This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 150056

Period:
From 01/01/2011
To 12/31/2011

Worksheet S
Parts I-III
Date/Time Prepared:
9/12/2012 11:28 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 7/10/2012 Time: 12:52 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
(1) As Submitted
(2) Settled without Audit
(3) Settled with Audit
(4) Reopened
(5) Amended

6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - 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 IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and 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 identified in this cost report were provided in compliance with such laws and regulations.

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-227,096	2,022,112	2,273,588	0	1.00
2.00	Subprovider - IPF	0	39,897	-2		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		-127,337		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-187,199	1,894,773	2,273,588	0	200.00

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 and review the information collection is estimated 673 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 the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 7/10/2012 12:52 pm

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 7/10/2012 Time: 12:52 pm
2. [ ] Manually submitted cost report
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Contractor use only

5. [1] Cost Report Status
(1) As Submitted
(2) Settled without Audit
(3) Settled with Audit
(4) Reopened
(5) Amended

6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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Encryption Information
ECR: Date: 7/10/2012 Time: 12:52 pm
9UPM4uZ1:msUzNfBubi9uP5XAr:5h0
T4lr80WRiezvtRKyc7.y48Kth8UA3L
tpdk4mQSuU0Dc7.I
PI: Date: 7/10/2012 Time: 12:52 pm
sV8UKE37Agq1EfGPS6lNUomjyxBzf4
WpvHY0fuZruYehqf0LksmbIB1psH8j
TAg6iB:vEL0Vo1q5

(Signed) _____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-227,096	2,022,112	2,273,588	0	1.00
2.00	Subprovider - IPF	0	39,897	-2		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		-127,337		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-187,199	1,894,773	2,273,588	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 9/12/2012 11:27 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 340 W 10TH ST	PO Box:			1.00
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	County: MARION	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	CLARIAN BEHAVIORAL CARE CTR.	15S056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF						N	N	N	9.00
10.00	Hospital-Based NF						N		N	10.00
10.01	ICF/MR						N		N	10.01
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CLARIAN HOME CARE-INDIANAPOLIS	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice	YELLOW ROSE UNIT	151511	26900		07/01/1966				14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC	HEALTHNET BARRINGTON	151804	26900		07/01/1966	N	O	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis	CLARIAN DIALYSIS	153510	26900		01/01/1997				18.00
18.01		CLARIAN	153515	26900		04/26/2002				18.01
18.02		RILEY HOSPITAL DIALYSIS	152320	26900		04/09/2007				18.02
18.03		CLARIAN HEALTH PARTNERS	153521	26900		01/30/2009				18.03
18.04		METHODIST DIALYSIS	153522	26900		04/09/2007				18.04
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2011	12/31/2011	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	45,848	25,642	689	1,453	54,146	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		Urban/Rural S 1.00	Date of Geogr 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1		26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 9/12/2012 11:27 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	Y	217.66	215.94	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	153.29	281.96	0.352188	64.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 9/12/2012 11:27 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)	FAMILY MEDICINE	1350	11.05	18.79	0.370308	65.00
65.01		INTERNAL MEDICINE GENERAL	1400	19.19	32.62	0.370392	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408	0.38	0.65	0.368932	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450	11.17	18.99	0.370358	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750	9.46	16.08	0.370399	65.04
65.05		PEDIATRICS GENERAL	2000	23.65	40.21	0.370341	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800	2.86	4.86	0.370466	65.06

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
	1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 9/12/2012 11:27 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY MEDICINE	1350	10.63	18.20	0.368713	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	17.51	29.98	0.368709	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.48	0.82	0.369231	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	11.05	18.93	0.368579	67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	10.04	17.19	0.368711	67.04
67.05		PEDIATRICS GENERAL	2000	23.81	40.77	0.368690	67.05
67.06		PEDIATRIC/EMERGENCY MEDICINE	2800	3.25	5.57	0.368481	67.06

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did 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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 9/12/2012 11:27 am

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00	
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0	118.01

		1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/11/1993		128.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 9/12/2012 11:27 am

		1.00	2.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/07/2005		131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: NGS	Contractor's Number: 00130	141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part II Date/Time Prepared: 9/12/2012 11:27 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A			
		Description	Y/N	Date		
		0	1.00	2.00		
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/18/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part II Date/Time Prepared: 9/12/2012 11:27 am

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N			21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	Y	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	Y	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	Y		40.00

		1.00	2.00	3.00	
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.				41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part II Date/Time Prepared: 9/12/2012 11:27 am

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/18/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		1.00	2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	1,155	421,575	0.00		1.00
2.00	HMO						2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		1,155	421,575	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	80	29,200	0.00		8.00
9.00	CORONARY CARE UNIT	32.00	52	18,980	0.00		9.00
9.01	NEONATAL INTENSIVE CARE UNIT	32.01	47	17,155	0.00		9.01
10.00	BURN INTENSIVE CARE UNIT	33.00	7	2,555	0.00		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
11.01	SURGICAL INTENSIVE CARE UNIT	34.01	0	0	0.00		11.01
11.02	UH SURG 6IC	34.02	18	6,570	0.00		11.02
11.03	UH NS 3IC	34.03	9	3,285	0.00		11.03
11.04	RH PED IC	34.04	35	12,775	0.00		11.04
11.05	TRANSPLANT ICU	34.05	10	3,650	0.00		11.05
11.06	SURGICAL INTENSIVE CARE UNIT	34.06	9	3,285	0.00		11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		1,422	519,030	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	40	14,600			16.00
17.00	SUBPROVIDER - IRF	41.00	0	0			17.00
18.00	SUBPROVIDER	42.00	0	0			18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00	NURSING FACILITY	45.00	0	0			20.00
20.01	ICF/MR	45.01	0	0	0.00		20.01
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	2,027			24.00
25.00	CMHC - CMHC	99.00					25.00
25.10	CMHC - CORF	99.10					25.10
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		1,462				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
28.02	SUBPROVIDER - IRF	41.00					28.02
28.03	SUBPROVIDER	42.00					28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	85,108	35,108	274,942		1.00
2.00	HMO		16,236	82,189			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	85,108	35,108	274,942		7.00
8.00	INTENSIVE CARE UNIT	0	7,668	2,863	22,417		8.00
9.00	CORONARY CARE UNIT	0	7,077	2,029	15,888		9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	0	1,135	8,879		9.01
10.00	BURN INTENSIVE CARE UNIT	0	0	182	1,424		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
11.01	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.01
11.02	UH SURG 6IC	0	2,318	729	5,710		11.02
11.03	UH NS 3IC	0	521	128	1,001		11.03
11.04	RH PED IC	0	87	1,131	8,854		11.04
11.05	TRANSPLANT ICU	0	1,114	451	3,542		11.05
11.06	SURGICAL INTENSIVE CARE UNIT	0	3	310	2,417		11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	0		1,523	11,928		13.00
14.00	Total (see instructions)	0	103,896	45,589	357,002		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	2,044	0	6,972		16.00
17.00	SUBPROVIDER - IRF	0	0	0	0		17.00
18.00	SUBPROVIDER	0	0	0	0		18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00	NURSING FACILITY	0		0	0		20.00
20.01	ICF/MR	0	0	0	0		20.01
21.00	OTHER LONG TERM CARE				0		21.00
22.00	HOME HEALTH AGENCY	0	0	0	57,144		22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE		2,027	0	2,027		24.00
25.00	CMHC - CMHC	0	0	0	0		25.00
25.10	CMHC - CORF	0	0	0	0		25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	5,280	0	15,657		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		4,507	11,456		28.00
28.01	SUBPROVIDER - IPF				0		28.01
28.02	SUBPROVIDER - IRF				0		28.02
28.03	SUBPROVIDER				0		28.03
29.00	Ambulance Trips		251				29.00
30.00	Employee discount days (see instruction)				0		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			2,720	4,068		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	15,637	1.00
2.00	HMO					2,498	2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	SURGICAL INTENSIVE CARE UNIT						11.01
11.02	UH SURG 6IC						11.02
11.03	UH NS 3IC						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	SURGICAL INTENSIVE CARE UNIT						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	610.50	9,666.92	0.00	0	15,637	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	1.90	61.37	0.00	0	186	16.00
17.00	SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00	SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00	NURSING FACILITY	0.00	0.00	0.00			20.00
20.01	ICF/MR	0.00	0.00	0.00	0	0	20.01
21.00	OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00	HOME HEALTH AGENCY	0.00	383.36	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00	HOSPICE	0.00	34.72	0.00			24.00
25.00	CMHC - CMHC	0.00	0.00	0.00			25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	612.40	10,146.37	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
28.02	SUBPROVIDER - IRF						28.02
28.03	SUBPROVIDER						28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	6,618	58,206		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
9.01	NEONATAL INTENSIVE CARE UNIT				9.01
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
11.01	SURGICAL INTENSIVE CARE UNIT				11.01
11.02	UH SURG 6IC				11.02
11.03	UH NS 3IC				11.03
11.04	RH PED IC				11.04
11.05	TRANSPLANT ICU				11.05
11.06	SURGICAL INTENSIVE CARE UNIT				11.06
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	6,618	58,206		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	0	864		16.00
17.00	SUBPROVIDER - IRF	0	0		17.00
18.00	SUBPROVIDER	0	0		18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
20.01	ICF/MR	0	0		20.01
21.00	OTHER LONG TERM CARE		0		21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
25.10	CMHC - CORF				25.10
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
28.03	SUBPROVIDER				28.03
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part II Date/Time Prepared: 9/12/2012 11:27 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	591,859,660	-1,144,615	590,715,045	20,491,888.41	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		1,196,167	0	1,196,167	8,671.76	4.00
4.01	Physicians - Part A - Teaching		225,443	0	225,443	2,165.93	4.01
5.00	Physician-Part B		4,020,250	0	4,020,250	90,850.07	5.00
6.00	Non-physician-Part B		611,298	0	611,298	19,219.20	6.00
7.00	Interns & residents (in an approved program)	21.00	26,834,732	0	26,834,732	1,095,265.39	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		69,127,700	-1,517,323	67,610,377	2,071,596.80	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		0	1,144,615	1,144,615	13,872.55	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		115,865,598	0	115,865,598	4,670,836.95	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		206,972,611	0	206,972,611		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		18.00
19.00	Excluded areas		20,214,465	0	20,214,465		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		257,505	0	257,505		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		1,314,265	0	1,314,265		23.00
24.00	Wage-related costs (RHC/FQHC)		239,153	0	239,153		24.00
25.00	Interns & residents (in an approved program)		10,137,368	0	10,137,368		25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	42,978	0	42,978	800.00	26.00
27.00	Administrative & General	5.00	17,692,008	-36,764	17,655,244	602,893.04	27.00
28.00	Administrative & General under contract (see inst.)		0	991,808	991,808	20,510.00	28.00
29.00	Maintenance & Repairs	6.00	103,807	0	103,807	3,699.00	29.00
30.00	Operation of Plant	7.00	2,930,784	0	2,930,784	251,072.79	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	57,034	0	57,034	3,955.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	419,557.69	33.00
34.00	Dietary	10.00	8,528,468	-30,186	8,498,282	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	17,016,823	-52,077	16,964,746	537,216.14	38.00
39.00	Central Services and Supply	14.00	2,547,115	0	2,547,115	140,908.20	39.00
40.00	Pharmacy	15.00	27,858,006	-568,971	27,289,035	727,790.15	40.00
41.00	Medical Records & Medical Records Library	16.00	240,523	0	240,523	12,332.33	41.00
42.00	Social Service	17.00	4,190,789	0	4,190,789	169,716.42	42.00
43.00	Other General Service	18.00	1,997,272	0	1,997,272	145,708.20	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part II Date/Time Prepared: 9/12/2012 11:27 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART II - WAGE DATA			
	SALARIES			
1.00	Total salaries (see instructions)	28.83		1.00
2.00	Non-physician anesthetist Part A	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00		3.00
4.00	Physician-Part A - Administrative	137.94		4.00
4.01	Physicians - Part A - Teaching	104.09		4.01
5.00	Physician-Part B	44.25		5.00
6.00	Non-physician-Part B	31.81		6.00
7.00	Interns & residents (in an approved program)	24.50		7.00
7.01	Contracted interns and residents (in an approved programs)	0.00		7.01
8.00	Home office personnel	0.00		8.00
9.00	SNF	0.00		9.00
10.00	Excluded area salaries (see instructions)	32.64		10.00
	OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	82.51		11.00
12.00	Contract management and administrative services	0.00		12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00		13.00
14.00	Home office salaries & wage-related costs	24.81		14.00
15.00	Home office: Physician Part A - Administrative	0.00		15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00		16.00
	WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A - Administrative			22.00
22.01	Physician Part A - Teaching			22.01
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
	OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	53.72		26.00
27.00	Administrative & General	29.28		27.00
28.00	Administrative & General under contract (see inst.)	48.36		28.00
29.00	Maintenance & Repairs	28.06		29.00
30.00	Operation of Plant	11.67		30.00
31.00	Laundry & Linen Service	0.00		31.00
32.00	Housekeeping	14.42		32.00
33.00	Housekeeping under contract (see instructions)	0.00		33.00
34.00	Dietary	0.00		34.00
35.00	Dietary under contract (see instructions)	0.00		35.00
36.00	Cafeteria	0.00		36.00
37.00	Maintenance of Personnel	0.00		37.00
38.00	Nursing Administration	31.58		38.00
39.00	Central Services and Supply	18.08		39.00
40.00	Pharmacy	37.50		40.00
41.00	Medical Records & Medical Records Library	19.50		41.00
42.00	Social Service	24.69		42.00
43.00	Other General Service	13.71		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
9/12/2012 11:27 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		560,167,937	-152,807	560,015,130	19,724,455.51	1.00
2.00	Excluded area salaries (see instructions)		69,127,700	-1,517,323	67,610,377	2,071,596.80	2.00
3.00	Subtotal salaries (line 1 minus line 2)		491,040,237	1,364,516	492,404,753	17,652,858.71	3.00
4.00	Subtotal other wages & related costs (see inst.)		115,865,598	1,144,615	117,010,213	4,684,709.50	4.00
5.00	Subtotal wage-related costs (see inst.)		207,230,116	0	207,230,116	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		814,135,951	2,509,131	816,645,082	22,337,568.21	6.00
7.00	Total overhead cost (see instructions)		83,205,607	303,810	83,509,417	3,036,158.96	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
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		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	28.39		1.00
2.00	Excluded area salaries (see instructions)	32.64		2.00
3.00	Subtotal salaries (line 1 minus line 2)	27.89		3.00
4.00	Subtotal other wages & related costs (see inst.)	24.98		4.00
5.00	Subtotal wage-related costs (see inst.)	42.09		5.00
6.00	Total (sum of lines 3 thru 5)	36.56		6.00
7.00	Total overhead cost (see instructions)	27.50		7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part IV Date/Time Prepared: 9/12/2012 11:27 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost (see instructions)	47,328,959	3.00
4.00	Pension Service Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	140,388,887	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	4,653,266	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,340,651	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	2,448,731	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	274,815	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	42,485,642	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	1,328,921	20.00
	OTHER		
21.00	Executive Deferred Compensation (see instructions)	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	325,281	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	240,575,153	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part V Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 150056
Component CCN: 157158

Period: From 01/01/2011 To 12/31/2011

Worksheet S-4
Date/Time Prepared: 9/12/2012 11:28 am

		Home Health Agency I	PPS
0.00	County	1.00 MARION	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	26,406	4,280	1,237	31,923	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,397.00	0.00	0.00	0.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		2.73	0.00	2.73	4.00
5.00	Other Administrative Personnel		132.94	0.00	132.94	5.00
6.00	Direct Nursing Service		77.90	0.00	77.90	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		20.55	0.00	20.55	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		4.72	0.00	4.72	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.29	0.00	0.29	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		7.80	0.00	7.80	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		15.38	0.00	15.38	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	INFUSION & RT		123.41	0.00	123.41	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		8			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		11300			20.00
20.01			14020			20.01
20.02			26900			20.02
20.03			29020			20.03
20.04			29140			20.04
20.05			34620			20.05
20.06			99915			20.06
20.07			31140			20.07

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	11,009	589	732	183	12,513	21.00
22.00	Skilled Nursing Visit Charges	2,090,890	111,595	140,125	35,445	2,378,055	22.00
23.00	Physical Therapy Visits	7,066	55	142	131	7,394	23.00
24.00	Physical Therapy Visit Charges	1,527,970	11,605	30,430	28,955	1,598,960	24.00
25.00	Occupational Therapy Visits	1,315	4	9	22	1,350	25.00
26.00	Occupational Therapy Visit Charges	289,647	820	1,905	5,140	297,512	26.00
27.00	Speech Pathology Visits	153	0	1	0	154	27.00
28.00	Speech Pathology Visit Charges	33,525	0	235	0	33,760	28.00
29.00	Medical Social Service Visits	205	3	3	2	213	29.00
30.00	Medical Social Service Visit Charges	44,155	705	675	470	46,005	30.00
31.00	Home Health Aide Visits	4,530	241	13	49	4,833	31.00
32.00	Home Health Aide Visit Charges	421,390	21,770	1,280	4,645	449,085	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	24,278	892	900	387	26,457	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,407,577	146,495	174,650	74,655	4,803,377	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,393		341	34	1,768	36.00
37.00	Total Number of Outlier Episodes		17		0	17	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-5 | Date/Time Prepared: 9/12/2012 11:28 am

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	3	223	0	25		1.00
2.00	Number of times per week patient receives dialysis	3.00	3.00	0.00	7.00		2.00
3.00	Average patient dialysis time including setup	5.50	5.50	0.00	10.00		3.00
4.00	CAPD exchanges per day				4.00		4.00
5.00	Number of days in year dialysis furnished	365	316				5.00
6.00	Number of stations	0	55	0	0		6.00
7.00	Treatment capacity per day per station	0	2				7.00
8.00	Utilization (see instructions)	0.00	82.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
	TRANSPLANT INFORMATION						
11.00	Number of patients on transplant list	87					11.00
12.00	Number of patients transplanted during the cost reporting period	33					12.00
	EPOETIN						
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	0					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	0					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
	ARANESP						
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
					MCP	INITIAL METHOD	
					1.00	2.00	
	PHYSICIAN PAYMENT METHOD						
21.00	enter "X" if method(s) is applicable				X		21.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-5 | Date/Time Prepared: 9/12/2012 11:28 am

		Home			
		Hemodialysis	CAPD / CCPD		
		5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	63	50		1.00
2.00	Number of times per week patient receives dialysis	6.00	7.00		2.00
3.00	Average patient dialysis time including setup				3.00
4.00	CAPD exchanges per day		4.00		4.00
5.00	Number of days in year dialysis furnished				5.00
6.00	Number of stations				6.00
7.00	Treatment capacity per day per station				7.00
8.00	Utilization (see instructions)				8.00
9.00	Average times dialyzers re-used				9.00
10.00	Percentage of patients re-using dialyzers				10.00
	TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list				11.00
12.00	Number of patients transplanted during the cost reporting period				12.00
	EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.				13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program				14.00
15.00	Number of EPO units furnished relating to the renal dialysis department				15.00
16.00	Number of EPO units furnished relating to the home dialysis department				16.00
	ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.				17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program				18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department				19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department				20.00

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

Provider CCN: 150056
Component CCN: 151804

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-8

Date/Time Prepared:
9/12/2012 11:27 am

			FQHC I	Cost	
			1.00		
	Clinic Address and Identification				
1.00	Street		3401 EAST RAYMOND STREET		1.00
		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	INDIANAPOLIS	IN	46203	2.00
				1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			1	3.00
			Grant Award	Date	
			1.00	2.00	
	Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)		0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)		0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)		0		6.00
7.00	Appalachian Regional Commission		0		7.00
8.00	Look-Alikes		0		8.00
9.00	OTHER (SPECIFY)		0		9.00
			1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		Y	1	10.00

		Sunday		Monday			
		from	to	from	to		
		1.00	2.00	3.00	4.00		
	Facility hours of operations (1)						
11.00	Clinic			08:00	17:00		11.00
11.01	BARRINGTON X-RAY			08:00	17:00		11.01

			1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?		N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N	0	13.00
			Provider name	CCN number	
			1.00	2.00	
14.00	Provider name, CCN number				14.00

		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 9/12/2012 11:27 am
		FQHC I	Cost

		County					
		4.00					
2.00	City, State, Zip Code, County	MARION					2.00
		Tuesday		Wednesday			
		from	to	from	to		
		5.00	6.00	7.00	8.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	20:00	08:00	17:00		11.00
11.01	BARRINGTON X-RAY	08:00	20:00	08:00	17:00		11.01

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

Provider CCN: 150056
Component CCN: 151804

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-8

Date/Time Prepared:
9/12/2012 11:27 am

FQHC I Cost

		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00
11.01	BARRINGTON X-RAY	08:00	17:00	08:00	17:00		11.01

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 9/12/2012 11:27 am
		FQHC I	Cost

		Saturday			
		from	to		
		13.00	14.00		
	Facility hours of operations (1)				
11.00	Clinic				11.00
11.01	BARRINGTON X-RAY				11.01

