENAL-RILEY			
56	02	RENAL-ADULT			
56	03	OUTPATIENT RETAIL PHARMAC	34,859,927	1.245873	1.321675
57		RENAL DIALYSIS	58,288,626	.377730	.399978
58		ASC (NON-DISTINCT PART)			
58	04	BMTU OUTPATIENT			
59		RH NBN ECMO IC	1,198,293	.518049	.544896
59	01	CARDIOLOGY	94,966,440	.217647	.230144
59	02	PSYCH OTHER ANCILLARY	945,762	1.893499	2.006988
59	03	CARDIAC CATHERIZATION	78,826,553	.200492	.211100
59	04	DAY SURGERY	7,399,872	1.046944	1.105816
59	05	ONCOLOGY	5,104	1468.218456	1491.750980
59	06	DAY SURGERY-RILEY			
59	07	CARDIOLOGY-RILEY			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	AMB SVC-OB & GYN	7,252,515	.540576	.569846
60	02	MEDICINE/DIAGNOSTIC	11,185,101	.704858	.744848
60	03	AMB SVC-OPTHALMOLOGY	1,285,290	1.095658	1.158360
60	04	AMB SVC-PSYCH ADULT	2,364,884	.772218	.813446
60	05	AMB SVC-DIABETES ADULT			
60	06	OUTPATIENT SURGERY	12,173,320	.297361	.312460
60	07	AMB SVC-RILEY CLINICS	9,871,175	.668500	.705283
60	08	DENTAL CLINIC			
60	09	MOTILITY LAB	616,618	.372957	.394019
60	10	AMB SVC-PSYCH CHILD			
60	13	ARTHRITIS CENTER			
60	14	GERIATRICS CLINIC	108,893	7.330113	7.739487
60	15	SLEEP DISORDER CENTER	13,291,683	.284948	.301154
60	16	O/P CLINIC-ADULT	186,675	12.482630	13.204918
60	17	O/P CLINIC-PEDIATRIC			
60	18	ARTHRITIS/INFUSION CENTER	13,297,051	.722149	.766064
60	19	NEUROLOGY UH	772,888	2.580078	2.724594
60	20	ORTHOPEDICS UH	347,809	5.715991	6.043602
60	21	AMB SVC-UH PHYSICAL MEDIC	1,100,063	1.672558	1.767554
60	22	AMB SVC-DERMATOLOGY CLINI	719,544	1.124079	1.185859
60	24	IU CANCER PAVILLION	1,033,885	2.459477	2.592018
60	25	CARDIO CLINIC	257,459	4.660334	4.939532
61		EMERGENCY	218,051,050	.184001	.194759
61	01	EMERGENCY-RILEY			
62		OBSERVATION BEDS (NON-DIS	15,352,799	.699142	.739888
63		FAMILY PRACTICE			
63	60	FEDERALLY QUALIFIED HEALT	2,335,541	1.281125	1.359893
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	2,463,943	.255404	.270657
65		AMBULANCE SERVICES	34,855,884	.447811	.474210
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	3295,952,944		
102		LESS OBSERVATION BEDS	15,352,799		
103		TOTAL	3280,600,145		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET D I PART I

TITLE XVIII, PART A PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS				15,387,036		15,387,036
26		INTENSIVE CARE UNIT				1,550,288		1,550,288
27		CORONARY CARE UNIT				910,542		910,542
27	01	NEONATAL INTENSIVE CARE U				486,303		486,303
28		BURN INTENSIVE CARE UNIT				257,382		257,382
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC				1,110,498		1,110,498
29	03	UH NS 3IC				151,400		151,400
29	04	RH PED IC				727,304		727,304
29	05	TRANSPLANT ICU				237,863		237,863
29	07	PEDIATRIC CANCER CENTER				116,306		116,306
31		SUBPROVIDER				406,264		406,264
33		NURSERY				403,633		403,633
101		TOTAL				21,744,819		21,744,819

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	280,333	82,534			54.89	4,530,291
26		INTENSIVE CARE UNIT	19,672	7,346			78.81	578,938
27		CORONARY CARE UNIT	12,670	6,012			71.87	432,082
27	01	NEONATAL INTENSIVE CARE U	9,690	1			50.19	50
28		BURN INTENSIVE CARE UNIT	1,578				163.11	
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC	5,405	2,417			205.46	496,597
29	03	UH NS 3IC	2,319	699			65.29	45,638
29	04	RH PED IC	9,235	26			78.76	2,048
29	05	TRANSPLANT ICU	2,571	841			92.52	77,809
29	07	PEDIATRIC CANCER CENTER	1,892				61.47	
31		SUBPROVIDER	7,241	2,230			56.11	125,125
33		NURSERY	7,449				54.19	
101		TOTAL	360,055	102,106				6,288,578

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 15-0056 I PREPARED 5/31/2010 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		14,163,648	664,064,915	126,341,567		
37 01	ENDOSCOPY		335,852	12,616,963	4,206,551		
38	RECOVERY ROOM		897,015	48,956,774	6,784,039		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		1,519,305	34,436,208	5,841,192		
40 01	PULMONARY FUNCTION TESTIN		691,384	20,383,520	318,002		
41	RADIOLOGY-DIAGNOSTIC		19,577,069	497,362,674	68,102,603		
42	RADIOLOGY-THERAPEUTIC		5,269,175	70,272,941	2,069,801		
43	RADIOISOTOPE		1,856,003	22,224,205	2,577,489		
44	LABORATORY		5,364,944	528,923,289	93,927,699		
44 01	TRANSPLANT IMMUNOLOGY		139,162	18,676,139	730,846		
44 02	BONE MARROW TRANSPLANT LA		354,194	9,102,484	613,688		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING		635,524	55,242,227	12,491,335		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		1,438,879	173,026,948	40,553,602		
50	PHYSICAL THERAPY		459,867	31,026,168	6,505,090		
51	OCCUPATIONAL THERAPY		255,428	9,225,428	1,534,219		
52	SPEECH PATHOLOGY		406,116	13,921,104	1,294,323		
53	ELECTROCARDIOLOGY		588,768	48,646,893	19,292,111		
54	ELECTROENCEPHALOGRAPHY		444,494	18,309,152	3,313,914		
55	MEDICAL SUPPLIES CHARGED		68,880	6,133,995	1,126,954		
56	DRUGS CHARGED TO PATIENTS		1,806,450	387,986,270	89,319,462		
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		571,199	34,859,927			
57	RENAL DIALYSIS		1,061,418	58,288,626	7,944,467		
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC		109,183	1,198,293			
59 01	CARDIOLOGY		1,548,475	94,966,440	16,563,990		
59 02	PSYCH OTHER ANCILLARY		52,837	945,762	111,580		
59 03	CARDIAC CATHERIZATION		2,469,354	78,826,553	20,870,962		
59 04	DAY SURGERY		746,396	7,399,872	262,212		
59 05	ONCOLOGY		6,158,926	5,104			
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN		525,426	7,252,515	11,158		
60 02	MEDICINE/DIAGNOSTIC		688,249	11,185,101	78,106		
60 03	AMB SVC-OPTHALMOLOGY		110,386	1,285,290	5,579		
60 04	AMB SVC-PSYCH ADULT		269,649	2,364,884			
60 05	AMB SVC-DIABETES ADULT		28,792				
60 06	OUTPATIENT SURGERY		705,322	12,173,320	2,549,594		
60 07	AMB SVC-RILEY CLINICS		779,811	9,871,175			
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB		21,167	616,618			
60 10	AMB SVC-PSYCH CHILD		24,552				
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC		82,426	108,893			
60 15	SLEEP DISORDER CENTER		321,219	13,291,683	22,316		
60 16	O/P CLINIC-ADULT		155,912	186,675			
60 17	O/P CLINIC-PEDIATRIC		252,661				
60 18	ARTHRITIS/INFUSION CENTER		131,592	13,297,051	5,579		
60 19	NEUROLOGY UH		200,028	772,888			
60 20	ORTHOPEDICS UH		152,694	347,809			
60 21	AMB SVC-UH PHYSICAL MEDIC		158,519	1,100,063	5,579		
60 22	AMB SVC-DERMATOLOGY CLINI		96,472	719,544			
60 24	IU CANCER PAVILLION		352,455	1,033,885	11,158		
60 25	CARDIO CLINIC		35,973	257,459	5,579		
61	EMERGENCY		2,246,027	218,051,050	22,505,603		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS		637,638	15,352,799			
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		21,028	2,463,943			
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		76,987,943	3258,761,519	557,897,949		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
15-0056		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.021329	2,694,739
37	01	ENDOSCOPY	.026619	111,974
38		RECOVERY ROOM	.018323	124,304
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY	.044119	257,708
40	01	PULMONARY FUNCTION TESTIN	.033919	10,786
41		RADIOLOGY-DIAGNOSTIC	.039362	2,680,655
42		RADIOLOGY-THERAPEUTIC	.074982	155,198
43		RADIOISOTOPE	.083513	215,254
44		LABORATORY	.010143	952,709
44	01	TRANSPLANT IMMUNOLOGY	.007451	5,446
44	02	BONE MARROW TRANSPLANT LA	.038912	23,880
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.011504	143,700
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.008316	337,244
50		PHYSICAL THERAPY	.014822	96,418
51		OCCUPATIONAL THERAPY	.027687	42,478
52		SPEECH PATHOLOGY	.029173	37,759
53		ELECTROCARDIOLOGY	.012103	233,492
54		ELECTROENCEPHALOGRAPHY	.024277	80,452
55		MEDICAL SUPPLIES CHARGED	.011229	12,655
56		DRUGS CHARGED TO PATIENTS	.004656	415,871
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.016386	
57		RENAL DIALYSIS	.018210	144,669
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.091115	
59	01	CARDIOLOGY	.016305	270,076
59	02	PSYCH OTHER ANCILLARY	.055867	6,234
59	03	CARDIAC CATHERIZATION	.031326	653,804
59	04	DAY SURGERY	.100866	26,448
59	05	ONCOLOGY	1206.686129	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.072447	808
60	02	MEDICINE/DIAGNOSTIC	.061533	4,806
60	03	AMB SVC-OPTHALMOLOGY	.085884	479
60	04	AMB SVC-PSYCH ADULT	.114022	
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.057940	147,723
60	07	AMB SVC-RILEY CLINICS	.078999	
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.034328	
60	10	AMB SVC-PSYCH CHILD		
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	.756945	
60	15	SLEEP DISORDER CENTER	.024167	539
60	16	O/P CLINIC-ADULT	.835206	
60	17	O/P CLINIC-PEDIATRIC		
60	18	ARTHRITIS/INFUSION CENTER	.009896	55
60	19	NEUROLOGY UH	.258806	
60	20	ORTHOPEDICS UH	.439017	
60	21	AMB SVC-UH PHYSICAL MEDIC	.144100	804
60	22	AMB SVC-DERMATOLOGY CLINI	.134074	
60	24	IU CANCER PAVILLION	.340903	3,804
60	25	CARDIO CLINIC	.139723	780
61		EMERGENCY	.010300	231,808
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.041532	
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.008534	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		10,125,559

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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			931,322			931,322
26		INTENSIVE CARE UNIT			47,937			47,937
27		CORONARY CARE UNIT			30,874			30,874
27	01	NEONATAL INTENSIVE CARE U			23,613			23,613
28		BURN INTENSIVE CARE UNIT			3,845			3,845
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC			13,171			13,171
29	03	UH NS 3IC			5,651			5,651
29	04	RH PED IC			22,504			22,504
29	05	TRANSPLANT ICU			6,265			6,265
29	07	PEDIATRIC CANCER CENTER			4,610			4,610
31		SUBPROVIDER			17,645			17,645
33		NURSERY			18,152			18,152
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL			1,125,589			1,125,589

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	280,333	3.32	82,534	274,013
26		INTENSIVE CARE UNIT	19,672	2.44	7,346	17,924
27		CORONARY CARE UNIT	12,670	2.44	6,012	14,669
27	01	NEONATAL INTENSIVE CARE U	9,690	2.44	1	2
28		BURN INTENSIVE CARE UNIT	1,578	2.44		
29		SURGICAL INTENSIVE CARE U				
29	02	UH SURG 6IC	5,405	2.44	2,417	5,897
29	03	UH NS 3IC	2,319	2.44	699	1,706
29	04	RH PED IC	9,235	2.44	26	63
29	05	TRANSPLANT ICU	2,571	2.44	841	2,052
29	07	PEDIATRIC CANCER CENTER	1,892	2.44		
31		SUBPROVIDER	7,241	2.44	2,230	5,441
33		NURSERY	7,449	2.44		
34		SKILLED NURSING FACILITY				
35		NURSING FACILITY				
35	01	ICF/MR				
101		TOTAL	360,055		102,106	321,767

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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				177,902		
37	01 ENDOSCOPY						
38	RECOVERY ROOM				1,097		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PULMONARY FUNCTION TESTIN						
41	RADIOLOGY-DIAGNOSTIC				609,563		
42	RADIOLOGY-THERAPEUTIC				433,716		
43	RADIOISOTOPE				77,850		
44	LABORATORY				370,735		
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				352,480		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY				56,001		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				1,757,986		
56	01 RENAL-RILEY						
56	02 RENAL-ADULT						
56	03 OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS				61		
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				54		
59	04 DAY SURGERY				1,504		
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	18 ARTHRITIS/INFUSION CENTER						
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				592,150		
61	01 EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS				38,599		
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				4,469,698		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	177,902	177,902	664,064,915	.000268	.000268	126,341,567	33,860
37	01 ENDOSCOPY			12,616,963			4,206,551	
38	RECOVERY ROOM	1,097	1,097	48,956,774	.000022	.000022	6,784,039	149
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			34,436,208			5,841,192	
40	01 PULMONARY FUNCTION TESTIN			20,383,520			318,002	
41	RADIOLOGY-DIAGNOSTIC	609,563	609,563	497,362,674	.001226	.001226	68,102,603	83,494
42	RADIOLOGY-THERAPEUTIC	433,716	433,716	70,272,941	.006172	.006172	2,069,801	12,775
43	RADIOISOTOPE	77,850	77,850	22,224,205	.003503	.003503	2,577,489	9,029
44	LABORATORY	370,735	370,735	528,923,289	.000701	.000701	93,927,699	65,843
44	01 TRANSPLANT IMMUNOLOGY			18,676,139			730,846	
44	02 BONE MARROW TRANSPLANT LA			9,102,484			613,688	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			55,242,227			12,491,335	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	352,480	352,480	173,026,948	.002037	.002037	40,553,602	82,608
50	PHYSICAL THERAPY			31,026,168			6,505,090	
51	OCCUPATIONAL THERAPY			9,225,428			1,534,219	
52	SPEECH PATHOLOGY			13,921,104			1,294,323	
53	ELECTROCARDIOLOGY			48,646,893			19,292,111	
54	ELECTROENCEPHALOGRAPHY	56,001	56,001	18,309,152	.003059	.003059	3,313,914	10,137
55	MEDICAL SUPPLIES CHARGED			6,133,995			1,126,954	
56	DRUGS CHARGED TO PATIENTS	1,757,986	1,757,986	387,986,270	.004531	.004531	89,319,462	404,706
56	01 RENAL-RILEY							
56	02 RENAL-ADULT							
56	03 OUTPATIENT RETAIL PHARMAC			34,859,927				
57	RENAL DIALYSIS	61	61	58,288,626	.000001	.000001	7,944,467	8
58	ASC (NON-DISTINCT PART)							
58	04 BMTU OUTPATIENT							
59	RH NBN ECMO IC			1,198,293				
59	01 CARDIOLOGY			94,966,440			16,563,990	
59	02 PSYCH OTHER ANCILLARY			945,762			111,580	
59	03 CARDIAC CATHERIZATION	54	54	78,826,553	.000001	.000001	20,870,962	21
59	04 DAY SURGERY	1,504	1,504	7,399,872	.000203	.000203	262,212	53
59	05 ONCOLOGY			5,104				
59	06 DAY SURGERY-RILEY							
59	07 CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 AMB SVC-OB & GYN			7,252,515			11,158	
60	02 MEDICINE/DIAGNOSTIC			11,185,101			78,106	
60	03 AMB SVC-OPTHALMOLOGY			1,285,290			5,579	
60	04 AMB SVC-PSYCH ADULT			2,364,884				
60	05 AMB SVC-DIABETES ADULT							
60	06 OUTPATIENT SURGERY			12,173,320			2,549,594	
60	07 AMB SVC-RILEY CLINICS			9,871,175				
60	08 DENTAL CLINIC							
60	09 MOTILITY LAB			616,618				
60	10 AMB SVC-PSYCH CHILD							
60	13 ARTHRITIS CENTER							
60	14 GERIATRICS CLINIC			108,893				
60	15 SLEEP DISORDER CENTER			13,291,683			22,316	
60	16 O/P CLINIC-ADULT			186,675				
60	17 O/P CLINIC-PEDIATRIC							
60	18 ARTHRITIS/INFUSION CENTER			13,297,051			5,579	
60	19 NEUROLOGY UH			772,888				
60	20 ORTHOPEDICS UH			347,809				
60	21 AMB SVC-UH PHYSICAL MEDIC			1,100,063			5,579	
60	22 AMB SVC-DERMATOLOGY CLINI			719,544				
60	24 IU CANCER PAVILLION			1,033,885			11,158	
60	25 CARDIO CLINIC			257,459			5,579	
61	EMERGENCY	592,150	592,150	218,051,050	.002716	.002716	22,505,603	61,125
61	01 EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	38,599	38,599	15,352,799	.002514	.002514		
63	FAMILY PRACTICE							
63	60 FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,463,943				
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	4,469,698	4,469,698	3258,761,519			557,897,949	763,808