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-10 | Date/Time Prepared: 9/12/2012 11:28 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.286146	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	809,889,149	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	203,165,996	5.00
6.00	Medicaid charges	5,254,005,969	6.00
7.00	Medicaid cost (line 1 times line 6)	1,503,412,792	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	490,357,647	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	490,357,647	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	82,554,749	46,671,181	129,225,930	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	23,622,711	13,354,772	36,977,483	21.00
22.00	Partial payment by patients approved for charity care	119,825	0	119,825	22.00
23.00	Cost of charity care (line 21 minus line 22)	23,502,886	13,354,772	36,857,658	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	74,206,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	4,945,785	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	69,260,215	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	19,818,533	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	56,676,191	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	547,033,838	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	1,153,460	1,153,460	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		0	0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	31,643,128	31,643,128	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	42,978	10,770	53,748	121,148,121	121,201,869	4.00
5.01	00510	NONPATIENT TELEPHONES	0	14,850	14,850	61,806	76,656	5.01
5.02	00511	DATA PROCESSING	0	600	600	-600	0	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	0	-60,668	-60,668	327,289	266,621	5.03
5.04	00513	ADMITTING	0	66	66	0	66	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	17,692,008	474,811,808	492,503,816	-5,131,762	487,372,054	5.06
6.00	00600	MAINTENANCE & REPAIRS	103,807	287,921	391,728	-25,574	366,154	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	2,930,784	1,318,644	4,249,428	-706,507	3,542,921	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	162,830	162,830	-102,516	60,314	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	57,034	40,058	97,092	-12,541	84,551	9.03
10.00	01000	DIETARY	8,528,468	5,563,976	14,092,444	-2,104,525	11,987,919	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	17,016,823	8,961,604	25,978,427	-6,401,239	19,577,188	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,547,115	9,015,763	11,562,878	113,910,100	125,472,978	14.00
15.00	01500	PHARMACY	27,858,006	94,747,950	122,605,956	-58,168,759	64,437,197	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	240,523	286,988	527,511	-45,356	482,155	16.00
17.00	01700	SOCIAL SERVICE	4,190,789	3,583,376	7,774,165	-897,236	6,876,929	17.00
18.00	01850	PATIENT TRANSPORTATION	1,997,272	616,397	2,613,669	-442,632	2,171,037	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	26,834,732	8,492,664	35,327,396	0	35,327,396	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	672,547	5,089,707	5,762,254	-157,586	5,604,668	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	212,486	153,536	366,022	-58,359	307,663	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	356,788	114,197	470,985	755,922	1,226,907	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	363,187	180,382	543,569	-83,283	460,286	23.03
23.04	02304	PARAMED EMERGENCY	254,643	89,671	344,314	-54,586	289,728	23.04
23.05	02312	ALLIED HEALTH	549,937	193,160	743,097	-117,539	625,558	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	216,156	84,955	301,111	-56,723	244,388	23.06
23.07	02307	PARAMED PHARMACY	542,414	190,354	732,768	514,068	1,246,836	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	117,420	38,275	155,695	-24,569	131,126	23.09
23.10	02310	PARAMED PHARMACY TECH	183,431	63,397	246,828	-43,247	203,581	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	33,462	33,462	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	144,425,972	64,233,520	208,659,492	-48,055,643	160,603,849	30.00
31.00	03100	INTENSIVE CARE UNIT	16,045,622	7,062,766	23,108,388	-5,602,199	17,506,189	31.00
32.00	03200	CORONARY CARE UNIT	11,755,490	5,782,702	17,538,192	-4,684,901	12,853,291	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	4,562,422	1,816,186	6,378,608	-1,395,588	4,983,020	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,208,775	459,049	1,667,824	-314,922	1,352,902	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	4,246,051	2,615,828	6,861,879	-2,194,180	4,667,699	34.02
34.03	03402	UH NS 3IC	835,468	733,696	1,569,164	-661,984	907,180	34.03
34.04	03403	RH PED IC	8,519,124	3,949,355	12,468,479	-2,975,741	9,492,738	34.04
34.05	03404	TRANSPLANT ICU	2,562,599	1,613,861	4,176,460	-1,367,962	2,808,498	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	1,440,047	603,951	2,043,998	-439,827	1,604,171	34.06
40.00	04000	SUBPROVIDER - IPF	3,499,633	2,174,075	5,673,708	-800,428	4,873,280	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,680,960	1,049,750	3,730,710	613,125	4,343,835	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,179,598	105,764,721	137,944,319	-99,191,205	38,753,114	50.00
50.01	05001	ENDOSCOPY	965,650	1,075,140	2,040,790	-901,177	1,139,613	50.01
51.00	05100	RECOVERY ROOM	5,493,487	2,100,957	7,594,444	-1,645,486	5,948,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
53.00	05300	ANESTHESIOLOGY	1,828,509	12,258,049	14,086,558	-5,071,738	9,014,820	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,469,376	1,326,775	3,796,151	-1,056,227	2,739,924	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,841,177	30,684,151	55,525,328	-23,917,023	31,608,305	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,477,581	3,790,095	8,267,676	-3,461,072	4,806,604	55.00
56.00	05600	RADIOISOTOPE	952,771	5,572,560	6,525,331	-5,487,638	1,037,693	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	24,756,889	55,093,613	79,850,502	-29,299,626	50,550,876	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	874,868	3,576,160	4,451,028	-1,591,135	2,859,893	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,069,298	1,260,703	2,330,001	-1,139,678	1,190,323	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,264,516	17,506,798	20,771,314	-17,197,454	3,573,860	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,266,895	11,518,407	32,785,302	-9,598,003	23,187,299	65.00
66.00	06600	PHYSICAL THERAPY	8,998,446	3,720,216	12,718,662	-2,573,697	10,144,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,000,243	691,507	2,691,750	-521,924	2,169,826	67.00
68.00	06800	SPEECH PATHOLOGY	3,195,153	3,103,248	6,298,401	-2,812,878	3,485,523	68.00
69.00	06900	ELECTROCARDIOLOGY	2,854,449	2,242,252	5,096,701	-1,278,871	3,817,830	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,043,773	2,708,437	6,752,210	-1,490,192	5,262,018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	231,178	249,893	481,071	46,557,690	47,038,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	51,248,677	51,248,677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	104,581,555	104,581,555	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,003,389	35,151,964	42,155,353	-32,118,238	10,037,115	73.03
74.00	07400	RENAL DIALYSIS	7,197,741	9,628,888	16,826,629	-9,130,416	7,696,213	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	726,940	378,739	1,105,679	-316,377	789,302	76.00
76.01	03021	CARDIOLOGY	1,936,922	12,545,736	14,482,658	-10,082,133	4,400,525	76.01
76.02	03022	PSYCH OTHER ANCILLARY	128,361	1,581,889	1,710,250	-51,474	1,658,776	76.02
76.03	03023	CARDIAC CATHERIZATION	4,150,256	11,011,453	15,161,709	-7,665,182	7,496,527	76.03
76.04	03024	DAY SURGERY	4,332,910	1,721,553	6,054,463	-1,314,077	4,740,386	76.04
76.05	03025	ONCOLOGY	94,274	3,315,659	3,409,933	-3,061,493	348,440	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	48,250	26,448	74,698	270,150	344,848	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	2,258,415	1,396,448	3,654,863	-106,868	3,547,995	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,171,408	533,179	1,704,587	-443,757	1,260,830	90.01
90.02	09002	IUSCC HEM/ONC	9,814,126	29,414,848	39,228,974	-21,931,060	17,297,914	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	229,958	181,086	411,044	-151,147	259,897	90.03
90.04	09004	AMB SVC-PSYCH ADULT	540,820	147,941	688,761	-94,185	594,576	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	1,954,109	899,724	2,853,833	-735,384	2,118,449	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,109,370	3,488,951	7,598,321	-1,896,539	5,701,782	90.07
90.08	09008	MOTILITY LAB	67,098	136,764	203,862	-126,678	77,184	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	208,436	419,912	628,348	-50,953	577,395	90.10
90.11	09023	SLEEP LAB	24,799	33,148	57,947	3,750,530	3,808,477	90.11
90.12	09024	OP CARE ADULTS	241,915	87,576	329,491	-63,537	265,954	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	170,303	4,947,640	5,117,943	-4,911,439	206,504	90.14
90.15	09013	NEUROLOGY UH	1,269,224	453,419	1,722,643	-343,831	1,378,812	90.15
90.16	09014	ORTHOPEDICS UH	325,686	106,672	432,358	-85,966	346,392	90.16
90.17	09015	PHYSICAL MEDICINE	835,654	366,822	1,202,476	-284,682	917,794	90.17
90.18	09016	DERMATOLOGY CLINIC	599,770	306,985	906,755	-245,065	661,690	90.18
90.19	09017	INFUSION/HEM/ONC	446,951	126,842	573,793	-84,434	489,359	90.19
90.20	09025	IUMG - MH	430,028	177,575	607,603	-144,513	463,090	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	19,913,989	14,754,644	34,668,633	-7,770,137	26,898,496	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,115,315	1,115,315	94.00
95.00	09500	AMBULANCE SERVICES	7,446,808	14,512,206	21,959,014	-3,810,699	18,148,315	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	26,567,312	34,093,256	60,660,568	-12,797,491	47,863,077	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,357,220	10,482,724	14,839,944	-4,247,683	10,592,261	105.00
106.00	10600	HEART ACQUISITION	455,506	1,321,526	1,777,032	169,769	1,946,801	106.00
107.00	10700	LIVER ACQUISITION	1,147,758	7,139,513	8,287,271	-1,117,901	7,169,370	107.00
108.00	10800	LUNG ACQUISITION	489,519	2,379,417	2,868,936	-268,991	2,599,945	108.00
109.00	10900	PANCREAS ACQUISITION	161,563	2,235,129	2,396,692	4,553	2,401,245	109.00
110.00	11000	INTESTINE ACQUISITION	179,579	1,188,894	1,368,473	-56,488	1,311,985	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	176,665	201,468	378,133	-43,920	334,213	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	3,294,312	3,294,312	112.01
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	454	454	3,106,345	3,106,799	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	572,268,400	1,177,288,744	1,749,557,144	7,343,101	1,756,900,245	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,640	9,640	13	9,653	190.00
191.00	19100	RESEARCH	3,273,902	653,619	3,927,521	-1,278,564	2,648,957	191.00
191.01	19101	RESEARCH-GCRC	0	68,876	68,876	-60,404	8,472	191.01
191.02	19102	OSA	2,336,198	3,123,786	5,459,984	-522,516	4,937,468	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	241,806	4,166,958	4,408,764	-54,007	4,354,757	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	4,988,406	20,142,658	25,131,064	-4,251,286	20,879,778	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	4,160,479	21,610,462	25,770,941	-1,614,280	24,156,661	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	121	380,714	380,835	-130	380,705	192.03
192.04	19204	MHH RADIOLOGY	101,153	96,152	197,305	-41,363	155,942	192.04
192.05	19205	MHH LABS	207,520	106,791	314,311	-75,130	239,181	192.05
192.06	19206	BELTWAY SURGERY	58,155	261,632	319,787	-18,503	301,284	192.06
192.07	19207	RHI	148,376	160,667	309,043	-114,723	194,320	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	3,260,124	26,750,130	30,010,254	1,697,282	31,707,536	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	803,577	803,577	-790,040	13,537	192.09
192.10	19212	CARDIO PHYSICIANS	815,020	614,032	1,429,052	-219,450	1,209,602	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	591,859,660	1,256,238,438	1,848,098,098	0	1,848,098,098	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	38,003,285	39,156,745		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	41,729,806	73,372,934		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS	20,385,697	141,587,566		4.00
5.01	00510	NONPATIENT TELEPHONES	1,613,867	1,690,523		5.01
5.02	00511	DATA PROCESSING	63,188,019	63,188,019		5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	16,214,099	16,480,720		5.03
5.04	00513	ADMITTING	7,155,472	7,155,538		5.04
5.05	00514	CASHIERING	29,930,804	29,930,804		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-379,652,301	107,719,753		5.06
6.00	00600	MAINTENANCE & REPAIRS	19,963,063	20,329,217		6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0		6.03
7.00	00700	OPERATION OF PLANT	48,539,987	52,082,908		7.00
7.01	00701	IU LEASED SPACE	82,361	82,361		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	60,314		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,829,642	3,829,642		9.01
9.02	00902	HOUSEKEEPING - RILEY	3,585,517	3,585,517		9.02
9.03	00903	HOUSEKEEPING - METHODIST	4,748,366	4,832,917		9.03
10.00	01000	DIETARY	-426,529	11,561,390		10.00
11.00	01100	CAFETERIA	1,502,799	1,502,799		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	4,081,027	23,658,215		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	125,472,978		14.00
15.00	01500	PHARMACY	-1,349,040	63,088,157		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,915,410	13,397,565		16.00
17.00	01700	SOCIAL SERVICE	0	6,876,929		17.00
18.00	01850	PATIENT TRANSPORTATION	0	2,171,037		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-68,027	35,259,369		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,781,778	11,386,446		22.00
23.00	02300	PARAMED ED PRGM	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	-24,046	283,617		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	-156,696	1,070,211		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	-444,498	15,788		23.03
23.04	02304	PARAMED EMERGENCY	-83,125	206,603		23.04
23.05	02312	ALLIED HEALTH	0	625,558		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	-65,221	179,167		23.06
23.07	02307	PARAMED PHARMACY	14,064	1,260,900		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	-52,650	78,476		23.09
23.10	02310	PARAMED PHARMACY TECH	-27,998	175,583		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	33,462		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-3,259,848	157,344,001		30.00
31.00	03100	INTENSIVE CARE UNIT	986	17,507,175		31.00
32.00	03200	CORONARY CARE UNIT	0	12,853,291		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-31,705	4,951,315		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-8,750	1,344,152		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	03401	UH SURG 6IC	0	4,667,699		34.02
34.03	03402	UH NS 3IC	0	907,180		34.03
34.04	03403	RH PED IC	-233,183	9,259,555		34.04
34.05	03404	TRANSPLANT ICU	0	2,808,498		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	-35,000	1,569,171		34.06
40.00	04000	SUBPROVIDER - IPF	-1,037,580	3,835,700		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	-23,688	4,320,147		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
45.01	04510	ICF/MR	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,290,367	37,462,747		50.00
50.01	05001	ENDOSCOPY	0	1,139,613		50.01
51.00	05100	RECOVERY ROOM	26,858	5,975,816		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	-6,933,810	2,081,010		53.00
53.01	05301	PULMONARY FUNCTION TESTING	-6,090	2,733,834		53.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	-200,413	31,407,892		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-19,072	4,787,532		55.00
56.00	05600	RADIOISOTOPE	-896	1,036,797		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	-30,161,284	20,389,592		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-15,231	2,844,662		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	1,190,323		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,322	3,615,182		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	50,390	23,237,689		65.00
66.00	06600	PHYSICAL THERAPY	-229,727	9,915,238		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,169,826		67.00
68.00	06800	SPEECH PATHOLOGY	-16,602	3,468,921		68.00
69.00	06900	ELECTROCARDIOLOGY	-1,089,884	2,727,946		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-113,304	5,148,714		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-789	47,037,972		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	-130	51,248,547		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,489	104,591,044		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	-733,545	9,303,570		73.03
74.00	07400	RENAL DIALYSIS	-191,040	7,505,173		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	452	789,754		76.00
76.01	03021	CARDIOLOGY	-71,397	4,329,128		76.01
76.02	03022	PSYCH OTHER ANCILLARY	-1,500,000	158,776		76.02
76.03	03023	CARDIAC CATHERIZATION	-1,552,146	5,944,381		76.03
76.04	03024	DAY SURGERY	-4,349	4,736,037		76.04
76.05	03025	ONCOLOGY	0	348,440		76.05
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	0	344,848		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	-242,233	3,305,762		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	-254	1,260,576		90.01
90.02	09002	IUSCC HEM/ONC	-3,853,172	13,444,742		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	259,897		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	594,576		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	-77	2,118,372		90.06
90.07	09007	AMB SVC-RILEY CLINICS	-691,735	5,010,047		90.07
90.08	09008	MOTILITY LAB	-520	76,664		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	-331,103	246,292		90.10
90.11	09023	SLEEP LAB	45,137	3,853,614		90.11
90.12	09024	OP CARE ADULTS	0	265,954		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	-2,477	204,027		90.14
90.15	09013	NEUROLOGY UH	0	1,378,812		90.15
90.16	09014	ORTHOPEDICS UH	-241	346,151		90.16
90.17	09015	PHYSICAL MEDICINE	0	917,794		90.17
90.18	09016	DERMATOLOGY CLINIC	0	661,690		90.18
90.19	09017	INFUSION/HEM/ONC	0	489,359		90.19
90.20	09025	IUMG - MH	0	463,090		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0		90.21
90.22	09020	IUMG - MH	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0		90.25
91.00	09100	EMERGENCY	-5,546,011	21,352,485		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	1,115,315		94.00
95.00	09500	AMBULANCE SERVICES	-286,878	17,861,437		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	-8,669,638	39,193,439		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-587,434	10,004,827		105.00
106.00	10600	HEART ACQUISITION	0	1,946,801		106.00
107.00	10700	LIVER ACQUISITION	-1,549,769	5,619,601		107.00
108.00	10800	LUNG ACQUISITION	-18,233	2,581,712		108.00
109.00	10900	PANCREAS ACQUISITION	0	2,401,245		109.00
110.00	11000	INTESTINE ACQUISITION	0	1,311,985		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	334,213		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	3,294,312		112.01
113.00	11300	INTEREST EXPENSE	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	-50,012	3,056,787		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-129,500,051	1,627,400,194		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,653		190.00
191.00	19100	RESEARCH	-210,852	2,438,105		191.00
191.01	19101	RESEARCH-GCRC	0	8,472		191.01
191.02	19102	OSA	0	4,937,468		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-3,309,233	1,045,524		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-11,100,134	9,779,644		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	-19,208,746	4,947,915		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	380,705		192.03
192.04	19204	MHH RADIOLOGY	-81	155,861		192.04
192.05	19205	MHH LABS	0	239,181		192.05
192.06	19206	BELTWAY SURGERY	-212,517	88,767		192.06
192.07	19207	RHI	0	194,320		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	31,707,536		192.08
192.09	19209	ARTHRITIS CLINIC - NR	18,116	31,653		192.09
192.10	19212	CARDIO PHYSICIANS	-245,483	964,119		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		TOTAL (SUM OF LINES 118-199)	-163,768,981	1,684,329,117		200.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 9/12/2012 11:28 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - EMPLOYEE BENEFITS (PART 1)				
1.00	EMPLOYEE BENEFITS	4.00	0	89,624,212	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
	TOTALS		0	89,624,212	
	B - EMPLOYEE BENEFITS (PART 2)				
1.00	EMPLOYEE BENEFITS	4.00	0	25,181,310	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 9/12/2012 11:28 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
	TOTALS		0	25,181,310	
	C - DEPRECIATION (PART 1)				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,153,460	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	32,093,441	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
	TOTALS		0	33,246,901	
	D - DEPRECIATION (PART 2)				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,862,010	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	5,862,010	
	E - ALLOCATION (DEPRECIATION) (PART 1)				
1.00	PURCHASING, RECEIVING, & STORES	5.03	0	17,748	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	175,749	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	3	3.00
4.00	OPERATION OF PLANT	7.00	0	560	4.00
5.00	DIETARY	10.00	0	4,386	5.00
6.00	NURSING ADMINISTRATION	13.00	0	11,126	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	45,300	7.00
8.00	PHARMACY	15.00	0	581,687	8.00
9.00	SOCIAL SERVICE	17.00	0	798	9.00
10.00	PATIENT TRANSPORTATION	18.00	0	13,387	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,069	11.00
12.00	PARAMED ED HEALTH SCIENCES	23.01	0	3,793	12.00
13.00	PARAMED RESPIRATORY THERAPY	23.03	0	6,842	13.00
14.00	PARAMED PHARMACY	23.07	0	951	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	374,968	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	11,661	16.00
17.00	CORONARY CARE UNIT	32.00	0	11,136	17.00
18.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	55,200	18.00
19.00	UH SURG 6IC	34.02	0	6,956	19.00
20.00	UH NS 3IC	34.03	0	4,669	20.00
21.00	RH PED IC	34.04	0	23,184	21.00
22.00	NURSERY	43.00	0	4,019	22.00
23.00	OPERATING ROOM	50.00	0	1,458,661	23.00
24.00	ENDOSCOPY	50.01	0	9,688	24.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
25.00	RECOVERY ROOM	51.00	0	2,298		25.00
26.00	ANESTHESIOLOGY	53.00	0	235,381		26.00
27.00	PULMONARY FUNCTION TESTING	53.01	0	2,753		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,113,654		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	368,612		29.00
30.00	RADIOISOTOPE	56.00	0	105,249		30.00
31.00	LABORATORY	60.00	0	244,680		31.00
32.00	TRANSPLANT IMMUNOLOGY	60.01	0	2,156		32.00
33.00	BONE MARROW TRANSPLANT LAB	60.02	0	26,113		33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	9,660		34.00
35.00	RESPIRATORY THERAPY	65.00	0	196,766		35.00
36.00	PHYSICAL THERAPY	66.00	0	26,101		36.00
37.00	OCCUPATIONAL THERAPY	67.00	0	12,202		37.00
38.00	SPEECH PATHOLOGY	68.00	0	79,533		38.00
39.00	ELECTROCARDIOLOGY	69.00	0	31,402		39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	0	85,002		40.00
41.00	OUTPATIENT RETAIL PHARMACY	73.03	0	42,113		41.00
42.00	RENAL DIALYSIS	74.00	0	106,453		42.00
43.00	RH NBN ECMO IC	76.00	0	2,206		43.00
44.00	CARDIOLOGY	76.01	0	52,288		44.00
45.00	CARDIAC CATHERIZATION	76.03	0	116,281		45.00
46.00	DAY SURGERY	76.04	0	2,056		46.00
47.00	ONCOLOGY	76.05	0	1,247		47.00
48.00	AMB SVC-OB & GYN	90.01	0	272		48.00
49.00	IUSCC HEM/ONC	90.02	0	5,396		49.00
50.00	AMB SVC-OPTHALMOLOGY	90.03	0	19,616		50.00
51.00	AMB SVC-PSYCH ADULT	90.04	0	14,418		51.00
	TOTALS		0	5,728,449		
	F - ALLOCATION (DEPRECIATION) (PART 2)					
1.00	OUTPATIENT SURGERY	90.06	0	13,859		1.00
2.00	AMB SVC-RILEY CLINICS	90.07	0	22,345		2.00
3.00	MOTILITY LAB	90.08	0	2,877		3.00
4.00	CLINICAL GERIATRICS	90.10	0	238		4.00
5.00	OP CARE ADULTS	90.12	0	6		5.00
6.00	ARTHRITIS CLINIC	90.14	0	3,313		6.00
7.00	ORTHOPEDICS UH	90.16	0	1,060		7.00
8.00	DERMATOLOGY CLINIC	90.18	0	568		8.00
9.00	IUMG - MH	90.20	0	5		9.00
10.00	EMERGENCY	91.00	0	67,607		10.00
11.00	AMBULANCE SERVICES	95.00	0	212,317		11.00
12.00	KIDNEY ACQUISITION	105.00	0	85,510		12.00
13.00	LIVER ACQUISITION	107.00	0	388		13.00
14.00	RESEARCH	191.00	0	1,123		14.00
15.00	OSA	191.02	0	316		15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	696		16.00
17.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	88,664		17.00
18.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	77,583		18.00
19.00	MHH LABS	192.05	0	3		19.00
20.00	BELTWAY SURGERY	192.06	0	1,133		20.00
21.00	NON-ALLOWABLE ADVERTISING	192.08	0	10,507		21.00
22.00	ARTHRITIS CLINIC - NR	192.09	0	15,035		22.00
23.00	CARDIO PHYSICIANS	192.10	0	12,556		23.00
	TOTALS		0	617,709		
	G - PTO (PART 1)					
1.00	EMPLOYEE BENEFITS	4.00	0	5,028,118		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
	TOTALS		0	5,028,118		
	H - PTO (PART 2)					
1.00	EMPLOYEE BENEFITS	4.00	0	1,314,481		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
	TOTALS		0	1,314,481	
	I - TELEPHONE				
1.00	NONPATIENT TELEPHONES	5.01	0	61,806	1.00
2.00	LABORATORY	60.00	0	4,441	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	66,247	
	J - DRUGS (PART 1)				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	72	1.00
2.00	PHARMACY	15.00	0	55,747,927	2.00
3.00	SOCIAL SERVICE	17.00	0	21	3.00
4.00	TRANSPLANT IMMUNOLOGY	60.01	0	25	4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	93	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3	6.00
7.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	20	7.00
8.00	OSA	191.02	0	1,605	8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	188	9.00
10.00	MHH LABS	192.05	0	1,111	10.00
11.00	RHI	192.07	0	16,928	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
	TOTALS		0	55,767,993		
	K - DRUGS(PART 2)					
1.00	PHARMACY	15.00	0	1,062,656		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	TOTALS		0	1,062,656		
	L - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	104,581,555		1.00
	TOTALS		0	104,581,555		
	M - SUPPLIES					
1.00	PURCHASING, RECEIVING, & STORES	5.03	0	375,124		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	195,573,522		2.00
3.00	OUTPATIENT RETAIL PHARMACY	73.03	0	5,199		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	414		4.00
5.00	MHH RADIOLOGY	192.04	0	25		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
	TOTALS		0	195,954,284		
	N - SUPPLIES (PART 2)					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,254,526		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	17,254,526		
	O - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	98,030,072		1.00
	TOTALS		0	98,030,072		
	P - CARDIAC					
1.00	CARDIAC REHABILITATION	76.97	236,884	35,795		1.00
	TOTALS		236,884	35,795		
	Q - SLEEP LAB					
1.00	SLEEP LAB	90.11	2,669,477	1,100,832		1.00
	TOTALS		2,669,477	1,100,832		
	R - NURSERY					
1.00	NURSERY	43.00	1,298,382	114,940		1.00
	TOTALS		1,298,382	114,940		
	S - CONTRACT LABOR					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,764		1.00
2.00	NURSING ADMINISTRATION	13.00	0	52,077		2.00
3.00	OPERATING ROOM	50.00	0	147,312		3.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	RECOVERY ROOM	51.00	0	279,109	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,950	5.00
6.00	LABORATORY	60.00	0	47,740	6.00
7.00	SPEECH PATHOLOGY	68.00	0	11,071	7.00
8.00	IUSCC HEM/ONC	90.02	0	107,470	8.00
9.00	CLINICAL GERIATRICS	90.10	0	9,409	9.00
10.00	ARTHRITIS CLINIC	90.14	0	10,191	10.00
11.00	NEUROLOGY UH	90.15	0	7,581	11.00
12.00	EMERGENCY	91.00	0	20,160	12.00
13.00	HOME HEALTH AGENCY	101.00	0	293,623	13.00
14.00	OTHER	192.01	0	52,134	14.00
	NONREIMBURSABLE-METHODIST				
15.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	961	15.00
16.00	MHH LABS	192.05	0	5,154	16.00
17.00	NON-ALLOWABLE ADVERTISING	192.08	0	8,481	17.00
18.00	CARDIO PHYSICIANS	192.10	0	50,428	18.00
	TOTALS		0	1,144,615	
	T - PARAMED ED				
1.00	PARAMED RADIOLOGY-METHODIST	23.02	236,544	18,096	1.00
2.00	PARAMED RADIOLOGY-METHODIST	23.02	502,555	38,446	2.00
3.00	PARAMED RADIOLOGY-METHODIST	23.02	34,042	2,604	3.00
4.00	PARAMED NEUROPHYSIOLOGY	23.11	31,084	2,378	4.00
5.00	PARAMED PHARMACY	23.07	586,313	44,853	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		1,390,538	106,377	
	U - HOME DIALYSIS				
1.00	HOME PROGRAM DIALYSIS	94.00	0	944,198	1.00
	TOTALS		0	944,198	
	V - ORGAN				
1.00	LUNG ACQUISITION	108.00	181,174	32,985	1.00
2.00	LIVER ACQUISITION	107.00	83,149	17,662	2.00
3.00	HEART ACQUISITION	106.00	570,324	117,383	3.00
4.00	PANCREAS ACQUISITION	109.00	110,838	37,258	4.00
5.00	INTESTINE ACQUISITION	110.00	208,429	31,749	5.00
	TOTALS		1,153,914	237,037	
	W - PRE/POST TRANSPLANT				
1.00	POST TRANSPLANT EXPENSES	112.01	2,867,272	427,040	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		2,867,272	427,040	
	X - ACQUISITION WORKUP				
1.00	LUNG ACQUISITION	108.00	0	12	1.00
2.00	KIDNEY ACQUISITION	105.00	0	34,323	2.00
3.00	PANCREAS ACQUISITION	109.00	0	569	3.00
	TOTALS		0	34,904	
	Y - NON-TRANSPLANT EMPLOYEE				
1.00	KIDNEY ACQUISITION	105.00	30,186	0	1.00
	TOTALS		30,186	0	
	Z - ADVERTISING				
1.00	KIDNEY ACQUISITION	105.00	0	765	1.00
2.00	NON-ALLOWABLE ADVERTISING	192.08	0	2,419,999	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	2,420,764	
	AA - HOSPICE RECLASS				
1.00	HOSPICE	116.00	1,871,413	1,235,378	1.00
	TOTALS		1,871,413	1,235,378	
	AB - RENAL ADMIN				
1.00	HOME PROGRAM DIALYSIS	94.00	146,566	24,551	1.00
	TOTALS		146,566	24,551	
	AC - NON-REIMBURSABLE FQHC				
1.00	OTHER NONREIMBURSABLE-METHODIST	192.01	53,925	52,943	1.00
	TOTALS		53,925	52,943	
	AD - IMPLANTABLES RECLASS				
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	51,248,677	1.00
	TOTALS		0	51,248,677	
500.00	Grand Total: Increases		11,718,557	698,448,574	500.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS (PART 1)						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,740,956	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	11,771	0		2.00
3.00	OPERATION OF PLANT	7.00	0	591,057	0		3.00
4.00	HOUSEKEEPING - METHODIST	9.03	0	10,098	0		4.00
5.00	DIETARY	10.00	0	1,719,481	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	5,112,993	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	514,857	0		7.00
8.00	PHARMACY	15.00	0	5,620,131	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	41,759	0		9.00
10.00	SOCIAL SERVICE	17.00	0	848,489	0		10.00
11.00	PATIENT TRANSPORTATION	18.00	0	405,324	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	135,581	0		12.00
13.00	PARAMED ED HEALTH SCIENCES	23.01	0	42,610	0		13.00
14.00	PARAMED RADIOLOGY-METHODIST	23.02	0	72,202	0		14.00
15.00	PARAMED RESPIRATORY THERAPY	23.03	0	73,619	0		15.00
16.00	PARAMED EMERGENCY	23.04	0	51,578	0		16.00
17.00	ALLIED HEALTH	23.05	0	111,026	0		17.00
18.00	PARAMED LAB SCIENCE PRO	23.06	0	43,665	0		18.00
19.00	PARAMED PHARMACY	23.07	0	112,070	0		19.00
20.00	PARAMED SURGERY TECHNOLOGY	23.09	0	23,584	0		20.00
21.00	PARAMED PHARMACY TECH	23.10	0	37,458	0		21.00
22.00	ADULTS & PEDIATRICS	30.00	0	29,376,966	0		22.00
23.00	INTENSIVE CARE UNIT	31.00	0	3,245,683	0		23.00
24.00	CORONARY CARE UNIT	32.00	0	2,375,117	0		24.00
25.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	917,836	0		25.00
26.00	BURN INTENSIVE CARE UNIT	33.00	0	242,302	0		26.00
27.00	UH SURG 6IC	34.02	0	860,295	0		27.00
28.00	UH NS 3IC	34.03	0	170,219	0		28.00
29.00	RH PED IC	34.04	0	1,715,479	0		29.00
30.00	TRANSPLANT ICU	34.05	0	517,308	0		30.00
31.00	SURGICAL INTENSIVE CARE UNIT	34.06	0	291,396	0		31.00
32.00	SUBPROVIDER - IPF	40.00	0	707,935	0		32.00
33.00	NURSERY	43.00	0	536,065	0		33.00
34.00	OPERATING ROOM	50.00	0	6,431,449	0		34.00
35.00	ENDOSCOPY	50.01	0	194,839	0		35.00
36.00	RECOVERY ROOM	51.00	0	1,032,437	0		36.00
37.00	ANESTHESIOLOGY	53.00	0	368,243	0		37.00
38.00	PULMONARY FUNCTION TESTING	53.01	0	504,190	0		38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,981,495	0		39.00
40.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,060,130	0		40.00
41.00	RADIOISOTOPE	56.00	0	189,090	0		41.00
42.00	LABORATORY	60.00	0	5,020,929	0		42.00
43.00	TRANSPLANT IMMUNOLOGY	60.01	0	177,007	0		43.00
44.00	BONE MARROW TRANSPLANT LAB	60.02	0	218,565	0		44.00
45.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	661,230	0		45.00
46.00	RESPIRATORY THERAPY	65.00	0	4,287,815	0		46.00
47.00	PHYSICAL THERAPY	66.00	0	1,797,420	0		47.00
48.00	OCCUPATIONAL THERAPY	67.00	0	403,792	0		48.00
49.00	SPEECH PATHOLOGY	68.00	0	623,956	0		49.00
50.00	ELECTROCARDIOLOGY	69.00	0	580,865	0		50.00
51.00	ELECTROENCEPHALOGRAPHY	70.00	0	813,850	0		51.00
	TOTALS		0	89,624,212			
	B - EMPLOYEE BENEFITS (PART 2)						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	46,964	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,431,890	0		2.00
3.00	RENAL DIALYSIS	74.00	0	1,460,623	0		3.00
4.00	RH NBN ECMO IC	76.00	0	140,329	0		4.00
5.00	CARDIOLOGY	76.01	0	395,635	0		5.00
6.00	PSYCH OTHER ANCILLARY	76.02	0	26,070	0		6.00
7.00	CARDIAC CATHERIZATION	76.03	0	735,413	0		7.00
8.00	DAY SURGERY	76.04	0	876,509	0		8.00
9.00	ONCOLOGY	76.05	0	32,453	0		9.00
10.00	CARDIAC REHABILITATION	76.97	0	2,529	0		10.00
11.00	AMB SVC-OB & GYN	90.01	0	195,341	0		11.00
12.00	IUSCC HEM/ONC	90.02	0	1,845,917	0		12.00
13.00	AMB SVC-OPTHALMOLOGY	90.03	0	46,237	0		13.00
14.00	AMB SVC-PSYCH ADULT	90.04	0	80,119	0		14.00
15.00	OUTPATIENT SURGERY	90.06	0	346,127	0		15.00
16.00	AMB SVC-RILEY CLINICS	90.07	0	852,047	0		16.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	MOTILITY LAB	90.08	0	15,941	0		17.00
18.00	CLINICAL GERIATRICS	90.10	0	40,224	0		18.00
19.00	SLEEP LAB	90.11	0	5,030	0		19.00
20.00	OP CARE ADULTS	90.12	0	49,062	0		20.00
21.00	ARTHRITIS CLINIC	90.14	0	32,450	0		21.00
22.00	NEUROLOGY UH	90.15	0	255,143	0		22.00
23.00	ORTHOPEDICS UH	90.16	0	37,782	0		23.00
24.00	PHYSICAL MEDICINE	90.17	0	168,639	0		24.00
25.00	DERMATOLOGY CLINIC	90.18	0	120,769	0		25.00
26.00	INFUSION/HEM/ONC	90.19	0	80,479	0		26.00
27.00	IUMG - MH	90.20	0	105,018	0		27.00
28.00	EMERGENCY	91.00	0	4,009,019	0		28.00
29.00	AMBULANCE SERVICES	95.00	0	1,485,984	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	4,937,541	0		30.00
31.00	KIDNEY ACQUISITION	105.00	0	869,836	0		31.00
32.00	HEART ACQUISITION	106.00	0	92,651	0		32.00
33.00	LIVER ACQUISITION	107.00	0	216,297	0		33.00
34.00	LUNG ACQUISITION	108.00	0	99,833	0		34.00
35.00	PANCREAS ACQUISITION	109.00	0	32,943	0		35.00
36.00	INTESTINE ACQUISITION	110.00	0	37,364	0		36.00
37.00	OTHER ORGAN ACQUISITION	112.00	0	35,839	0		37.00
38.00	RESEARCH	191.00	0	661,838	0		38.00
39.00	OSA	191.02	0	473,742	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	48,576	0		40.00
41.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	987,702	0		41.00
42.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	827,287	0		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.03	0	23	0		43.00
44.00	MHH RADIOLOGY	192.04	0	20,402	0		44.00
45.00	MHH LABS	192.05	0	40,891	0		45.00
46.00	BELTWAY SURGERY	192.06	0	11,648	0		46.00
47.00	RHI	192.07	0	30,095	0		47.00
48.00	NON-ALLOWABLE ADVERTISING	192.08	0	680,764	0		48.00
49.00	CARDIO PHYSICIANS	192.10	0	156,295	0		49.00
	TOTALS		0	25,181,310			
	C - DEPRECIATION (PART 1)						
1.00	PURCHASING, RECEIVING, & STORES	5.03	0	42,904	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	775,555	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	13,059	0		3.00
4.00	OPERATION OF PLANT	7.00	0	68,576	0		4.00
5.00	DIETARY	10.00	0	190,046	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,103,365	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	391,266	0		7.00
8.00	PHARMACY	15.00	0	1,536,856	0		8.00
9.00	SOCIAL SERVICE	17.00	0	1,854	0		9.00
10.00	PATIENT TRANSPORTATION	18.00	0	14,887	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	15,829	0		11.00
12.00	PARAMED ED HEALTH SCIENCES	23.01	0	16,669	0		12.00
13.00	PARAMED RESPIRATORY THERAPY	23.03	0	6,842	0		13.00
14.00	PARAMED PHARMACY	23.07	0	951	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,321,556	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	209,833	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	58,587	0		17.00
18.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	94,139	0		18.00
19.00	BURN INTENSIVE CARE UNIT	33.00	0	28,904	0		19.00
20.00	UH SURG 6IC	34.02	0	128,534	0		20.00
21.00	UH NS 3IC	34.03	0	10,834	0		21.00
22.00	RH PED IC	34.04	0	54,440	0		22.00
23.00	SURGICAL INTENSIVE CARE UNIT	34.06	0	465	0		23.00
24.00	SUBPROVIDER - IPF	40.00	0	6,332	0		24.00
25.00	NURSERY	43.00	0	31,337	0		25.00
26.00	OPERATING ROOM	50.00	0	7,742,743	0		26.00
27.00	ENDOSCOPY	50.01	0	76,223	0		27.00
28.00	RECOVERY ROOM	51.00	0	29,121	0		28.00
29.00	ANESTHESIOLOGY	53.00	0	737,748	0		29.00
30.00	PULMONARY FUNCTION TESTING	53.01	0	135,348	0		30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,385,256	0		31.00
32.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,158,055	0		32.00
33.00	RADIOISOTOPE	56.00	0	740,262	0		33.00
34.00	LABORATORY	60.00	0	1,744,427	0		34.00
35.00	TRANSPLANT IMMUNOLOGY	60.01	0	26,202	0		35.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
36.00	BONE MARROW TRANSPLANT LAB	60.02	0	102,554	0		36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	47,214	0		37.00
38.00	RESPIRATORY THERAPY	65.00	0	624,478	0		38.00
39.00	PHYSICAL THERAPY	66.00	0	58,013	0		39.00
40.00	OCCUPATIONAL THERAPY	67.00	0	16,762	0		40.00
41.00	SPEECH PATHOLOGY	68.00	0	96,755	0		41.00
42.00	ELECTROCARDIOLOGY	69.00	0	273,358	0		42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	0	275,162	0		43.00
44.00	OUTPATIENT RETAIL PHARMACY	73.03	0	105,167	0		44.00
45.00	RENAL DIALYSIS	74.00	0	257,177	0		45.00
46.00	RH NBN ECMO IC	76.00	0	45,515	0		46.00
47.00	CARDIOLOGY	76.01	0	667,140	0		47.00
48.00	PSYCH OTHER ANCILLARY	76.02	0	6,563	0		48.00
49.00	CARDIAC CATHERIZATION	76.03	0	699,733	0		49.00
50.00	DAY SURGERY	76.04	0	43,161	0		50.00
51.00	ONCOLOGY	76.05	0	3,029,144	0		51.00
	TOTALS		0	33,246,901			
	D - DEPRECIATION (PART 2)						
1.00	AMB SVC-OB & GYN	90.01	0	80,886	9		1.00
2.00	IUSCC HEM/ONC	90.02	0	366,320	0		2.00
3.00	AMB SVC-OPTHALMOLOGY	90.03	0	29,612	0		3.00
4.00	AMB SVC-PSYCH ADULT	90.04	0	16,770	0		4.00
5.00	OUTPATIENT SURGERY	90.06	0	289,930	0		5.00
6.00	AMB SVC-RILEY CLINICS	90.07	0	274,407	0		6.00
7.00	MOTILITY LAB	90.08	0	17,973	0		7.00
8.00	CLINICAL GERIATRICS	90.10	0	3,166	0		8.00
9.00	OP CARE ADULTS	90.12	0	2,202	0		9.00
10.00	ARTHRITIS CLINIC	90.14	0	3,313	0		10.00
11.00	NEUROLOGY UH	90.15	0	49,970	0		11.00
12.00	ORTHOPEDICS UH	90.16	0	2,392	0		12.00
13.00	PHYSICAL MEDICINE	90.17	0	1,703	0		13.00
14.00	DERMATOLOGY CLINIC	90.18	0	28,744	0		14.00
15.00	IUMG - MH	90.20	0	1,853	0		15.00
16.00	EMERGENCY	91.00	0	227,004	0		16.00
17.00	AMBULANCE SERVICES	95.00	0	2,136,981	0		17.00
18.00	HOME HEALTH AGENCY	101.00	0	694,274	0		18.00
19.00	KIDNEY ACQUISITION	105.00	0	483,148	0		19.00
20.00	LIVER ACQUISITION	107.00	0	13,264	0		20.00
21.00	RESEARCH	191.00	0	66,670	0		21.00
22.00	RESEARCH-GCRC	191.01	0	59	0		22.00
23.00	OSA	191.02	0	14,103	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,020	0		24.00
25.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	156,831	0		25.00
26.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	805,719	0		26.00
27.00	MHH RADIOLOGY	192.04	0	19,703	0		27.00
28.00	MHH LABS	192.05	0	4,875	0		28.00
29.00	BELTWAY SURGERY	192.06	0	1,133	0		29.00
30.00	NON-ALLOWABLE ADVERTISING	192.08	0	14,725	0		30.00
31.00	ARTHRITIS CLINIC - NR	192.09	0	15,035	0		31.00
32.00	CARDIO PHYSICIANS	192.10	0	38,225	0		32.00
	TOTALS		0	5,862,010			
	E - ALLOCATION (DEPRECIATION) (PART 1)						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,694,614	9		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	0	14,350	0		2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.06	0	3	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	4	0		4.00
5.00	PSYCH OTHER ANCILLARY	76.02	0	1	0		5.00
6.00	NEUROLOGY UH	90.15	0	19,474	0		6.00
7.00	PHYSICAL MEDICINE	90.17	0	1	0		7.00
8.00	RESEARCH-GCRC	191.01	0	1	0		8.00
9.00	MHH RADIOLOGY	192.04	0	1	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
	TOTALS		0	5,728,449			
	F - ALLOCATION (DEPRECIATION) (PART 2)						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	617,709	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
	TOTALS		0	617,709			
	G - PTO (PART 1)						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	325,458	0		1.00
2.00	OPERATION OF PLANT	7.00	0	26,837	0		2.00
3.00	DIETARY	10.00	0	94,945	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	185,073	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	26,742	0		5.00
6.00	PHARMACY	15.00	0	308,013	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,597	0		7.00
8.00	SOCIAL SERVICE	17.00	0	46,055	0		8.00
9.00	PATIENT TRANSPORTATION	18.00	0	22,649	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,842	0		10.00
11.00	PARAMED ED HEALTH SCIENCES	23.01	0	2,270	0		11.00
12.00	PARAMED RADIOLOGY-METHODIST	23.02	0	4,163	0		12.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	PARAMED RESPIRATORY THERAPY	23.03	0	4,268	0		13.00
14.00	PARAMED EMERGENCY	23.04	0	2,912	0		14.00
15.00	ALLIED HEALTH	23.05	0	6,513	0		15.00
16.00	PARAMED LAB SCIENCE PRO	23.06	0	2,450	0		16.00
17.00	PARAMED PHARMACY	23.07	0	5,028	0		17.00
18.00	PARAMED SURGERY TECHNOLOGY	23.09	0	831	0		18.00
19.00	PARAMED PHARMACY TECH	23.10	0	1,943	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	0	1,598,188	0		20.00
21.00	INTENSIVE CARE UNIT	31.00	0	187,770	0		21.00
22.00	CORONARY CARE UNIT	32.00	0	141,929	0		22.00
23.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	51,787	0		23.00
24.00	BURN INTENSIVE CARE UNIT	33.00	0	14,050	0		24.00
25.00	UH SURG 6IC	34.02	0	49,604	0		25.00
26.00	UH NS 3IC	34.03	0	16,934	0		26.00
27.00	RH PED IC	34.04	0	99,901	0		27.00
28.00	TRANSPLANT ICU	34.05	0	30,068	0		28.00
29.00	SURGICAL INTENSIVE CARE UNIT	34.06	0	15,367	0		29.00
30.00	SUBPROVIDER - IPF	40.00	0	43,066	0		30.00
31.00	NURSERY	43.00	0	39,140	0		31.00
32.00	OPERATING ROOM	50.00	0	358,057	0		32.00
33.00	ENDOSCOPY	50.01	0	9,746	0		33.00
34.00	RECOVERY ROOM	51.00	0	61,979	0		34.00
35.00	ANESTHESIOLOGY	53.00	0	17,938	0		35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	31,728	0		36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	282,084	0		37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	44,905	0		38.00
39.00	RADIOISOTOPE	56.00	0	10,328	0		39.00
40.00	LABORATORY	60.00	0	293,741	0		40.00
41.00	TRANSPLANT IMMUNOLOGY	60.01	0	11,090	0		41.00
42.00	BONE MARROW TRANSPLANT LAB	60.02	0	12,882	0		42.00
43.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	37,891	0		43.00
44.00	RESPIRATORY THERAPY	65.00	0	228,243	0		44.00
45.00	PHYSICAL THERAPY	66.00	0	84,933	0		45.00
46.00	OCCUPATIONAL THERAPY	67.00	0	19,366	0		46.00
47.00	SPEECH PATHOLOGY	68.00	0	32,363	0		47.00
48.00	ELECTROCARDIOLOGY	69.00	0	32,861	0		48.00
49.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,866	0		49.00
50.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,504	0		50.00
51.00	OUTPATIENT RETAIL PHARMACY	73.03	0	60,220	0		51.00
	TOTALS		0	5,028,118			
	H - PTO (PART 2)						
1.00	RENAL DIALYSIS	74.00	0	83,555	0		1.00
2.00	RH NBN ECMO IC	76.00	0	3,272	0		2.00
3.00	CARDIOLOGY	76.01	0	22,539	0		3.00
4.00	PSYCH OTHER ANCILLARY	76.02	0	1,575	0		4.00
5.00	CARDIAC CATHERIZATION	76.03	0	40,532	0		5.00
6.00	DAY SURGERY	76.04	0	48,474	0		6.00
7.00	ONCOLOGY	76.05	0	1,003	0		7.00
8.00	AMB SVC-OB & GYN	90.01	0	11,618	0		8.00
9.00	IUSCC HEM/ONC	90.02	0	111,836	0		9.00
10.00	AMB SVC-OPTHALMOLOGY	90.03	0	3,857	0		10.00
11.00	AMB SVC-PSYCH ADULT	90.04	0	4,558	0		11.00
12.00	OUTPATIENT SURGERY	90.06	0	20,516	0		12.00
13.00	AMB SVC-RILEY CLINICS	90.07	0	44,145	0		13.00
14.00	MOTILITY LAB	90.08	0	1,264	0		14.00
15.00	CLINICAL GERIATRICS	90.10	0	2,530	0		15.00
16.00	OP CARE ADULTS	90.12	0	2,327	0		16.00
17.00	ARTHRITIS CLINIC	90.14	0	1,506	0		17.00
18.00	NEUROLOGY UH	90.15	0	12,361	0		18.00
19.00	ORTHOPEDICS UH	90.16	0	3,652	0		19.00
20.00	PHYSICAL MEDICINE	90.17	0	8,475	0		20.00
21.00	DERMATOLOGY CLINIC	90.18	0	7,776	0		21.00
22.00	INFUSION/HEM/ONC	90.19	0	3,955	0		22.00
23.00	IUMG - MH	90.20	0	5,906	0		23.00
24.00	EMERGENCY	91.00	0	225,916	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	86,970	0		25.00
26.00	HOME HEALTH AGENCY	101.00	0	250,394	0		26.00
27.00	KIDNEY ACQUISITION	105.00	0	48,763	0		27.00
28.00	HEART ACQUISITION	106.00	0	5,146	0		28.00
29.00	LIVER ACQUISITION	107.00	0	11,316	0		29.00
30.00	LUNG ACQUISITION	108.00	0	5,724	0		30.00
31.00	PANCREAS ACQUISITION	109.00	0	2,493	0		31.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
32.00	INTESTINE ACQUISITION	110.00	0	2,589	0		32.00
33.00	OTHER ORGAN ACQUISITION	112.00	0	2,085	0		33.00
34.00	RESEARCH	191.00	0	38,598	0		34.00
35.00	OSA	191.02	0	28,444	0		35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,012	0		36.00
37.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	59,460	0		37.00
38.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	46,012	0		38.00
39.00	MHH RADIOLOGY	192.04	0	1,282	0		39.00
40.00	MHH LABS	192.05	0	2,180	0		40.00
41.00	BELTWAY SURGERY	192.06	0	1,085	0		41.00
42.00	RHI	192.07	0	1,539	0		42.00
43.00	NON-ALLOWABLE ADVERTISING	192.08	0	34,984	0		43.00
44.00	CARDIO PHYSICIANS	192.10	0	9,257	0		44.00
	TOTALS		0	1,314,481			
	I - TELEPHONE						
1.00	OPERATION OF PLANT	7.00	0	7,100	0		1.00
2.00	DIETARY	10.00	0	1,411	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	247	0		3.00
4.00	SOCIAL SERVICE	17.00	0	1,573	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,650	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	787	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	19	0		7.00
8.00	OPERATING ROOM	50.00	0	4,438	0		8.00
9.00	ENDOSCOPY	50.01	0	361	0		9.00
10.00	RECOVERY ROOM	51.00	0	470	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	408	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	85	0		12.00
14.00	SPEECH PATHOLOGY	68.00	0	79	0		14.00
15.00	CARDIOLOGY	76.01	0	7,847	0		15.00
16.00	CARDIAC CATHERIZATION	76.03	0	943	0		16.00
17.00	DAY SURGERY	76.04	0	114	0		17.00
18.00	IUSCC HEM/ONC	90.02	0	30,544	0		18.00
19.00	AMB SVC-RILEY CLINICS	90.07	0	896	0		19.00
20.00	DERMATOLOGY CLINIC	90.18	0	206	0		20.00
21.00	EMERGENCY	91.00	0	783	0		21.00
22.00	HOME HEALTH AGENCY	101.00	0	967	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,593	0		23.00
24.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	1,410	0		24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.03	0	107	0		25.00
26.00	BELTWAY SURGERY	192.06	0	209	0		26.00
	TOTALS		0	66,247			
	J - DRUGS (PART 1)						
1.00	PURCHASING, RECEIVING, & STORES	5.03	0	22,679	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,733	0		2.00
3.00	DIETARY	10.00	0	348	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	736	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	64	0		5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	179	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	61,516	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	606	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	7,365	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	803	0		10.00
11.00	BURN INTENSIVE CARE UNIT	33.00	0	6	0		11.00
12.00	UH SURG 6IC	34.02	0	908	0		12.00
13.00	UH NS 3IC	34.03	0	110	0		13.00
14.00	RH PED IC	34.04	0	2,803	0		14.00
15.00	TRANSPLANT ICU	34.05	0	1,664	0		15.00
16.00	SURGICAL INTENSIVE CARE UNIT	34.06	0	319	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	248	0		17.00
18.00	NURSERY	43.00	0	1,115	0		18.00
19.00	OPERATING ROOM	50.00	0	642,488	0		19.00
20.00	ENDOSCOPY	50.01	0	97	0		20.00
21.00	RECOVERY ROOM	51.00	0	274	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	552,210	0		22.00
23.00	PULMONARY FUNCTION TESTING	53.01	0	37,981	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	434,908	0		24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,836	0		25.00
26.00	RADIOISOTOPE	56.00	0	133,575	0		26.00
27.00	LABORATORY	60.00	0	287	0		27.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	BONE MARROW TRANSPLANT LAB	60.02	0	15,498	0		28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,580	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	1,849	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	8,836	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	8,232	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	993	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	370	0		34.00
35.00	OUTPATIENT RETAIL PHARMACY	73.03	0	30,552,477	0		35.00
36.00	RENAL DIALYSIS	74.00	0	2,003,537	0		36.00
37.00	RH NBN ECMO IC	76.00	0	271	0		37.00
38.00	CARDIOLOGY	76.01	0	7,109	0		38.00
39.00	PSYCH OTHER ANCILLARY	76.02	0	21	0		39.00
40.00	CARDIAC CATHERIZATION	76.03	0	22,947	0		40.00
41.00	DAY SURGERY	76.04	0	650	0		41.00
42.00	AMB SVC-OB & GYN	90.01	0	21,717	0		42.00
43.00	IUSCC HEM/ONC	90.02	0	15,829,481	0		43.00
44.00	AMB SVC-OPTHALMOLOGY	90.03	0	84,036	0		44.00
45.00	AMB SVC-PSYCH ADULT	90.04	0	766	0		45.00
46.00	OUTPATIENT SURGERY	90.06	0	9,776	0		46.00
47.00	AMB SVC-RILEY CLINICS	90.07	0	430,013	0		47.00
48.00	MOTILITY LAB	90.08	0	6	0		48.00
49.00	CLINICAL GERIATRICS	90.10	0	1,294	0		49.00
50.00	OP CARE ADULTS	90.12	0	3,343	0		50.00
51.00	ARTHRITIS CLINIC	90.14	0	4,851,333	0		51.00
	TOTALS		0	55,767,993			
	K - DRUGS(PART 2)						
1.00	NEUROLOGY UH	90.15	0	137	0		1.00
2.00	ORTHOPEDICS UH	90.16	0	38,872	0		2.00
3.00	PHYSICAL MEDICINE	90.17	0	83,849	0		3.00
4.00	DERMATOLOGY CLINIC	90.18	0	11,256	0		4.00
5.00	IUMG - MH	90.20	0	807	0		5.00
6.00	EMERGENCY	91.00	0	7,921	0		6.00
7.00	AMBULANCE SERVICES	95.00	0	62,922	0		7.00
8.00	HOME HEALTH AGENCY	101.00	0	42	0		8.00
9.00	KIDNEY ACQUISITION	105.00	0	25,788	0		9.00
10.00	RESEARCH	191.00	0	3,200	0		10.00
11.00	RESEARCH-GCRC	191.01	0	2,344	0		11.00
12.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	30,069	0		12.00
13.00	BELTWAY SURGERY	192.06	0	1	0		13.00
14.00	NON-ALLOWABLE ADVERTISING	192.08	0	126	0		14.00
15.00	ARTHRITIS CLINIC - NR	192.09	0	787,144	0		15.00
16.00	CARDIO PHYSICIANS	192.10	0	8,178	0		16.00
	TOTALS		0	1,062,656			
	L - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	104,581,555	0		1.00
	TOTALS		0	104,581,555			
	M - SUPPLIES						
1.00	DATA PROCESSING	5.02	0	600	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39,222	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	747	0		3.00
4.00	OPERATION OF PLANT	7.00	0	13,497	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	102,588	0		5.00
6.00	HOUSEKEEPING - METHODIST	9.03	0	2,443	0		6.00
7.00	DIETARY	10.00	0	72,494	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	9,942	0		8.00
9.00	PHARMACY	15.00	0	2,901,259	0		9.00
10.00	SOCIAL SERVICE	17.00	0	84	0		10.00
11.00	PATIENT TRANSPORTATION	18.00	0	13,159	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,224	0		12.00
13.00	PARAMED ED HEALTH SCIENCES	23.01	0	1	0		13.00
14.00	PARAMED RESPIRATORY THERAPY	23.03	0	5,396	0		14.00
15.00	PARAMED LAB SCIENCE PRO	23.06	0	10,608	0		15.00
16.00	PARAMED SURGERY TECHNOLOGY	23.09	0	154	0		16.00
17.00	PARAMED PHARMACY TECH	23.10	0	3,846	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	14,654,956	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	1,969,181	0		19.00
20.00	CORONARY CARE UNIT	32.00	0	2,113,039	0		20.00
21.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	386,204	0		21.00
22.00	BURN INTENSIVE CARE UNIT	33.00	0	15,310	0		22.00
23.00	UH SURG 6IC	34.02	0	1,161,795	0		23.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
24.00	UH NS 3IC	34.03	0	468,556	0		24.00
25.00	RH PED IC	34.04	0	1,126,302	0		25.00
26.00	TRANSPLANT ICU	34.05	0	818,922	0		26.00
27.00	SURGICAL INTENSIVE CARE UNIT	34.06	0	132,277	0		27.00
28.00	SUBPROVIDER - IPF	40.00	0	42,843	0		28.00
29.00	NURSERY	43.00	0	196,559	0		29.00
30.00	OPERATING ROOM	50.00	0	85,470,668	0		30.00
31.00	ENDOSCOPY	50.01	0	629,599	0		31.00
32.00	RECOVERY ROOM	51.00	0	523,503	0		32.00
33.00	ANESTHESIOLOGY	53.00	0	3,630,572	0		33.00
34.00	PULMONARY FUNCTION TESTING	53.01	0	349,517	0		34.00
35.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,402,133	0		35.00
36.00	RADIOLOGY-THERAPEUTIC	55.00	0	308,118	0		36.00
37.00	RADIOISOTOPE	56.00	0	4,482,986	0		37.00
38.00	LABORATORY	60.00	0	22,489,363	0		38.00
39.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,379,017	0		39.00
40.00	BONE MARROW TRANSPLANT LAB	60.02	0	816,292	0		40.00
41.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	16,457,199	0		41.00
42.00	RESPIRATORY THERAPY	65.00	0	4,652,384	0		42.00
43.00	PHYSICAL THERAPY	66.00	0	650,596	0		43.00
44.00	OCCUPATIONAL THERAPY	67.00	0	94,269	0		44.00
45.00	SPEECH PATHOLOGY	68.00	0	2,131,026	0		45.00
46.00	ELECTROCARDIOLOGY	69.00	0	148,485	0		46.00
47.00	ELECTROENCEPHALOGRAPHY	70.00	0	421,484	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	174,240	0		48.00
49.00	RENAL DIALYSIS	74.00	0	4,316,278	0		49.00
50.00	RH NBN ECMO IC	76.00	0	129,196	0		50.00
51.00	CARDIOLOGY	76.01	0	9,034,151	0		51.00
	TOTALS		0	195,954,284			
	N - SUPPLIES (PART 2)						
1.00	PSYCH OTHER ANCILLARY	76.02	0	17,244	0		1.00
2.00	CARDIAC CATHERIZATION	76.03	0	5,960,384	0		2.00
3.00	DAY SURGERY	76.04	0	347,225	0		3.00
4.00	ONCOLOGY	76.05	0	140	0		4.00
5.00	AMB SVC-OB & GYN	90.01	0	134,467	0		5.00
6.00	IUSCC HEM/ONC	90.02	0	3,745,923	0		6.00
7.00	AMB SVC-OPTHALMOLOGY	90.03	0	7,021	0		7.00
8.00	AMB SVC-PSYCH ADULT	90.04	0	6,390	0		8.00
9.00	OUTPATIENT SURGERY	90.06	0	82,894	0		9.00
10.00	AMB SVC-RILEY CLINICS	90.07	0	317,199	0		10.00
11.00	MOTILITY LAB	90.08	0	94,371	0		11.00
12.00	CLINICAL GERIATRICS	90.10	0	1,818	0		12.00
13.00	SLEEP LAB	90.11	0	14,749	0		13.00
14.00	OP CARE ADULTS	90.12	0	6,609	0		14.00
15.00	ARTHRITIS CLINIC	90.14	0	26,150	0		15.00
16.00	NEUROLOGY UH	90.15	0	6,746	0		16.00
17.00	ORTHOPEDICS UH	90.16	0	4,328	0		17.00
18.00	PHYSICAL MEDICINE	90.17	0	22,015	0		18.00
19.00	DERMATOLOGY CLINIC	90.18	0	76,882	0		19.00
20.00	IUMG - MH	90.20	0	30,934	0		20.00
21.00	EMERGENCY	91.00	0	3,341,320	0		21.00
22.00	AMBULANCE SERVICES	95.00	0	184,739	0		22.00
23.00	HOME HEALTH AGENCY	101.00	0	545	0		23.00
24.00	KIDNEY ACQUISITION	105.00	0	390,845	0		24.00
25.00	PANCREAS ACQUISITION	109.00	0	97	0		25.00
26.00	OTHER ORGAN ACQUISITION	112.00	0	5,996	0		26.00
27.00	HOSPICE	116.00	0	446	0		27.00
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	7	0		28.00
29.00	RESEARCH	191.00	0	509,273	0		29.00
30.00	RESEARCH-GCRC	191.01	0	58,000	0		30.00
31.00	OSA	191.02	0	2,823	0		31.00
32.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	1,694,632	0		32.00
33.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	12,845	0		33.00
34.00	MHH LABS	192.05	0	28,298	0		34.00
35.00	BELTWAY SURGERY	192.06	0	270	0		35.00
36.00	RHI	192.07	0	100,017	0		36.00
37.00	NON-ALLOWABLE ADVERTISING	192.08	0	2,625	0		37.00
38.00	ARTHRITIS CLINIC - NR	192.09	0	2,896	0		38.00
39.00	CARDIO PHYSICIANS	192.10	0	15,363	0		39.00
	TOTALS		0	17,254,526			