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	32,201,578			8,630		
37 01	ENDOSCOPY	1,098,688					
38	RECOVERY ROOM	2,384,992			52		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	782,815					
40 01	PULMONARY FUNCTION TESTIN	1,040,262					
41	RADIOLOGY-DIAGNOSTIC	52,948,401			64,915		
42	RADIOLOGY-THERAPEUTIC	15,551,329			95,983		
43	RADIOISOTOPE	2,964,131			10,383		
44	LABORATORY	44,398,882			31,124		
44 01	TRANSPLANT IMMUNOLOGY	1,019,546					
44 02	BONE MARROW TRANSPLANT LA	1,155,019					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,279,553					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	570,759			1,163		
50	PHYSICAL THERAPY	2,493,464					
51	OCCUPATIONAL THERAPY	183,425					
52	SPEECH PATHOLOGY	933,420					
53	ELECTROCARDIOLOGY	2,368,698					
54	ELECTROENCEPHALOGRAPHY	824,249			2,521		
55	MEDICAL SUPPLIES CHARGED	62,849					
56	DRUGS CHARGED TO PATIENTS	19,181,888			86,913		
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	8,156,597					
59 02	PSYCH OTHER ANCILLARY	331,701					
59 03	CARDIAC CATHERIZATION	10,021,341			10		
59 04	DAY SURGERY	1,414,329			287		
59 05	ONCOLOGY						
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	151,302					
60 02	MEDICINE/DIAGNOSTIC	3,259,287					
60 03	AMB SVC-OPTHALMOLOGY	509,773					
60 04	AMB SVC-PSYCH ADULT	192,503					
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	2,704,356					
60 07	AMB SVC-RILEY CLINICS	119,645					
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	3,724					
60 10	AMB SVC-PSYCH CHILD						
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	69,832					
60 15	SLEEP DISORDER CENTER	1,872,193					
60 16	O/P CLINIC-ADULT	42,365					
60 17	O/P CLINIC-PEDIATRIC						
60 18	ARTHRITIS/INFUSION CENTER	4,889,396					
60 19	NEUROLOGY UH	260,938					
60 20	ORTHOPEDICS UH	104,981					
60 21	AMB SVC-UH PHYSICAL MEDIC	258,378					
60 22	AMB SVC-DERMATOLOGY CLINI	151,302					
60 24	IU CANCER PAVILLION	226,954					
60 25	CARDIO CLINIC	114,990					
61	EMERGENCY	13,123,972			35,645		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	1,349,152			3,392		
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	232,772,959			341,018		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART V
15-0056		

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	.259843	.259843			
37	01	ENDOSCOPY	.262325	.262325			
38		RECOVERY ROOM	.283616	.283616			
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY	.448121	.448121			
40	01	PULMONARY FUNCTION TESTING	.272830	.272830			
41		RADIOLOGY-DIAGNOSTIC	.181753	.181753			
42		RADIOLOGY-THERAPEUTIC	.209658	.209658			
43		RADIOISOTOPE	.354998	.354998			
44		LABORATORY	.148803	.148803			
44	01	TRANSPLANT IMMUNOLOGY	.257299	.257299			
44	02	BONE MARROW TRANSPLANT LAB	.402497	.402497			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.685918	.685918			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.209945	.209945			
50		PHYSICAL THERAPY	.353240	.353240			
51		OCCUPATIONAL THERAPY	.418124	.418124			
52		SPEECH PATHOLOGY	.528320	.528320			
53		ELECTROCARDIOLOGY	.124568	.124568			
54		ELECTROENCEPHALOGRAPHY	.270739	.270739			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.197663	.197663			
56		DRUGS CHARGED TO PATIENTS	.207335	.207335			
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY	1.323313	1.323313			
57		RENAL DIALYSIS	.398333	.398333			
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	.554007	.554007			
59	01	CARDIOLOGY	.216153	.216153			
59	02	PSYCH OTHER ANCILLARY	1.939217	1.939217			
59	03	CARDIAC CATHERIZATION	.208243	.208243			
59	04	DAY SURGERY	1.115903	1.115903			
59	05	ONCOLOGY	1,413.762147	1,413.762147			
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	.429945	.429945			
60	02	MEDICINE/DIAGNOSTIC	.713871	.713871			
60	03	AMB SVC-OPTHALMOLOGY	.501449	.501449			
60	04	AMB SVC-PSYCH ADULT	.716803	.716803			
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY	.318254	.318254			
60	07	AMB SVC-RILEY CLINICS	.632768	.632768			
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	.397452	.397452			
60	10	AMB SVC-PSYCH CHILD					
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	5.845564	5.845564			
60	15	SLEEP DISORDER CENTER	.303570	.303570			
60	16	O/P CLINIC-ADULT	5.063378	5.063378			
60	17	O/P CLINIC-PEDIATRIC					
60	18	ARTHRITIS/INFUSION CENTER	.767053	.767053			
60	19	NEUROLOGY UH	2.169420	2.169420			
60	20	ORTHOPEDICS UH	3.220492	3.220492			
60	21	AMB SVC-UH PHYSICAL MEDICINE	1.781964	1.781964			
60	22	AMB SVC-DERMATOLOGY CLINIC	1.007698	1.007698			
60	24	IU CANCER PAVILLION	2.586788	2.586788			
60	25	CARDIO CLINIC	2.430985	2.430985			
61		EMERGENCY	.181673	.181673			
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)	.744041	.744041			
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.271510	.271510			
65		AMBULANCE SERVICES	.476327	.476327			
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					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET D PART V

COMPONENT NO: 15-0056

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		32,201,578			
37 01	ENDOSCOPY		1,098,688			
38	RECOVERY ROOM		2,384,992			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		782,815			
40 01	PULMONARY FUNCTION TESTING		1,040,262			
41	RADIOLOGY-DIAGNOSTIC		52,948,401	393		
42	RADIOLOGY-THERAPEUTIC		15,551,329			
43	RADIOISOTOPE		2,964,131			
44	LABORATORY		44,398,882	9,002		
44 01	TRANSPLANT IMMUNOLOGY		1,019,546			
44 02	BONE MARROW TRANSPLANT LAB		1,155,019			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.		1,279,553	13,661		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		570,759	6,690		
50	PHYSICAL THERAPY		2,493,464			
51	OCCUPATIONAL THERAPY		183,425			
52	SPEECH PATHOLOGY		933,420			
53	ELECTROCARDIOLOGY		2,368,698			
54	ELECTROENCEPHALOGRAPHY		824,249			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		62,849	1,704		
56	DRUGS CHARGED TO PATIENTS		19,181,888	29,317		
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS			4,691		
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY		8,156,597			
59 02	PSYCH OTHER ANCILLARY		331,701			
59 03	CARDIAC CATHERIZATION		10,021,341			
59 04	DAY SURGERY		1,414,329			
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN		151,302			
60 02	MEDICINE/DIAGNOSTIC		3,259,287			
60 03	AMB SVC-OPTHALMOLOGY		509,773			
60 04	AMB SVC-PSYCH ADULT		192,503			
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY		2,704,356			
60 07	AMB SVC-RILEY CLINICS		119,645			
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB		3,724			
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC		69,832			
60 15	SLEEP DISORDER CENTER		1,872,193			
60 16	O/P CLINIC-ADULT		42,365			
60 17	O/P CLINIC-PEDIATRIC					
60 18	ARTHRITIS/INFUSION CENTER		4,889,396			
60 19	NEUROLOGY UH		260,938			
60 20	ORTHOPEDICS UH		104,981			
60 21	AMB SVC-UH PHYSICAL MEDICINE		258,378			
60 22	AMB SVC-DERMATOLOGY CLINIC		151,302			
60 24	IU CANCER PAVILLION		226,954			
60 25	CARDIO CLINIC		114,990			
61	EMERGENCY		13,123,972			
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,349,152			
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		232,772,959	65,458		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		232,772,959	65,458		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010

COMPONENT NO: 15-0056

WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	Outpatient Radiology 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				8,367,355	
37 01	ENDOSCOPY				288,213	
38	RECOVERY ROOM				676,422	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				350,796	
40 01	PULMONARY FUNCTION TESTING				283,815	
41	RADIOLOGY-DIAGNOSTIC				9,623,531	71
42	RADIOLOGY-THERAPEUTIC				3,260,461	
43	RADIOISOTOPE				1,052,261	
44	LABORATORY				6,606,687	1,340
44 01	TRANSPLANT IMMUNOLOGY				262,328	
44 02	BONE MARROW TRANSPLANT LAB				464,892	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.				877,668	9,370
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY				119,828	1,405
50	PHYSICAL THERAPY				880,791	
51	OCCUPATIONAL THERAPY				76,694	
52	SPEECH PATHOLOGY				493,144	
53	ELECTROCARDIOLOGY				295,064	
54	ELECTROENCEPHALOGRAPHY				223,156	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				12,423	337
56	DRUGS CHARGED TO PATIENTS				3,977,077	6,078
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS					1,869
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY				1,763,073	
59 02	PSYCH OTHER ANCILLARY				643,240	
59 03	CARDIAC CATHERIZATION				2,086,874	
59 04	DAY SURGERY				1,578,254	
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN				65,052	
60 02	MEDICINE/DIAGNOSTIC				2,326,710	
60 03	AMB SVC-OPTHALMOLOGY				255,625	
60 04	AMB SVC-PSYCH ADULT				137,987	
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY				860,672	
60 07	AMB SVC-RILEY CLINICS				75,708	
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB				1,480	
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC				408,207	
60 15	SLEEP DISORDER CENTER				568,342	
60 16	O/P CLINIC-ADULT				214,510	
60 17	O/P CLINIC-PEDIATRIC					
60 18	ARTHRITIS/INFUSION CENTER				3,750,426	
60 19	NEUROLOGY UH				566,084	
60 20	ORTHOPEDICS UH				338,090	
60 21	AMB SVC-UH PHYSICAL MEDICINE				460,420	
60 22	AMB SVC-DERMATOLOGY CLINIC				152,467	
60 24	IU CANCER PAVILLION				587,082	
60 25	CARDIO CLINIC				279,539	
61	EMERGENCY				2,384,271	
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)				1,003,824	
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				58,700,543	20,470
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				58,700,543	20,470

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	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 18	ARTHRITIS/INFUSION CENTER			
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			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	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	.207335
2	PROGRAM VACCINE CHARGES	194,428
3	PROGRAM COSTS	40,312

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 15-S056 I PREPARED 5/31/2010 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		14,163,648	664,064,915	24,361		
37 01	ENDOSCOPY		335,852	12,616,963	8,859		
38	RECOVERY ROOM		897,015	48,956,774	5,111		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		1,519,305	34,436,208	511		
40 01	PULMONARY FUNCTION TESTIN		691,384	20,383,520			
41	RADIOLOGY-DIAGNOSTIC		19,577,069	497,362,674	216,182		
42	RADIOLOGY-THERAPEUTIC		5,269,175	70,272,941			
43	RADIOISOTOPE		1,856,003	22,224,205	7,836		
44	LABORATORY		5,364,944	528,923,289	480,747		
44 01	TRANSPLANT IMMUNOLOGY		139,162	18,676,139			
44 02	BONE MARROW TRANSPLANT LA		354,194	9,102,484			
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING		635,524	55,242,227	4,089		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		1,438,879	173,026,948	39,523		
50	PHYSICAL THERAPY		459,867	31,026,168	40,715		
51	OCCUPATIONAL THERAPY		255,428	9,225,428	3,577		
52	SPEECH PATHOLOGY		406,116	13,921,104	3,407		
53	ELECTROCARDIOLOGY		588,768	48,646,893	51,107		
54	ELECTROENCEPHALOGRAPHY		444,494	18,309,152	56,729		
55	MEDICAL SUPPLIES CHARGED		68,880	6,133,995	3,237		
56	DRUGS CHARGED TO PATIENTS		1,806,450	387,986,270	456,896		
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		571,199	34,859,927			
57	RENAL DIALYSIS		1,061,418	58,288,626	10,903		
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC		109,183	1,198,293			
59 01	CARDIOLOGY		1,548,475	94,966,440			
59 02	PSYCH OTHER ANCILLARY		52,837	945,762	115,502		
59 03	CARDIAC CATHERIZATION		2,469,354	78,826,553			
59 04	DAY SURGERY		746,396	7,399,872			
59 05	ONCOLOGY		6,158,926	5,104			
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN		525,426	7,252,515			
60 02	MEDICINE/DIAGNOSTIC		688,249	11,185,101			
60 03	AMB SVC-OPTHALMOLOGY		110,386	1,285,290			
60 04	AMB SVC-PSYCH ADULT		269,649	2,364,884	170		
60 05	AMB SVC-DIABETES ADULT		28,792				
60 06	OUTPATIENT SURGERY		705,322	12,173,320	5,451		
60 07	AMB SVC-RILEY CLINICS		779,811	9,871,175			
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB		21,167	616,618			
60 10	AMB SVC-PSYCH CHILD		24,552				
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC		82,426	108,893	1,022		
60 15	SLEEP DISORDER CENTER		321,219	13,291,683			
60 16	O/P CLINIC-ADULT		155,912	186,675			
60 17	O/P CLINIC-PEDIATRIC		252,661				
60 18	ARTHRITIS/INFUSION CENTER		131,592	13,297,051			
60 19	NEUROLOGY UH		200,028	772,888			
60 20	ORTHOPEDICS UH		152,694	347,809			
60 21	AMB SVC-UH PHYSICAL MEDIC		158,519	1,100,063	170		
60 22	AMB SVC-DERMATOLOGY CLINI		96,472	719,544			
60 24	IU CANCER PAVILLION		352,455	1,033,885			
60 25	CARDIO CLINIC		35,973	257,459			
61	EMERGENCY		2,246,027	218,051,050	167,461		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS		637,638	15,352,799			
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		21,028	2,463,943			
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		76,987,943	3258,761,519	1,703,566		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	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	.021329	520
37	01	ENDOSCOPY	.026619	236
38		RECOVERY ROOM	.018323	94
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY	.044119	23
40	01	PULMONARY FUNCTION TESTIN	.033919	
41		RADIOLOGY-DIAGNOSTIC	.039362	8,509
42		RADIOLOGY-THERAPEUTIC	.074982	
43		RADIOISOTOPE	.083513	654
44		LABORATORY	.010143	4,876
44	01	TRANSPLANT IMMUNOLOGY	.007451	
44	02	BONE MARROW TRANSPLANT LA	.038912	
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.011504	47
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.008316	329
50		PHYSICAL THERAPY	.014822	603
51		OCCUPATIONAL THERAPY	.027687	99
52		SPEECH PATHOLOGY	.029173	99
53		ELECTROCARDIOLOGY	.012103	619
54		ELECTROENCEPHALOGRAPHY	.024277	1,377
55		MEDICAL SUPPLIES CHARGED	.011229	36
56		DRUGS CHARGED TO PATIENTS	.004656	2,127
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.016386	
57		RENAL DIALYSIS	.018210	199
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.091115	
59	01	CARDIOLOGY	.016305	
59	02	PSYCH OTHER ANCILLARY	.055867	6,453
59	03	CARDIAC CATHERIZATION	.031326	
59	04	DAY SURGERY	.100866	
59	05	ONCOLOGY	1206.686129	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.072447	
60	02	MEDICINE/DIAGNOSTIC	.061533	
60	03	AMB SVC-OPTHALMOLOGY	.085884	
60	04	AMB SVC-PSYCH ADULT	.114022	19
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.057940	316
60	07	AMB SVC-RILEY CLINICS	.078999	
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.034328	
60	10	AMB SVC-PSYCH CHILD		
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	.756945	774
60	15	SLEEP DISORDER CENTER	.024167	
60	16	O/P CLINIC-ADULT	.835206	
60	17	O/P CLINIC-PEDIATRIC		
60	18	ARTHRITIS/INFUSION CENTER	.009896	
60	19	NEUROLOGY UH	.258806	
60	20	ORTHOPEDICS UH	.439017	
60	21	AMB SVC-UH PHYSICAL MEDIC	.144100	24
60	22	AMB SVC-DERMATOLOGY CLINI	.134074	
60	24	IU CANCER PAVILLION	.340903	
60	25	CARDIO CLINIC	.139723	
61		EMERGENCY	.010300	1,725
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.041532	
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.008534	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		29,758

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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				177,902		
37	01	ENDOSCOPY						
38		RECOVERY ROOM				1,097		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
40	01	PULMONARY FUNCTION TESTIN						
41		RADIOLOGY-DIAGNOSTIC				609,563		
42		RADIOLOGY-THERAPEUTIC				433,716		
43		RADIOISOTOPE				77,850		
44		LABORATORY				370,735		
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				352,480		
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY				56,001		
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS				1,757,986		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC						
57		RENAL DIALYSIS				61		
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				54		
59	04	DAY SURGERY				1,504		
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	18	ARTHRITIS/INFUSION CENTER						
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				592,150		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS				38,599		
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				4,469,698		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	177,902	177,902	664,064,915	.000268	.000268	24,361	7
37	01 ENDOSCOPY			12,616,963			8,859	
38	RECOVERY ROOM	1,097	1,097	48,956,774	.000022	.000022	5,111	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			34,436,208			511	
40	01 PULMONARY FUNCTION TESTIN			20,383,520				
41	RADIOLOGY-DIAGNOSTIC	609,563	609,563	497,362,674	.001226	.001226	216,182	265
42	RADIOLOGY-THERAPEUTIC	433,716	433,716	70,272,941	.006172	.006172		
43	RADIOISOTOPE	77,850	77,850	22,224,205	.003503	.003503	7,836	27
44	LABORATORY	370,735	370,735	528,923,289	.000701	.000701	480,747	337
44	01 TRANSPLANT IMMUNOLOGY			18,676,139				
44	02 BONE MARROW TRANSPLANT LA			9,102,484				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			55,242,227			4,089	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	352,480	352,480	173,026,948	.002037	.002037	39,523	81
50	PHYSICAL THERAPY			31,026,168			40,715	
51	OCCUPATIONAL THERAPY			9,225,428			3,577	
52	SPEECH PATHOLOGY			13,921,104			3,407	
53	ELECTROCARDIOLOGY			48,646,893			51,107	
54	ELECTROENCEPHALOGRAPHY	56,001	56,001	18,309,152	.003059	.003059	56,729	174
55	MEDICAL SUPPLIES CHARGED			6,133,995			3,237	
56	DRUGS CHARGED TO PATIENTS	1,757,986	1,757,986	387,986,270	.004531	.004531	456,896	2,070
56	01 RENAL-RILEY							
56	02 RENAL-ADULT							
56	03 OUTPATIENT RETAIL PHARMAC			34,859,927				
57	RENAL DIALYSIS	61	61	58,288,626	.000001	.000001	10,903	
58	ASC (NON-DISTINCT PART)							
58	04 BMTU OUTPATIENT							
59	RH NBN ECMO IC			1,198,293				
59	01 CARDIOLOGY			94,966,440				
59	02 PSYCH OTHER ANCILLARY			945,762			115,502	
59	03 CARDIAC CATHERIZATION	54	54	78,826,553	.000001	.000001		
59	04 DAY SURGERY	1,504	1,504	7,399,872	.000203	.000203		
59	05 ONCOLOGY			5,104				
59	06 DAY SURGERY-RILEY							
59	07 CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 AMB SVC-OB & GYN			7,252,515				
60	02 MEDICINE/DIAGNOSTIC			11,185,101				
60	03 AMB SVC-OPTHALMOLOGY			1,285,290				
60	04 AMB SVC-PSYCH ADULT			2,364,884			170	
60	05 AMB SVC-DIABETES ADULT							
60	06 OUTPATIENT SURGERY			12,173,320			5,451	
60	07 AMB SVC-RILEY CLINICS			9,871,175				
60	08 DENTAL CLINIC							
60	09 MOTILITY LAB			616,618				
60	10 AMB SVC-PSYCH CHILD							
60	13 ARTHRITIS CENTER							
60	14 GERIATRICS CLINIC			108,893			1,022	
60	15 SLEEP DISORDER CENTER			13,291,683				
60	16 O/P CLINIC-ADULT			186,675				
60	17 O/P CLINIC-PEDIATRIC							
60	18 ARTHRITIS/INFUSION CENTER			13,297,051				
60	19 NEUROLOGY UH			772,888				
60	20 ORTHOPEDICS UH			347,809				
60	21 AMB SVC-UH PHYSICAL MEDIC			1,100,063			170	
60	22 AMB SVC-DERMATOLOGY CLINI			719,544				
60	24 IU CANCER PAVILLION			1,033,885				
60	25 CARDIO CLINIC			257,459				
61	EMERGENCY	592,150	592,150	218,051,050	.002716	.002716	167,461	455
61	01 EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	38,599	38,599	15,352,799	.002514	.002514		
63	FAMILY PRACTICE							
63	60 FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,463,943				
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	4,469,698	4,469,698	3258,761,519			1,703,566	3,416

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	18 ARTHRITIS/INFUSION CENTER						
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:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART VI
15-S056		

TITLE XVIII, PART B SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.207335
2	PROGRAM VACCINE CHARGES	951
3	PROGRAM COSTS	197

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET D I 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				15,387,036		15,387,036
26		INTENSIVE CARE UNIT				1,550,288		1,550,288
27		CORONARY CARE UNIT				910,542		910,542
27	01	NEONATAL INTENSIVE CARE U				486,303		486,303
28		BURN INTENSIVE CARE UNIT				257,382		257,382
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC				1,110,498		1,110,498
29	03	UH NS 3IC				151,400		151,400
29	04	RH PED IC				727,304		727,304
29	05	TRANSPLANT ICU				237,863		237,863
29	07	PEDIATRIC CANCER CENTER				116,306		116,306
31		SUBPROVIDER				406,264		406,264
33		NURSERY				403,633		403,633
101		TOTAL				21,744,819		21,744,819

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET D I PART I

TITLE XIX PPS

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	280,333	48,624			54.89	2,668,971
26		INTENSIVE CARE UNIT	19,672				78.81	
27		CORONARY CARE UNIT	12,670				71.87	
27	01	NEONATAL INTENSIVE CARE U	9,690				50.19	
28		BURN INTENSIVE CARE UNIT	1,578				163.11	
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC	5,405				205.46	
29	03	UH NS 3IC	2,319				65.29	
29	04	RH PED IC	9,235				78.76	
29	05	TRANSPLANT ICU	2,571				92.52	
29	07	PEDIATRIC CANCER CENTER	1,892				61.47	
31		SUBPROVIDER	7,241				56.11	
33		NURSERY	7,449	1,085			54.19	58,796
101		TOTAL	360,055	49,709				2,727,767

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I COMPONENT NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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		14,163,648	664,064,915	75,470,735		
37	01	ENDOSCOPY		335,852	12,616,963	1,012,008		
38		RECOVERY ROOM		897,015	48,956,774	4,259,035		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY		1,519,305	34,436,208	4,492,792		
40	01	PULMONARY FUNCTION TESTIN		691,384	20,383,520	1,309,524		
41		RADIOLOGY-DIAGNOSTIC		19,577,069	497,362,674	36,329,642		
42		RADIOLOGY-THERAPEUTIC		5,269,175	70,272,941	1,034,362		
43		RADIOISOTOPE		1,856,003	22,224,205	958,367		
44		LABORATORY		5,364,944	528,923,289	60,750,697		
44	01	TRANSPLANT IMMUNOLOGY		139,162	18,676,139	395,860		
44	02	BONE MARROW TRANSPLANT LA		354,194	9,102,484	454,460		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		635,524	55,242,227	9,615,993		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		1,438,879	173,026,948	58,544,497		
50		PHYSICAL THERAPY		459,867	31,026,168	3,433,292		
51		OCCUPATIONAL THERAPY		255,428	9,225,428	1,793,874		
52		SPEECH PATHOLOGY		406,116	13,921,104	979,431		
53		ELECTROCARDIOLOGY		588,768	48,646,893	3,586,828		
54		ELECTROENCEPHALOGRAPHY		444,494	18,309,152	2,744,452		
55		MEDICAL SUPPLIES CHARGED		68,880	6,133,995	1,001,868		
56		DRUGS CHARGED TO PATIENTS		1,806,450	387,986,270	65,760,526		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC		571,199	34,859,927			
57		RENAL DIALYSIS		1,061,418	58,288,626	1,949,098		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC		109,183	1,198,293	666,846		
59	01	CARDIOLOGY		1,548,475	94,966,440	7,492,779		
59	02	PSYCH OTHER ANCILLARY		52,837	945,762			
59	03	CARDIAC CATHERIZATION		2,469,354	78,826,553	2,443,098		
59	04	DAY SURGERY		746,396	7,399,872	129,800		
59	05	ONCOLOGY		6,158,926	5,104			
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN		525,426	7,252,515	430,328		
60	02	MEDICINE/DIAGNOSTIC		688,249	11,185,101	36,828		
60	03	AMB SVC-OPTHALMOLOGY		110,386	1,285,290	2,803		
60	04	AMB SVC-PSYCH ADULT		269,649	2,364,884	192		
60	05	AMB SVC-DIABETES ADULT		28,792				
60	06	OUTPATIENT SURGERY		705,322	12,173,320	570,813		
60	07	AMB SVC-RILEY CLINICS		779,811	9,871,175	247,299		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB		21,167	616,618	30,410		
60	10	AMB SVC-PSYCH CHILD		24,552				
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC		82,426	108,893			
60	15	SLEEP DISORDER CENTER		321,219	13,291,683	4,250		
60	16	O/P CLINIC-ADULT		155,912	186,675	66		
60	17	O/P CLINIC-PEDIATRIC		252,661				
60	18	ARTHRITIS/INFUSION CENTER		131,592	13,297,051			
60	19	NEUROLOGY UH		200,028	772,888	808		
60	20	ORTHOPEDICS UH		152,694	347,809	254		
60	21	AMB SVC-UH PHYSICAL MEDIC		158,519	1,100,063	481		
60	22	AMB SVC-DERMATOLOGY CLINI		96,472	719,544			
60	24	IU CANCER PAVILLION		352,455	1,033,885	2,543		
60	25	CARDIO CLINIC		35,973	257,459	1,337		
61		EMERGENCY		2,246,027	218,051,050	16,388,625		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS		637,638	15,352,799			
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT		4,731	2,335,541			
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		21,028	2,463,943			
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL		76,992,674	3261,097,060	364,326,901		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	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	.021329	1,609,715
37	01	ENDOSCOPY	.026619	26,939
38		RECOVERY ROOM	.018323	78,038
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY	.044119	198,217
40	01	PULMONARY FUNCTION TESTIN	.033919	44,418
41		RADIOLOGY-DIAGNOSTIC	.039362	1,430,007
42		RADIOLOGY-THERAPEUTIC	.074982	77,559
43		RADIOISOTOPE	.083513	80,036
44		LABORATORY	.010143	616,194
44	01	TRANSPLANT IMMUNOLOGY	.007451	2,950
44	02	BONE MARROW TRANSPLANT LA	.038912	17,684
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.011504	110,622
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.008316	486,856
50		PHYSICAL THERAPY	.014822	50,888
51		OCCUPATIONAL THERAPY	.027687	49,667
52		SPEECH PATHOLOGY	.029173	28,573
53		ELECTROCARDIOLOGY	.012103	43,411
54		ELECTROENCEPHALOGRAPHY	.024277	66,627
55		MEDICAL SUPPLIES CHARGED	.011229	11,250
56		DRUGS CHARGED TO PATIENTS	.004656	306,181
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.016386	
57		RENAL DIALYSIS	.018210	35,493
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.091115	60,760
59	01	CARDIOLOGY	.016305	122,170
59	02	PSYCH OTHER ANCILLARY	.055867	
59	03	CARDIAC CATHERIZATION	.031326	76,532
59	04	DAY SURGERY	.100866	13,092
59	05	ONCOLOGY	1206.686129	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.072447	31,176
60	02	MEDICINE/DIAGNOSTIC	.061533	2,266
60	03	AMB SVC-OPTHALMOLOGY	.085884	241
60	04	AMB SVC-PSYCH ADULT	.114022	22
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.057940	33,073
60	07	AMB SVC-RILEY CLINICS	.078999	19,536
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.034328	1,044
60	10	AMB SVC-PSYCH CHILD		
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	.756945	
60	15	SLEEP DISORDER CENTER	.024167	103
60	16	O/P CLINIC-ADULT	.835206	55
60	17	O/P CLINIC-PEDIATRIC		
60	18	ARTHRITIS/INFUSION CENTER	.009896	
60	19	NEUROLOGY UH	.258806	209
60	20	ORTHOPEDICS UH	.439017	112
60	21	AMB SVC-UH PHYSICAL MEDIC	.144100	69
60	22	AMB SVC-DERMATOLOGY CLINI	.134074	
60	24	IU CANCER PAVILLION	.340903	867
60	25	CARDIO CLINIC	.139723	187
61		EMERGENCY	.010300	168,803
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.041532	
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT	.002026	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.008534	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		5,901,642

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET D PART III
PPS

WKST LINE	A 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			931,322			931,322
26		INTENSIVE CARE UNIT			47,937			47,937
27		CORONARY CARE UNIT			30,874			30,874
27	01	NEONATAL INTENSIVE CARE U			23,613			23,613
28		BURN INTENSIVE CARE UNIT			3,845			3,845
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC			13,171			13,171
29	03	UH NS 3IC			5,651			5,651
29	04	RH PED IC			22,504			22,504
29	05	TRANSPLANT ICU			6,265			6,265
29	07	PEDIATRIC CANCER CENTER			4,610			4,610
31		SUBPROVIDER			17,645			17,645
33		NURSERY			18,152			18,152
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL			1,125,589			1,125,589

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	280,333	3.32	48,624	161,432
26		INTENSIVE CARE UNIT	19,672	2.44		
27		CORONARY CARE UNIT	12,670	2.44		
27	01	NEONATAL INTENSIVE CARE U	9,690	2.44		
28		BURN INTENSIVE CARE UNIT	1,578	2.44		
29		SURGICAL INTENSIVE CARE U				
29	02	UH SURG 6IC	5,405	2.44		
29	03	UH NS 3IC	2,319	2.44		
29	04	RH PED IC	9,235	2.44		
29	05	TRANSPLANT ICU	2,571	2.44		
29	07	PEDIATRIC CANCER CENTER	1,892	2.44		
31		SUBPROVIDER	7,241	2.44		
33		NURSERY	7,449	2.44	1,085	2,647
34		SKILLED NURSING FACILITY				
35		NURSING FACILITY				
35	01	ICF/MR				
101		TOTAL	360,055		49,709	164,079

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0056 I COMPONENT NO: 15-0056

I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009

I PREPARED 5/31/2010 I WORKSHEET D I 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			7,035,519	177,902		
37	01	ENDOSCOPY			136			
38		RECOVERY ROOM				1,097		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY			4,537,765			
40	01	PULMONARY FUNCTION TESTIN			892,259			
41		RADIOLOGY-DIAGNOSTIC			4,650,092	609,563		
42		RADIOLOGY-THERAPEUTIC			517,796	433,716		
43		RADIOISOTOPE			484,663	77,850		
44		LABORATORY			2,084,402	370,735		
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			72,735	352,480		
50		PHYSICAL THERAPY			430,402			
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY			717,664			
53		ELECTROCARDIOLOGY			265,560			
54		ELECTROENCEPHALOGRAPHY			566,751	56,001		
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS				1,757,986		
56	01	RENAL-RILEY			238,386			
56	02	RENAL-ADULT			124,275			
56	03	OUTPATIENT RETAIL PHARMAC						
57		RENAL DIALYSIS			202,014	61		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT			13,353			
59		RH NBN ECMO IC						
59	01	CARDIOLOGY			1,483,502			
59	02	PSYCH OTHER ANCILLARY			69,379			
59	03	CARDIAC CATHERIZATION			472,138	54		
59	04	DAY SURGERY				1,504		
59	05	ONCOLOGY			1,013,948			
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN			1,067,176			
60	02	MEDICINE/DIAGNOSTIC			415,302			
60	03	AMB SVC-OPTHALMOLOGY			855,360			
60	04	AMB SVC-PSYCH ADULT			255,514			
60	05	AMB SVC-DIABETES ADULT						
60	06	OUTPATIENT SURGERY						
60	07	AMB SVC-RILEY CLINICS			793,784			
60	08	DENTAL CLINIC			1,466,268			
60	09	MOTILITY LAB						
60	10	AMB SVC-PSYCH CHILD			291,760			
60	13	ARTHRITIS CENTER			196,385			
60	14	GERIATRICS CLINIC			214,478			
60	15	SLEEP DISORDER CENTER						
60	16	O/P CLINIC-ADULT			1,535,413			
60	17	O/P CLINIC-PEDIATRIC			2,500,309			
60	18	ARTHRITIS/INFUSION CENTER						
60	19	NEUROLOGY UH			449,090			
60	20	ORTHOPEDICS UH			997,172			
60	21	AMB SVC-UH PHYSICAL MEDIC						
60	22	AMB SVC-DERMATOLOGY CLINI			137,842			
60	24	IU CANCER PAVILLION			40,654			
60	25	CARDIO CLINIC			649,445			
61		EMERGENCY			3,078,170	592,150		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS				38,599		
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			40,816,861	4,469,698		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	7,213,421	7,213,421	664,064,915	.010863	.010863	75,470,735	819,839
37	01 ENDOSCOPY	136	136	12,616,963	.000011	.000011	1,012,008	11
38	RECOVERY ROOM	1,097	1,097	48,956,774	.000022	.000022	4,259,035	94
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY	4,537,765	4,537,765	34,436,208	.131773	.131773	4,492,792	592,029
40	01 PULMONARY FUNCTION TESTIN	892,259	892,259	20,383,520	.043774	.043774	1,309,524	57,323
41	RADIOLOGY-DIAGNOSTIC	5,259,655	5,259,655	497,362,674	.010575	.010575	36,329,642	384,186
42	RADIOLOGY-THERAPEUTIC	951,512	951,512	70,272,941	.013540	.013540	1,034,362	14,005
43	RADIOISOTOPE	562,513	562,513	22,224,205	.025311	.025311	958,367	24,257
44	LABORATORY	2,455,137	2,455,137	528,923,289	.004642	.004642	60,750,697	282,005
44	01 TRANSPLANT IMMUNOLOGY			18,676,139			395,860	
44	02 BONE MARROW TRANSPLANT LA			9,102,484			454,460	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			55,242,227			9,615,993	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	425,215	425,215	173,026,948	.002458	.002458	58,544,497	143,902
50	PHYSICAL THERAPY	430,402	430,402	31,026,168	.013872	.013872	3,433,292	47,627
51	OCCUPATIONAL THERAPY			9,225,428			1,793,874	
52	SPEECH PATHOLOGY	717,664	717,664	13,921,104	.051552	.051552	979,431	50,492
53	ELECTROCARDIOLOGY	265,560	265,560	48,646,893	.005459	.005459	3,586,828	19,580
54	ELECTROENCEPHALOGRAPHY	622,752	622,752	18,309,152	.034013	.034013	2,744,452	93,347
55	MEDICAL SUPPLIES CHARGED			6,133,995			1,001,868	
56	DRUGS CHARGED TO PATIENTS	1,757,986	1,757,986	387,986,270	.004531	.004531	65,760,526	297,961
56	01 RENAL-RILEY	238,386	238,386					
56	02 RENAL-ADULT	124,275	124,275					
56	03 OUTPATIENT RETAIL PHARMAC			34,859,927				
57	RENAL DIALYSIS	202,075	202,075	58,288,626	.003467	.003467	1,949,098	6,758
58	ASC (NON-DISTINCT PART)							
58	04 BMTU OUTPATIENT	13,353	13,353					
59	RH NBN ECMO IC			1,198,293			666,846	
59	01 CARDIOLOGY	1,483,502	1,483,502	94,966,440	.015621	.015621	7,492,779	117,045
59	02 PSYCH OTHER ANCILLARY	69,379	69,379	945,762	.073358	.073358		
59	03 CARDIAC CATHERIZATION	472,192	472,192	78,826,553	.005990	.005990	2,443,098	14,634
59	04 DAY SURGERY	1,504	1,504	7,399,872	.000203	.000203	129,800	26
59	05 ONCOLOGY	1,013,948	1,013,948	5,104	198.657524	198.657524		
59	06 DAY SURGERY-RILEY							
59	07 CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 AMB SVC-OB & GYN	1,067,176	1,067,176	7,252,515	.147146	.147146	430,328	63,321
60	02 MEDICINE/DIAGNOSTIC	415,302	415,302	11,185,101	.037130	.037130	36,828	1,367
60	03 AMB SVC-OPTHALMOLOGY	855,360	855,360	1,285,290	.665500	.665500	2,803	1,865
60	04 AMB SVC-PSYCH ADULT	255,514	255,514	2,364,884	.108045	.108045	192	21
60	05 AMB SVC-DIABETES ADULT							
60	06 OUTPATIENT SURGERY			12,173,320			570,813	
60	07 AMB SVC-RILEY CLINICS	793,784	793,784	9,871,175	.080414	.080414	247,299	19,886
60	08 DENTAL CLINIC	1,466,268	1,466,268					
60	09 MOTILITY LAB			616,618			30,410	
60	10 AMB SVC-PSYCH CHILD	291,760	291,760					
60	13 ARTHRITIS CENTER	196,385	196,385					
60	14 GERIATRICS CLINIC	214,478	214,478	108,893	1.969622	1.969622		
60	15 SLEEP DISORDER CENTER			13,291,683			4,250	
60	16 O/P CLINIC-ADULT	1,535,413	1,535,413	186,675	8.225060	8.225060	66	543
60	17 O/P CLINIC-PEDIATRIC	2,500,309	2,500,309					
60	18 ARTHRITIS/INFUSION CENTER			13,297,051				
60	19 NEUROLOGY UH	449,090	449,090	772,888	.581054	.581054	808	469
60	20 ORTHOPEDICS UH	997,172	997,172	347,809	2.867010	2.867010	254	728
60	21 AMB SVC-UH PHYSICAL MEDIC			1,100,063			481	
60	22 AMB SVC-DERMATOLOGY CLINI	137,842	137,842	719,544	.191569	.191569		
60	24 IU CANCER PAVILLION	40,654	40,654	1,033,885	.039322	.039322	2,543	100
60	25 CARDIO CLINIC	649,445	649,445	257,459	2.522518	2.522518	1,337	3,373
61	EMERGENCY	3,670,320	3,670,320	218,051,050	.016832	.016832	16,388,625	275,853
61	01 EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	38,599	38,599	15,352,799	.002514	.002514		
63	FAMILY PRACTICE							
63	60 FEDERALLY QUALIFIED HEALT			2,335,541				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,463,943				
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	45,286,559	45,286,559	3261,097,060			364,326,901	3,332,647