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	O - BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	98,030,072	0		1.00
	TOTALS		0	98,030,072			
	P - CARDIAC						
1.00	ELECTROCARDIOLOGY	69.00	236,884	35,795	0		1.00
	TOTALS		236,884	35,795			
	Q - SLEEP LAB						
1.00	HOME HEALTH AGENCY	101.00	2,669,477	1,100,832	0		1.00
	TOTALS		2,669,477	1,100,832			
	R - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,298,382	114,940	0		1.00
	TOTALS		1,298,382	114,940			
	S - CONTRACT LABOR						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	36,764	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	52,077	0	0		2.00
3.00	OPERATING ROOM	50.00	147,312	0	0		3.00
4.00	RECOVERY ROOM	51.00	279,109	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	4,950	0	0		5.00
6.00	LABORATORY	60.00	47,740	0	0		6.00
7.00	SPEECH PATHOLOGY	68.00	11,071	0	0		7.00
8.00	IUSCC HEM/ONC	90.02	107,470	0	0		8.00
9.00	CLINICAL GERIATRICS	90.10	9,409	0	0		9.00
10.00	ARTHRITIS CLINIC	90.14	10,191	0	0		10.00
11.00	NEUROLOGY UH	90.15	7,581	0	0		11.00
12.00	EMERGENCY	91.00	20,160	0	0		12.00
13.00	HOME HEALTH AGENCY	101.00	293,623	0	0		13.00
14.00	OTHER NONREIMBURSABLE-METHODIST	192.01	52,134	0	0		14.00
15.00	OTHER NONREIMBURSABLE - IUMC	192.02	961	0	0		15.00
16.00	MHH LABS	192.05	5,154	0	0		16.00
17.00	NON-ALLOWABLE ADVERTISING	192.08	8,481	0	0		17.00
18.00	CARDIO PHYSICIANS	192.10	50,428	0	0		18.00
	TOTALS		1,144,615	0			
	T - PARAMED ED						
1.00	RADIOLOGY-THERAPEUTIC	55.00	236,544	18,096	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	502,555	38,446	0		2.00
3.00	RADIOISOTOPE	56.00	34,042	2,604	0		3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	31,084	2,378	0		4.00
5.00	PHARMACY	15.00	568,971	43,527	0		5.00
6.00	EMERGENCY	91.00	12,987	993	0		6.00
7.00	CARDIO PHYSICIANS	192.10	4,355	333	0		7.00
	TOTALS		1,390,538	106,377			
	U - HOME DIALYSIS						
1.00	RENAL DIALYSIS	74.00	0	944,198	0		1.00
	TOTALS		0	944,198			
	V - ORGAN						
1.00	KIDNEY ACQUISITION	105.00	1,153,914	237,037	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		1,153,914	237,037			
	W - PRE/POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	331,568	46,037	0		1.00
2.00	KIDNEY ACQUISITION	105.00	1,026,890	162,246	0		2.00
3.00	LIVER ACQUISITION	107.00	866,902	111,321	0		3.00
4.00	HEART ACQUISITION	106.00	325,659	60,282	0		4.00
5.00	PANCREAS ACQUISITION	109.00	91,115	17,464	0		5.00
6.00	INTESTINE ACQUISITION	110.00	225,138	29,690	0		6.00
	TOTALS		2,867,272	427,040			
	X - ACQUISITION WORKUP						
1.00	HEART ACQUISITION	106.00	0	34,200	0		1.00
2.00	INTESTINE ACQUISITION	110.00	0	704	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	34,904			
	Y - NON-TRANSPLANT EMPLOYEE						
1.00	DIETARY	10.00	30,186	0	0		1.00
	TOTALS		30,186	0			
	Z - ADVERTISING						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	423,587	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	256	0		2.00
3.00	PHARMACY	15.00	0	717	0		3.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	PARAMED ED HEALTH SCIENCES	23.01	0	602	0	4.00
5.00	PARAMED EMERGENCY	23.04	0	96	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	457	0	6.00
7.00	OPERATING ROOM	50.00	0	23	0	7.00
8.00	PULMONARY FUNCTION TESTING	53.01	0	216	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,715	0	9.00
10.00	OCCUPATIONAL THERAPY	67.00	0	30	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	1,032	0	11.00
12.00	OUTPATIENT RETAIL PHARMACY	73.03	0	15,796	0	12.00
13.00	RENAL DIALYSIS	74.00	0	384	0	13.00
14.00	CARDIAC CATHERIZATION	76.03	0	321,511	0	14.00
15.00	IUSCC HEM/ONC	90.02	0	6,435	0	15.00
16.00	AMB SVC-RILEY CLINICS	90.07	0	177	0	16.00
17.00	CLINICAL GERIATRICS	90.10	0	2,159	0	17.00
18.00	EMERGENCY	91.00	0	11,801	0	18.00
19.00	AMBULANCE SERVICES	95.00	0	65,420	0	19.00
20.00	HOME HEALTH AGENCY	101.00	0	36,628	0	20.00
21.00	INTESTINE ACQUISITION	110.00	0	1,181	0	21.00
22.00	RESEARCH	191.00	0	108	0	22.00
23.00	OSA	191.02	0	5,325	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,104	0	24.00
25.00	OTHER	192.01	0	1,516,714	0	25.00
26.00	NONREIMBURSABLE-METHODIST BELTWAY SURGERY	192.06	0	5,290	0	26.00
	TOTALS		0	2,420,764		
	AA - HOSPICE RECLASS					
1.00	HOME HEALTH AGENCY	101.00	1,871,413	1,235,378	0	1.00
	TOTALS		1,871,413	1,235,378		
	AB - RENAL ADMIN					
1.00	RENAL DIALYSIS	74.00	146,566	24,551	0	1.00
	TOTALS		146,566	24,551		
	AC - NON-REIMBURSABLE FQHC					
1.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	53,925	52,943	0	1.00
	TOTALS		53,925	52,943		
	AD - IMPLANTABLES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	51,248,677	0	1.00
	TOTALS		0	51,248,677		
500.00	Grand Total: Decreases		12,863,172	697,303,959		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 9/12/2012 11:27 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	134,898,000	5,443,771	0	5,443,771	0	1.00
2.00	Land Improvements	16,203,000	67,194	0	67,194	0	2.00
3.00	Buildings and Fixtures	583,707,000	284,157,521	0	284,157,521	0	3.00
4.00	Building Improvements	577,181,000	25,766,730	0	25,766,730	0	4.00
5.00	Fixed Equipment	49,842,000	1,073,213	0	1,073,213	0	5.00
6.00	Movable Equipment	1,487,067,000	6,732,356	0	6,732,356	0	6.00
7.00	HIT designated Assets	133,459,678	14,913,809	0	14,913,809	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,982,357,678	338,154,594	0	338,154,594	0	8.00
9.00	Reconciling Items	28,582,000	1,334,806	0	1,334,806	0	9.00
10.00	Total (line 8 minus line 9)	2,953,775,678	336,819,788	0	336,819,788	0	10.00