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	29,044,929			315,515		
37 01	ENDOSCOPY	22,507					
38	RECOVERY ROOM	4,421,604			97		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,595,017			210,180		
40 01	PULMONARY FUNCTION TESTIN	216,634			9,483		
41	RADIOLOGY-DIAGNOSTIC	3,723,293			39,374		
42	RADIOLOGY-THERAPEUTIC	154,530			2,092		
43	RADIOISOTOPE	254,041			6,430		
44	LABORATORY	3,151,371			14,629		
44 01	TRANSPLANT IMMUNOLOGY	25,799					
44 02	BONE MARROW TRANSPLANT LA	172					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	112,750					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,709,447			4,202		
50	PHYSICAL THERAPY	105,958			1,470		
51	OCCUPATIONAL THERAPY	11,591					
52	SPEECH PATHOLOGY	1,255,580			64,728		
53	ELECTROCARDIOLOGY	645,343			3,523		
54	ELECTROENCEPHALOGRAPHY	403,581			13,727		
55	MEDICAL SUPPLIES CHARGED	23,673					
56	DRUGS CHARGED TO PATIENTS	2,576,559			11,674		
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS	15,406			53		
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59 01	CARDIOLOGY	3,839,200			59,972		
59 02	PSYCH OTHER ANCILLARY						
59 03	CARDIAC CATHERIZATION	2,458,273			14,725		
59 04	DAY SURGERY	378,612			77		
59 05	ONCOLOGY						
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	61,133			8,995		
60 02	MEDICINE/DIAGNOSTIC	3,372			125		
60 03	AMB SVC-OPTHALMOLOGY	342			228		
60 04	AMB SVC-PSYCH ADULT	869			94		
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	38,656					
60 07	AMB SVC-RILEY CLINICS	19,585			1,575		
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	40,441					
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	66			543		
60 17	O/P CLINIC-PEDIATRIC						
60 18	ARTHRITIS/INFUSION CENTER						
60 19	NEUROLOGY UH	64			37		
60 20	ORTHOPEDICS UH						
60 21	AMB SVC-UH PHYSICAL MEDIC	225					
60 22	AMB SVC-DERMATOLOGY CLINI						
60 24	IU CANCER PAVILLION						
60 25	CARDIO CLINIC						
61	EMERGENCY	4,504,379			75,818		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	5,572,650			14,010		
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	66,387,652			873,376		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | COMPONENT NO: 15-0056 | PREPARED 5/31/2010 | 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	.253857				29,044,929
37	01	ENDOSCOPY	.246002				22,507
38		RECOVERY ROOM	.266396				4,421,604
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY	.544407				1,595,017
40	01	PULMONARY FUNCTION TESTING	.296816				216,634
41		RADIOLOGY-DIAGNOSTIC	.178366				3,723,293
42		RADIOLOGY-THERAPEUTIC	.201289				154,530
43		RADIOISOTOPE	.351443				254,041
44		LABORATORY	.143458				3,151,371
44	01	TRANSPLANT IMMUNOLOGY	.242062				25,799
44	02	BONE MARROW TRANSPLANT LAB	.377517				172
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.645651				112,750
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.197815				1,709,447
50		PHYSICAL THERAPY	.345197				105,958
51		OCCUPATIONAL THERAPY	.392710				11,591
52		SPEECH PATHOLOGY	.545014				1,255,580
53		ELECTROCARDIOLOGY	.121977				645,343
54		ELECTROENCEPHALOGRAPHY	.283175				403,581
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.185727				23,673
56		DRUGS CHARGED TO PATIENTS	.195114				2,576,559
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY	1.245873				
57		RENAL DIALYSIS	.377730				15,406
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	.518049				
59	01	CARDIOLOGY	.217647				3,839,200
59	02	PSYCH OTHER ANCILLARY	1.893499				
59	03	CARDIAC CATHERIZATION	.200492				2,458,273
59	04	DAY SURGERY	1.046944				378,612
59	05	ONCOLOGY	1,468.218456				
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	.540576				61,133
60	02	MEDICINE/DIAGNOSTIC	.704858				3,372
60	03	AMB SVC-OPTHALMOLOGY	1.095658				342
60	04	AMB SVC-PSYCH ADULT	.772218				869
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY	.297361				38,656
60	07	AMB SVC-RILEY CLINICS	.668500				19,585
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	.372957				40,441
60	10	AMB SVC-PSYCH CHILD					
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	7.330113				
60	15	SLEEP DISORDER CENTER	.284948				
60	16	O/P CLINIC-ADULT	12.482630				66
60	17	O/P CLINIC-PEDIATRIC					
60	18	ARTHRITIS/INFUSION CENTER	.722149				
60	19	NEUROLOGY UH	2.580078				64
60	20	ORTHOPEDICS UH	5.715991				
60	21	AMB SVC-UH PHYSICAL MEDICINE	1.672558				225
60	22	AMB SVC-DERMATOLOGY CLINIC	1.124079				
60	24	IU CANCER PAVILLION	2.459477				
60	25	CARDIO CLINIC	4.660334				
61		EMERGENCY	.184001				4,504,379
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)	.699142				5,572,650
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR	1.281125				
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.255404				
65		AMBULANCE SERVICES	.447811				
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL					66,387,652
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					66,387,652

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 15-0056 I PREPARED 5/31/2010 I WORKSHEET D I 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 18	ARTHRITIS/INFUSION CENTER					
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					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010

COMPONENT NO: 15-0056 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	Cost Center Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		7,373,259			
37 01	ENDOSCOPY		5,537			
38	RECOVERY ROOM		1,177,898			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		868,338			
40 01	PULMONARY FUNCTION TESTING		64,300			
41	RADIOLOGY-DIAGNOSTIC		664,109			
42	RADIOLOGY-THERAPEUTIC		31,105			
43	RADIOISOTOPE		89,281			
44	LABORATORY		452,089			
44 01	TRANSPLANT IMMUNOLOGY		6,245			
44 02	BONE MARROW TRANSPLANT LAB		65			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.		72,797			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		338,154			
50	PHYSICAL THERAPY		36,576			
51	OCCUPATIONAL THERAPY		4,552			
52	SPEECH PATHOLOGY		684,309			
53	ELECTROCARDIOLOGY		78,717			
54	ELECTROENCEPHALOGRAPHY		114,284			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,397			
56	DRUGS CHARGED TO PATIENTS		502,723			
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS		5,819			
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY		835,590			
59 02	PSYCH OTHER ANCILLARY					
59 03	CARDIAC CATHERIZATION		492,864			
59 04	DAY SURGERY		396,386			
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN		33,047			
60 02	MEDICINE/DIAGNOSTIC		2,377			
60 03	AMB SVC-OPTHALMOLOGY		375			
60 04	AMB SVC-PSYCH ADULT		671			
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY		11,495			
60 07	AMB SVC-RILEY CLINICS		13,093			
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB		15,083			
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		824			
60 17	O/P CLINIC-PEDIATRIC					
60 18	ARTHRITIS/INFUSION CENTER					
60 19	NEUROLOGY UH		165			
60 20	ORTHOPEDICS UH					
60 21	AMB SVC-UH PHYSICAL MEDICINE		376			
60 22	AMB SVC-DERMATOLOGY CLINIC					
60 24	IU CANCER PAVILLION					
60 25	CARDIO CLINIC					
61	EMERGENCY		828,810			
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)		3,896,074			
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		19,101,784			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		19,101,784			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2009	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)	280,333
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	280,333
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	280,333
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)	82,534
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	275,654,446
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	275,654,446
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	522,112,121
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	522,112,121
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.527960
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,862.47
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	275,654,446

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	983.31
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	81,156,508
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	81,156,508

		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	29,196,779	19,672	1,484.18	7,346	10,902,786
44	CORONARY CARE UNIT	21,460,905	12,670	1,693.84	6,012	10,183,366
44.01	NEONATAL INTENSIVE CARE UNIT	8,759,678	9,690	903.99	1	904
45	BURN INTENSIVE CARE UNIT	2,735,464	1,578	1,733.50		
46	SURGICAL INTENSIVE CARE UNIT					
46.02	UH SURG 6IC	10,807,715	5,405	1,999.58	2,417	4,832,985
46.03	UH NS 3IC	3,740,928	2,319	1,613.16	699	1,127,599
46.04	RH PED IC	16,425,275	9,235	1,778.59	26	46,243
46.05	TRANSPLANT ICU	5,136,184	2,571	1,997.74	841	1,680,099
46.07	PEDIATRIC CANCER CENTER	2,435,811	1,892	1,287.43		
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	126,073,804
49	TOTAL PROGRAM INPATIENT COSTS	236,004,294
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	6,479,779
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	10,889,367
52	TOTAL PROGRAM EXCLUDABLE COST	17,369,146
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	218,635,148
	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	11,617
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	983.31
85	OBSERVATION BED COST	11,423,112

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		275,654,446		11,423,112	
87	NEW CAPITAL-RELATED COST	15,387,036	275,654,446	.055820	11,423,112	637,638
88	NON PHYSICIAN ANESTHETIST		275,654,446		11,423,112	
89	MEDICAL EDUCATION		275,654,446		11,423,112	
89.01	MEDICAL EDUCATION - ALLIED HEA	931,322	275,654,446	.003379	11,423,112	38,599
89.02	MEDICAL EDUCATION - ALL OTHER		275,654,446		11,423,112	

COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/31/2010 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)	7,241
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,241
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,241
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)	2,230
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	6,813,886
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	6,813,886
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,612,443
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,612,443
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.708861
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,327.50
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	6,813,886

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	941.01
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,098,452
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,098,452

		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					
46.05	TRANSPLANT ICU					
46.07	PEDIATRIC CANCER CENTER					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	536,704
49	TOTAL PROGRAM INPATIENT COSTS	2,635,156
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	130,566
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	33,174
52	TOTAL PROGRAM EXCLUDABLE COST	163,740
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,471,416
	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	941.01
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		6,813,886			
87	NEW CAPITAL-RELATED COST	406,264	6,813,886	.059623		
88	NON PHYSICIAN ANESTHETIST		6,813,886			
89	MEDICAL EDUCATION		6,813,886			
89.01	MEDICAL EDUCATION - ALLIED HEA	17,645	6,813,886	.002590		
89.02	MEDICAL EDUCATION - ALL OTHER		6,813,886			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 15-0056 I PREPARED 5/31/2010 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		137,458,936	
26	INTENSIVE CARE UNIT		20,056,161	
27	CORONARY CARE UNIT		16,746,172	
27 01	NEONATAL INTENSIVE CARE UNIT		1,851	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC		6,784,736	
29 03	UH NS 3IC		1,917,868	
29 04	RH PED IC		92,561	
29 05	TRANSPLANT ICU		2,064,115	
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.259843	126,341,567	32,828,972
37 01	ENDOSCOPY	.262325	4,206,551	1,103,483
38	RECOVERY ROOM	.283616	6,784,039	1,924,062
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.448121	5,841,192	2,617,561
40 01	PULMONARY FUNCTION TESTING	.272830	318,002	86,760
41	RADIOLOGY-DIAGNOSTIC	.181753	68,102,603	12,377,852
42	RADIOLOGY-THERAPEUTIC	.209658	2,069,801	433,950
43	RADIOISOTOPE	.354998	2,577,489	915,003
44	LABORATORY	.148803	93,927,699	13,976,723
44 01	TRANSPLANT IMMUNOLOGY	.257299	730,846	188,046
44 02	BONE MARROW TRANSPLANT LAB	.402497	613,688	247,008
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.685918	12,491,335	8,568,032
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.209945	40,553,602	8,514,026
50	PHYSICAL THERAPY	.353240	6,505,090	2,297,858
51	OCCUPATIONAL THERAPY	.418124	1,534,219	641,494
52	SPEECH PATHOLOGY	.528320	1,294,323	683,817
53	ELECTROCARDIOLOGY	.124568	19,292,111	2,403,180
54	ELECTROENCEPHALOGRAPHY	.270739	3,313,914	897,206
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197663	1,126,954	222,757
56	DRUGS CHARGED TO PATIENTS	.207335	89,319,462	18,519,051
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.323313		
57	RENAL DIALYSIS	.398333	7,944,467	3,164,543
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.554007		
59 01	CARDIOLOGY	.216153	16,563,990	3,580,356
59 02	PSYCH OTHER ANCILLARY	1.939217	111,580	216,378
59 03	CARDIAC CATHERIZATION	.208243	20,870,962	4,346,232
59 04	DAY SURGERY	1.115903	262,212	292,603
59 05	ONCOLOGY	1413.762147		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.429945	11,158	4,797
60 02	MEDICINE/DIAGNOSTIC	.713871	78,106	55,758
60 03	AMB SVC-OPTHALMOLOGY	.501449	5,579	2,798
60 04	AMB SVC-PSYCH ADULT	.716803		
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.318254	2,549,594	811,418
60 07	AMB SVC-RILEY CLINICS	.632768		
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.397452		
60 10	AMB SVC-PSYCH CHILD			
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	5.845564		
60 15	SLEEP DISORDER CENTER	.303570	22,316	6,774
60 16	O/P CLINIC-ADULT	5.063378		
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER	.767053	5,579	4,279
60 19	NEUROLOGY UH	2.169420		
60 20	ORTHOPEDICS UH	3.220492		
60 21	AMB SVC-UH PHYSICAL MEDICINE	1.781964	5,579	9,942
60 22	AMB SVC-DERMATOLOGY CLINIC	1.007698		
60 24	IU CANCER PAVILLION	2.586788	11,158	28,863
60 25	CARDIO CLINIC	2.430985	5,579	13,562
61	EMERGENCY	.181673	22,505,603	4,088,660
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.744041		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.271510		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET D-4

I COMPONENT NO: 15-0056

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	PPS INPATIENT CHARGES 2	INPATIENT COST 3
	OTHER REIMBURS COST CNTRS			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		557,897,949	126,073,804
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		557,897,949	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | COMPONENT NO: 15-S056 | PREPARED 5/31/2010 | WORKSHEET D-4

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 05	TRANSPLANT ICU			
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER		2,961,113	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.259843	24,361	6,330
37 01	ENDOSCOPY	.262325	8,859	2,324
38	RECOVERY ROOM	.283616	5,111	1,450
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.448121	511	229
40 01	PULMONARY FUNCTION TESTING	.272830		
41	RADIOLOGY-DIAGNOSTIC	.181753	216,182	39,292
42	RADIOLOGY-THERAPEUTIC	.209658		
43	RADIOISOTOPE	.354998	7,836	2,782
44	LABORATORY	.148803	480,747	71,537
44 01	TRANSPLANT IMMUNOLOGY	.257299		
44 02	BONE MARROW TRANSPLANT LAB	.402497		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.685918	4,089	2,805
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.209945	39,523	8,298
50	PHYSICAL THERAPY	.353240	40,715	14,382
51	OCCUPATIONAL THERAPY	.418124	3,577	1,496
52	SPEECH PATHOLOGY	.528320	3,407	1,800
53	ELECTROCARDIOLOGY	.124568	51,107	6,366
54	ELECTROENCEPHALOGRAPHY	.270739	56,729	15,359
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197663	3,237	640
56	DRUGS CHARGED TO PATIENTS	.207335	456,896	94,731
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.323313		
57	RENAL DIALYSIS	.398333	10,903	4,343
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.554007		
59 01	CARDIOLOGY	.216153		
59 02	PSYCH OTHER ANCILLARY	1.939217	115,502	223,983
59 03	CARDIAC CATHERIZATION	.208243		
59 04	DAY SURGERY	1.115903		
59 05	ONCOLOGY	1413.762147		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.429945		
60 02	MEDICINE/DIAGNOSTIC	.713871		
60 03	AMB SVC-OPTHALMOLOGY	.501449		
60 04	AMB SVC-PSYCH ADULT	.716803	170	122
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.318254	5,451	1,735
60 07	AMB SVC-RILEY CLINICS	.632768		
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.397452		
60 10	AMB SVC-PSYCH CHILD			
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	5.845564	1,022	5,974
60 15	SLEEP DISORDER CENTER	.303570		
60 16	O/P CLINIC-ADULT	5.063378		
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER	.767053		
60 19	NEUROLOGY UH	2.169420		
60 20	ORTHOPEDICS UH	3.220492		
60 21	AMB SVC-UH PHYSICAL MEDICINE	1.781964	170	303
60 22	AMB SVC-DERMATOLOGY CLINIC	1.007698		
60 24	IU CANCER PAVILLION	2.586788		
60 25	CARDIO CLINIC	2.430985		
61	EMERGENCY	.181673	167,461	30,423
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.744041		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.271510		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 15-S056 I PREPARED 5/31/2010 I WORKSHEET D-4

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			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,703,566	536,704
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,703,566	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET D-4

COMPONENT NO: 15-0056

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		173,721,178	
26	INTENSIVE CARE UNIT		8,717,033	
27	CORONARY CARE UNIT		3,843,333	
27 01	NEONATAL INTENSIVE CARE UNIT		16,618,106	
28	BURN INTENSIVE CARE UNIT		3,039,210	
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC		1,668,596	
29 03	UH NS 3IC		1,009,923	
29 04	RH PED IC		18,079,970	
29 05	TRANSPLANT ICU		608,453	
29 07	PEDIATRIC CANCER CENTER		1,805,264	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270438	75,470,735	20,410,155
37 01	ENDOSCOPY	.262335	1,012,008	265,485
38	RECOVERY ROOM	.283616	4,259,035	1,207,930
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.579894	4,492,792	2,605,343
40 01	PULMONARY FUNCTION TESTING	.316603	1,309,524	414,599
41	RADIOLOGY-DIAGNOSTIC	.191103	36,329,642	6,942,704
42	RADIOLOGY-THERAPEUTIC	.217026	1,034,362	224,483
43	RADIOISOTOPE	.376805	958,367	361,117
44	LABORATORY	.152743	60,750,697	9,279,244
44 01	TRANSPLANT IMMUNOLOGY	.257299	395,860	101,854
44 02	BONE MARROW TRANSPLANT LAB	.402497	454,460	182,919
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.685918	9,615,993	6,595,783
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.210365	58,544,497	12,315,713
50	PHYSICAL THERAPY	.367112	3,433,292	1,260,403
51	OCCUPATIONAL THERAPY	.418124	1,793,874	750,062
52	SPEECH PATHOLOGY	.579872	979,431	567,945
53	ELECTROCARDIOLOGY	.130027	3,586,828	466,384
54	ELECTROENCEPHALOGRAPHY	.301693	2,744,452	827,982
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197663	1,001,868	198,032
56	DRUGS CHARGED TO PATIENTS	.207335	65,760,526	13,634,459
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.323313		
57	RENAL DIALYSIS	.401799	1,949,098	783,146
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.554007	666,846	369,437
59 01	CARDIOLOGY	.231775	7,492,779	1,736,639
59 02	PSYCH OTHER ANCILLARY	2.012575		
59 03	CARDIAC CATHERIZATION	.214233	2,443,098	523,392
59 04	DAY SURGERY	1.115903	129,800	144,844
59 05	ONCOLOGY	1612.419671		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.577090	430,328	248,338
60 02	MEDICINE/DIAGNOSTIC	.751001	36,828	27,658
60 03	AMB SVC-OPTHALMOLOGY	1.166948	2,803	3,271
60 04	AMB SVC-PSYCH ADULT	.824848	192	158
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.318254	570,813	181,664
60 07	AMB SVC-RILEY CLINICS	.713183	247,299	176,369
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.397452	30,410	12,087
60 10	AMB SVC-PSYCH CHILD			
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	7.815186		
60 15	SLEEP DISORDER CENTER	.303570	4,250	1,290
60 16	O/P CLINIC-ADULT	13.288437	66	877
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER	.767053		
60 19	NEUROLOGY UH	2.750475	808	2,222
60 20	ORTHOPEDICS UH	6.087502	254	1,546
60 21	AMB SVC-UH PHYSICAL MEDICINE	1.781964	481	857
60 22	AMB SVC-DERMATOLOGY CLINIC	1.199266		
60 24	IU CANCER PAVILLION	2.626109	2,543	6,678
60 25	CARDIO CLINIC	4.953503	1,337	6,623
61	EMERGENCY	.195789	16,388,625	3,208,713
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.744041		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR	1.360095		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.271510		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET D-4

I COMPONENT NO: 15-0056

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			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		364,326,901	86,048,405
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		364,326,901	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2009	
15-S056		

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 05	TRANSPLANT ICU			
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER		2,371,957	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270438	17,694	4,785
37 01	ENDOSCOPY	.262335		
38	RECOVERY ROOM	.283616	3,603	1,022
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.579894	1,650	957
40 01	PULMONARY FUNCTION TESTING	.316603		
41	RADIOLOGY-DIAGNOSTIC	.191103	99,348	18,986
42	RADIOLOGY-THERAPEUTIC	.217026		
43	RADIOISOTOPE	.376805		
44	LABORATORY	.152743	405,144	61,883
44 01	TRANSPLANT IMMUNOLOGY	.257299		
44 02	BONE MARROW TRANSPLANT LAB	.402497		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.685918	1,446	992
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.210365	36,634	7,707
50	PHYSICAL THERAPY	.367112	13,748	5,047
51	OCCUPATIONAL THERAPY	.418124	10,148	4,243
52	SPEECH PATHOLOGY	.579872	3,240	1,879
53	ELECTROCARDIOLOGY	.130027	22,796	2,964
54	ELECTROENCEPHALOGRAPHY	.301693	7,051	2,127
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197663	1,743	345
56	DRUGS CHARGED TO PATIENTS	.207335	238,027	49,351
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.323313		
57	RENAL DIALYSIS	.401799	47,408	19,048
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.554007		
59 01	CARDIOLOGY	.231775		
59 02	PSYCH OTHER ANCILLARY	2.012575	11,231	22,603
59 03	CARDIAC CATHERIZATION	.214233		
59 04	DAY SURGERY	1.115903		
59 05	ONCOLOGY	1612.419671		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.577090	3,458	1,996
60 02	MEDICINE/DIAGNOSTIC	.751001		
60 03	AMB SVC-OPTHALMOLOGY	1.166948		
60 04	AMB SVC-PSYCH ADULT	.824848	676	558
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.318254	2,456	782
60 07	AMB SVC-RILEY CLINICS	.713183		
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.397452		
60 10	AMB SVC-PSYCH CHILD			
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	7.815186	245	1,915
60 15	SLEEP DISORDER CENTER	.303570		
60 16	O/P CLINIC-ADULT	13.288437		
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER	.767053		
60 19	NEUROLOGY UH	2.750475		
60 20	ORTHOPEDICS UH	6.087502		
60 21	AMB SVC-UH PHYSICAL MEDICINE	1.781964		
60 22	AMB SVC-DERMATOLOGY CLINIC	1.199266		
60 24	IU CANCER PAVILLION	2.626109		
60 25	CARDIO CLINIC	4.953503		
61	EMERGENCY	.195789	232,115	45,446
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.744041		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR	1.360095		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.271510		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,159,861	254,636
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,159,861	

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	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	486,074	38	983.31	349	343,175
2	INTENSIVE CARE UNIT	37,700	43	1,484.18		
3	CORONARY CARE UNIT	1,141	44	1,693.84		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	903.99		
4	BURN INTENSIVE CARE UNIT		45	1,733.50		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,999.58		
5.03	UH NS 3IC		46.03	1,613.16		
5.04	RH PED IC	14,882	46.04	1,778.59		
5.05	TRANSPLANT ICU		46.05	1,997.74		
5.07	PEDIATRIC CANCER CENTER		46.07	1,287.43		
7	TOTAL (SUM OF LINES 1-6)	539,797			349	343,175

	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	.259843	3,009,362	781,962
8.01	ENDOSCOPY	37.01	.262325	13,124	3,443
9	RECOVERY ROOM	38	.283616	232,392	65,910
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.448121	155,741	69,791
11.01	PULMONARY FUNCTION TESTIN	40.01	.272830	27,332	7,457
12	RADIOLOGY-DIAGNOSTIC	41	.181753	1,162,581	211,303
13	RADIOLOGY-THERAPEUTIC	42	.209658		
14	RADIOISOTOPE	43	.354998	601,123	213,397
15	LABORATORY	44	.148803	1,218,313	181,289
15.01	TRANSPLANT IMMUNOLOGY	44.01	.257299	9,757,053	2,510,480
15.02	BONE MARROW TRANSPLANT LA	44.02	.402497		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.685918	37,301	25,585
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.209945	71,157	14,939
21	PHYSICAL THERAPY	50	.353240		
22	OCCUPATIONAL THERAPY	51	.418124		
23	SPEECH PATHOLOGY	52	.528320		
24	ELECTROCARDIOLOGY	53	.124568	238,058	29,654
25	ELECTROENCEPHALOGRAPHY	54	.270739	291	79
26	MEDICAL SUPPLIES CHARGED	55	.197663	33,054	6,534
27	DRUGS CHARGED TO PATIENTS	56	.207335	464,151	96,235
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.323313		
28	RENAL DIALYSIS	57	.398333		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.554007		
30.01	CARDIOLOGY	59.01	.216153	49,061	10,605
30.02	PSYCH OTHER ANCILLARY	59.02	1.939217	12,810	24,841
30.03	CARDIAC CATHERIZATION	59.03	.208243	200,114	41,672
30.04	DAY SURGERY	59.04	1.115903	444	495
30.05	ONCOLOGY	59.05	1413.762147		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.429945		
31.02	MEDICINE/DIAGNOSTIC	60.02	.713871		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.501449		
31.04	AMB SVC-PSYCH ADULT	60.04	.716803		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.318254		
31.07	AMB SVC-RILEY CLINICS	60.07	.632768		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.397452		
31.10	AMB SVC-PSYCH CHILD	60.10			
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	5.845564		
31.15	SLEEP DISORDER CENTER	60.15	.303570		
31.16	O/P CLINIC-ADULT	60.16	5.063378		
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	.767053		

	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
31.19	NEUROLOGY UH	60.19	2.169420		
31.20	ORTHOPEDICS UH	60.20	3.220492		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.781964		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.007698		
31.24	IU CANCER PAVILLION	60.24	2.586788		
31.25	CARDIO CLINIC	60.25	2.430985	745	1,811
32	EMERGENCY	61	.181673	35,662	6,479
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.744041	1,384	1,030
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.360095		
35	TOTAL (SUM OF LINES 8-34)			17,321,253	4,304,991

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D-6
OPO NO.:	TO 12/31/2009	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		349	
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			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			349	

	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		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
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	745	20.25		
44	EMERGENCY	35,662	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)	1,384	22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	37,791			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D-6
OPO NO.:	TO 12/31/2009	PARTS III & IV
-		

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	4,648,166		17,861,050	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	10,115,208		10,211,284	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	14,763,374		28,072,334	
54	TOTAL USABLE ORGANS		307		
55	MEDICARE USABLE ORGANS		197		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.641694		
57	MEDICARE COST/CHARGES	9,473,569		18,013,848	
58	REVENUE FOR ORGANS SOLD	342,753			
59	SUBTOTAL (LN 57 MINUS LN 58)	9,130,816		18,013,848	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	9,130,816		18,013,848	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)	112	71	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		124	
66	TOTAL (SUM OF LINES 62-65)	112	195	
67	ORGANS TRANSPLANTED	112	124	11,515,947
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		71	342,753
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)	112	195	

(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	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	530	38	983.31	33	32,449
2	INTENSIVE CARE UNIT	17,522	43	1,484.18		
3	CORONARY CARE UNIT	530	44	1,693.84		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	903.99		
4	BURN INTENSIVE CARE UNIT		45	1,733.50		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,999.58		
5.03	UH NS 3IC		46.03	1,613.16		
5.04	RH PED IC	6,917	46.04	1,778.59		
5.05	TRANSPLANT ICU		46.05	1,997.74		
5.07	PEDIATRIC CANCER CENTER		46.07	1,287.43		
7	TOTAL (SUM OF LINES 1-6)	25,499			33	32,449

	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	.259843	124,549	32,363
8.01	ENDOSCOPY	37.01	.262325	6,100	1,600
9	RECOVERY ROOM	38	.283616		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.448121	5,303	2,376
11.01	PULMONARY FUNCTION TESTIN	40.01	.272830	393	107
12	RADIOLOGY-DIAGNOSTIC	41	.181753	6,870	1,249
13	RADIOLOGY-THERAPEUTIC	42	.209658		
14	RADIOISOTOPE	43	.354998	931	331
15	LABORATORY	44	.148803	15,931	2,371
15.01	TRANSPLANT IMMUNOLOGY	44.01	.257299	1,382,750	355,780
15.02	BONE MARROW TRANSPLANT LA	44.02	.402497		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.685918	10,874	7,459
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.209945	17,235	3,618
21	PHYSICAL THERAPY	50	.353240		
22	OCCUPATIONAL THERAPY	51	.418124		
23	SPEECH PATHOLOGY	52	.528320		
24	ELECTROCARDIOLOGY	53	.124568	5,451	679
25	ELECTROENCEPHALOGRAPHY	54	.270739	135	37
26	MEDICAL SUPPLIES CHARGED	55	.197663	2,418	478
27	DRUGS CHARGED TO PATIENTS	56	.207335	14,445	2,995
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.323313		
28	RENAL DIALYSIS	57	.398333		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.554007		
30.01	CARDIOLOGY	59.01	.216153	3,449	746
30.02	PSYCH OTHER ANCILLARY	59.02	1.939217		
30.03	CARDIAC CATHERIZATION	59.03	.208243	9,241	1,924
30.04	DAY SURGERY	59.04	1.115903	206	230
30.05	ONCOLOGY	59.05	1413.762147		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.429945		
31.02	MEDICINE/DIAGNOSTIC	60.02	.713871		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.501449		
31.04	AMB SVC-PSYCH ADULT	60.04	.716803		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.318254		
31.07	AMB SVC-RILEY CLINICS	60.07	.632768		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.397452		
31.10	AMB SVC-PSYCH CHILD	60.10			
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	5.845564		
31.15	SLEEP DISORDER CENTER	60.15	.303570		
31.16	O/P CLINIC-ADULT	60.16	5.063378		
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	.767053		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		C	1	2	3
31.19	NEUROLOGY UH	60.19	2.169420		
31.20	ORTHOPEDICS UH	60.20	3.220492		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.781964		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.007698		
31.24	IU CANCER PAVILLION	60.24	2.586788		
31.25	CARDIO CLINIC	60.25	2.430985		
32	EMERGENCY	61	.181673	517	94
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.744041		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.360095		
35	TOTAL (SUM OF LINES 8-34)			1,606,798	414,437

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I OPO NO.: - I PREPARED 5/31/2010 I WORKSHEET D-6 I 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		33	
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			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			33	

	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		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
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	517	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)	517			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D-6
OPO NO.:	TO 12/31/2009	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	446,886		1,632,297	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	7,738,696		7,812,194	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	8,185,582		9,444,491	
54	TOTAL USABLE ORGANS		158		
55	MEDICARE USABLE ORGANS		65		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.411392		
57	MEDICARE COST/CHARGES	3,367,483		3,885,388	
58	REVENUE FOR ORGANS SOLD	159,278			
59	SUBTOTAL (LN 57 MINUS LN 58)	3,208,205		3,885,388	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	3,208,205		3,885,388	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		33	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		125	
66	TOTAL (SUM OF LINES 62-65)		158	
67	ORGANS TRANSPLANTED		125	11,334,434
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		33	159,278
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)		158	

(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		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	225	38	983.31	14	13,766
2	INTENSIVE CARE UNIT	7,434	43	1,484.18		
3	CORONARY CARE UNIT	225	44	1,693.84		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	903.99		
4	BURN INTENSIVE CARE UNIT		45	1,733.50		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,999.58		
5.03	UH NS 3IC		46.03	1,613.16		
5.04	RH PED IC	2,935	46.04	1,778.59		
5.05	TRANSPLANT ICU		46.05	1,997.74		
5.07	PEDIATRIC CANCER CENTER		46.07	1,287.43		
7	TOTAL (SUM OF LINES 1-6)	10,819			14	13,766

	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	.259843	52,839	13,730
8.01	ENDOSCOPY	37.01	.262325	2,588	679
9	RECOVERY ROOM	38	.283616		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.448121	2,250	1,008
11.01	PULMONARY FUNCTION TESTIN	40.01	.272830	167	46
12	RADIOLOGY-DIAGNOSTIC	41	.181753	2,915	530
13	RADIOLOGY-THERAPEUTIC	42	.209658		
14	RADIOISOTOPE	43	.354998	395	140
15	LABORATORY	44	.148803	6,490	966
15.01	TRANSPLANT IMMUNOLOGY	44.01	.257299	568,398	146,248
15.02	BONE MARROW TRANSPLANT LA	44.02	.402497		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.685918	4,613	3,164
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.209945	7,312	1,535
21	PHYSICAL THERAPY	50	.353240		
22	OCCUPATIONAL THERAPY	51	.418124		
23	SPEECH PATHOLOGY	52	.528320		
24	ELECTROCARDIOLOGY	53	.124568	2,313	288
25	ELECTROENCEPHALOGRAPHY	54	.270739	57	15
26	MEDICAL SUPPLIES CHARGED	55	.197663	892	176
27	DRUGS CHARGED TO PATIENTS	56	.207335	6,128	1,271
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.323313		
28	RENAL DIALYSIS	57	.398333		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.554007		
30.01	CARDIOLOGY	59.01	.216153	1,463	316
30.02	PSYCH OTHER ANCILLARY	59.02	1.939217		
30.03	CARDIAC CATHERIZATION	59.03	.208243	3,920	816
30.04	DAY SURGERY	59.04	1.115903	88	98
30.05	ONCOLOGY	59.05	1413.762147		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.429945		
31.02	MEDICINE/DIAGNOSTIC	60.02	.713871		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.501449		
31.04	AMB SVC-PSYCH ADULT	60.04	.716803		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.318254		
31.07	AMB SVC-RILEY CLINICS	60.07	.632768		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.397452		
31.10	AMB SVC-PSYCH CHILD	60.10			
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	5.845564		
31.15	SLEEP DISORDER CENTER	60.15	.303570		
31.16	O/P CLINIC-ADULT	60.16	5.063378		
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	.767053		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		C	1	2	3
31.19	NEUROLOGY UH	60.19	2.169420		
31.20	ORTHOPEDICS UH	60.20	3.220492		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.781964		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.007698		
31.24	IU CANCER PAVILLION	60.24	2.586788		
31.25	CARDIO CLINIC	60.25	2.430985		
32	EMERGENCY	61	.181673	219	40
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.744041		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.360095		
35	TOTAL (SUM OF LINES 8-34)			663,047	171,066