		SUMMARY OF CAPITAL					
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,678,339,429	0	1,678,339,429	0.505446	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,642,172,843	0	1,642,172,843	0.494554	0	2.00
3.00	Total (sum of lines 1-2)	3,320,512,272	0	3,320,512,272	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 9/12/2012 11:27 am

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	140,341,771	0	1.00
2.00	Land Improvements	16,270,194	0	2.00
3.00	Buildings and Fixtures	867,864,521	0	3.00
4.00	Building Improvements	602,947,730	0	4.00
5.00	Fixed Equipment	50,915,213	0	5.00
6.00	Movable Equipment	1,493,799,356	0	6.00
7.00	HIT designated Assets	148,373,487	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,320,512,272	0	8.00
9.00	Reconciling Items	29,916,806	0	9.00
10.00	Total (line 8 minus line 9)	3,290,595,466	0	10.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	39,156,745	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	73,372,934	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	112,529,679	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	39,156,745	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	73,372,934	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	112,529,679	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)		0	NEW CAP REL COSTS-INTEREST	1.01	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00	Television and radio service (chapter 21)		0		0.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-46,617,311			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	202,641,713			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests		0		0.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines		0		0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00	25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST		0	NEW CAP REL COSTS-INTEREST	1.01	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	BAD DEBT	A	-67,372,947	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.00
33.01	BAD DEBT	A	-242	RADIOLOGY-DIAGNOSTIC	54.00	33.01
33.02	BAD DEBT	A	-617,842	OUTPATIENT RETAIL PHARMACY	73.03	33.02
33.03	BAD DEBT	A	-40,060	IUSCC HEM/ONC	90.02	33.03
33.04	BAD DEBT	A	-6,411,994	HOME HEALTH AGENCY	101.00	33.04
33.05	BAD DEBT	A	-658,013	PHYSICIANS' PRIVATE OFFICES	192.00	33.05
33.06	BAD DEBT	A	-297,564	OTHER NONREIMBURSABLE-METHODIST	192.01	33.06
33.07	BAD DEBT	A	18,116	ARTHRITIS CLINIC - NR	192.09	33.07
33.08	ACCOUNT 100026 UNIVERSITY LEASE	A	82,361	IU LEASED SPACE	7.01	33.08
33.09	ACCOUNT 100026 MED ED SUPPORT	A	10,000,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.09
33.10	IU REVENUE SHARE	A	-88,504,880	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.10
33.11	UNNECESSARY INTEREST	A	-1,306,531	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.11

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.12	PHYSICIAN BILLING	A	-277	PHARMACY	15.00	33.12
33.13	PHYSICIAN BILLING	A	-16	ADULTS & PEDIATRICS	30.00	33.13
33.14	PHYSICIAN BILLING	A	-161	RADIOLOGY-DIAGNOSTIC	54.00	33.14
33.15	PHYSICIAN BILLING	A	-64,877	CLINICAL GERIATRICS	90.10	33.15
33.16	PHYSICIAN BILLING	A	-1,210	HOME HEALTH AGENCY	101.00	33.16
33.17	IHHA & AHA LOBBYING FEES	A	-8,090	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.17
33.18	IHHA & AHA LOBBYING FEES	A	-19,445	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.18
33.19	PHYSICIAN RECRUITING	A	-549,917	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.19
33.20	GARAGE	A	-431,139	OPERATION OF PLANT	7.00	33.20
33.21	GARAGE	A	-62,539	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.21
33.22	GARAGE	A	-969,062	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.22
33.23	CLASS & LECTURE REVENUE	B	-98,869	NURSING ADMINISTRATION	13.00	33.23
33.24	CLASS & LECTURE REVENUE	B	-7,847	PARAMED ED HEALTH SCIENCES	23.01	33.24
33.25	CLASS & LECTURE REVENUE	B	-156,696	PARAMED RADIOLOGY-METHODIST	23.02	33.25
33.26	CLASS & LECTURE REVENUE	B	-443,179	PARAMED RESPIRATORY THERAPY	23.03	33.26
33.27	CLASS & LECTURE REVENUE	B	-79,150	PARAMED EMERGENCY	23.04	33.27
33.28	CLASS & LECTURE REVENUE	B	-65,221	PARAMED LAB SCIENCE PRO	23.06	33.28
33.29	CLASS & LECTURE REVENUE	B	-52,650	PARAMED SURGERY TECHNOLOGY	23.09	33.29
33.30	CLASS & LECTURE REVENUE	B	-27,998	PARAMED PHARMACY TECH	23.10	33.30
33.31	CLASS & LECTURE REVENUE	B	-12,085	ADULTS & PEDIATRICS	30.00	33.31
33.32	CATERING/FOOD REVENUE	B	-415,279	DIETARY	10.00	33.32
33.33	RENT & LEASE REVENUE	B	-2,148,199	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.33
33.34	RENT & LEASE REVENUE	B	30,267	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.34
33.35	RENT & LEASE REVENUE	B	-24,312	LABORATORY	60.00	33.35
33.36	RENT & LEASE REVENUE	B	-11,584	CARDIAC CATHERIZATION	76.03	33.36
33.37	RENT & LEASE REVENUE	B	-168,068	HOME HEALTH AGENCY	101.00	33.37
33.38	NON-PATIENT LAB REVENUE	B	-2,174,751	LABORATORY	60.00	33.38
33.39	NON-PATIENT LAB REVENUE	B	-10,206	BLOOD STORING, PROCESSING & TRANS.	63.00	33.39
33.40	SHARED PROFESSIONAL REVENUE	B	-394,113	EMERGENCY	91.00	33.40
33.41	REV - GIFT SHOPS	B	-323	ADULTS & PEDIATRICS	30.00	33.41
33.42	AMBULATORY REVENUE	B	-12,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.42
33.43	MISC OPERATING REVENUE	B	-886,941	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.43
33.44	MISC OPERATING REVENUE	B	-5,550	OPERATION OF PLANT	7.00	33.44
33.45	MISC OPERATING REVENUE	B	-225	DIETARY	10.00	33.45
33.46	MISC OPERATING REVENUE	B	-189,530	NURSING ADMINISTRATION	13.00	33.46
33.47	MISC OPERATING REVENUE	B	-486,755	PHARMACY	15.00	33.47
33.48	MISC OPERATING REVENUE	B	-3,975	PARAMED EMERGENCY	23.04	33.48
33.49	MISC OPERATING REVENUE	B	-446,521	ADULTS & PEDIATRICS	30.00	33.49
33.50	MISC OPERATING REVENUE	B	-8,179	OPERATING ROOM	50.00	33.50
33.51	MISC OPERATING REVENUE	B	-6,090	PULMONARY FUNCTION TESTING	53.01	33.51
33.52	MISC OPERATING REVENUE	B	-18,905	RADIOLOGY-DIAGNOSTIC	54.00	33.52
33.53	MISC OPERATING REVENUE	B	-325	RADIOLOGY-DIAGNOSTIC	54.00	33.53
33.54	MISC OPERATING REVENUE	B	-23,750	RADIOLOGY-THERAPEUTIC	55.00	33.54
33.55	MISC OPERATING REVENUE	B	-3,891,814	LABORATORY	60.00	33.55
33.56	MISC OPERATING REVENUE	B	-970	PHYSICAL THERAPY	66.00	33.56
33.57	MISC OPERATING REVENUE	B	-110,469	ELECTROCARDIOLOGY	69.00	33.57
33.58	MISC OPERATING REVENUE	B	-2,051	ELECTROENCEPHALOGRAPHY	70.00	33.58
33.59	MISC OPERATING REVENUE	B	-9,921	OUTPATIENT RETAIL PHARMACY	73.03	33.59
33.60	MISC OPERATING REVENUE	B	-54,810	CARDIOLOGY	76.01	33.60
33.61	MISC OPERATING REVENUE	B	-101,801	CARDIAC CATHERIZATION	76.03	33.61
33.62	MISC OPERATING REVENUE	B	-434,370	IUSCC HEM/ONC	90.02	33.62
33.63	MISC OPERATING REVENUE	B	-32,989	AMB SVC-RILEY CLINICS	90.07	33.63
33.64	MISC OPERATING REVENUE	B	-315,373	EMERGENCY	91.00	33.64
33.65	MISC OPERATING REVENUE	B	-288,353	AMBULANCE SERVICES	95.00	33.65
33.66	MISC OPERATING REVENUE	B	-13,689	HOME HEALTH AGENCY	101.00	33.66
33.67	MISC OPERATING REVENUE	B	-490,400	KIDNEY ACQUISITION	105.00	33.67
33.68	PHYSICIAN FEES - HOME HEALTH	A	-162,348	HOME HEALTH AGENCY	101.00	33.68
33.69	PHYSICIAN FEES - RESEARCH	A	-210,852	RESEARCH	191.00	33.69
33.70	PHYSICIAN FEES -TRANSPLANT INSTITUTE	A	-503,700	PHYSICIANS' PRIVATE OFFICES	192.00	33.70

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.71	PHYSICIAN FEES - VARIOUS PHYS PRACT	A	-10,580,418	OTHER NONREIMBURSABLE-METHODIST	192.01	33.71
33.72	PHYSICIAN FEES - HOSPITALISTS & OTH	A	-19,208,746	OTHER NONREIMBURSABLE - IUMC	192.02	33.72
33.73	PHYSICIAN FEES - RILEY POWER PROGR	A	-212,517	BELTWAY SURGERY	192.06	33.73
33.74	PHYSICIAN FEES - ADV. HEART CARE PR	A	-245,483	CARDIO PHYSICIANS	192.10	33.74
33.75	PHYSICIAN FEES - HOSPICE	A	-50,012	HOSPICE	116.00	33.75
33.76	EMPLOYEE BENEFITS TO HOME OFFICE	A	-114,809,837	EMPLOYEE BENEFITS	4.00	33.76
33.77	PTO TO HOME OFFICE	A	-6,342,599	EMPLOYEE BENEFITS	4.00	33.77
33.78	MALPRACTICE INSURANCE	A	-996	CARDIAC CATHERIZATION	76.03	33.78
33.79	MALPRACTICE INSURANCE	A	-217,563	OTHER NONREIMBURSABLE-METHODIST	192.01	33.79
33.80	FQHC BAD DEBT	A	-203,210	FEDERALLY QUALIFIED HEALTH CENTER	89.00	33.80
33.81	FQHC BAD DEBT	A	-2,221	OTHER NONREIMBURSABLE-METHODIST	192.01	33.81
33.82	DEPRECIATION ALLOC TO HOME OFFICE	A	6,312,323	NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.82
33.83	DEPRECIATION EXP TO HOME OFFICE	A	-1,153,460	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.83
33.84	NORTH SLEEP LAB OFFSET	A	-134,779	HOME HEALTH AGENCY	101.00	33.84
33.85	PHARMACY SAL FROM HOME OFFICE	A	13,065	PARAMED PHARMACY	23.07	33.85
33.86	PHARM OTHER FROM HOME OFFICE	A	999	PARAMED PHARMACY	23.07	33.86
33.87	PHAMRACY RESEARCH	A	-592,554	PHARMACY	15.00	33.87
33.88	PHONES EXPENSE TO HOME OFFICE	A	-65,204	NONPATIENT TELEPHONES	5.01	33.88
33.89	FQHC MISC REVENUE	B	-39,023	FEDERALLY QUALIFIED HEALTH CENTER	89.00	33.89
33.90	LATE FEE INTEREST	A	-68,019	PHARMACY	15.00	33.90
33.91	LATE FEE INTEREST	A	-2,625	RADIOLOGY-DIAGNOSTIC	54.00	33.91
33.92	LATE FEE INTEREST	A	-948	LABORATORY	60.00	33.92
33.93	LATE FEE INTEREST	A	-58	OUTPATIENT RETAIL PHARMACY	73.03	33.93
33.94	LATE FEE INTEREST	A	-250	HOME HEALTH AGENCY	101.00	33.94
33.95			0		0.00	33.95
33.96			0		0.00	33.96
33.97			0		0.00	33.97
33.98			0		0.00	33.98
33.99			0		0.00	33.99
34.00			0		0.00	34.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-163,768,981			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Wkst. A-7 Ref. 5.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0		1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)	0		1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0		26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST	0		26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0		27.00
28.00	Non-physician Anesthetist			28.00
29.00	Physicians' assistant	0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		32.00
33.00	BAD DEBT	0		33.00
33.01	BAD DEBT	0		33.01
33.02	BAD DEBT	0		33.02
33.03	BAD DEBT	0		33.03
33.04	BAD DEBT	0		33.04
33.05	BAD DEBT	0		33.05
33.06	BAD DEBT	0		33.06
33.07	BAD DEBT	0		33.07
33.08	ACCOUNT 100026 UNIVERSITY LEASE	0		33.08
33.09	ACCOUNT 100026 MED ED SUPPORT	0		33.09
33.10	IU REVENUE SHARE	0		33.10
33.11	UNNECESSARY INTEREST	0		33.11
33.12	PHYSICIAN BILLING	0		33.12
33.13	PHYSICIAN BILLING	0		33.13
33.14	PHYSICIAN BILLING	0		33.14
33.15	PHYSICIAN BILLING	0		33.15
33.16	PHYSICIAN BILLING	0		33.16
33.17	IHHA & AHA LOBBYING FEES	0		33.17
33.18	IHHA & AHA LOBBYING FEES	0		33.18
33.19	PHYSICIAN RECRUITING	0		33.19
33.20	GARAGE	0		33.20
33.21	GARAGE	0		33.21
33.22	GARAGE	9		33.22
33.23	CLASS & LECTURE REVENUE	0		33.23
33.24	CLASS & LECTURE REVENUE	0		33.24