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I OPO NO.: - I PREPARED 5/31/2010 I WORKSHEET D-6 I PART II

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		14	
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			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			14	

	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		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
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	219	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)	219			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D-6
OPO NO.:	TO 12/31/2009	PARTS III & IV
-		

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES	
		PART A 1	PART B 2	PART A 3	PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	184,832		673,866	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	725,990		732,887	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	910,822		1,406,753	
54	TOTAL USABLE ORGANS		31		
55	MEDICARE USABLE ORGANS		16		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.516129		
57	MEDICARE COST/CHARGES	470,102		726,066	
58	REVENUE FOR ORGANS SOLD	67,541			
59	SUBTOTAL (LN 57 MINUS LN 58)	402,561		726,066	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	402,561		726,066	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		14	
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)		31	
67	ORGANS TRANSPLANTED		17	2,301,171
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		14	67,541
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)		31	

(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		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	402	38	983.31	14	13,766
2	INTENSIVE CARE UNIT	13,275	43	1,484.18		
3	CORONARY CARE UNIT	402	44	1,693.84		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	903.99		
4	BURN INTENSIVE CARE UNIT		45	1,733.50		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,999.58		
5.03	UH NS 3IC		46.03	1,613.16		
5.04	RH PED IC	5,240	46.04	1,778.59		
5.05	TRANSPLANT ICU		46.05	1,997.74		
5.07	PEDIATRIC CANCER CENTER		46.07	1,287.43		
7	TOTAL (SUM OF LINES 1-6)	19,319			14	13,766

	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	.259843	94,355	24,517
8.01	ENDOSCOPY	37.01	.262325	4,621	1,212
9	RECOVERY ROOM	38	.283616		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.448121	4,017	1,800
11.01	PULMONARY FUNCTION TESTIN	40.01	.272830	298	81
12	RADIOLOGY-DIAGNOSTIC	41	.181753	5,205	946
13	RADIOLOGY-THERAPEUTIC	42	.209658		
14	RADIOISOTOPE	43	.354998	705	250
15	LABORATORY	44	.148803	11,589	1,724
15.01	TRANSPLANT IMMUNOLOGY	44.01	.257299	984,892	253,412
15.02	BONE MARROW TRANSPLANT LA	44.02	.402497		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.685918	8,238	5,651
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.209945	13,056	2,741
21	PHYSICAL THERAPY	50	.353240		
22	OCCUPATIONAL THERAPY	51	.418124		
23	SPEECH PATHOLOGY	52	.528320		
24	ELECTROCARDIOLOGY	53	.124568	4,130	514
25	ELECTROENCEPHALOGRAPHY	54	.270739	102	28
26	MEDICAL SUPPLIES CHARGED	55	.197663	1,593	315
27	DRUGS CHARGED TO PATIENTS	56	.207335	10,943	2,269
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.323313		
28	RENAL DIALYSIS	57	.398333		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.554007		
30.01	CARDIOLOGY	59.01	.216153	2,613	565
30.02	PSYCH OTHER ANCILLARY	59.02	1.939217		
30.03	CARDIAC CATHERIZATION	59.03	.208243	7,000	1,458
30.04	DAY SURGERY	59.04	1.115903	156	174
30.05	ONCOLOGY	59.05	1413.762147		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.429945		
31.02	MEDICINE/DIAGNOSTIC	60.02	.713871		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.501449		
31.04	AMB SVC-PSYCH ADULT	60.04	.716803		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.318254		
31.07	AMB SVC-RILEY CLINICS	60.07	.632768		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.397452		
31.10	AMB SVC-PSYCH CHILD	60.10			
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	5.845564		
31.15	SLEEP DISORDER CENTER	60.15	.303570		
31.16	O/P CLINIC-ADULT	60.16	5.063378		
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	.767053		

	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
31.19	NEUROLOGY UH	60.19	2.169420		
31.20	ORTHOPEDICS UH	60.20	3.220492		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.781964		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.007698		
31.24	IU CANCER PAVILLION	60.24	2.586788		
31.25	CARDIO CLINIC	60.25	2.430985		
32	EMERGENCY	61	.181673	392	71
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.744041		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.360095		
35	TOTAL (SUM OF LINES 8-34)			1,153,905	297,728

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I OPO NO.: - I PREPARED 5/31/2010 I WORKSHEET D-6 I PART II

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		14	
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			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			14	

	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		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
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	392	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)	392			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED
15-0056	FROM 1/ 1/2009	5/31/2010
OPO NO.:	TO 12/31/2009	WORKSHEET D-6
-		PARTS III & IV

LUNG

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	311,494		1,173,224	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,845,498		1,863,026	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	2,156,992		3,036,250	
54	TOTAL USABLE ORGANS		53		
55	MEDICARE USABLE ORGANS		36		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.679245		
57	MEDICARE COST/CHARGES	1,465,126		2,062,358	
58	REVENUE FOR ORGANS SOLD	120,661			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,344,465		2,062,358	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,344,465		2,062,358	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)		25	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		28	
66	TOTAL (SUM OF LINES 62-65)		53	
67	ORGANS TRANSPLANTED		28	2,064,024
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		25	120,661
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)		53	

(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	273	38	983.31	17	16,716
2	INTENSIVE CARE UNIT	9,027	43	1,484.18		
3	CORONARY CARE UNIT	273	44	1,693.84		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	903.99		
4	BURN INTENSIVE CARE UNIT		45	1,733.50		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,999.58		
5.03	UH NS 3IC		46.03	1,613.16		
5.04	RH PED IC	3,563	46.04	1,778.59		
5.05	TRANSPLANT ICU		46.05	1,997.74		
5.07	PEDIATRIC CANCER CENTER		46.07	1,287.43		
7	TOTAL (SUM OF LINES 1-6)	13,136			17	16,716

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		C	1	2	3
8	OPERATING ROOM	37	.259843	66,050	17,163
8.01	ENDOSCOPY	37.01	.262325	3,142	824
9	RECOVERY ROOM	38	.283616	1,093	310
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.448121	2,732	1,224
11.01	PULMONARY FUNCTION TESTIN	40.01	.272830	203	55
12	RADIOLOGY-DIAGNOSTIC	41	.181753	8,073	1,467
13	RADIOLOGY-THERAPEUTIC	42	.209658		
14	RADIOISOTOPE	43	.354998	25,168	8,935
15	LABORATORY	44	.148803	39,011	5,805
15.01	TRANSPLANT IMMUNOLOGY	44.01	.257299	676,253	173,999
15.02	BONE MARROW TRANSPLANT LA	44.02	.402497		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.685918	5,602	3,843
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.209945	8,878	1,864
21	PHYSICAL THERAPY	50	.353240		
22	OCCUPATIONAL THERAPY	51	.418124		
23	SPEECH PATHOLOGY	52	.528320		
24	ELECTROCARDIOLOGY	53	.124568	9,102	1,134
25	ELECTROENCEPHALOGRAPHY	54	.270739	70	19
26	MEDICAL SUPPLIES CHARGED	55	.197663	1,970	389
27	DRUGS CHARGED TO PATIENTS	56	.207335	14,207	2,946
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.323313		
28	RENAL DIALYSIS	57	.398333		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.554007		
30.01	CARDIOLOGY	59.01	.216153	1,777	384
30.02	PSYCH OTHER ANCILLARY	59.02	1.939217		
30.03	CARDIAC CATHERIZATION	59.03	.208243	4,760	991
30.04	DAY SURGERY	59.04	1.115903	106	118
30.05	ONCOLOGY	59.05	1413.762147		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.429945		
31.02	MEDICINE/DIAGNOSTIC	60.02	.713871		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.501449		
31.04	AMB SVC-PSYCH ADULT	60.04	.716803		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.318254		
31.07	AMB SVC-RILEY CLINICS	60.07	.632768		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.397452		
31.10	AMB SVC-PSYCH CHILD	60.10			
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	5.845564		
31.15	SLEEP DISORDER CENTER	60.15	.303570		
31.16	O/P CLINIC-ADULT	60.16	5.063378		
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	.767053		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		C	1	2	3
31.19	NEUROLOGY UH	60.19	2.169420		
31.20	ORTHOPEDICS UH	60.20	3.220492		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.781964		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.007698		
31.24	IU CANCER PAVILLION	60.24	2.586788		
31.25	CARDIO CLINIC	60.25	2.430985		
32	EMERGENCY	61	.181673	266	48
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.744041		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.360095		
35	TOTAL (SUM OF LINES 8-34)			868,463	221,518

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I OPO NO.: - I PREPARED 5/31/2010 I WORKSHEET D-6 I PART II

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		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			
40.05	TRANSPLANT ICU	6.05			
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		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
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	266	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)	266			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET D-6
OPO NO.:	TO 12/31/2009	PARTS III & IV
-		

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	238,234		881,599	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	3,360,790		3,392,711	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	3,599,024		4,274,310	
54	TOTAL USABLE ORGANS		84		
55	MEDICARE USABLE ORGANS		33		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.392857		
57	MEDICARE COST/CHARGES	1,413,902		1,679,193	
58	REVENUE FOR ORGANS SOLD	82,043			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,331,859		1,679,193	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,331,859		1,679,193	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 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		67	
66	TOTAL (SUM OF LINES 62-65)		84	
67	ORGANS TRANSPLANTED		67	5,339,391
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		17	82,043
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)		84	

(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	96	38	983.31	6	5,900
2	INTENSIVE CARE UNIT	3,186	43	1,484.18		
3	CORONARY CARE UNIT	96	44	1,693.84		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	903.99		
4	BURN INTENSIVE CARE UNIT		45	1,733.50		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,999.58		
5.03	UH NS 3IC		46.03	1,613.16		
5.04	RH PED IC	1,258	46.04	1,778.59		
5.05	TRANSPLANT ICU		46.05	1,997.74		
5.07	PEDIATRIC CANCER CENTER		46.07	1,287.43		
7	TOTAL (SUM OF LINES 1-6)	4,636			6	5,900

	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	.259843	22,645	5,884
8.01	ENDOSCOPY	37.01	.262325	1,109	291
9	RECOVERY ROOM	38	.283616		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.448121	964	432
11.01	PULMONARY FUNCTION TESTIN	40.01	.272830	71	19
12	RADIOLOGY-DIAGNOSTIC	41	.181753	1,249	227
13	RADIOLOGY-THERAPEUTIC	42	.209658		
14	RADIOISOTOPE	43	.354998	169	60
15	LABORATORY	44	.148803	2,781	414
15.01	TRANSPLANT IMMUNOLOGY	44.01	.257299	254,480	65,477
15.02	BONE MARROW TRANSPLANT LA	44.02	.402497		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.685918	1,977	1,356
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.209945	3,134	658
21	PHYSICAL THERAPY	50	.353240		
22	OCCUPATIONAL THERAPY	51	.418124		
23	SPEECH PATHOLOGY	52	.528320		
24	ELECTROCARDIOLOGY	53	.124568	991	123
25	ELECTROENCEPHALOGRAPHY	54	.270739	25	7
26	MEDICAL SUPPLIES CHARGED	55	.197663	382	76
27	DRUGS CHARGED TO PATIENTS	56	.207335	2,626	544
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.323313		
28	RENAL DIALYSIS	57	.398333		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.554007		
30.01	CARDIOLOGY	59.01	.216153	627	136
30.02	PSYCH OTHER ANCILLARY	59.02	1.939217		
30.03	CARDIAC CATHERIZATION	59.03	.208243	1,680	350
30.04	DAY SURGERY	59.04	1.115903	38	42
30.05	ONCOLOGY	59.05	1413.762147		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.429945		
31.02	MEDICINE/DIAGNOSTIC	60.02	.713871		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.501449		
31.04	AMB SVC-PSYCH ADULT	60.04	.716803		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.318254		
31.07	AMB SVC-RILEY CLINICS	60.07	.632768		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.397452		
31.10	AMB SVC-PSYCH CHILD	60.10			
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	5.845564		
31.15	SLEEP DISORDER CENTER	60.15	.303570		
31.16	O/P CLINIC-ADULT	60.16	5.063378		
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	.767053		

	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
31.19	NEUROLOGY UH	60.19	2.169420		
31.20	ORTHOPEDICS UH	60.20	3.220492		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.781964		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.007698		
31.24	IU CANCER PAVILLION	60.24	2.586788		
31.25	CARDIO CLINIC	60.25	2.430985		
32	EMERGENCY	61	.181673	94	17
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.744041		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.360095		
35	TOTAL (SUM OF LINES 8-34)			295,042	76,113

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		6	
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			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			6	

	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		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
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	94	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)	94			

INTESTINAL

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	82,013		299,678	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,710,293		1,726,538	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,792,306		2,026,216	
54	TOTAL USABLE ORGANS		35		
55	MEDICARE USABLE ORGANS		10		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.285714		
57	MEDICARE COST/CHARGES	512,087		578,918	
58	REVENUE FOR ORGANS SOLD	28,923			
59	SUBTOTAL (LN 57 MINUS LN 58)	483,164		578,918	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	483,164		578,918	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		6	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		29	
66	TOTAL (SUM OF LINES 62-65)		35	
67	ORGANS TRANSPLANTED		29	2,901,291
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		6	28,923
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)		35	

(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 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 12/31/2009	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			114,923,632	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			38,728,843	
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			13,181,147	
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1			4,441,998	
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)			17,720,630	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD			1,436.77	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I				
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)				
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.			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			570.71	
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.			18.02	
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			545.77	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			544.62	
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			546.76	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).			545.72	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)			.379824	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			.401584	
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)			.379824	
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			24,086,389	
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			8,117,025	
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).	32,203,414	63,715	32,267,129	
	DISPROPORTIONATE SHARE ADJUSTMENT				
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)			7.43	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I			35.43	
4.02	SUM OF LINES 4 AND 4.01			42.86	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)			24.57	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)			37,752,413	
	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)				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 12/31/2009	PART A
15-0056		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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)	241,392,647	
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)	241,392,647	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	17,656,434	
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)	10,074,784	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST	15,901,070	
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	316,326	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	763,808	
16	TOTAL	286,105,069	
17	PRIMARY PAYER PAYMENTS	363,153	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	285,741,916	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	10,381,660	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,645,906	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,881,743	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,017,220	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,448,020	
22	SUBTOTAL	275,731,570	
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	275,731,570	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	273,672,852	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	2,058,718	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	9,925,950	

----- 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)	60,782
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	58,359,525
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	51,768,158
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.	341,018
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	60,782
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	259,886
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	259,886
	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)	259,886
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	199,104
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	60,782
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	52,109,176
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	13,306
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	11,244,164
19	SUBTOTAL (SEE INSTRUCTIONS)	40,912,488
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,348,665
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	43,261,153
24	PRIMARY PAYER PAYMENTS	3,997
25	SUBTOTAL	43,257,156
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	314,231
27	BAD DEBTS (SEE INSTRUCTIONS)	1,948,706
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,364,094
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,648,736
28	SUBTOTAL	44,935,481
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	44,935,481
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	45,404,973
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-469,492
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 12/31/2009	PART B
15-S056		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	197
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)	197
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	951
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	951
	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)	951
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	754
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	197
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)	197
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	197
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	197
	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	197
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	197
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	599
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-402
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2009	
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			270,697,154		45,323,637
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01	8/18/2009	2,100,427		
	ADJUSTMENTS TO PROVIDER	.02	12/17/2009	346,622	12/17/2009	118,762
	ADJUSTMENTS TO PROVIDER	.03	12/30/2009	528,649		
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50			8/18/2009	37,426
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		2,975,698		81,336
4	TOTAL INTERIM PAYMENTS			273,672,852		45,404,973
	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		2,058,718		
		SETTLEMENT TO PROGRAM .02				469,492
7	TOTAL MEDICARE PROGRAM LIABILITY			275,731,570		44,935,481

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

---

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2009	
15-S056		

TITLE XVIII SUBPROVIDER 1

	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			1,886,762		599
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01	8/18/2009	63,725		
	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		63,725		NONE
4	TOTAL INTERIM PAYMENTS			1,950,487		599
	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		50,673		402
7	TOTAL MEDICARE PROGRAM LIABILITY			1,899,814		197

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

---

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	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)	1,713,288
1.09	NET IPF PPS OUTLIER PAYMENTS	282,302
1.10	NET IPF PPS ECT PAYMENTS	31,965
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)	19.838356
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)	2,027,555
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)	2,027,555
	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)	2,027,555
5	PRIMARY PAYER PAYMENTS	1,063
6	SUBTOTAL	2,026,492
7	DEDUCTIBLES	138,796
8	SUBTOTAL	1,887,696
9	COINSURANCE	52,332
10	SUBTOTAL	1,835,364
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	79,419
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	55,593
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	64,403
12	SUBTOTAL	1,890,957
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	8,857
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART I
15-S056		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,899,814
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,950,487
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-50,673
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			611.83
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.			210.10
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.			321.43
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			531.53
3.10	SEE INSTRUCTIONS			480.86
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.			15.64
3.12	SEE INSTRUCTIONS			306.43
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			301.10
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			323.77
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	310.43
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)			310.43
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			73,692.32
3.18	SEE INSTRUCTIONS			22,876,307
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			193.68
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			190.50
3.21	SEE INSTRUCTIONS		RES INIT YEARS	191.42
3.22	SEE INSTRUCTIONS			191.42
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			77,812.13
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			14,894,798
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			37,771,105

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			102,106
5	TOTAL INPATIENT DAYS			340,989
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.299441
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	11,310,217	38,396	11,348,613
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			11,262
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			340,989
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.			1,071,199
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		3,637	3,637

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	61
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	60,752,569

		TITLE XVIII
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	.000001
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)	238,639,450
13	ORGAN ACQUISITION COSTS	15,901,070
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	364,216
16	TOTAL PART A REASONABLE COST	254,176,304
	PART B REASONABLE COST	
17	REASONABLE COST	59,258,365
18	PRIMARY PAYER PAYMENTS	3,997
19	TOTAL PART B REASONABLE COST	59,254,368
20	TOTAL REASONABLE COST	313,430,672
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.810949
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.189051
	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)	12,423,449
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	10,074,784
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,348,665

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	DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	58.32	
7	SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEEINSTRUCTIONS)	1.74	
8	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	73,692.32	
9	MULTIPLY LINE 7 TIMES LINE 8	128,225	
10	MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.299441	
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	38,396	
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	3,637	

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)	42.96	
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)	.001392	
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000372	
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	153,652,475	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	17,623,145	
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	63,715	

BALANCE SHEET

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010

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	221,049,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	379,494,000			
5	OTHER RECEIVABLES	-57,940,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-133,695,000			
7	INVENTORY	37,574,000			
8	PREPAID EXPENSES	14,567,000			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	461,049,000			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	2736,929,000			
14.01	LESS ACCUMULATED DEPRECIATION	-1483,627,000			
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	1253,302,000			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,194,000			
26	TOTAL OTHER ASSETS	2,194,000			
27	TOTAL ASSETS	1716,545,000			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	241,677,000			
29	SALARIES, WAGES & FEES PAYABLE	87,907,000			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	4,992,000			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	38,344,000			
36	TOTAL CURRENT LIABILITIES	372,920,000			
	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	22,174,000			
41	OTHER LONG TERM LIABILITIES	53,259,000			
42	TOTAL LONG-TERM LIABILITIES	75,433,000			
43	TOTAL LIABILITIES	448,353,000			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	1268,192,000			
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	1268,192,000			
52	TOTAL LIABILITIES AND FUND BALANCES	1716,545,000			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET G-1

		GENERAL FUND	SPECIFIC PURPOSE FUND
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD	1,087,531,760	
2	NET INCOME (LOSS)	180,660,240	
3	TOTAL	1,268,192,000	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
4	ADDITIONS (CREDIT ADJUSTM		
5			
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL	1,268,192,000	
	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	1,268,192,000	

		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	ADDITIONS (CREDIT ADJUSTM		
5			
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12	DEDUCTIONS (DEBIT ADJUSTM		
13			
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	522,112,121		522,112,121
2	00	SUBPROVIDER	9,612,443		9,612,443
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	531,724,564		531,724,564
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	51,167,734		51,167,734
11	00	CORONARY CARE UNIT	33,565,040		33,565,040
11	01	NEONATAL INTENSIVE CARE UNIT	22,136,443		22,136,443
12	00	BURN INTENSIVE CARE UNIT	4,410,561		4,410,561
13	00	SURGICAL INTENSIVE CARE UNIT			
13	02	UH SURG 6IC	14,354,462		14,354,462
13	03	UH NS 3IC	6,006,092		6,006,092
13	04	RH PED IC	31,768,253		31,768,253
13	05	TRANSPLANT ICU	7,518,324		7,518,324
13	07	PEDIATRIC CANCER CENTER	5,664,638		5,664,638
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	176,591,547		176,591,547
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	708,316,111		708,316,111
17	00	ANCILLARY SERVICES	1714,060,863	1232,968,007	2947,028,870
18	00	OUTPATIENT SERVICES	136,534,541	272,914,179	409,448,720
18	60	FEDERALLY QUALIFIED HEALTH CTR		2,403,423	2,403,423
19	00	HOME HEALTH AGENCY		76,258,130	76,258,130
20	00	AMBULANCE SERVICES	75,896	34,779,988	34,855,884
21	00	CORF			
22	00	AMBULATORY SURGICAL CENTER (D.P.)			
23	00	HOSPICE		7,231,284	7,231,284
24	00				
25	00	TOTAL PATIENT REVENUES	2558,987,411	1626,555,011	4185,542,422

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		1574,706,464
		ADD (SPECIFY)		
27	00	HOME OFFICE EXPENSE	571,772,245	
28	00			
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		571,772,245
		DEDUCT (SPECIFY)		
34	00	HOME OFFICE ADJUSTMENTS	149,996,305	
35	00			
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		149,996,305
40	00	TOTAL OPERATING EXPENSES		1996,482,404

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	4185,542,422
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	2265,915,778
3	NET PATIENT REVENUES	1919,626,644
4	LESS: TOTAL OPERATING EXPENSES	1996,482,404
5	NET INCOME FROM SERVICE TO PATIENTS	-76,855,760
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	7,259,000
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	331,387,000
25	TOTAL OTHER INCOME	338,646,000
26	TOTAL	261,790,240
	OTHER EXPENSES	
27	ED & RESEARCH SUPPORT - IU	81,130,000
28		
29		
30	TOTAL OTHER EXPENSES	81,130,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	180,660,240

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | 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	6,955,395	657,695			2,903,030	10,516,120
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	3,193,085	136,882			255,723	3,585,690
7	PHYSICAL THERAPY	1,084,862	50,900			196,652	1,332,414
8	OCCUPATIONAL THERAPY	267,139	17,699			40,345	325,183
9	SPEECH PATHOLOGY	31,450	2,022			3,096	36,568
10	MEDICAL SOCIAL SERVICES	68,849	4,251			6,036	79,136
11	HOME HEALTH AIDE	336,420	13,501			60,205	410,126
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY	965,869	72,363			7,079,363	8,117,595
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	2,777,742	210,255			8,386,578	11,374,575
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	15,680,811	1,165,568			18,931,028	35,777,407

		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		10,516,120	-57,134	10,458,986
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		3,585,690		3,585,690
7	PHYSICAL THERAPY		1,332,414		1,332,414
8	OCCUPATIONAL THERAPY		325,183		325,183
9	SPEECH PATHOLOGY		36,568		36,568
10	MEDICAL SOCIAL SERVICES		79,136		79,136
11	HOME HEALTH AIDE		410,126		410,126
12	SUPPLIES				
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY		8,117,595		8,117,595
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		11,374,575		11,374,575
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)		35,777,407	-57,134	35,720,273

COST ALLOCATION - HHA GENERAL SERVICE COST

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET H-4 PART I

HHA NO: 15-7158

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	10,458,986					10,458,986	10,458,986
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	3,585,690					3,585,690	1,484,590
7	PHYSICAL THERAPY	1,332,414					1,332,414	551,662
8	OCCUPATIONAL THERAPY	325,183					325,183	134,636
9	SPEECH PATHOLOGY	36,568					36,568	15,140
10	MEDICAL SOCIAL SERVICES	79,136					79,136	32,765
11	HOME HEALTH AIDE	410,126					410,126	169,805
12	SUPPLIES							
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY	8,117,595					8,117,595	3,360,944
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	11,374,575					11,374,575	4,709,444
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	35,720,273					35,720,273	

		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	5,070,280
7	PHYSICAL THERAPY	1,884,076
8	OCCUPATIONAL THERAPY	459,819
9	SPEECH PATHOLOGY	51,708
10	MEDICAL SOCIAL SERVICES	111,901
11	HOME HEALTH AIDE	579,931
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	11,478,539
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	16,084,019
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	35,720,273

COST ALLOCATION - HHA STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-4
HHA NO:	TO 12/31/2009	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					-10,458,986	25,261,287
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						3,585,690
7	PHYSICAL THERAPY						1,332,414
8	OCCUPATIONAL THERAPY						325,183
9	SPEECH PATHOLOGY						36,568
10	MEDICAL SOCIAL SERVICES						79,136
11	HOME HEALTH AIDE						410,126
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						8,117,595
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						11,374,575
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-10,458,986	25,261,287
25	COST TO BE ALLOCATED						10,458,986
26	UNIT COST MULIPLIER						.414032

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

I PROVIDER NO: 15-0056 I HHA NO: 15-7158 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET H-5 I PART I

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				31,445	17,822	576,257
2	SKILLED NURSING CARE	5,070,280					
3	PHYSICAL THERAPY	1,884,076					
4	OCCUPATIONAL THERAPY	459,819					
5	SPEECH PATHOLOGY	51,708					
6	MEDICAL SOCIAL SERVICES	111,901					
7	HOME HEALTH AIDE	579,931					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	11,478,539					
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	16,084,019					
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	35,720,273			31,445	17,822	576,257
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	2,543,016					496,613
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)	2,543,016					496,613
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

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART I
15-7158		

HHA 1

	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	3,665,153	252,918	17,642		49,257	
2	SKILLED NURSING CARE	5,070,280	349,880				
3	PHYSICAL THERAPY	1,884,076	130,013				
4	OCCUPATIONAL THERAPY	459,819	31,730				
5	SPEECH PATHOLOGY	51,708	3,568				
6	MEDICAL SOCIAL SERVICES	111,901	7,722				
7	HOME HEALTH AIDE	579,931	40,019				
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	11,478,539	792,088				
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	16,084,019	1,109,893				
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	39,385,426	2,717,831	17,642		49,257	
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			2,520	4,957	3,203	
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)			2,520	4,957	3,203	
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

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART I
15-7158		

HHA 1

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	54,876		449,746			265,114
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)	54,876		449,746			265,114
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		54,654				
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)		54,654				
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

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART I
15-7158		

HHA 1

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

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART I
15-7158		

HHA 1

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		4,820,040		4,820,040		
2 SKILLED NURSING CARE		5,420,160		5,420,160	684,176	6,104,336
3 PHYSICAL THERAPY		2,014,089		2,014,089	254,234	2,268,323
4 OCCUPATIONAL THERAPY		491,549		491,549	62,047	553,596
5 SPEECH PATHOLOGY		55,276		55,276	6,977	62,253
6 MEDICAL SOCIAL SERVICES		119,623		119,623	15,100	134,723
7 HOME HEALTH AIDE		619,950		619,950	78,255	698,205
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY		12,270,627		12,270,627	1,548,897	13,819,524
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		17,193,912		17,193,912	2,170,354	19,364,266
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		43,005,226		43,005,226	4,820,040	43,005,226
21 UNIT COST MULIPLIER					0.126228	

(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

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART II
15-7158		

HHA 1

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			3,328	3,328	290,736	15,249,192
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)			3,328	3,328	290,736	15,249,192
21 COST TO BE ALLOCATED			31,445	17,822	576,257	2,543,016
22 UNIT COST MULIPLIER			9.448618	5.355168	1.982063	0.166764

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					76,226,079	
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)					76,226,079	
21 COST TO BE ALLOCATED					496,613	
22 UNIT COST MULIPLIER					0.006515	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET H-5 PART II

HHA NO: 15-7158

HHA 1

	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	3,665,153	3,328		3,328		
2	SKILLED NURSING CARE	5,070,280					
3	PHYSICAL THERAPY	1,884,076					
4	OCCUPATIONAL THERAPY	459,819					
5	SPEECH PATHOLOGY	51,708					
6	MEDICAL SOCIAL SERVICES	111,901					
7	HOME HEALTH AIDE	579,931					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	11,478,539					
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	16,084,019					
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	39,385,426	3,328		3,328		
21	COST TO BE ALLOCATED	2,717,831	17,642		49,257		
22	UNIT COST MULIPLIER	0.069006	5.301082		14.800781		

	HHA COST CENTER	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (SQUARE FEET)	HOUSEKEEPING - RILEY (SQUARE FEET)	HOUSEKEEPING - METHODIST (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)
		10	10.01	10.02	10.03	11	12
1	ADMIN & GENERAL		594	1,238	786		27,678
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)		594	1,238	786		27,678
21	COST TO BE ALLOCATED		2,520	4,957	3,203		54,876
22	UNIT COST MULIPLIER		4.242424	4.004039	4.075064		1.982658

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET H-5 PART II

HHA NO: 15-7158

HHA 1

HHA COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT SING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQ) 15	PHARMACY (COSTED EQUIS.) 16	MEDICAL RECORDS & LIBRAR (TOTAL HARGES) 17	SOCIAL SERVICE (PATIENT AYS) 18
1 ADMIN & GENERAL		5,619			76,226,079	
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)		5,619			76,226,079	
21 COST TO BE ALLOCATED		449,746			265,114	
22 UNIT COST MULIPLIER		80.040221			0.003478	

HHA COST CENTER	PATIENT TRANSPORTATION (TOTAL HARGES) 19	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	76,226,079					
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)	76,226,079					
21 COST TO BE ALLOCATED	54,654					
22 UNIT COST MULIPLIER	0.000717					

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART II
15-7158		

HHA 1

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 SERVED) 24.04	PARAMED EMER GENCY METHOD (ASSIGNED TIME) 24.05	PARAMED PAST ORAL ED (PATIENT DAYS) 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
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

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

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/31/2010
WORKSHEET H-5
PART II

HHA 1

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 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-6
HHA NO:	TO 12/31/2009	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	6,104,336		6,104,336	30,960	197.17	7,845
2	PHYSICAL THERAPY	3	2,268,323		2,268,323	15,715	144.34	6,431
3	OCCUPATIONAL THERAPY	4	553,596		553,596	3,801	145.64	1,373
4	SPEECH PATHOLOGY	5	62,253		62,253	529	117.68	204
5	MEDICAL SOCIAL SERVICES	6	134,723		134,723	665	202.59	226
6	HOME HEALTH AIDE SERVICE	7	698,205		698,205	10,976	63.61	1,399
7	TOTAL		9,821,436		9,821,436	62,646		17,478

		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	4,246		1,546,799	837,184		2,383,983
2	PHYSICAL THERAPY	2,827		928,251	408,049		1,336,300
3	OCCUPATIONAL THERAPY	877		199,964	127,726		327,690
4	SPEECH PATHOLOGY	124		24,007	14,592		38,599
5	MEDICAL SOCIAL SERVICES	168		45,785	34,035		79,820
6	HOME HEALTH AIDE SERVICES	2,965		88,990	188,604		277,594
7	TOTAL	11,207		2,833,796	1,610,190		4,443,986

	LIMITATION COST COMPUTATION PATIENT SERVICES	PROGRAM COST LIMITS	PROGRAM VISITS PART A
		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 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET H-6
HHA NO:	TO 12/31/2009	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				490,149		96,280
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	75,781				
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	.353240			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.418124			COL 2, LN 3
3	SPEECH PATHOLOGY	52	.528320			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.197663			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.207335			COL 2, LN 16
5.01	RENAL-RILEY	56.01				
5.02	RENAL-ADULT	56.02				
5.03	OUTPATIENT RETAIL PHARMACY	56.03	1.323313			

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	144.34					
2	OCCUPATIONAL THERAPY	3	145.64					
3	SPEECH PATHOLOGY	4	117.68					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0056
HHA NO: 15-7158
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET H-7
PARTS I & II

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	2,855,695	1,608,530	
	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	2,855,695	1,608,530	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,855,695	1,608,530	
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	3,120,451	1,665,045
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,353	2,134
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	71,397	34,989
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	17,953	12,756
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	456	545
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	3,212,610	1,715,469
13	EXCESS REASONABLE COST		
14	SUBTOTAL	3,212,610	1,715,469
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	3,212,610	1,715,469
17	REIMBURSABLE BAD DEBTS	456	1,667
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		1,667
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	3,213,066	1,717,136
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	3,213,066	1,717,136
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	3,213,066	1,717,136
25	INTERIM PAYMENTS	3,212,610	1,715,469
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM	456	1,667
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/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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			3,212,610		1,715,469
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			3,212,610		1,715,469
	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		456		1,667
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			3,213,066		1,717,136

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

---

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	4,137,307	HOURS OF SERVICE	119,972.00	57.68
2	LICENSED PRACTICAL NURSES	80,934	HOURS OF SERVICE	4,924.00	2.37
3	NURSES AIDES	381	HOURS OF SERVICE	20.00	.01
4	TECHNICIANS	1,118,235	HOURS OF SERVICE	73,519.00	35.35
5	SOCIAL WORKERS	76,014	HOURS OF SERVICE	2,948.00	1.42
6	DIETICIANS	85,466	HOURS OF SERVICE	3,529.00	1.70
7	PHYSICIANS		ACCUMULATED COST		
8	NON-PATIENT CARE SALARY	277,010	ACCUMULATED COST		
9	SUBTOTAL (SUM OF LINES 1-8)	5,775,347			
10	EMPLOYEE BENEFITS	415,833	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	309,409	PERCENTAGE OF TIME		
14	SUPPLIES	3,584,926	REQUISITIONS		
15	DRUGS	2,562,914	REQUISITIONS		
16	OTHER	1,915,774	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	14,564,203			
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	566,469	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	306,064	PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS	963,120	SALARY		
23	ADMINISTRATIVE AND GENERAL	2,285,493	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	928,849	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS	61			
26	CENTRAL SERVICES & SUPPLIES	338,232	REQUISITIONS		
27	PHARMACY	2,490,000	REQUISITIONS		
28	OTHER ALLOCATED COST	775,818	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	23,218,309			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	23,218,309			

* 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 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010

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	1,495,318	615,473	4,137,307	1,361,030	1,378,953
	MAINTENANCE					
2	HEMODIALYSIS	1,059,273	435,996	2,930,840	964,145	976,840
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	2,497	1,028	6,910	2,273	2,303
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	200,164	82,388	553,822	182,188	184,588
11	CCDP	233,384	96,061	645,735	212,424	215,222
	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)	1,495,318	615,473	4,137,307	1,361,030	1,378,953
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	5,052,914	3,923,158		17,964,153	5,254,095
	MAINTENANCE					
2	HEMODIALYSIS	3,579,449	2,779,138		12,725,681	3,721,962
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	8,439	6,552		30,002	8,775
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	676,386	525,156		2,404,692	703,317
11	CCDP	788,640	612,312		2,803,778	820,041
	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)	5,052,914	3,923,158		17,964,153	5,254,095
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	23,218,248
	MAINTENANCE	
2	HEMODIALYSIS	16,447,643
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	38,777
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
	HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	3,108,009
11	CCDP	3,623,819
	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)	23,218,248
17	MEDICAL EDUCATION PROGRAM COSTS	61
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	23,218,309