ADJUSTMENTS TO EXPENSES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Wkst. A-7 Ref. 5.00	
33.25	CLASS & LECTURE REVENUE	0	33.25
33.26	CLASS & LECTURE REVENUE	0	33.26
33.27	CLASS & LECTURE REVENUE	0	33.27
33.28	CLASS & LECTURE REVENUE	0	33.28
33.29	CLASS & LECTURE REVENUE	0	33.29
33.30	CLASS & LECTURE REVENUE	0	33.30
33.31	CLASS & LECTURE REVENUE	0	33.31
33.32	CATERING/FOOD REVENUE	0	33.32
33.33	RENT & LEASE REVENUE	0	33.33
33.34	RENT & LEASE REVENUE	0	33.34
33.35	RENT & LEASE REVENUE	0	33.35
33.36	RENT & LEASE REVENUE	0	33.36
33.37	RENT & LEASE REVENUE	0	33.37
33.38	NON-PATIENT LAB REVENUE	0	33.38
33.39	NON-PATIENT LAB REVENUE	0	33.39
33.40	SHARED PROFESSIONAL REVENUE	0	33.40
33.41	REV - GIFT SHOPS	0	33.41
33.42	AMBULATORY REVENUE	0	33.42
33.43	MISC OPERATING REVENUE	0	33.43
33.44	MISC OPERATING REVENUE	0	33.44
33.45	MISC OPERATING REVENUE	0	33.45
33.46	MISC OPERATING REVENUE	0	33.46
33.47	MISC OPERATING REVENUE	0	33.47
33.48	MISC OPERATING REVENUE	0	33.48
33.49	MISC OPERATING REVENUE	0	33.49
33.50	MISC OPERATING REVENUE	0	33.50
33.51	MISC OPERATING REVENUE	0	33.51
33.52	MISC OPERATING REVENUE	0	33.52
33.53	MISC OPERATING REVENUE	0	33.53
33.54	MISC OPERATING REVENUE	0	33.54
33.55	MISC OPERATING REVENUE	0	33.55
33.56	MISC OPERATING REVENUE	0	33.56
33.57	MISC OPERATING REVENUE	0	33.57
33.58	MISC OPERATING REVENUE	0	33.58
33.59	MISC OPERATING REVENUE	0	33.59
33.60	MISC OPERATING REVENUE	0	33.60
33.61	MISC OPERATING REVENUE	0	33.61
33.62	MISC OPERATING REVENUE	0	33.62
33.63	MISC OPERATING REVENUE	0	33.63
33.64	MISC OPERATING REVENUE	0	33.64
33.65	MISC OPERATING REVENUE	0	33.65
33.66	MISC OPERATING REVENUE	0	33.66
33.67	MISC OPERATING REVENUE	0	33.67
33.68	PHYSICIAN FEES - HOME HEALTH	0	33.68
33.69	PHYSICIAN FEES - RESEARCH	0	33.69
33.70	PHYSICIAN FEES -TRANSPLANT INSTITUTE	0	33.70
33.71	PHYSICIAN FEES - VARIOUS PHYS PRACT	0	33.71
33.72	PHYSICIAN FEES - HOSPITALISTS & OTH	0	33.72
33.73	PHYSICIAN FEES - RILEY POWER PROGR	0	33.73
33.74	PHYSICIAN FEES - ADV. HEART CARE PR	0	33.74
33.75	PHYSICIAN FEES - HOSPICE	0	33.75
33.76	EMPLOYEE BENEFITS TO HOME OFFICE	0	33.76
33.77	PTO TO HOME OFFICE	0	33.77
33.78	MALPRACTICE INSURANCE	0	33.78
33.79	MALPRACTICE INSURANCE	0	33.79
33.80	FQHC BAD DEBT	0	33.80
33.81	FQHC BAD DEBT	0	33.81
33.82	DEPRECIATION ALLOC TO HOME OFFICE	9	33.82
33.83	DEPRECIATION EXP TO HOME OFFICE	9	33.83
33.84	NORTH SLEEP LAB OFFSET	0	33.84
33.85	PHARMACY SAL FROM HOME OFFICE	0	33.85
33.86	PHARM OTHER FROM HOME OFFICE	0	33.86
33.87	PHAMRACY RESEARCH	0	33.87
33.88	PHONES EXPENSE TO HOME OFFICE	0	33.88
33.89	FQHC MISC REVENUE	0	33.89
33.90	LATE FEE INTEREST	0	33.90
33.91	LATE FEE INTEREST	0	33.91
33.92	LATE FEE INTEREST	0	33.92
33.93	LATE FEE INTEREST	0	33.93
33.94	LATE FEE INTEREST	0	33.94
33.95		0	33.95
33.96		0	33.96
33.97		0	33.97
33.98		0	33.98
33.99		0	33.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Wkst. A-7 Ref. 5.00		
34.00		0		34.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		1.00	NEW CAP REL COSTS-BLDG & FIXT	OTHER A&G	1.00
2.00		0.00			2.00
3.00		2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS - MME	3.00
4.00		4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	4.00
4.01		5.01	NONPATIENT TELEPHONES	NONPATIENT TELEPHONES	4.01
4.02		5.02	DATA PROCESSING	DATA PROCESSING	4.02
4.03		5.03	PURCHASING, RECEIVING, & STORES	PURCHASING, RECEIVING, & STORES	4.03
4.04		5.04	ADMITTING	ADMITTING	4.04
4.05		5.05	CASHIERING	CASHIERING/ACCOUNTS RECEIVABLE	4.05
4.06		5.06	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE & GENERAL	4.06
4.07		6.00	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	4.07
4.08		7.00	OPERATION OF PLANT	OPERATION OF PLANT	4.08
4.09		9.01	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - UNIVERSITY	4.09
4.10		9.02	HOUSEKEEPING - RILEY	HOUSEKEEPING - RILEY	4.10
4.11		9.03	HOUSEKEEPING - METHODIST	HOUSEKEEPING - METHODIST	4.11
4.12		11.00	CAFETERIA	CAFETERIA	4.12
4.13		13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	4.13
4.14		0.00			4.14
4.15		16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	4.15
4.16		30.00	ADULTS & PEDIATRICS	PURCHASED SERVICES	4.16
4.17		31.00	INTENSIVE CARE UNIT	PURCHASED SERVICES	4.17
4.18		50.00	OPERATING ROOM	PURCHASED SERVICES	4.18
4.19		51.00	RECOVERY ROOM	PURCHASED SERVICES	4.19
4.20		53.00	ANESTHESIOLOGY	PURCHASED SERVICES	4.20
4.21		54.00	RADIOLOGY-DIAGNOSTIC	PURCHASED SERVICES	4.21
4.22		55.00	RADIOLOGY-THERAPEUTIC	PURCHASED SERVICES	4.22
4.23		56.00	RADIOISOTOPE	PURCHASED SERVICES	4.23
4.24		60.00	LABORATORY	PURCHASED SERVICES	4.24
4.25		63.00	BLOOD STORING, PROCESSING & TRANS.	PURCHASED SERVICES	4.25
4.26		65.00	RESPIRATORY THERAPY	PURCHASED SERVICES	4.26
4.27		66.00	PHYSICAL THERAPY	PURCHASED SERVICES	4.27
4.28		68.00	SPEECH PATHOLOGY	PURCHASED SERVICES	4.28
4.29		69.00	ELECTROCARDIOLOGY	PURCHASED SERVICES	4.29
4.30		71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	PURCHASED SERVICES	4.30
4.31		73.00	DRUGS CHARGED TO PATIENTS	PURCHASED SERVICES	4.31
4.32		76.00	RH NBN ECMO IC	PURCHASED SERVICES	4.32
4.33		76.03	CARDIAC CATHERIZATION	PURCHASED SERVICES	4.33
4.34		90.11	SLEEP LAB	PURCHASED SERVICES	4.34
4.35		91.00	EMERGENCY	PURCHASED SERVICES	4.35
4.36		30.00	ADULTS & PEDIATRICS	PURCHASED SERVICES	4.36
4.37		95.00	AMBULANCE SERVICES	PURCHASED SERVICES	4.37
4.38		30.00	ADULTS & PEDIATRICS	PURCHASED SERVICES PROVIDED	4.38
4.39		50.00	OPERATING ROOM	PURCHASED SERVICES PROVIDED	4.39
4.40		51.00	RECOVERY ROOM	PURCHASED SERVICES PROVIDED	4.40
4.41		53.00	ANESTHESIOLOGY	PURCHASED SERVICES PROVIDED	4.41
4.42		54.00	RADIOLOGY-DIAGNOSTIC	PURCHASED SERVICES PROVIDED	4.42
4.43		55.00	RADIOLOGY-THERAPEUTIC	PURCHASED SERVICES PROVIDED	4.43
4.44		56.00	RADIOISOTOPE	PURCHASED SERVICES PROVIDED	4.44
4.45		60.00	LABORATORY	PURCHASED SERVICES PROVIDED	4.45
4.46		60.01	TRANSPLANT IMMUNOLOGY	PURCHASED SERVICES PROVIDED	4.46
4.47		63.00	BLOOD STORING, PROCESSING & TRANS.	PURCHASED SERVICES PROVIDED	4.47
4.48		65.00	RESPIRATORY THERAPY	PURCHASED SERVICES PROVIDED	4.48
4.49		66.00	PHYSICAL THERAPY	PURCHASED SERVICES PROVIDED	4.49
4.50		0.00			4.50
4.51		68.00	SPEECH PATHOLOGY	PURCHASED SERVICES PROVIDED	4.51
4.52		69.00	ELECTROCARDIOLOGY	PURCHASED SERVICES PROVIDED	4.52
4.53		70.00	ELECTROENCEPHALOGRAPHY	PURCHASED SERVICES PROVIDED	4.53
4.54		71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	PURCHASED SERVICES PROVIDED	4.54
4.55		72.00	IMPL. DEV. CHARGED TO PATIENT	PURCHASED SERVICES PROVIDED	4.55
4.56		73.00	DRUGS CHARGED TO PATIENTS	PURCHASED SERVICES PROVIDED	4.56
4.57		76.01	CARDIOLOGY	PURCHASED SERVICES PROVIDED	4.57
4.58		76.03	CARDIAC CATHERIZATION	PURCHASED SERVICES PROVIDED	4.58
4.59		76.04	DAY SURGERY	PURCHASED SERVICES PROVIDED	4.59

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
4.60		90.01	AMB SVC-OB & GYN	PURCHASED SERVICES PROVIDED	4.60
4.61		90.02	IUSCC HEM/ONC	PURCHASED SERVICES PROVIDED	4.61
4.62		90.06	OUTPATIENT SURGERY	PURCHASED SERVICES PROVIDED	4.62
4.63		90.07	AMB SVC-RILEY CLINICS	PURCHASED SERVICES PROVIDED	4.63
4.64		90.08	MOTILITY LAB	PURCHASED SERVICES PROVIDED	4.64
4.65		0.00			4.65
4.66		90.16	ORTHOPEDICS UH	PURCHASED SERVICES PROVIDED	4.66
4.67		91.00	EMERGENCY	PURCHASED SERVICES PROVIDED	4.67
4.68		30.00	ADULTS & PEDIATRICS	PURCHASED SERVICES PROVIDED	4.68
4.69		95.00	AMBULANCE SERVICES	PURCHASED SERVICES PROVIDED	4.69
4.70		192.04	MHH RADIOLOGY	PURCHASED SERVICES PROVIDED	4.70
4.71		4.00	EMPLOYEE BENEFITS	VARIOUS INTERCOMPANY EXPENSES	4.71
4.72		5.01	NONPATIENT TELEPHONES	VARIOUS INTERCOMPANY EXPENSES	4.72
4.73		5.06	OTHER ADMINISTRATIVE AND GENERAL	VARIOUS INTERCOMPANY EXPENSES	4.73
4.74		13.00	NURSING ADMINISTRATION	VARIOUS INTERCOMPANY EXPENSES	4.74
4.75		15.00	PHARMACY	VARIOUS INTERCOMPANY EXPENSES	4.75
4.76		17.00	SOCIAL SERVICE	VARIOUS INTERCOMPANY EXPENSES	4.76
4.77		22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	VARIOUS INTERCOMPANY EXPENSES	4.77
4.78		23.01	PARAMED ED HEALTH SCIENCES	VARIOUS INTERCOMPANY EXPENSES	4.78
4.79		30.00	ADULTS & PEDIATRICS	VARIOUS INTERCOMPANY EXPENSES	4.79
4.80		50.00	OPERATING ROOM	VARIOUS INTERCOMPANY EXPENSES	4.80
4.81		54.00	RADIOLOGY-DIAGNOSTIC	VARIOUS INTERCOMPANY EXPENSES	4.81
4.82		55.00	RADIOLOGY-THERAPEUTIC	VARIOUS INTERCOMPANY EXPENSES	4.82
4.83		60.00	LABORATORY	VARIOUS INTERCOMPANY EXPENSES	4.83
4.84		66.00	PHYSICAL THERAPY	VARIOUS INTERCOMPANY EXPENSES	4.84
4.85		69.00	ELECTROCARDIOLOGY	VARIOUS INTERCOMPANY EXPENSES	4.85
4.86		73.03	OUTPATIENT RETAIL PHARMACY	VARIOUS INTERCOMPANY EXPENSES	4.86
4.87		76.01	CARDIOLOGY	VARIOUS INTERCOMPANY EXPENSES	4.87
4.88		76.03	CARDIAC CATHERIZATION	VARIOUS INTERCOMPANY EXPENSES	4.88
4.89		90.07	AMB SVC-RILEY CLINICS	VARIOUS INTERCOMPANY EXPENSES	4.89
4.90		90.10	CLINICAL GERIATRICS	VARIOUS INTERCOMPANY EXPENSES	4.90
4.91		90.14	ARTHRITIS CLINIC	VARIOUS INTERCOMPANY EXPENSES	4.91
4.92		95.00	AMBULANCE SERVICES	VARIOUS INTERCOMPANY EXPENSES	4.92
4.93		101.00	HOME HEALTH AGENCY	VARIOUS INTERCOMPANY EXPENSES	4.93
4.94		107.00	LIVER ACQUISITION	VARIOUS INTERCOMPANY EXPENSES	4.94
4.95		192.00	PHYSICIANS' PRIVATE OFFICES	VARIOUS INTERCOMPANY EXPENSES	4.95
4.96		192.08	NON-ALLOWABLE ADVERTISING	VARIOUS INTERCOMPANY EXPENSES	4.96
4.97		192.01	OTHER NONREIMBURSABLE-METHODIST	VARIOUS INTERCOMPANY EXPENSES	4.97
4.98		0.00			4.98
4.99		0.00			4.99
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

* 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 organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 9/12/2012 11:27 am

		Symbol (1)	Name	Percentage of Ownership		
		1.00	2.00	3.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the 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 and Medicaid Services and its intermediaries/contractors 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		B		0.00		6.00
7.00				0.00		7.00
8.00				0.00		8.00
9.00				0.00		9.00
10.00				0.00		10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has 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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		40,125,807	0	40,125,807	9		1.00
2.00		0	0	0	0		2.00
3.00		35,417,483	0	35,417,483	9		3.00
4.00		141,541,227	0	141,541,227	0		4.00
4.01		1,689,047	0	1,689,047	0		4.01
4.02		63,188,019	0	63,188,019	0		4.02
4.03		16,214,099	0	16,214,099	0		4.03
4.04		7,155,472	0	7,155,472	0		4.04
4.05		29,930,804	0	29,930,804	0		4.05
4.06		52,964,484	249,633,888	-196,669,404	0		4.06
4.07		19,963,063	0	19,963,063	0		4.07
4.08		48,976,676	0	48,976,676	0		4.08
4.09		3,829,642	0	3,829,642	0		4.09
4.10		3,585,517	0	3,585,517	0		4.10
4.11		4,748,366	0	4,748,366	0		4.11
4.12		1,502,799	0	1,502,799	0		4.12
4.13		4,807,426	0	4,807,426	0		4.13
4.14		0	0	0	0		4.14
4.15		12,915,410	0	12,915,410	0		4.15
4.16		105,585	0	105,585	0		4.16
4.17		986	0	986	0		4.17
4.18		27,952	0	27,952	0		4.18
4.19		27,906	0	27,906	0		4.19
4.20		1,300	0	1,300	0		4.20
4.21		19,637	0	19,637	0		4.21
4.22		5,914	0	5,914	0		4.22
4.23		2,192	0	2,192	0		4.23
4.24		9,977	0	9,977	0		4.24
4.25		53,783	0	53,783	0		4.25
4.26		51,809	0	51,809	0		4.26
4.27		8,225	0	8,225	0		4.27
4.28		2,220	0	2,220	0		4.28
4.29		-144,474	0	-144,474	0		4.29
4.30		249	0	249	0		4.30
4.31		15,579	0	15,579	0		4.31
4.32		452	0	452	0		4.32
4.33		13,177	0	13,177	0		4.33
4.34		45,137	0	45,137	0		4.34
4.35		8,323	0	8,323	0		4.35
4.36		5,469	0	5,469	0		4.36
4.37		-1,232	0	-1,232	0		4.37
4.38		0	3,966	-3,966	0		4.38
4.39		0	16,130	-16,130	0		4.39
4.40		0	1,048	-1,048	0		4.40
4.41		0	400	-400	0		4.41
4.42		0	16,251	-16,251	0		4.42
4.43		0	1,236	-1,236	0		4.43
4.44		0	3,088	-3,088	0		4.44
4.45		0	20,396,977	-20,396,977	0		4.45
4.46		0	15,231	-15,231	0		4.46
4.47		0	2,255	-2,255	0		4.47
4.48		0	1,419	-1,419	0		4.48
4.49		0	3,082	-3,082	0		4.49
4.50		0	0	0	0		4.50
4.51		0	18,822	-18,822	0		4.51
4.52		0	1,384	-1,384	0		4.52
4.53		0	35,449	-35,449	0		4.53
4.54		0	1,038	-1,038	0		4.54
4.55		0	130	-130	0		4.55
4.56		0	6,090	-6,090	0		4.56
4.57		0	9,378	-9,378	0		4.57
4.58		0	1,822	-1,822	0		4.58
4.59		0	4,349	-4,349	0		4.59
4.60		0	254	-254	0		4.60
4.61		0	310	-310	0		4.61
4.62		0	77	-77	0		4.62
4.63		0	5,033	-5,033	0		4.63
4.64		0	520	-520	0		4.64
4.65		0	0	0	0		4.65
4.66		0	241	-241	0		4.66

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
4.67		0	16,374	-16,374	0		4.67
4.68		0	871	-871	0		4.68
4.69		0	-2,707	2,707	0		4.69
4.70		0	81	-81	0		4.70
4.71		0	3,094	-3,094	0		4.71
4.72		0	9,976	-9,976	0		4.72
4.73		399,181	10,684,038	-10,284,857	0		4.73
4.74		29,413	29,413	0	0		4.74
4.75		32,464	132,214	-99,750	0		4.75
4.76		325	325	0	0		4.76
4.77		0	1,005,076	-1,005,076	0		4.77
4.78		2,717	2,717	0	0		4.78
4.79		0	12,000	-12,000	0		4.79
4.80		185,268	185,268	0	0		4.80
4.81		408,049	439,590	-31,541	0		4.81
4.82		546	546	0	0		4.82
4.83		0	169,957	-169,957	0		4.83
4.84		9,743	243,643	-233,900	0		4.84
4.85		1,366	1,366	0	0		4.85
4.86		485	106,209	-105,724	0		4.86
4.87		11,513	18,722	-7,209	0		4.87
4.88		375,337	396,075	-20,738	0		4.88
4.89		500,686	561,920	-61,234	0		4.89
4.90		0	4,586	-4,586	0		4.90
4.91		0	2,477	-2,477	0		4.91
4.92		211,557	211,557	0	0		4.92
4.93		771	1,778,071	-1,777,300	0		4.93
4.94		85,938	85,938	0	0		4.94
4.95		745,896	2,893,416	-2,147,520	0		4.95
4.96		1,268	1,268	0	0		4.96
4.97		56,489	58,857	-2,368	0		4.97
4.98		0	0	0	0		4.98
4.99		0	0	0	0		4.99
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	491,874,519	289,232,806	202,641,713			5.00

* 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 organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the 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 and Medicaid Services and its intermediaries/contractors 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		IU HEALTH	100.00	HOME OFFICE	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has 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.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 9/12/2012 11:28 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	11,826,551	11,826,551	1.00
2.00	10.00	DIETARY	11,025	11,025	2.00
3.00	13.00	NURSING ADMINISTRATION	438,000	438,000	3.00
4.00	15.00	PHARMACY	101,685	101,685	4.00
5.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	68,027	68,027	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,243,413	3,243,413	6.00
7.00	23.01	PARAMED ED HEALTH SCIENCES	16,199	16,199	7.00
8.00	23.03	PARAMED RESPIRATORY THERAPY	1,319	1,319	8.00
9.00	30.00	ADULTS & PEDIATRICS	2,895,120	2,895,120	9.00
10.00	32.01	NEONATAL INTENSIVE CARE UNIT	31,705	31,705	10.00
11.00	33.00	BURN INTENSIVE CARE UNIT	8,750	8,750	11.00
12.00	34.04	RH PED IC	233,183	233,183	12.00
13.00	34.06	SURGICAL INTENSIVE CARE UNIT	35,000	35,000	13.00
14.00	40.00	SUBPROVIDER - IPF	1,037,580	1,037,580	14.00
15.00	43.00	NURSERY	23,688	23,688	15.00
16.00	50.00	OPERATING ROOM	1,294,010	1,294,010	16.00
17.00	53.00	ANESTHESIOLOGY	6,934,710	6,934,710	17.00
18.00	54.00	RADIOLOGY-DIAGNOSTIC	150,000	150,000	18.00
19.00	60.00	LABORATORY	3,512,502	3,512,502	19.00
20.00	69.00	ELECTROCARDIOLOGY	833,557	833,557	20.00
21.00	70.00	ELECTROENCEPHALOGRAPHY	75,804	75,804	21.00
22.00	74.00	RENAL DIALYSIS	191,040	191,040	22.00
23.00	76.02	PSYCH OTHER ANCILLARY	1,500,000	1,500,000	23.00
24.00	76.03	CARDIAC CATHERIZATION	1,428,382	1,428,382	24.00
25.00	90.02	IUSCC HEM/ONC	3,378,432	3,378,432	25.00
26.00	90.07	AMB SVC-RILEY CLINICS	592,479	592,479	26.00
27.00	90.10	CLINICAL GERIATRICS	261,640	261,640	27.00
28.00	91.00	EMERGENCY	4,828,474	4,828,474	28.00
29.00	105.00	KIDNEY ACQUISITION	97,034	97,034	29.00
30.00	107.00	LIVER ACQUISITION	1,549,769	1,549,769	30.00
31.00	108.00	LUNG ACQUISITION	18,233	18,233	31.00
200.00			46,617,311	46,617,311	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 9/12/2012 11:28 am

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		0	0	0	0	0	1.00
2.00		0	0	0	0	0	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	0	0	0	5.00
6.00		0	0	0	0	0	6.00
7.00		0	0	0	0	0	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
11.00		0	0	0	0	0	11.00
12.00		0	0	0	0	0	12.00
13.00		0	0	0	0	0	13.00
14.00		0	0	0	0	0	14.00
15.00		0	0	0	0	0	15.00
16.00		0	0	0	0	0	16.00
17.00		0	0	0	0	0	17.00
18.00		0	0	0	0	0	18.00
19.00		0	0	0	0	0	19.00
20.00		0	0	0	0	0	20.00
21.00		0	0	0	0	0	21.00
22.00		0	0	0	0	0	22.00
23.00		0	0	0	0	0	23.00
24.00		0	0	0	0	0	24.00
25.00		0	0	0	0	0	25.00
26.00		0	0	0	0	0	26.00
27.00		0	0	0	0	0	27.00
28.00		0	0	0	0	0	28.00
29.00		0	0	0	0	0	29.00
30.00		0	0	0	0	0	30.00
31.00		0	0	0	0	0	31.00
200.00		0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 9/12/2012 11:28 am

		Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	0	0	0	1.00
2.00		0	0	0	0	0	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	0	0	0	5.00
6.00		0	0	0	0	0	6.00
7.00		0	0	0	0	0	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
11.00		0	0	0	0	0	11.00
12.00		0	0	0	0	0	12.00
13.00		0	0	0	0	0	13.00
14.00		0	0	0	0	0	14.00
15.00		0	0	0	0	0	15.00
16.00		0	0	0	0	0	16.00
17.00		0	0	0	0	0	17.00
18.00		0	0	0	0	0	18.00
19.00		0	0	0	0	0	19.00
20.00		0	0	0	0	0	20.00
21.00		0	0	0	0	0	21.00
22.00		0	0	0	0	0	22.00
23.00		0	0	0	0	0	23.00
24.00		0	0	0	0	0	24.00
25.00		0	0	0	0	0	25.00
26.00		0	0	0	0	0	26.00
27.00		0	0	0	0	0	27.00
28.00		0	0	0	0	0	28.00
29.00		0	0	0	0	0	29.00
30.00		0	0	0	0	0	30.00
31.00		0	0	0	0	0	31.00
200.00		0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 9/12/2012 11:28 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	11,826,551		1.00
2.00		0	11,025		2.00
3.00		0	438,000		3.00
4.00		0	101,685		4.00
5.00		0	68,027		5.00
6.00		0	3,243,413		6.00
7.00		0	16,199		7.00
8.00		0	1,319		8.00
9.00		0	2,895,120		9.00
10.00		0	31,705		10.00
11.00		0	8,750		11.00
12.00		0	233,183		12.00
13.00		0	35,000		13.00
14.00		0	1,037,580		14.00
15.00		0	23,688		15.00
16.00		0	1,294,010		16.00
17.00		0	6,934,710		17.00
18.00		0	150,000		18.00
19.00		0	3,512,502		19.00
20.00		0	833,557		20.00
21.00		0	75,804		21.00
22.00		0	191,040		22.00
23.00		0	1,500,000		23.00
24.00		0	1,428,382		24.00
25.00		0	3,378,432		25.00
26.00		0	592,479		26.00
27.00		0	261,640		27.00
28.00		0	4,828,474		28.00
29.00		0	97,034		29.00
30.00		0	1,549,769		30.00
31.00		0	18,233		31.00
200.00		0	46,617,311		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	39,156,745	39,156,745				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0	0			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	73,372,934			73,372,934		2.00
4.00	00400	EMPLOYEE BENEFITS	141,587,566	15,254	0	0	141,602,820	4.00
5.01	00510	NONPATIENT TELEPHONES	1,690,523	1,606	0	0	0	5.01
5.02	00511	DATA PROCESSING	63,188,019	0	0	0	0	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	16,480,720	3,205	0	32,923	0	5.03
5.04	00513	ADMITTING	7,155,538	1,102	0	0	0	5.04
5.05	00514	CASHIERING	29,930,804	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	107,719,753	636,949	0	7,579,545	4,253,837	5.06
6.00	00600	MAINTENANCE & REPAIRS	20,329,217	25,296	0	877,975	25,011	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	52,082,908	15,870	0	15,814	689,199	7.00
7.01	00701	IU LEASED SPACE	82,361	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	60,314	302,513	0	28,583	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,829,642	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,585,517	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	4,832,917	1,420	0	0	13,742	9.03
10.00	01000	DIETARY	11,561,390	335,130	0	364,390	2,047,568	10.00
11.00	01100	CAFETERIA	1,502,799	989	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	23,658,215	319,637	0	2,155,486	4,087,469	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	125,472,978	395,023	0	48,469	613,699	14.00
15.00	01500	PHARMACY	63,088,157	538,015	0	1,129,846	6,449,705	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,397,565	8,769	0	0	57,951	16.00
17.00	01700	SOCIAL SERVICE	6,876,929	47,642	0	478,462	1,009,725	17.00
18.00	01850	PATIENT TRANSPORTATION	2,171,037	11,684	0	7,737	481,221	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	35,259,369	42,108	0	3,573	6,465,533	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,386,446	401,551	0	46,866	162,043	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	283,617	114,474	0	1,380	51,196	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	1,070,211	35,691	0	0	272,244	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	15,788	34,273	0	6,878	87,506	23.03
23.04	02304	PARAMED EMERGENCY	206,603	33,315	0	0	61,353	23.04
23.05	02312	ALLIED HEALTH	625,558	5,550	0	0	132,501	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	179,167	0	0	1,125	52,080	23.06
23.07	02307	PARAMED PHARMACY	1,260,900	0	0	29,456	275,102	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	14,416	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	78,476	21,113	0	4,865	28,291	23.09
23.10	02310	PARAMED PHARMACY TECH	175,583	37,181	0	0	44,196	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	33,462	0	0	0	7,489	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	157,344,001	7,202,311	0	2,245,493	34,485,064	30.00
31.00	03100	INTENSIVE CARE UNIT	17,507,175	570,653	0	132,698	3,866,016	31.00
32.00	03200	CORONARY CARE UNIT	12,853,291	361,059	0	137,535	2,832,356	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	4,951,315	76,219	0	3,304	1,099,265	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,344,152	39,209	0	78,278	291,241	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	4,667,699	0	0	0	1,023,039	34.02
34.03	03402	UH NS 3IC	907,180	62,514	0	222,852	201,297	34.03
34.04	03403	RH PED IC	9,259,555	277,048	0	3,547	2,052,589	34.04
34.05	03404	TRANSPLANT ICU	2,808,498	125,104	0	0	617,430	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	1,569,171	313,617	0	128,941	346,963	34.06
40.00	04000	SUBPROVIDER - IPF	3,835,700	193,783	0	9,276	843,198	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,320,147	150,374	0	158,936	958,779	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,462,747	2,059,260	0	1,547,616	7,717,827	50.00
50.01	05001	ENDOSCOPY	1,139,613	62,116	0	9,070	232,663	50.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
			0	1.00	1.01	2.00	4.00	
51.00	05100	RECOVERY ROOM	5,975,816	277,672	0	744,862	1,256,347	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,081,010	22,061	0	613,068	440,559	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,733,834	181,927	0	519,396	594,969	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,407,892	1,703,297	0	12,505,708	5,862,931	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,787,532	406,399	0	5,043	1,021,831	55.00
56.00	05600	RADIOISOTOPE	1,036,797	173,524	0	843,188	221,358	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	20,389,592	1,579,811	0	4,707,169	5,953,398	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,844,662	40,066	0	1,685	210,790	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,190,323	128,773	0	690	257,636	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,615,182	91,384	0	48,353	786,549	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	23,237,689	221,219	0	5,494,085	5,124,024	65.00
66.00	06600	PHYSICAL THERAPY	9,915,238	236,553	0	57,396	2,168,077	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,169,826	155,699	0	1,351,093	481,937	67.00
68.00	06800	SPEECH PATHOLOGY	3,468,921	205,225	0	131,013	767,170	68.00
69.00	06900	ELECTROCARDIOLOGY	2,727,946	59,572	0	217,266	630,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,148,714	68,429	0	78,029	966,813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,037,972	31,238	0	388,086	55,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,248,547	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,591,044	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	9,303,570	0	0	1,110,785	1,687,390	73.03
74.00	07400	RENAL DIALYSIS	7,505,173	324,755	0	278,127	1,528,711	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	789,754	0	0	807	175,148	76.00
76.01	03021	CARDIOLOGY	4,329,128	105,997	0	18,485	466,680	76.01
76.02	03022	PSYCH OTHER ANCILLARY	158,776	26,323	0	4,070	30,927	76.02
76.03	03023	CARDIAC CATHERIZATION	5,944,381	305,140	0	1,037,231	999,959	76.03
76.04	03024	DAY SURGERY	4,736,037	259,758	0	6,735,837	1,043,967	76.04
76.05	03025	ONCOLOGY	348,440	25,141	0	158,814	22,714	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	344,848	16,817	0	414,033	68,700	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,305,762	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,260,576	156,357	0	10,779	282,238	90.01
90.02	09002	IUSCC HEM/ONC	13,444,742	1,035,772	0	958,343	2,338,712	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	259,897	53,041	0	191,568	55,406	90.03
90.04	09004	AMB SVC-PSYCH ADULT	594,576	165,369	0	51,342	130,305	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,118,372	87,684	0	148,655	470,821	90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,010,047	316,179	0	303,757	990,107	90.07
90.08	09008	MOTILITY LAB	76,664	4,900	0	3,661	16,167	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	246,292	42,929	0	9,996	47,953	90.10
90.11	09023	SLEEP LAB	3,853,614	164,437	0	14,526	649,156	90.11
90.12	09024	OP CARE ADULTS	265,954	93,298	0	0	58,287	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	204,027	0	0	1,338,712	38,577	90.14
90.15	09013	NEUROLOGY UH	1,378,812	39,936	0	154,816	303,979	90.15
90.16	09014	ORTHOPEDICS UH	346,151	91,261	0	2,953	78,470	90.16
90.17	09015	PHYSICAL MEDICINE	917,794	99,535	0	1,839,480	201,342	90.17
90.18	09016	DERMATOLOGY CLINIC	661,690	79,067	0	17,255	144,508	90.18
90.19	09017	INFUSION/HEM/ONC	489,359	0	0	0	107,688	90.19
90.20	09025	IUMG - MH	463,090	0	0	17,616	103,611	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
			0	1.00	1.01	2.00	4.00	
91.00	09100	EMERGENCY	21,352,485	801,304	0	2,732,385	4,790,070	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,115,315	50,690	0	489	205,505	94.00
95.00	09500	AMBULANCE SERVICES	17,861,437	0	0	2,150,223	1,794,226	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	39,193,439	228,669	0	900,590	5,206,339	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	10,004,827	27,542	0	17,259	531,656	105.00
106.00	10600	HEART ACQUISITION	1,946,801	14,333	0	1,127	51,319	106.00
107.00	10700	LIVER ACQUISITION	5,619,601	6,827	0	7,236	205,082	107.00
108.00	10800	LUNG ACQUISITION	2,581,712	22,098	0	2,221	81,708	108.00
109.00	10900	PANCREAS ACQUISITION	2,401,245	2,887	0	4,109	43,679	109.00
110.00	11000	INTESTINE ACQUISITION	1,311,985	1,439	0	1,295	39,242	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	334,213	0	0	43,206	42,565	112.00
112.01	08601	POST TRANSPLANT EXPENSES	3,294,312	55,332	0	23,151	690,838	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,056,787	65,127	0	22,662	450,896	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,627,400,194	25,245,836	0	65,924,650	136,911,798	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,653	126,464	0	0	0	190.00
191.00	19100	RESEARCH	2,438,105	274,018	0	329,834	788,811	191.00
191.01	19101	RESEARCH-GCRC	8,472	156,632	0	0	0	191.01
191.02	19102	OSA	4,937,468	3,957	0	68,431	562,881	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,045,524	11,292	0	19,511	58,260	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	9,779,644	1,246,736	0	5,986,045	1,189,340	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	4,947,915	93,399	0	42,940	1,002,190	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	380,705	5,701,964	0	7,016	29	192.03
192.04	19204	MHH RADIOLOGY	155,861	0	0	29,342	24,372	192.04
192.05	19205	MHH LABS	239,181	732	0	1,649	48,758	192.05
192.06	19206	BELTWAY SURGERY	88,767	0	0	10,264	14,012	192.06
192.07	19207	RHI	194,320	0	0	0	35,750	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	31,707,536	86,998	0	402,480	783,448	192.08
192.09	19209	ARTHRITIS CLINIC - NR	31,653	0	0	8,774	0	192.09
192.10	19212	CARDIO PHYSICIANS	964,119	0	0	541,998	183,171	192.10
192.11	19211	UNUSED SPACE	0	6,208,717	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,684,329,117	39,156,745	0	73,372,934	141,602,820	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	1,692,129					5.01
5.02	00511	DATA PROCESSING	0	63,188,019				5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	772	28,835	16,546,455			5.03
5.04	00513	ADMITTING	0	0	0	7,156,640		5.04
5.05	00514	CASHIERING	0	0	0	0	29,930,804	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	75,981	2,837,319	1,624	10	4	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	154	5,767	620	0	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,390	51,902	12,242	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	79	0	0	9.03
10.00	01000	DIETARY	17,760	663,195	68	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,231	755,465	226	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,722	288,345	354,322	5	12	14.00
15.00	01500	PHARMACY	49,728	1,856,945	30,756	1,356	5,090	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,390	51,902	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,524	617,059	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	4,942	184,541	1,616	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,339	311,413	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,605	657,428	85	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	1,081	40,368	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	772	28,835	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	1,081	40,368	172	0	0	23.03
23.04	02304	PARAMED EMERGENCY	927	34,601	0	0	0	23.04
23.05	02312	ALLIED HEALTH	2,317	86,504	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	1,544	57,669	314	0	0	23.06
23.07	02307	PARAMED PHARMACY	309	11,534	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	309	11,534	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	927	34,601	121	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	372,492	13,909,780	29,918	1,457,466	3,750,964	30.00
31.00	03100	INTENSIVE CARE UNIT	37,218	1,389,825	6,086	154,441	392,247	31.00
32.00	03200	CORONARY CARE UNIT	28,416	1,061,111	0	110,410	280,420	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,332	236,443	1,590	51,406	130,559	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,162	80,737	155	10,571	26,848	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	18,223	680,495	0	39,551	100,451	34.02
34.03	03402	UH NS 3IC	2,008	74,970	0	6,582	16,717	34.03
34.04	03403	RH PED IC	3,861	144,173	2,462	81,584	207,207	34.04
34.05	03404	TRANSPLANT ICU	0	0	1,834	21,791	55,344	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	1,544	57,669	466	18,589	47,213	34.06
40.00	04000	SUBPROVIDER - IPF	11,428	426,751	444	25,916	67,126	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,347	386,383	2,623	46,010	116,866	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	88,027	3,287,138	9,121,539	895,144	3,479,795	50.00
50.01	05001	ENDOSCOPY	6,486	242,210	18,721	32,788	119,235	50.01
51.00	05100	RECOVERY ROOM	20,385	761,232	1,406	66,908	316,747	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,479	167,240	131,816	58,030	198,664	53.00
53.01	05301	PULMONARY FUNCTION TESTING	8,339	311,413	3,579	6,908	143,274	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,810	4,175,242	951,374	432,913	2,872,106	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,930	818,901	25,525	13,960	447,051	55.00
56.00	05600	RADIOISOTOPE	6,332	236,443	554,929	14,199	126,877	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	91,425	3,414,010	322,388	867,177	4,082,389	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,081	40,368	932	6,893	131,526	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,552	132,639	9,927	7,149	63,838	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,641	247,977	1,961,364	140,070	413,049	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,856	853,502	384,405	272,639	708,927	65.00
66.00	06600	PHYSICAL THERAPY	7,413	276,812	12,141	73,690	294,652	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,104	265,278	227	19,894	65,866	67.00
68.00	06800	SPEECH PATHOLOGY	15,598	582,458	256,732	10,141	73,549	68.00
69.00	06900	ELECTROCARDIOLOGY	10,193	380,616	1,159	89,693	335,703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,339	311,413	2,049	45,329	173,376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	618	23,068	19,070	136,152	514,431	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	459,126	1,614,513	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	933,327	3,716,836	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	20,231	755,465	0	0	326,180	73.03
74.00	07400	RENAL DIALYSIS	16,833	628,593	30,654	30,618	208,031	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	309	11,534	4,215	5,443	13,823	76.00
76.01	03021	CARDIOLOGY	4,479	167,240	886,128	56,858	416,301	76.01
76.02	03022	PSYCH OTHER ANCILLARY	5,868	219,143	283	942	7,315	76.02
76.03	03023	CARDIAC CATHERIZATION	22,547	841,969	508,403	79,979	438,795	76.03
76.04	03024	DAY SURGERY	5,714	213,376	1,059	2,013	50,297	76.04
76.05	03025	ONCOLOGY	1,853	69,203	0	0	5	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	772	28,835	0	663	5,744	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	12,162	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	7,722	288,345	55	1,312	53,220	90.01
90.02	09002	IUSCC HEM/ONC	41,697	1,557,065	395,922	1,389	238,449	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2,317	86,504	100	66	9,108	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,405	201,842	371	12	15,737	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	8,957	334,481	5,073	15,261	92,375	90.06
90.07	09007	AMB SVC-RILEY CLINICS	30,732	1,147,615	459	1,012	51,647	90.07
90.08	09008	MOTILITY LAB	154	5,767	146	49	2,996	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1,235	46,135	0	2	508	90.10
90.11	09023	SLEEP LAB	7,722	288,345	0	79	105,840	90.11
90.12	09024	OP CARE ADULTS	4,479	167,240	1	2	994	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	312	47	17,380	90.14
90.15	09013	NEUROLOGY UH	4,170	155,707	70	9	4,440	90.15
90.16	09014	ORTHOPEDICS UH	3,398	126,872	4	2	1,557	90.16
90.17	09015	PHYSICAL MEDICINE	5,560	207,609	0	12	5,182	90.17
90.18	09016	DERMATOLOGY CLINIC	618	23,068	3,585	3	4,554	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	93	90.19
90.20	09025	IUMG - MH	3,398	126,872	835	19	1,485	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	69,032	2,577,808	36,554	199,415	1,545,972	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,471	92,271	233,176	10,222	53,577	94.00
95.00	09500	AMBULANCE SERVICES	11,119	415,217	9,667	326	236,386	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	86,174	3,217,935	0	0	459,069	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,266	346,015	0	59,236	150,509	105.00
106.00	10600	HEART ACQUISITION	618	23,068	0	7,957	20,208	106.00
107.00	10700	LIVER ACQUISITION	3,861	144,173	0	39,844	101,196	107.00
108.00	10800	LUNG ACQUISITION	1,235	46,135	0	13,614	34,576	108.00
109.00	10900	PANCREAS ACQUISITION	2,162	80,737	0	14,205	36,079	109.00
110.00	11000	INTESTINE ACQUISITION	618	23,068	0	8,142	20,680	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	309	11,534	280	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	12,355	461,353	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	81,255	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,573,834	58,770,566	16,344,458	7,156,571	29,913,197	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,934	109,571	0	0	0	190.00
191.00	19100	RESEARCH	10,501	392,150	1,733	0	0	191.00
191.01	19101	RESEARCH-GCRC	2,625	98,037	0	51	129	191.01
191.02	19102	OSA	7,104	265,278	0	10	481	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	927	34,601	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	33,667	1,257,186	197,305	3	13,345	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	39,689	1,482,096	576	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	618	23,068	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	618	23,068	0	4	2,481	192.04
192.05	19205	MHH LABS	0	0	1,332	1	1,171	192.05
192.06	19206	BELTWAY SURGERY	618	23,068	0	0	0	192.06
192.07	19207	RHI	0	0	801	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	14,053	524,789	19	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	154	5,767	46	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	4,787	178,774	185	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,692,129	63,188,019	16,546,455	7,156,640	29,930,804	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	123,105,022	123,105,022				5.06
6.00	00600	MAINTENANCE & REPAIRS	21,257,499	1,676,196	22,933,695			6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0		6.03
7.00	00700	OPERATION OF PLANT	52,810,332	4,164,200	9,460	0	56,983,992	7.00
7.01	00701	IU LEASED SPACE	82,361	6,494	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	456,944	36,031	180,325	0	448,246	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,829,642	301,975	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,585,517	282,725	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	4,848,158	382,287	847	0	2,105	9.03
10.00	01000	DIETARY	14,989,501	1,181,952	199,768	0	496,575	10.00
11.00	01100	CAFETERIA	1,503,788	118,577	589	0	1,465	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	30,996,729	2,444,154	190,533	0	473,619	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,180,575	10,028,443	235,470	0	585,321	14.00
15.00	01500	PHARMACY	73,149,598	5,767,992	320,706	0	797,198	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,517,577	1,065,888	5,227	0	12,993	16.00
17.00	01700	SOCIAL SERVICE	9,046,341	713,322	28,399	0	70,593	17.00
18.00	01850	PATIENT TRANSPORTATION	2,862,778	225,736	6,965	0	17,313	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	42,090,335	3,318,907	25,100	0	62,393	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,672,024	999,214	239,361	0	594,995	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	492,116	38,804	68,237	0	169,621	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	1,407,753	111,004	21,275	0	52,884	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	186,066	14,672	20,430	0	50,784	23.03
23.04	02304	PARAMED EMERGENCY	336,799	26,557	19,859	0	49,364	23.04
23.05	02312	ALLIED HEALTH	852,430	67,216	3,308	0	8,224	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	291,899	23,017	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	1,577,301	124,373	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	14,416	1,137	8,593	0	21,360	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	144,588	11,401	12,586	0	31,285	23.09
23.10	02310	PARAMED PHARMACY TECH	292,609	23,073	22,163	0	55,092	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	40,951	3,229	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	220,797,489	17,409,707	4,293,312	0	10,671,978	30.00
31.00	03100	INTENSIVE CARE UNIT	24,056,359	1,896,892	340,161	0	845,559	31.00
32.00	03200	CORONARY CARE UNIT	17,664,598	1,392,889	215,224	0	534,995	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,556,433	516,988	45,434	0	112,937	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,873,353	147,718	23,372	0	58,097	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	6,529,458	514,861	0	0	0	34.02
34.03	03402	UH NS 3IC	1,494,120	117,814	37,264	0	92,629	34.03
34.04	03403	RH PED IC	12,032,026	948,749	165,146	0	410,513	34.04
34.05	03404	TRANSPLANT ICU	3,630,001	286,233	74,573	0	185,372	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	2,484,173	195,882	186,944	0	464,699	34.06
40.00	04000	SUBPROVIDER - IPF	5,413,622	426,875	115,513	0	287,137	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,150,465	484,976	89,636	0	222,815	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,659,093	5,177,351	1,227,507	0	3,051,288	50.00
50.01	05001	ENDOSCOPY	1,862,902	146,894	37,027	0	92,039	50.01
51.00	05100	RECOVERY ROOM	9,421,375	742,894	165,518	0	411,437	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,716,927	293,087	13,150	0	32,689	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,503,639	355,121	108,445	0	269,569	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,023,273	4,732,955	1,015,320	0	2,523,844	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,548,172	595,188	242,251	0	602,178	55.00
56.00	05600	RADIOISOTOPE	3,213,647	253,402	103,436	0	257,118	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	41,407,359	3,265,053	941,711	0	2,340,869	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,278,003	258,477	23,883	0	59,367	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,794,527	141,502	76,761	0	190,808	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,310,569	576,453	54,473	0	135,408	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	36,319,346	2,863,853	131,867	0	327,789	65.00
66.00	06600	PHYSICAL THERAPY	13,041,972	1,028,386	141,007	0	350,510	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,516,924	356,168	92,811	0	230,706	67.00
68.00	06800	SPEECH PATHOLOGY	5,510,807	434,538	122,333	0	304,090	68.00
69.00	06900	ELECTROCARDIOLOGY	4,452,821	351,114	35,511	0	88,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,802,491	536,390	40,790	0	101,394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,206,335	3,801,166	18,621	0	46,287	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	53,322,186	4,204,561	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,241,207	8,613,888	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	13,203,621	1,041,132	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	10,551,495	832,006	193,584	0	481,203	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,001,033	78,933	0	0	0	76.00
76.01	03021	CARDIOLOGY	6,451,296	508,698	63,184	0	157,059	76.01
76.02	03022	PSYCH OTHER ANCILLARY	453,647	35,771	15,691	0	39,004	76.02
76.03	03023	CARDIAC CATHERIZATION	10,178,404	802,588	181,891	0	452,138	76.03
76.04	03024	DAY SURGERY	13,048,058	1,028,865	154,839	0	384,893	76.04
76.05	03025	ONCOLOGY	626,170	49,375	14,986	0	37,253	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	880,412	69,422	10,025	0	24,919	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,317,924	261,625	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,060,604	162,483	93,203	0	231,680	90.01
90.02	09002	IUSCC HEM/ONC	20,012,091	1,577,993	617,415	0	1,534,745	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	658,007	51,885	31,617	0	78,593	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,164,959	91,859	98,575	0	245,034	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,281,679	258,767	52,268	0	129,926	90.06
90.07	09007	AMB SVC-RILEY CLINICS	7,851,555	619,111	188,472	0	468,496	90.07
90.08	09008	MOTILITY LAB	110,504	8,713	2,921	0	7,260	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	395,050	31,150	25,589	0	63,609	90.10
90.11	09023	SLEEP LAB	5,083,719	400,861	98,020	0	243,653	90.11
90.12	09024	OP CARE ADULTS	590,255	46,543	55,614	0	138,243	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1,599,055	126,089	0	0	0	90.14
90.15	09013	NEUROLOGY UH	2,041,939	161,011	23,806	0	59,175	90.15
90.16	09014	ORTHOPEDICS UH	650,668	51,306	54,400	0	135,225	90.16
90.17	09015	PHYSICAL MEDICINE	3,276,514	258,360	59,332	0	147,486	90.17
90.18	09016	DERMATOLOGY CLINIC	934,348	73,675	47,131	0	117,157	90.18
90.19	09017	INFUSION/HEM/ONC	597,140	47,086	0	0	0	90.19
90.20	09025	IUMG - MH	716,926	56,531	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	34,105,025	2,689,249	477,650	0	1,187,325	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,763,716	139,073	30,216	0	75,110	94.00
95.00	09500	AMBULANCE SERVICES	22,478,601	1,772,483	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	49,292,215	3,886,790	136,307	0	338,827	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,146,310	878,909	16,417	0	40,810	105.00
106.00	10600	HEART ACQUISITION	2,065,431	162,863	8,544	0	21,238	106.00
107.00	10700	LIVER ACQUISITION	6,127,820	483,191	4,069	0	10,115	107.00
108.00	10800	LUNG ACQUISITION	2,783,299	219,469	13,173	0	32,744	108.00
109.00	10900	PANCREAS ACQUISITION	2,585,103	203,841	1,721	0	4,278	109.00
110.00	11000	INTESTINE ACQUISITION	1,406,469	110,903	858	0	2,132	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	432,107	34,073	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,537,341	357,778	32,983	0	81,988	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,676,727	289,917	38,822	0	96,501	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,596,594,558	116,186,978	14,641,525	0	36,371,641	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	248,622	19,604	75,384	0	187,387	190.00
191.00	19100	RESEARCH	4,235,152	333,950	163,340	0	406,024	191.00
191.01	19101	RESEARCH-GCRC	265,946	20,970	93,367	0	232,088	191.01
191.02	19102	OSA	5,845,610	460,938	2,359	0	5,864	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,170,115	92,266	6,731	0	16,731	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	19,703,271	1,553,642	743,168	0	1,847,339	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	7,608,805	599,969	55,674	0	138,393	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	6,113,400	482,054	3,398,890	0	8,448,828	192.03
192.04	19204	MHH RADIOLOGY	235,746	18,589	0	0	0	192.04
192.05	19205	MHH LABS	292,824	23,090	437	0	1,085	192.05
192.06	19206	BELTWAY SURGERY	136,729	10,781	0	0	0	192.06
192.07	19207	RHI	230,871	18,205	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	33,519,323	2,643,066	51,859	0	128,908	192.08
192.09	19209	ARTHRITIS CLINIC - NR	46,394	3,658	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1,873,034	147,692	0	0	0	192.10
192.11	19211	UNUSED SPACE	6,208,717	489,570	3,700,961	0	9,199,704	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,684,329,117	123,105,022	22,933,695	0	56,983,992	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE	88,855					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,121,546				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	4,131,617		9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,868,242	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	0	0	45,903	7,618	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	17,469	12,358	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	616	0	48,946	29,014	14.00
15.00	01500	PHARMACY	0	2,675	0	84,936	47,440	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	88,855	0	0	3,318	0	16.00
17.00	01700	SOCIAL SERVICE	0	144	0	381	10,452	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	4,159	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	159	0	2,289	13,478	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,262	0	14,275	4,650	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	0	0	2,075	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	653,702	0	812,652	719,995	30.00
31.00	03100	INTENSIVE CARE UNIT	0	72,532	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	46,967	0	59,663	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	5,719	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	1,748	0	0	14,656	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	11,951	0	0	0	34.02
34.03	03402	UH NS 3IC	0	6,243	0	23,653	0	34.03
34.04	03403	RH PED IC	0	4,683	0	0	103,559	34.04
34.05	03404	TRANSPLANT ICU	0	236	0	47,336	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	1,536	0	0	117,229	34.06
40.00	04000	SUBPROVIDER - IPF	0	13,135	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	10,032	0	33,898	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	128,363	0	352,058	112,860	50.00
50.01	05001	ENDOSCOPY	0	4,605	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	8,730	0	33,004	19,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,490	196	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	18	0	11,618	46,738	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,960	0	279,683	170,309	54.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,380	0	94,502	0	55.00
56.00	05600	RADIOISOTOPE	0	973	0	27,573	6,966	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	37,064	26,048	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	62	0	31,588	3,777	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	788	0	4,248	775	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	111	0	13,187	30,591	65.00
66.00	06600	PHYSICAL THERAPY	0	2,797	0	12,125	9,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,353	17,441	67.00
68.00	06800	SPEECH PATHOLOGY	0	21	0	17,759	51,089	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,754	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	176	0	0	11,313	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	73	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	110	0	74,097	20,135	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	759	0	6,477	33,222	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	11,473	0	7,967	0	76.03
76.04	03024	DAY SURGERY	0	7,555	0	84,972	11,309	76.04
76.05	03025	ONCOLOGY	0	0	0	1,102	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	816	0	59,161	0	90.01
90.02	09002	IUSCC HEM/ONC	0	277	0	354,735	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	20,069	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	25,806	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	194	0	33,177	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	2,939	0	0	118,186	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1,831	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	15,722	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	15,111	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	34,530	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	37,661	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	118	0	29,917	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	68,686	0	15,431	63,880	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	19,180	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	172	0	905	4,237	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	3,868	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,583	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1,093	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	545	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	5,955	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	1,916	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	88,855	1,103,250	0	2,980,110	1,854,330	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	14,365	21,836	190.00
191.00	19100	RESEARCH	0	930	0	1,561	0	191.00
191.01	19101	RESEARCH-GCRC	0	8,896	0	59,265	0	191.01
191.02	19102	OSA	0	0	0	1,497	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,272	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	8,470	0	2,399	9,056	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	766,093	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	530,854	804	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	537,294	1,216,123	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	88,855	1,121,546	0	4,131,617	3,868,242	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,233,397					9.03
10.00	01000	DIETARY	75,950	16,997,267				10.00
11.00	01100	CAFETERIA	388	0	1,624,807			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	88,609	0	45,730	0	34,269,201	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	73,834	0	11,914	0	718	14.00
15.00	01500	PHARMACY	73,276	0	59,484	0	32,656	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	907	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,331	0	14,162	0	179	17.00
18.00	01850	PATIENT TRANSPORTATION	272	0	12,269	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	89,942	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	137,970	0	1,452	0	1,974	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	44,948	0	516	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	14,014	0	2,926	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	13,457	0	880	0	0	23.03
23.04	02304	PARAMED EMERGENCY	13,081	0	755	0	90	23.04
23.05	02312	ALLIED HEALTH	0	0	2,425	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	531	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	3,116	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	5,660	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	8,290	0	306	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	14,599	0	524	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	622	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,228,309	13,773,893	415,142	0	17,286,347	30.00
31.00	03100	INTENSIVE CARE UNIT	224,065	287,388	43,252	0	1,988,858	31.00
32.00	03200	CORONARY CARE UNIT	79,854	1,129,943	11,629	0	552,635	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	29,927	94,566	11,782	0	549,674	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	74,679	2,982	0	121,921	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	295,411	12,194	0	594,531	34.02
34.03	03402	UH NS 3IC	0	105,314	2,320	0	108,912	34.03
34.04	03403	RH PED IC	0	427,778	23,592	0	1,102,489	34.04
34.05	03404	TRANSPLANT ICU	0	0	7,686	0	365,672	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	58,911	4,542	0	168,482	34.06
40.00	04000	SUBPROVIDER - IPF	76,088	355,781	10,482	0	257,747	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	23,867	0	10,269	0	463,191	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	324,667	0	100,785	0	2,385,302	50.00
50.01	05001	ENDOSCOPY	24,390	0	2,856	0	98,057	50.01
51.00	05100	RECOVERY ROOM	57,767	0	14,375	0	590,494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,834	0	5,867	0	172,250	53.00
53.01	05301	PULMONARY FUNCTION TESTING	10,283	0	7,937	0	68,093	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,077	0	67,754	0	464,895	54.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	61,503	0	8,467	0	64,055	55.00
56.00	05600	RADIOISOTOPE	32,204	0	2,198	0	18,571	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	41,519	0	80,377	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	15,732	0	2,513	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	13,815	0	3,167	0	59,121	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,649	0	9,014	0	9,868	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,043	0	62,746	0	22,608	65.00
66.00	06600	PHYSICAL THERAPY	57,953	0	23,459	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,033	0	5,775	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,486	0	8,648	0	25,120	68.00
69.00	06900	ELECTROCARDIOLOGY	23,391	0	8,899	0	37,859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,985	0	11,120	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	721	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	19,028	0	0	73.03
74.00	07400	RENAL DIALYSIS	29,470	0	20,183	0	497,371	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	1,134	0	50,240	76.00
76.01	03021	CARDIOLOGY	0	0	5,584	0	84,510	76.01
76.02	03022	PSYCH OTHER ANCILLARY	10,336	0	323	0	13,636	76.02
76.03	03023	CARDIAC CATHERIZATION	119,812	92,313	9,213	0	184,451	76.03
76.04	03024	DAY SURGERY	1,935	0	13,173	0	477,007	76.04
76.05	03025	ONCOLOGY	8,728	0	477	0	8,433	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	6,603	0	880	0	13,367	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	3,952	0	81,280	90.01
90.02	09002	IUSCC HEM/ONC	38,573	0	44,707	0	473,149	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	977	0	6,818	90.03
90.04	09004	AMB SVC-PSYCH ADULT	38,151	0	1,809	0	9,689	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	6,026	0	51,765	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	14,467	0	296,952	90.07
90.08	09008	MOTILITY LAB	0	0	278	0	13,457	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	16,856	0	764	0	9,151	90.10
90.11	09023	SLEEP LAB	48,250	0	9,039	0	90	90.11
90.12	09024	OP CARE ADULTS	36,633	0	892	0	12,022	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	482	0	16,328	90.14
90.15	09013	NEUROLOGY UH	0	0	4,906	0	75,090	90.15
90.16	09014	ORTHOPEDICS UH	0	0	1,467	0	7,715	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	4,207	0	43,960	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	3,592	0	34,181	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	1,182	0	39,025	90.19
90.20	09025	IUMG - MH	0	0	1,483	0	27,991	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	214,946	0	57,656	0	2,226,419	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	2,480	0	62,530	94.00
95.00	09500	AMBULANCE SERVICES	0	0	19,909	0	389,536	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,916	0	65,481	0	690,166	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,801	0	5,047	0	359	105.00
106.00	10600	HEART ACQUISITION	5,628	0	330	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,116	0	90	107.00
108.00	10800	LUNG ACQUISITION	8,677	0	649	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,201	0	90	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	379	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	340	0	7,267	112.00
112.01	08601	POST TRANSPLANT EXPENSES	15,546	0	6,769	0	359	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	23,583	0	5,930	0	22,339	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,819,564	16,695,977	1,569,523	0	33,539,202	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,812	0	0	0	0	190.00
191.00	19100	RESEARCH	95,872	0	7,953	0	82,357	191.00
191.01	19101	RESEARCH-GCRC	0	301,290	0	0	0	191.01
191.02	19102	OSA	0	0	5,688	0	88,996	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,008	0	28,708	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	477,525	0	18,936	0	135,557	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	36,673	0	9,487	0	339,835	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	316,535	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	191	0	0	192.04
192.05	19205	MHH LABS	0	0	859	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	278	0	0	192.06
192.07	19207	RHI	0	0	610	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	5,893	0	8,305	0	90	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	1,969	0	54,456	192.10
192.11	19211	UNUSED SPACE	469,523	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,233,397	16,997,267	1,624,807	0	34,269,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			14.00	15.00	16.00	17.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	138,194,851					14.00
15.00	01500	PHARMACY	262,839	80,598,800				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	14,694,765			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	9,891,304		17.00
18.00	01850	PATIENT TRANSPORTATION	13,812	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	728	254	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	1,470	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	ALLIED HEALTH	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	2,683	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	4	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	1,037	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	255,684	87,096	1,841,991	7,457,455		30.00
31.00	03100	INTENSIVE CARE UNIT	52,013	860	192,621	599,168		31.00
32.00	03200	CORONARY CARE UNIT	0	10,457	137,706	424,659		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	13,589	1,141	64,114	237,320		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,321	8	13,185	38,061		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.01
34.02	03401	UH SURG 6IC	0	1,290	49,329	152,618		34.02
34.03	03402	UH NS 3IC	0	157	8,209	26,755		34.03
34.04	03403	RH PED IC	21,041	3,980	101,753	236,652		34.04
34.05	03404	TRANSPLANT ICU	15,669	2,362	27,178	94,672		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	3,980	453	23,185	64,602		34.06
40.00	04000	SUBPROVIDER - IPF	3,792	352	32,964	186,349		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	22,418	1,816	57,389	318,815		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	77,896,264	912,205	1,708,828	0		50.00
50.01	05001	ENDOSCOPY	159,991	138	58,553	0		50.01
51.00	05100	RECOVERY ROOM	12,019	390	155,545	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	1,126,506	784,028	97,558	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	30,585	53,925	70,358	0		53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			14.00	15.00	16.00	17.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,130,481	617,124	1,410,409	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	218,135	5,447	219,534	0		55.00
56.00	05600	RADIOISOTOPE	4,742,446	170,823	62,306	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	2,755,140	256	2,003,856	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	7,964	0	64,589	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	84,832	22,004	31,349	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,761,891	5,083	202,836	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	3,285,136	2,626	348,134	0		65.00
66.00	06600	PHYSICAL THERAPY	103,754	12,545	144,695	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,941	0	32,345	0		67.00
68.00	06800	SPEECH PATHOLOGY	2,194,039	11,687	36,118	0		68.00
69.00	06900	ELECTROCARDIOLOGY	9,907	1,014	164,854	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,513	525	85,140	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	162,969	0	252,622	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	792,841	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,825,232	0		73.00
73.01	07301	RENAL-RILEY	0	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	43,379,947	160,178	0		73.03
74.00	07400	RENAL DIALYSIS	261,974	2,081,009	102,158	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	36,025	385	6,788	0		76.00
76.01	03021	CARDIOLOGY	7,572,883	10,094	204,433	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	2,420	30	3,592	0		76.02
76.03	03023	CARDIAC CATHERIZATION	4,344,834	16,144	215,480	0		76.03
76.04	03024	DAY SURGERY	9,046	923	24,699	0		76.04
76.05	03025	ONCOLOGY	0	0	2	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	0	396	2,821	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	5,972	0		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	469	30,834	26,135	0		90.01
90.02	09002	IUSCC HEM/ONC	3,383,567	22,474,697	117,096	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	857	119,315	4,473	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,170	1,087	7,728	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	43,355	13,880	45,363	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,926	610,272	25,362	0		90.07
90.08	09008	MOTILITY LAB	1,246	9	1,471	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	1,838	249	0		90.10
90.11	09023	SLEEP LAB	0	0	51,975	0		90.11
90.12	09024	OP CARE ADULTS	5	4,746	488	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	2,669	6,887,923	8,535	0		90.14
90.15	09013	NEUROLOGY UH	600	194	2,180	0		90.15
90.16	09014	ORTHOPEDICS UH	32	55,190	765	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	119,048	2,545	0		90.17
90.18	09016	DERMATOLOGY CLINIC	30,634	15,981	2,236	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	46	0		90.19
90.20	09025	IUMG - MH	7,134	1,146	729	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0		90.21
90.22	09020	IUMG - MH	0	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0	0	0		90.25
91.00	09100	EMERGENCY	312,392	11,246	759,183	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,992,734	746,528	26,310	0		94.00
95.00	09500	AMBULANCE SERVICES	82,612	89,336	116,083	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			14.00	15.00	16.00	17.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	225,436	0		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	11,204	73,911	0		105.00
106.00	10600	HEART ACQUISITION	0	731	9,924	0		106.00
107.00	10700	LIVER ACQUISITION	0	4,697	49,694	0		107.00
108.00	10800	LUNG ACQUISITION	0	1,443	16,979	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	2,668	17,717	0		109.00
110.00	11000	INTESTINE ACQUISITION	0	842	10,155	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION	2,396	0	0	0		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	15,030	0	0		112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	39,902	54,178		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	136,468,573	79,418,859	14,686,119	9,891,304		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	14,808	4,544	0	0		191.00
191.01	19101	RESEARCH-GCRC	0	3,328	64	0		191.01
191.02	19102	OSA	0	0	236	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,686,177	42,692	6,553	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	4,922	0	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0	1,218	0		192.04
192.05	19205	MHH LABS	11,387	0	575	0		192.05
192.06	19206	BELTWAY SURGERY	0	1	0	0		192.06
192.07	19207	RHI	6,845	0	0	0		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	163	179	0	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	397	1,117,586	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	1,579	11,611	0	0		192.10
192.11	19211	UNUSED SPACE	0	0	0	0		192.11
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	138,194,851	80,598,800	14,694,765	9,891,304		202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.00	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION	3,143,304					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	45,602,603		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	14,670,159	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	394,009	0	0	12,341,212	3,970,111	30.00
31.00	03100	INTENSIVE CARE UNIT	41,202	0	0	1,105,883	355,758	31.00
32.00	03200	CORONARY CARE UNIT	29,456	0	0	478,844	154,042	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	13,714	0	0	1,005,348	323,416	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,820	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	10,552	0	0	0	0	34.02
34.03	03402	UH NS 3IC	1,756	0	0	5,958	1,917	34.03
34.04	03403	RH PED IC	21,765	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	5,813	0	0	595,762	191,654	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	4,959	0	0	5,213	1,677	34.06
40.00	04000	SUBPROVIDER - IPF	7,051	0	0	141,493	45,518	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,276	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	365,525	0	0	4,016,925	1,292,227	50.00
50.01	05001	ENDOSCOPY	12,525	0	0	225,645	72,589	50.01
51.00	05100	RECOVERY ROOM	33,272	0	0	11,171	3,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,868	0	0	4,250,017	1,367,212	53.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.00	19.00	20.00	21.00	22.00	
53.01	05301	PULMONARY FUNCTION TESTING	15,050	0	0	267,348	86,005	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	301,692	0	0	4,400,447	1,415,605	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	46,959	0	0	134,791	43,362	55.00
56.00	05600	RADIOISOTOPE	13,327	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	428,669	0	0	1,648,771	530,403	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	13,816	0	0	31,278	10,062	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	6,706	0	0	73,726	23,717	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	43,387	0	0	201,070	64,683	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	74,467	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	30,951	0	0	49,895	16,051	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,919	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,726	0	0	505,653	162,666	68.00
69.00	06900	ELECTROCARDIOLOGY	35,263	0	0	350,755	112,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,212	0	0	279,263	89,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,037	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	169,592	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	390,424	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	34,263	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	21,852	0	0	190,644	61,329	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,452	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	43,729	0	0	305,328	98,223	76.01
76.02	03022	PSYCH OTHER ANCILLARY	768	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	46,092	0	0	70,747	22,759	76.03
76.04	03024	DAY SURGERY	5,283	0	0	28,299	9,104	76.04
76.05	03025	ONCOLOGY	1	0	0	607,677	195,487	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	43,937	14,134	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	1,489	479	76.07
76.97	03028	CARDIAC REHABILITATION	603	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1,278	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	5,590	0	0	337,350	108,524	90.01
90.02	09002	IUSCC HEM/ONC	25,047	0	0	1,271,952	409,181	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	957	0	0	302,349	97,264	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,653	0	0	805,768	259,212	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	9,703	0	0	5,958	1,917	90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,425	0	0	638,955	205,549	90.07
90.08	09008	MOTILITY LAB	315	0	0	1,435,786	461,886	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	53	0	0	452,034	145,418	90.10
90.11	09023	SLEEP LAB	11,118	0	0	745	240	90.11
90.12	09024	OP CARE ADULTS	104	0	0	19,362	6,229	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1,826	0	0	265,114	85,286	90.14
90.15	09013	NEUROLOGY UH	466	0	0	708,957	228,068	90.15
90.16	09014	ORTHOPEDICS UH	164	0	0	95,322	30,665	90.16
90.17	09015	PHYSICAL MEDICINE	544	0	0	2,234	719	90.17
90.18	09016	DERMATOLOGY CLINIC	478	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	10	0	0	830,343	267,118	90.19
90.20	09025	IUMG - MH	156	0	0	7,447	2,396	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	79,683	25,634	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	162,392	0	0	4,031,075	1,296,779	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	5,628	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.00	19.00	20.00	21.00	22.00	
95.00	09500	AMBULANCE SERVICES	24,830	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	48,222	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	15,810	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,123	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	10,630	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,632	0	0	21,596	6,947	108.00