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010

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	1,495,318	615,473	4,137,307	1,361,030	1,378,953
	MAINTENANCE					
2	HEMODIALYSIS	44,961	44,961.00	44,961.00	44,961.00	44,961
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	106	106.00	106.00	106.00	106
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	8,496	8,496.00	8,496.00	8,496.00	8,496
11	CCDP	9,906	9,906.00	9,906.00	9,906.00	9,906
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	63,469	63,469.00	63,469.00	63,469.00	63,469
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	23.559817	9.697222	65.186264	21.444012	21.726402

	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	5,052,914	3,923,158		17,964,153	5,254,095
	MAINTENANCE					
2	HEMODIALYSIS	44,961	44,961	44,961		
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	106	106	106		
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	8,496	8,496	8,496		
11	CCDP	9,906	9,906	9,906		
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	63,469	63,469	63,469		17,964,153
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	79.612315	61.812192			.292477

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	44,961	16,447,643	365.82	37,443	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS	106	38,777	365.82	74	
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	1,214	3,108,009	2,560.14	944	
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	1,415	3,623,819	2,561.00	634	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	45,067	23,218,248		37,517	

		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	13,697,398	201.17		7,532,408
2	MAINTENANCE - PERITONEAL DIALYSIS				
3	TRAINING - HEMODIALYSIS	27,071	201.17		14,887
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				
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	2,416,772	576.31		544,037
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	1,623,674	665.75		422,086
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	17,764,915			8,513,418

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I SATELLITE NO: I PREPARED 5/31/2010 I WORKSHEET I-1 I 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	11,209	HOURS OF SERVICE	351.00	.17
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3	NURSES AIDES		HOURS OF SERVICE		
4	TECHNICIANS	38,750	HOURS OF SERVICE	1,977.00	.95
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)	49,959			
10	EMPLOYEE BENEFITS	2,927	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	8,430	PERCENTAGE OF TIME		
14	SUPPLIES	431,049	REQUISITIONS		
15	DRUGS	80	REQUISITIONS		
16	OTHER	7,507	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	499,952			
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	12,480	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	5,128	PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS	8,331	SALARY		
23	ADMINISTRATIVE AND GENERAL	71,694	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	20,523	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS				
26	CENTRAL SERVICES & SUPPLIES	40,161	REQUISITIONS		
27	PHARMACY	78	REQUISITIONS		
28	OTHER ALLOCATED COST	10,639	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	668,986			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	668,986			

* 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/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010

SATELLITE NO: | 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	33,003	13,558	11,209	38,750	11,258
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	33,003	13,558	11,209	38,750	11,258
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)	33,003	13,558	11,209	38,750	11,258
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	158	471,210		579,146	89,840
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	158	471,210		579,146	89,840
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)	158	471,210		579,146	89,840
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	668,986
	MAINTENANCE	
2	HEMODIALYSIS	
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
	HOME	
8	HEMODIALYSIS	668,986
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)	668,986
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	668,986

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010
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	33,003	13,558	11,209	38,750	11,258
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	5,686	5,686.00	5,686.00	5,686.00	5,686
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	5,686	5,686.00	5,686.00	5,686.00	5,686
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	5.804256	2.384453	1.971333	6.814984	1.979951

	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	158	471,210		579,146	89,840
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS	5,686	5,686	5,686		
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	5,686	5,686	5,686		579,146
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.027788	82.871966			.155125

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	5,686	668,986	117.65	4,747	
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)	5,686	668,986		4,747	

		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	558,485	201.17		954,954
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)	558,485			954,954

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET I-5
RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	18,323,400
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	9,468,372
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	314,231
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	311,319
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	-314,231
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	7,574,698
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.)	2,207,905
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	314,231

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	813,866	214,871		
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,250,200	330,066		
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	229,984	60,718		
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	659	174		
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			59,546	
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	193,750	51,152		
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	2,488,459	656,981	59,546	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	1,021,098	2,049,835	-491,951	1,557,884
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE		1,580,266		1,580,266
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES		290,702		290,702
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	226,859	227,692		227,692
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	546,407	546,407		546,407
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	362,965	362,965		362,965
22	PATIENT TRANSPORTATION		59,546		59,546
23	IMAGING SERVICES	1,636	1,636		1,636
24	LABS AND DIAGNOSTICS	2,262	2,262		2,262
25	MEDICAL SUPPLIES	198	198		198
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS		244,902		244,902
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	2,161,425	5,366,411	-491,951	4,874,460

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	-470,844	1,087,040
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		1,580,266
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		290,702
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		227,692
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		546,407
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		362,965
22	PATIENT TRANSPORTATION		59,546
23	IMAGING SERVICES		1,636
24	LABS AND DIAGNOSTICS		2,262
25	MEDICAL SUPPLIES		198
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		244,902
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)	-470,844	4,403,616

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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		105,303		58,760
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				61,377
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			229,984	
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)		105,303	229,984	120,137

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	190,474			459,329
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,188,823			
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				659
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				193,750
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,379,297			653,738

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2009	
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	813,866
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,250,200
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	229,984
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	659
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	193,750
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	2,488,459

(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/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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		27,801		15,513
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				16,204
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			60,718	
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)		27,801	60,718	31,717

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	50,287			121,270
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	313,862			
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				174
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				51,152
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	364,149			172,596

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2009	
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	214,871
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	330,066
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	60,718
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	174
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	51,152
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	656,981

(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/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	1,087,040			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,580,266			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	290,702			
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	227,692			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	546,407			
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	362,965			
22	PATIENT TRANSPORTATION	59,546			
23	IMAGING SERVICES	1,636			
24	LABS AND DIAGNOSTICS	2,262			
25	MEDICAL SUPPLIES	198			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS	244,902			
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	4,403,616			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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			1,087,040	1,087,040
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE			1,580,266	517,949
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			290,702	95,280
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			227,692	74,628
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			546,407	179,090
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			362,965	118,965
22	PATIENT TRANSPORTATION			59,546	19,517
23	IMAGING SERVICES			1,636	536
24	LABS AND DIAGNOSTICS			2,262	741
25	MEDICAL SUPPLIES			198	65
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS			244,902	80,269
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)			3,316,576	1,087,040

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	2,098,215
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	385,982
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	302,320
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	725,497
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	481,930
22	PATIENT TRANSPORTATION	79,063
23	IMAGING SERVICES	2,172
24	LABS AND DIAGNOSTICS	3,003
25	MEDICAL SUPPLIES	263
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	325,171
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	4,403,616

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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/ 1/2009 TO 12/31/2009

PREPARED 5/31/2010
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		-1,087,040	3,316,576
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			1,580,266
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			290,702
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			227,692
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			546,407
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			362,965
22	PATIENT TRANSPORTATION			59,546
23	IMAGING SERVICES			1,636
24	LABS AND DIAGNOSTICS			2,262
25	MEDICAL SUPPLIES			198
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30				244,902
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			1,087,040
35	UNIT COST MULTIPLIER	.000000		.327760

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET K-5 I PART 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				65,101
2.00	INPATIENT - GENERAL CARE	7				
3.00	INPATIENT - RESPITE CARE	8				
4.00	PHYSICIAN SERVICES	9				
5.00	NURSING CARE	10	2,098,215			
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	385,982			
10.00	SPIRITUAL COUNSELING	15				
11.00	DIETARY COUNSELING	16				
12.00	COUNSELING - OTHER	17				
13.00	HOME HEALTH AIDE AND HOMEMAKER	18	302,320			
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00		19				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	20	725,497			
15.30	ANALGESICS	20.30				
15.31	SEDATIVES / HYPNOTICS	20.31				
15.32	OTHER	20.32				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	21	481,930			
17.00	PATIENT TRANSPORTATION	22	79,063			
18.00	IMAGING SERVICES	23	2,172			
19.00	LABS AND DIAGNOSTICS	24	3,003			
20.00	MEDICAL SUPPLIES	25	263			
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	325,171			
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)		4,403,616			65,101
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	36,898	32,890	414,985	
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)	36,898	32,890	414,985	
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0056	FROM 1/ 1/2009	5/31/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
15-1511		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		97		47,112
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)		97		47,112
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	597,083	41,202	36,524	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,098,215	144,789		
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	385,982	26,635		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	302,320	20,862		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	725,497	50,064		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	481,930	33,256		
17.00 PATIENT TRANSPORTATION	79,063	5,456		
18.00 IMAGING SERVICES	2,172	150		
19.00 LABS AND DIAGNOSTICS	3,003	207		
20.00 MEDICAL SUPPLIES	263	18		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	325,171	22,439		
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	5,000,699	345,078	36,524	
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/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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	101,978			
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)	101,978			
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	1,612		26,533	
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)	1,612		26,533	
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2009	PART I
15-1511		

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	12	13	14	15
1.00 ADMINISTRATIVE AND GENERAL	7,956		164,162	334
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)	7,956		164,162	334
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		25,150		5,185
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)		25,150		5,185
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/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2009	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/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 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				1,007,719
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				2,243,004
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				412,617
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				323,182
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				775,561
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				515,186
17.00 PATIENT TRANSPORTATION				84,519
18.00 IMAGING SERVICES				2,322
19.00 LABS AND DIAGNOSTICS				3,210
20.00 MEDICAL SUPPLIES				281
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				347,610
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				5,715,211
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | 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		1,007,719		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		2,243,004	480,153	2,723,157
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		412,617	88,328	500,945
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		323,182	69,183	392,365
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		775,561	166,022	941,583
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		515,186	110,284	625,470
17.00 PATIENT TRANSPORTATION		84,519	18,093	102,612
18.00 IMAGING SERVICES		2,322	497	2,819
19.00 LABS AND DIAGNOSTICS		3,210	687	3,897
20.00 MEDICAL SUPPLIES		281	60	341
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		347,610	74,412	422,022
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		5,715,211		5,715,211
30.00 UNIT COST MULIPLIER			.214067	

(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 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET K-5 | PART II

HOSPICE NO: 15-1511

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			6,890	6,890
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)			6,890	6,890
30.00 TOTAL COST TO BE ALLOCATED			65,101	36,898
31.00 UNIT COST MULIPLIER	.000000	.000000	9.448621	5.355298

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	16,594	2,488,459		
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				

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

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/31/2010 I WORKSHEET K-5 I PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	16,594	2,488,459		
30.00 TOTAL COST TO BE ALLOCATED	32,890	414,985		
31.00 UNIT COST MULIPLIER	1.982042	.166764	.000000	.000000

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	3,583		7,231,284	
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)	3,583		7,231,284	
30.00 TOTAL COST TO BE ALLOCATED	97		47,112	
31.00 UNIT COST MULIPLIER	.027072	.000000	.006515	

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

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET K-5 | PART II

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	597,083	6,890		6,890
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,098,215			
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	385,982			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	302,320			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	725,497			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	481,930			
17.00 PATIENT TRANSPORTATION	79,063			
18.00 IMAGING SERVICES	2,172			
19.00 LABS AND DIAGNOSTICS	3,003			
20.00 MEDICAL SUPPLIES	263			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	325,171			
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	5,000,699	6,890		6,890
30.00 TOTAL COST TO BE ALLOCATED	345,078	36,524		101,978
31.00 UNIT COST MULIPLIER	.069006	5.301016	.000000	14.800871

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				380
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				

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
	8.01	9	10	10.01
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				380
30.00 TOTAL COST TO BE ALLOCATED				1,612
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	4.242105

HOSPICE COST CENTER	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)
	10.02	10.03	11	12
1.00 ADMINISTRATIVE AND GENERAL		6,510		4,013
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)		6,510		4,013
30.00 TOTAL COST TO BE ALLOCATED		26,533		7,956
31.00 UNIT COST MULIPLIER	.000000	4.075730	.000000	1.982557

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

PROVIDER NO: 15-0056 | HOSPICE NO: 15-1511 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET K-5 | PART II

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)
	13	14	15	16
1.00 ADMINISTRATIVE AND GENERAL		2,051	3,583	
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)		2,051	3,583	
30.00 TOTAL COST TO BE ALLOCATED		164,162	334	
31.00 UNIT COST MULIPLIER	.000000	80.039980	.093218	.000000

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	17	18	19	20
1.00 ADMINISTRATIVE AND GENERAL	7,231,284		7,231,284	
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				

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS
	17	18	19	20
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	7,231,284		7,231,284	
30.00 TOTAL COST TO BE ALLOCATED	25,150		5,185	
31.00 UNIT COST MULIPLIER	.003478	.000000	.000717	.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

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | WORKSHEET K-5 | PART II

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 (PATIENT DAYS) 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				

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET K-5
PART II

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
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 PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(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/ 1/2009 TO 12/31/2009 | PREPARED 5/31/2010 | 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		

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM 24.17	PARAMED ED PRGM 24.18
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

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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	.353240		
2	OCCUPATIONAL THERAPY	51	.418124		
3	SPEECH PATHOLOGY	52	.528320		
4	DRUGS CHARGED TO PATIENTS	56	.207335		
4.01	RENAL-RILEY	56.01			
4.02	RENAL-ADULT	56.02			
4.03	OUTPATIENT RETAIL PHARMACY	56.03	1.323313		
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.148803		
6.01	TRANSPLANT IMMUNOLOGY	44.01	.257299		
6.02	BONE MARROW TRANSPLANT LAB	44.02	.402497		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.197663		
8	EMERGENCY	61	.181673		
8.01	EMERGENCY-RILEY	61.01			
9	RADIOLOGY-DIAGNOSTIC	41	.181753		
10	RH NBN ECMO IC	59	.554007		
10.01	CARDIOLOGY	59.01	.216153		
10.02	PSYCH OTHER ANCILLARY	59.02	1.939217		
10.03	CARDIAC CATHERIZATION	59.03	.208243		
10.04	DAY SURGERY	59.04	1.115903		
10.05	ONCOLOGY	59.05	1413.762147		
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 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET K-6
HOSPICE NO:	TO 12/31/2009	
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)				5,715,211
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				29,359
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				194.67
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	22,212			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	4,324,010			
6	UNDUPLICATED MEDICAID DAYS		2,933		
7	AGGREGATE MEDICAID COST		570,967		
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	1,807			
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	351,769			
10	UNDUPLICATED NF DAYS		7		
11	AGGREGATE NF COST		1,363		
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			4,214	
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			820,339	

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 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 12/31/2009	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	12,665,587
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,509,077
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	914.38
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	547.72
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	18.42
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2,333,001
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	7.43
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	35.43
5 .02	SUM OF 5 AND 5.01	42.86
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	9.07
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	1,148,769
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	17,656,434

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 5/31/2010
15-0056	FROM 1/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 12/31/2009	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/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET M-1

FQHC 1

		COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI-CATION 4
	FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	395,798		395,798	
2	PHYSICIAN ASSISTANT				
3	NURSE PRACTITIONER	77,647		77,647	
4	VISITING NURSE				
5	OTHER NURSE	277,774		277,774	
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	LABORATORY TECHNICIAN				
9	OTHER FACILITY HEALTH CARE STAFF COSTS	456,846		456,846	
10	SUBTOTAL (SUM OF LINES 1-9)	1,208,065		1,208,065	
	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		100,241	100,241	
16	TRANSPORTATION (HEALTH CARE STAFF)				
17	DEPRECIATION-MEDICAL EQUIPMENT				
18	PROFESSIONAL LIABILITY INSURANCE				
19	OTHER HEALTH CARE COSTS				
20	ALLOWABLE GME COSTS				
21	SUBTOTAL (SUM OF LINES 15-20)		100,241	100,241	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,208,065	100,241	1,308,306	
	COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY				
24	DENTAL				
25	OPTOMETRY				
26	ALL OTHER NONREIMBURSABLE COSTS				
27	NONALLOWABLE GME COSTS				
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
	FACILITY OVERHEAD				
29	FACILITY COSTS		167,321	167,321	
30	ADMINISTRATIVE COSTS	596,453	735,631	1,332,084	
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	596,453	902,952	1,499,405	
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,804,518	1,003,193	2,807,711	

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

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET M-1

FQHC 1

		RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
	FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	395,798		395,798
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	77,647		77,647
4	VISITING NURSE			
5	OTHER NURSE	277,774		277,774
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	456,846		456,846
10	SUBTOTAL (SUM OF LINES 1-9)	1,208,065		1,208,065
	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	100,241		100,241
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	100,241		100,241
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,308,306		1,308,306
	COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
	FACILITY OVERHEAD			
29	FACILITY COSTS	167,321		167,321
30	ADMINISTRATIVE COSTS	1,332,084	-161,560	1,170,524
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	1,499,405	-161,560	1,337,845
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	2,807,711	-161,560	2,646,151

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
WORKSHEET M-2

FQHC 1

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
	POSITIONS				
1	PHYSICIANS	2.98	13,250	4,200	12,516
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	.78	2,564	2,100	1,638
4	SUBTOTAL (SUM OF LINES 1-3)	3.76	15,814		14,154
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3.76	15,814		
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)	1,308,306
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	1,308,306
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	1,337,845
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	530,407
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,868,252
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)	
18	SUBTRACT LINE 17 FROM LINE 16	1,868,252
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	1,868,252
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	3,176,558

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES	PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/31/2010 WORKSHEET M-2
	COMPONENT NO: 15-1804		

FQHC 1

VISITS AND PRODUCTIVITY

		GREATER OF COL. 2 OR COL. 4
		5
	POSITIONS	
1	PHYSICIANS	
2	PHYSICIAN ASSISTANTS	
3	NURSE PRACTITIONERS	
4	SUBTOTAL (SUM OF LINES 1-3)	15,814
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	15,814
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/ 1/2009 TO 12/31/2009
PREPARED 5/31/2010
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)	3,176,558		
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)			
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	3,176,558		
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	15,814		
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)			
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	15,814		
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	200.87		
		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)		119.29	
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)		119.29	
	CALCULATION OF SETTLEMENT			
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		4,165	
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		496,843	
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)*		496,843	
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)		496,843	
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		397,474	
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)			
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		397,474	
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)		397,474	
25	INTERIM PAYMENTS		392,952	
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		4,522	
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	PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2009 TO 12/31/2009
[ ] RHC [X] FQHC	COMPONENT NO: -	PREPARED 5/31/2010 WORKSHEET M-5

FQHC 1

	DESCRIPTION		PART B MM/DD/YYYY 1	AMOUNT 2
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			392,952
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			392,952
	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		4,522
7	TOTAL MEDICARE PROGRAM LIABILITY			397,474

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

---

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