109.00	10900	PANCREAS ACQUISITION	3,790	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	2,172	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	8,535	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,141,454	0	0	44,686,619	14,375,490	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	711,936	229,027	191.00
191.01	19101	RESEARCH-GCRC	14	0	0	0	0	191.01
191.02	19102	OSA	50	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	36,490	11,739	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,402	0	0	8,192	2,635	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	74,470	23,957	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	261	0	0	17,128	5,510	192.04
192.05	19205	MHH LABS	123	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	745	240	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	45,427	14,614	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	21,596	6,947	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,143,304	0	0	45,602,603	14,670,159	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	0					23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	814,242				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	231,483	1,841,339			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	74,405	0	362,164		23.03
23.04	02304	PARAMED EMERGENCY	0	52,168	0	0	498,673	23.04
23.05	02312	ALLIED HEALTH	0	112,663	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	44,283	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	231,238	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	24,055	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	37,579	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	6,368	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
			23.00	23.01	23.02	23.03	23.04	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,236,232	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	541,782	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	63,325	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	362,164	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	0	0	498,673	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
			23.00	23.01	23.02	23.03	23.04	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	814,242	1,841,339	362,164	498,673	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	814,242	1,841,339	362,164	498,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH	1,048,341					23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	362,413				23.06
23.07	02307	PARAMED PHARMACY	0	0	1,936,028			23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	51,166		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	232,515	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	794,740	0	2,092	51,166	0	30.00
31.00	03100	INTENSIVE CARE UNIT	63,853	0	21	0	0	31.00
32.00	03200	CORONARY CARE UNIT	45,256	0	251	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	25,291	0	27	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,056	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	16,265	0	31	0	0	34.02
34.03	03402	UH NS 3IC	2,851	0	4	0	0	34.03
34.04	03403	RH PED IC	25,220	0	96	0	0	34.04
34.05	03404	TRANSPLANT ICU	10,089	0	57	0	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	6,885	0	11	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	19,859	0	8	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	33,976	0	44	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	21,909	0	232,515	50.00
50.01	05001	ENDOSCOPY	0	0	3	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	9	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,830	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	1,295	0	0	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	
			23.05	23.06	23.07	23.08	23.09	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	14,822	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	131	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	4,103	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	362,413	6	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	528	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	122	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	63	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	301	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	281	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	24	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	13	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	1,042,130	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	49,981	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	9	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	242	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	1	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	388	0	0	76.03
76.04	03024	DAY SURGERY	0	0	22	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	10	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	741	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	539,785	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	2,866	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	26	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	333	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	14,657	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	44	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	114	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	165,430	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	5	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	1,326	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	2,859	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	384	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	28	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	270	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	17,930	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	2,146	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	
			23.05	23.06	23.07	23.08	23.09	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	269	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	18	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	113	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	35	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	64	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	20	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	361	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,048,341	362,413	1,907,689	51,166	232,515	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	109	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	80	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	1,025	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	4	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	26,842	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	279	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,048,341	362,413	1,936,028	51,166	232,515	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH	446,676					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	51,170				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	315,258,082	-16,311,323	298,946,759	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	32,166,445	-1,461,641	30,704,804	31.00
32.00	03200	CORONARY CARE UNIT	0	0	22,969,068	-632,886	22,336,182	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	9,607,420	-1,328,764	8,278,656	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,377,977	0	2,377,977	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	8,188,491	0	8,188,491	34.02
34.03	03402	UH NS 3IC	0	0	2,035,876	-7,875	2,028,001	34.03
34.04	03403	RH PED IC	0	0	15,629,042	0	15,629,042	34.04
34.05	03404	TRANSPLANT ICU	0	0	5,540,365	-787,416	4,752,949	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	0	3,793,363	-6,890	3,786,473	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	7,393,766	-187,011	7,206,755	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	7,935,883	0	7,935,883	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	164,965,672	-5,309,152	159,656,520	50.00
50.01	05001	ENDOSCOPY	0	0	2,798,214	-298,234	2,499,980	50.01
51.00	05100	RECOVERY ROOM	0	0	11,681,236	-14,765	11,666,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
53.00	05300	ANESTHESIOLOGY	0	0	11,907,509	-5,617,229	6,290,280	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	5,906,027	-353,353	5,552,674	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	87,007,882	-5,816,052	81,191,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,428,837	-178,153	10,250,684	55.00
56.00	05600	RADIOISOTOPE	0	0	8,972,418	0	8,972,418	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	55,869,514	-2,179,174	53,690,340	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	3,765,684	-41,340	3,724,344	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	2,557,990	-97,443	2,460,547	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	25,390,317	-265,753	25,124,564	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	43,885,731	0	43,885,731	65.00
66.00	06600	PHYSICAL THERAPY	0	0	15,025,985	-65,946	14,960,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,303,416	0	5,303,416	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	9,401,061	-668,319	8,732,742	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,674,273	-463,591	5,210,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,170	8,060,333	-369,101	7,691,232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	52,554,435	0	52,554,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	58,489,180	0	58,489,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,676	0	120,517,427	0	120,517,427	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	58,880,372	0	58,880,372	73.03
74.00	07400	RENAL DIALYSIS	0	0	15,468,601	-251,973	15,216,628	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	1,175,999	0	1,175,999	76.00
76.01	03021	CARDIOLOGY	0	0	15,545,721	-403,551	15,142,170	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	575,219	0	575,219	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	16,756,694	-93,506	16,663,188	76.03
76.04	03024	DAY SURGERY	0	0	15,289,982	-37,403	15,252,579	76.04
76.05	03025	ONCOLOGY	0	0	1,549,691	-803,164	746,527	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	58,071	-58,071	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	1,968	-1,968	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	1,009,458	0	1,009,458	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	3,586,799	0	3,586,799	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	3,202,822	-445,874	2,756,948	90.01
90.02	09002	IUSCC HEM/ONC	0	0	52,875,010	-1,681,133	51,193,877	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	1,376,047	-399,613	976,434	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	2,754,526	-1,064,980	1,689,546	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	3,934,311	-7,875	3,926,436	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	11,064,324	-844,504	10,219,820	90.07
90.08	09008	MOTILITY LAB	0	0	2,045,677	-1,897,672	148,005	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	1,141,805	-597,452	544,353	90.10
90.11	09023	SLEEP LAB	0	0	5,963,432	-985	5,962,447	90.11
90.12	09024	OP CARE ADULTS	0	0	911,250	-25,591	885,659	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	9,158,737	-350,400	8,808,337	90.14
90.15	09013	NEUROLOGY UH	0	0	3,321,508	-937,025	2,384,483	90.15
90.16	09014	ORTHOPEDICS UH	0	0	1,118,775	-125,987	992,788	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	3,955,469	-2,953	3,952,516	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	1,289,832	0	1,289,832	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	1,781,950	-1,097,461	684,489	90.19
90.20	09025	IUMG - MH	0	0	821,967	-9,843	812,124	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	105,317	-105,317	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	48,178,277	-5,327,854	42,850,423	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	4,881,435	0	4,881,435	94.00
95.00	09500	AMBULANCE SERVICES	0	0	24,975,536	0	24,975,536	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	54,691,674	0	54,691,674	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	12,199,715	0	12,199,715	105.00
106.00	10600	HEART ACQUISITION	0	0	2,276,830	0	2,276,830	106.00
107.00	10700	LIVER ACQUISITION	0	0	6,695,118	0	6,695,118	107.00
108.00	10800	LUNG ACQUISITION	0	0	3,108,643	-28,543	3,080,100	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	2,821,566	0	2,821,566	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	1,534,475	0	1,534,475	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	476,183	0	476,183	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	5,054,110	0	5,054,110	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	4,258,350	0	4,258,350	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	446,676	51,170	1,550,932,165	-59,062,109	1,491,870,056	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	579,010	0	579,010	190.00
191.00	19100	RESEARCH	0	0	6,287,563	-940,963	5,346,600	191.00
191.01	19101	RESEARCH-GCRC	0	0	985,308	0	985,308	191.01
191.02	19102	OSA	0	0	6,411,238	0	6,411,238	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,368,060	-48,229	1,319,831	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	26,248,039	-10,827	26,237,212	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	8,892,185	-98,427	8,793,758	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	19,525,800	0	19,525,800	192.03
192.04	19204	MHH RADIOLOGY	0	0	278,643	-22,638	256,005	192.04
192.05	19205	MHH LABS	0	0	330,380	0	330,380	192.05
192.06	19206	BELTWAY SURGERY	0	0	148,774	-985	147,789	192.06
192.07	19207	RHI	0	0	256,531	0	256,531	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	36,949,489	-60,041	36,889,448	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	1,194,877	0	1,194,877	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	2,119,163	-28,543	2,090,620	192.10
192.11	19211	UNUSED SPACE	0	0	21,821,892	0	21,821,892	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	446,676	51,170	1,684,329,117	-60,272,762	1,624,056,355	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	15,254	0	0	15,254	4.00
5.01	00510	NONPATIENT TELEPHONES	0	1,606	0	0	1,606	5.01
5.02	00511	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	0	3,205	0	32,923	36,128	5.03
5.04	00513	ADMITTING	0	1,102	0	0	1,102	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	636,949	0	7,579,545	8,216,494	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	25,296	0	877,975	903,271	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	0	15,870	0	15,814	31,684	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	302,513	0	28,583	331,096	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	1,420	0	0	1,420	9.03
10.00	01000	DIETARY	0	335,130	0	364,390	699,520	10.00
11.00	01100	CAFETERIA	0	989	0	0	989	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	319,637	0	2,155,486	2,475,123	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	395,023	0	48,469	443,492	14.00
15.00	01500	PHARMACY	0	538,015	0	1,129,846	1,667,861	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,769	0	0	8,769	16.00
17.00	01700	SOCIAL SERVICE	0	47,642	0	478,462	526,104	17.00
18.00	01850	PATIENT TRANSPORTATION	0	11,684	0	7,737	19,421	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	42,108	0	3,573	45,681	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	401,551	0	46,866	448,417	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	114,474	0	1,380	115,854	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	35,691	0	0	35,691	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	34,273	0	6,878	41,151	23.03
23.04	02304	PARAMED EMERGENCY	0	33,315	0	0	33,315	23.04
23.05	02312	ALLIED HEALTH	0	5,550	0	0	5,550	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	1,125	1,125	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	29,456	29,456	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	14,416	0	0	14,416	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	21,113	0	4,865	25,978	23.09
23.10	02310	PARAMED PHARMACY TECH	0	37,181	0	0	37,181	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	7,202,311	0	2,245,493	9,447,804	30.00
31.00	03100	INTENSIVE CARE UNIT	0	570,653	0	132,698	703,351	31.00
32.00	03200	CORONARY CARE UNIT	0	361,059	0	137,535	498,594	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	76,219	0	3,304	79,523	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	39,209	0	78,278	117,487	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	62,514	0	222,852	285,366	34.03
34.04	03403	RH PED IC	0	277,048	0	3,547	280,595	34.04
34.05	03404	TRANSPLANT ICU	0	125,104	0	0	125,104	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	313,617	0	128,941	442,558	34.06
40.00	04000	SUBPROVIDER - IPF	0	193,783	0	9,276	203,059	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	150,374	0	158,936	309,310	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,059,260	0	1,547,616	3,606,876	50.00
50.01	05001	ENDOSCOPY	0	62,116	0	9,070	71,186	50.01
51.00	05100	RECOVERY ROOM	0	277,672	0	744,862	1,022,534	51.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	22,061	0	613,068	635,129	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	181,927	0	519,396	701,323	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,703,297	0	12,505,708	14,209,005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	406,399	0	5,043	411,442	55.00
56.00	05600	RADIOISOTOPE	0	173,524	0	843,188	1,016,712	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	1,579,811	0	4,707,169	6,286,980	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	40,066	0	1,685	41,751	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	128,773	0	690	129,463	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	91,384	0	48,353	139,737	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	221,219	0	5,494,085	5,715,304	65.00
66.00	06600	PHYSICAL THERAPY	0	236,553	0	57,396	293,949	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	155,699	0	1,351,093	1,506,792	67.00
68.00	06800	SPEECH PATHOLOGY	0	205,225	0	131,013	336,238	68.00
69.00	06900	ELECTROCARDIOLOGY	0	59,572	0	217,266	276,838	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	68,429	0	78,029	146,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,238	0	388,086	419,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	1,110,785	1,110,785	73.03
74.00	07400	RENAL DIALYSIS	0	324,755	0	278,127	602,882	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	807	807	76.00
76.01	03021	CARDIOLOGY	0	105,997	0	18,485	124,482	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	26,323	0	4,070	30,393	76.02
76.03	03023	CARDIAC CATHERIZATION	0	305,140	0	1,037,231	1,342,371	76.03
76.04	03024	DAY SURGERY	0	259,758	0	6,735,837	6,995,595	76.04
76.05	03025	ONCOLOGY	0	25,141	0	158,814	183,955	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	16,817	0	414,033	430,850	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	156,357	0	10,779	167,136	90.01
90.02	09002	IUSCC HEM/ONC	0	1,035,772	0	958,343	1,994,115	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	53,041	0	191,568	244,609	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	165,369	0	51,342	216,711	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	87,684	0	148,655	236,339	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	316,179	0	303,757	619,936	90.07
90.08	09008	MOTILITY LAB	0	4,900	0	3,661	8,561	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	42,929	0	9,996	52,925	90.10
90.11	09023	SLEEP LAB	0	164,437	0	14,526	178,963	90.11
90.12	09024	OP CARE ADULTS	0	93,298	0	0	93,298	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	1,338,712	1,338,712	90.14
90.15	09013	NEUROLOGY UH	0	39,936	0	154,816	194,752	90.15
90.16	09014	ORTHOPEDICS UH	0	91,261	0	2,953	94,214	90.16
90.17	09015	PHYSICAL MEDICINE	0	99,535	0	1,839,480	1,939,015	90.17
90.18	09016	DERMATOLOGY CLINIC	0	79,067	0	17,255	96,322	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	17,616	17,616	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	801,304	0	2,732,385	3,533,689	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	50,690	0	489	51,179	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	2,150,223	2,150,223	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	228,669	0	900,590	1,129,259	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	27,542	0	17,259	44,801	105.00
106.00	10600	HEART ACQUISITION	0	14,333	0	1,127	15,460	106.00
107.00	10700	LIVER ACQUISITION	0	6,827	0	7,236	14,063	107.00
108.00	10800	LUNG ACQUISITION	0	22,098	0	2,221	24,319	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,887	0	4,109	6,996	109.00
110.00	11000	INTESTINE ACQUISITION	0	1,439	0	1,295	2,734	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	43,206	43,206	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	55,332	0	23,151	78,483	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	65,127	0	22,662	87,789	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	25,245,836	0	65,924,650	91,170,486	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	126,464	0	0	126,464	190.00
191.00	19100	RESEARCH	0	274,018	0	329,834	603,852	191.00
191.01	19101	RESEARCH-GCRC	0	156,632	0	0	156,632	191.01
191.02	19102	OSA	0	3,957	0	68,431	72,388	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,292	0	19,511	30,803	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,246,736	0	5,986,045	7,232,781	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	93,399	0	42,940	136,339	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	5,701,964	0	7,016	5,708,980	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	29,342	29,342	192.04
192.05	19205	MHH LABS	0	732	0	1,649	2,381	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	10,264	10,264	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	86,998	0	402,480	489,478	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	8,774	8,774	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	541,998	541,998	192.10
192.11	19211	UNUSED SPACE	0	6,208,717	0	0	6,208,717	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	39,156,745	0	73,372,934	112,529,679	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	15,254					4.00
5.01	00510	NONPATIENT TELEPHONES	0	1,606				5.01
5.02	00511	DATA PROCESSING	0	0	0			5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	0	1	0	36,129		5.03
5.04	00513	ADMITTING	0	0	0	0	1,102	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	459	72	0	4	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3	0	0	0	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	74	0	0	1	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1	0	29	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	1	0	0	0	0	9.03
10.00	01000	DIETARY	221	17	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	441	19	0	1	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	66	7	0	851	0	14.00
15.00	01500	PHARMACY	696	47	0	74	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6	1	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	109	16	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	52	5	0	4	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	698	8	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17	17	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	6	1	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	29	1	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	9	1	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	7	1	0	0	0	23.04
23.05	02312	ALLIED HEALTH	14	2	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	6	1	0	1	0	23.06
23.07	02307	PARAMED PHARMACY	30	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	3	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	5	1	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	1	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,694	352	0	72	1,102	30.00
31.00	03100	INTENSIVE CARE UNIT	417	35	0	15	0	31.00
32.00	03200	CORONARY CARE UNIT	306	27	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	119	6	0	4	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	31	2	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	110	17	0	0	0	34.02
34.03	03402	UH NS 3IC	22	2	0	0	0	34.03
34.04	03403	RH PED IC	221	4	0	6	0	34.04
34.05	03404	TRANSPLANT ICU	67	0	0	4	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	37	1	0	1	0	34.06
40.00	04000	SUBPROVIDER - IPF	91	11	0	1	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	103	10	0	6	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	833	84	0	18,297	0	50.00
50.01	05001	ENDOSCOPY	25	6	0	45	0	50.01
51.00	05100	RECOVERY ROOM	136	19	0	3	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	48	4	0	317	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	64	8	0	9	0	53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
54.00	05400	RADIOLOGY-DIAGNOSTIC	633	106	0	2,285	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	110	21	0	61	0	55.00
56.00	05600	RADIOISOTOPE	24	6	0	1,333	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	642	87	0	774	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	23	1	0	2	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	28	3	0	24	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85	6	0	4,711	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	553	22	0	923	0	65.00
66.00	06600	PHYSICAL THERAPY	234	7	0	29	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	52	7	0	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	83	15	0	617	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68	10	0	3	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104	8	0	5	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6	1	0	46	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	182	19	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	165	16	0	74	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	19	0	0	10	0	76.00
76.01	03021	CARDIOLOGY	50	4	0	2,128	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	3	6	0	1	0	76.02
76.03	03023	CARDIAC CATHERIZATION	108	21	0	1,221	0	76.03
76.04	03024	DAY SURGERY	113	5	0	3	0	76.04
76.05	03025	ONCOLOGY	2	2	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	7	1	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	30	7	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	252	40	0	951	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	6	2	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	14	5	0	1	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	51	9	0	12	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	107	29	0	1	0	90.07
90.08	09008	MOTILITY LAB	2	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	5	1	0	0	0	90.10
90.11	09023	SLEEP LAB	70	7	0	0	0	90.11
90.12	09024	OP CARE ADULTS	6	4	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	4	0	0	1	0	90.14
90.15	09013	NEUROLOGY UH	33	4	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	8	3	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	22	5	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	16	1	0	9	0	90.18
90.19	09017	INFUSION/HEM/ONC	12	0	0	0	0	90.19
90.20	09025	IUMG - MH	11	3	0	2	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	517	66	0	88	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	22	2	0	560	0	94.00
95.00	09500	AMBULANCE SERVICES	194	11	0	23	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	562	82	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	57	9	0	0	0	105.00
106.00	10600	HEART ACQUISITION	6	1	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	22	4	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	9	1	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	5	2	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	4	1	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	5	0	0	1	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	75	12	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	49	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,747	1,492	0	35,645	1,102	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3	0	0	0	190.00
191.00	19100	RESEARCH	85	10	0	4	0	191.00
191.01	19101	RESEARCH-GCRC	0	2	0	0	0	191.01
191.02	19102	OSA	61	7	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6	1	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	128	32	0	474	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	108	38	0	1	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	1	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	3	1	0	0	0	192.04
192.05	19205	MHH LABS	5	0	0	3	0	192.05
192.06	19206	BELTWAY SURGERY	2	1	0	0	0	192.06
192.07	19207	RHI	4	0	0	2	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	85	13	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	20	5	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	15,254	1,606	0	36,129	1,102	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING	0					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	8,217,029				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	111,878	1,015,152			6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0		6.03
7.00	00700	OPERATION OF PLANT	0	277,941	419	0	310,119	7.00
7.01	00701	IU LEASED SPACE	0	433	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,405	7,982	0	2,440	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	20,155	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	18,871	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	25,516	37	0	11	9.03
10.00	01000	DIETARY	0	78,890	8,842	0	2,703	10.00
11.00	01100	CAFETERIA	0	7,914	26	0	8	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	163,136	8,433	0	2,578	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	669,351	10,422	0	3,186	14.00
15.00	01500	PHARMACY	0	384,986	14,195	0	4,339	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	71,143	231	0	71	16.00
17.00	01700	SOCIAL SERVICE	0	47,611	1,257	0	384	17.00
18.00	01850	PATIENT TRANSPORTATION	0	15,067	308	0	94	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	221,521	1,111	0	340	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	66,693	10,595	0	3,238	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	2,590	3,020	0	923	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	7,409	942	0	288	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	979	904	0	276	23.03
23.04	02304	PARAMED EMERGENCY	0	1,773	879	0	269	23.04
23.05	02312	ALLIED HEALTH	0	4,486	146	0	45	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	1,536	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	8,301	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	76	380	0	116	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	761	557	0	170	23.09
23.10	02310	PARAMED PHARMACY TECH	0	1,540	981	0	300	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	216	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,162,361	190,082	0	58,049	30.00
31.00	03100	INTENSIVE CARE UNIT	0	126,609	15,056	0	4,602	31.00
32.00	03200	CORONARY CARE UNIT	0	92,969	9,526	0	2,912	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	34,507	2,011	0	615	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	9,859	1,035	0	316	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	34,365	0	0	0	34.02
34.03	03402	UH NS 3IC	0	7,864	1,649	0	504	34.03
34.04	03403	RH PED IC	0	63,325	7,310	0	2,234	34.04
34.05	03404	TRANSPLANT ICU	0	19,105	3,301	0	1,009	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	13,074	8,275	0	2,529	34.06
40.00	04000	SUBPROVIDER - IPF	0	28,492	5,113	0	1,563	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	32,370	3,968	0	1,213	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	345,564	54,333	0	16,608	50.00
50.01	05001	ENDOSCOPY	0	9,804	1,639	0	501	50.01
51.00	05100	RECOVERY ROOM	0	49,585	7,326	0	2,239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,562	582	0	178	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	23,703	4,800	0	1,467	53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	315,902	44,941	0	13,737	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39,726	10,723	0	3,278	55.00
56.00	05600	RADIOISOTOPE	0	16,913	4,578	0	1,399	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	217,927	41,683	0	12,741	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	17,252	1,057	0	323	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	9,445	3,398	0	1,039	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	38,476	2,411	0	737	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	191,149	5,837	0	1,784	65.00
66.00	06600	PHYSICAL THERAPY	0	68,640	6,241	0	1,908	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,773	4,108	0	1,256	67.00
68.00	06800	SPEECH PATHOLOGY	0	29,003	5,415	0	1,655	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,435	1,572	0	480	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35,802	1,805	0	552	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	253,710	824	0	252	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	280,635	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	574,936	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	69,491	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	55,533	8,569	0	2,619	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	5,268	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	33,953	2,797	0	855	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	2,388	695	0	212	76.02
76.03	03023	CARDIAC CATHERIZATION	0	53,569	8,051	0	2,461	76.03
76.04	03024	DAY SURGERY	0	68,672	6,854	0	2,095	76.04
76.05	03025	ONCOLOGY	0	3,296	663	0	203	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	4,634	444	0	136	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	17,462	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	10,845	4,125	0	1,261	90.01
90.02	09002	IUSCC HEM/ONC	0	105,324	27,328	0	8,353	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,463	1,399	0	428	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	6,131	4,363	0	1,334	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	17,271	2,314	0	707	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	41,323	8,342	0	2,550	90.07
90.08	09008	MOTILITY LAB	0	582	129	0	40	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	2,079	1,133	0	346	90.10
90.11	09023	SLEEP LAB	0	26,756	4,339	0	1,326	90.11
90.12	09024	OP CARE ADULTS	0	3,107	2,462	0	752	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	8,416	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	10,747	1,054	0	322	90.15
90.16	09014	ORTHOPEDICS UH	0	3,424	2,408	0	736	90.16
90.17	09015	PHYSICAL MEDICINE	0	17,244	2,626	0	803	90.17
90.18	09016	DERMATOLOGY CLINIC	0	4,917	2,086	0	638	90.18
90.19	09017	INFUSION/HEM/ONC	0	3,143	0	0	0	90.19
90.20	09025	IUMG - MH	0	3,773	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	179,495	21,142	0	6,462	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	9,282	1,337	0	409	94.00
95.00	09500	AMBULANCE SERVICES	0	118,305	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	259,425	6,033	0	1,844	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	58,663	727	0	222	105.00
106.00	10600	HEART ACQUISITION	0	10,870	378	0	116	106.00
107.00	10700	LIVER ACQUISITION	0	32,251	180	0	55	107.00
108.00	10800	LUNG ACQUISITION	0	14,649	583	0	178	108.00
109.00	10900	PANCREAS ACQUISITION	0	13,605	76	0	23	109.00
110.00	11000	INTESTINE ACQUISITION	0	7,402	38	0	12	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	2,274	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	23,880	1,460	0	446	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	19,351	1,718	0	525	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,755,283	648,119	0	197,928	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,308	3,337	0	1,020	190.00
191.00	19100	RESEARCH	0	22,290	7,230	0	2,210	191.00
191.01	19101	RESEARCH-GCRC	0	1,400	4,133	0	1,263	191.01
191.02	19102	OSA	0	30,765	104	0	32	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,158	298	0	91	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	103,698	32,895	0	10,055	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	40,045	2,464	0	753	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	32,175	150,444	0	45,986	192.03
192.04	19204	MHH RADIOLOGY	0	1,241	0	0	0	192.04
192.05	19205	MHH LABS	0	1,541	19	0	6	192.05
192.06	19206	BELTWAY SURGERY	0	720	0	0	0	192.06
192.07	19207	RHI	0	1,215	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	176,412	2,295	0	702	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	244	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	9,858	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	32,676	163,814	0	50,073	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	8,217,029	1,015,152	0	310,119	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE	433					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	343,953				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	20,155		9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	18,871	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	0	0	224	37	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	85	60	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	189	0	238	141	14.00
15.00	01500	PHARMACY	0	820	0	414	231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	433	0	0	16	0	16.00
17.00	01700	SOCIAL SERVICE	0	44	0	2	51	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	20	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	49	0	11	66	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,000	0	70	23	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	0	0	10	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	200,476	0	3,987	3,508	30.00
31.00	03100	INTENSIVE CARE UNIT	0	22,244	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	14,404	0	291	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	1,754	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	536	0	0	71	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	3,665	0	0	0	34.02
34.03	03402	UH NS 3IC	0	1,915	0	115	0	34.03
34.04	03403	RH PED IC	0	1,436	0	0	505	34.04
34.05	03404	TRANSPLANT ICU	0	72	0	231	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	471	0	0	571	34.06
40.00	04000	SUBPROVIDER - IPF	0	4,028	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,077	0	165	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	39,366	0	1,715	550	50.00
50.01	05001	ENDOSCOPY	0	1,412	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,677	0	161	96	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17	1	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	6	0	57	228	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,348	0	1,362	830	54.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	730	0	460	0	55.00
56.00	05600	RADIOISOTOPE	0	298	0	134	34	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	181	127	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	19	0	154	18	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	242	0	21	4	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	34	0	64	149	65.00
66.00	06600	PHYSICAL THERAPY	0	858	0	59	47	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	55	85	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	0	86	249	68.00
69.00	06900	ELECTROCARDIOLOGY	0	538	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54	0	0	55	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	57	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	22	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	34	0	361	98	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	233	0	32	162	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	3,519	0	39	0	76.03
76.04	03024	DAY SURGERY	0	2,317	0	414	55	76.04
76.05	03025	ONCOLOGY	0	0	0	5	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	250	0	288	0	90.01
90.02	09002	IUSCC HEM/ONC	0	85	0	1,728	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	98	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	126	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	60	0	162	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	901	0	0	576	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	9	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	77	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	74	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	168	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	183	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	36	0	146	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	21,064	0	75	311	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	93	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	53	0	4	21	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	19	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	13	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	5	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	3	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	29	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	9	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	433	338,342	0	14,546	9,036	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	70	106	190.00
191.00	19100	RESEARCH	0	285	0	8	0	191.00
191.01	19101	RESEARCH-GCRC	0	2,728	0	289	0	191.01
191.02	19102	OSA	0	0	0	7	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	21	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	2,598	0	12	44	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,732	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	2,585	4	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	2,617	5,949	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	433	343,953	0	20,155	18,871	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST	26,985					9.03
10.00	01000	DIETARY	392	790,846				10.00
11.00	01100	CAFETERIA	2	0	8,939			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	457	0	252	0	2,650,585	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	381	0	66	0	56	14.00
15.00	01500	PHARMACY	378	0	327	0	2,526	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5	0	0	16.00
17.00	01700	SOCIAL SERVICE	38	0	78	0	14	17.00
18.00	01850	PATIENT TRANSPORTATION	1	0	67	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	495	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	712	0	8	0	153	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	232	0	3	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	72	0	16	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	69	0	5	0	0	23.03
23.04	02304	PARAMED EMERGENCY	68	0	4	0	7	23.04
23.05	02312	ALLIED HEALTH	0	0	13	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	3	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	17	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	29	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	43	0	2	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	75	0	3	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	3	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,312	640,868	2,278	0	1,337,026	30.00
31.00	03100	INTENSIVE CARE UNIT	1,157	13,372	238	0	153,830	31.00
32.00	03200	CORONARY CARE UNIT	412	52,574	64	0	42,744	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	155	4,400	65	0	42,515	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,475	16	0	9,430	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	13,745	67	0	45,985	34.02
34.03	03402	UH NS 3IC	0	4,900	13	0	8,424	34.03
34.04	03403	RH PED IC	0	19,904	130	0	85,273	34.04
34.05	03404	TRANSPLANT ICU	0	0	42	0	28,283	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	2,741	25	0	13,031	34.06
40.00	04000	SUBPROVIDER - IPF	393	16,554	58	0	19,936	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	123	0	56	0	35,826	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,676	0	554	0	184,494	50.00
50.01	05001	ENDOSCOPY	126	0	16	0	7,584	50.01
51.00	05100	RECOVERY ROOM	298	0	79	0	45,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25	0	32	0	13,323	53.00
53.01	05301	PULMONARY FUNCTION TESTING	53	0	44	0	5,267	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	925	0	373	0	35,958	54.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	318	0	47	0	4,954	55.00
56.00	05600	RADIOISOTOPE	166	0	12	0	1,436	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	214	0	442	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	81	0	14	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	71	0	17	0	4,573	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50	0	50	0	763	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	212	0	345	0	1,749	65.00
66.00	06600	PHYSICAL THERAPY	299	0	129	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	160	0	32	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	44	0	48	0	1,943	68.00
69.00	06900	ELECTROCARDIOLOGY	121	0	49	0	2,928	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	77	0	61	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	105	0	0	73.03
74.00	07400	RENAL DIALYSIS	152	0	111	0	38,470	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	6	0	3,886	76.00
76.01	03021	CARDIOLOGY	0	0	31	0	6,537	76.01
76.02	03022	PSYCH OTHER ANCILLARY	53	0	2	0	1,055	76.02
76.03	03023	CARDIAC CATHERIZATION	619	4,295	51	0	14,267	76.03
76.04	03024	DAY SURGERY	10	0	72	0	36,895	76.04
76.05	03025	ONCOLOGY	45	0	3	0	652	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	34	0	5	0	1,034	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	22	0	6,287	90.01
90.02	09002	IUSCC HEM/ONC	199	0	246	0	36,596	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	5	0	527	90.03
90.04	09004	AMB SVC-PSYCH ADULT	197	0	10	0	749	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	33	0	4,004	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	80	0	22,968	90.07
90.08	09008	MOTILITY LAB	0	0	2	0	1,041	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	87	0	4	0	708	90.10
90.11	09023	SLEEP LAB	249	0	50	0	7	90.11
90.12	09024	OP CARE ADULTS	189	0	5	0	930	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	3	0	1,263	90.14
90.15	09013	NEUROLOGY UH	0	0	27	0	5,808	90.15
90.16	09014	ORTHOPEDICS UH	0	0	8	0	597	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	23	0	3,400	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	20	0	2,644	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	7	0	3,018	90.19
90.20	09025	IUMG - MH	0	0	8	0	2,165	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	1,110	0	317	0	172,205	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	14	0	4,836	94.00
95.00	09500	AMBULANCE SERVICES	0	0	110	0	30,129	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	15	0	360	0	53,382	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	35	0	28	0	28	105.00
106.00	10600	HEART ACQUISITION	29	0	2	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	12	0	7	107.00
108.00	10800	LUNG ACQUISITION	45	0	4	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	7	0	7	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	2	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	2	0	562	112.00
112.01	08601	POST TRANSPLANT EXPENSES	80	0	37	0	28	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	122	0	33	0	1,728	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,687	776,828	8,634	0	2,594,123	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61	0	0	0	0	190.00
191.00	19100	RESEARCH	495	0	44	0	6,370	191.00
191.01	19101	RESEARCH-GCRC	0	14,018	0	0	0	191.01
191.02	19102	OSA	0	0	31	0	6,883	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6	0	2,220	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	2,465	0	104	0	10,485	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	189	0	52	0	26,285	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,634	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	1	0	0	192.04
192.05	19205	MHH LABS	0	0	5	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	2	0	0	192.06
192.07	19207	RHI	0	0	3	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	30	0	46	0	7	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	11	0	4,212	192.10
192.11	19211	UNUSED SPACE	2,424	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	26,985	790,846	8,939	0	2,650,585	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			14.00	15.00	16.00	17.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,128,446					14.00
15.00	01500	PHARMACY	2,142	2,079,036				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	80,675			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	575,708		17.00
18.00	01850	PATIENT TRANSPORTATION	113	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6	7	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	12	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	ALLIED HEALTH	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	22	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	8	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,084	2,245	9,850	434,050		30.00
31.00	03100	INTENSIVE CARE UNIT	424	22	1,030	34,874		31.00
32.00	03200	CORONARY CARE UNIT	0	270	736	24,717		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	111	29	343	13,813		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	11	0	71	2,215		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.01
34.02	03401	UH SURG 6IC	0	33	264	8,883		34.02
34.03	03402	UH NS 3IC	0	4	44	1,557		34.03
34.04	03403	RH PED IC	172	103	544	13,774		34.04
34.05	03404	TRANSPLANT ICU	128	61	145	5,510		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	32	12	124	3,760		34.06
40.00	04000	SUBPROVIDER - IPF	31	9	176	10,846		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	183	47	307	18,556		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	636,972	23,515	9,138	0		50.00
50.01	05001	ENDOSCOPY	1,304	4	313	0		50.01
51.00	05100	RECOVERY ROOM	98	10	832	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	9,182	20,211	522	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	249	1,390	376	0		53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			14.00	15.00	16.00	17.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,269	15,908	7,542	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,778	140	1,174	0		55.00
56.00	05600	RADIOISOTOPE	38,654	4,404	333	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	22,456	7	12,807	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	65	0	345	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	691	567	168	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	136,620	131	1,085	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	26,776	68	1,862	0		65.00
66.00	06600	PHYSICAL THERAPY	846	323	774	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	16	0	173	0		67.00
68.00	06800	SPEECH PATHOLOGY	17,883	301	193	0		68.00
69.00	06900	ELECTROCARDIOLOGY	81	26	882	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	143	14	455	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,328	0	1,351	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	4,240	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,761	0		73.00
73.01	07301	RENAL-RILEY	0	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,119,596	857	0		73.03
74.00	07400	RENAL DIALYSIS	2,135	53,645	546	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	294	10	36	0		76.00
76.01	03021	CARDIOLOGY	61,724	260	1,093	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	20	1	19	0		76.02
76.03	03023	CARDIAC CATHERIZATION	35,413	416	1,152	0		76.03
76.04	03024	DAY SURGERY	74	24	132	0		76.04
76.05	03025	ONCOLOGY	0	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	0	10	15	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	32	0		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	4	795	140	0		90.01
90.02	09002	IUSCC HEM/ONC	27,578	579,359	626	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	7	3,076	24	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	26	28	41	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	353	358	243	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	32	15,732	136	0		90.07
90.08	09008	MOTILITY LAB	10	0	8	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	47	1	0		90.10
90.11	09023	SLEEP LAB	0	0	278	0		90.11
90.12	09024	OP CARE ADULTS	0	122	3	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	22	177,559	46	0		90.14
90.15	09013	NEUROLOGY UH	5	5	12	0		90.15
90.16	09014	ORTHOPEDICS UH	0	1,423	4	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	3,069	14	0		90.17
90.18	09016	DERMATOLOGY CLINIC	250	412	12	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0		90.19
90.20	09025	IUMG - MH	58	30	4	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0		90.21
90.22	09020	IUMG - MH	0	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0	0	0		90.25
91.00	09100	EMERGENCY	2,546	290	4,060	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	16,242	19,244	141	0		94.00
95.00	09500	AMBULANCE SERVICES	673	2,303	621	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			14.00	15.00	16.00	17.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,206	0		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	289	395	0		105.00
106.00	10600	HEART ACQUISITION	0	19	53	0		106.00
107.00	10700	LIVER ACQUISITION	0	121	266	0		107.00
108.00	10800	LUNG ACQUISITION	0	37	91	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	69	95	0		109.00
110.00	11000	INTESTINE ACQUISITION	0	22	54	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION	20	0	0	0		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	387	0	0		112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	213	3,153		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,114,376	2,048,619	80,629	575,708		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	121	117	0	0		191.00
191.01	19101	RESEARCH-GCRC	0	86	0	0		191.01
191.02	19102	OSA	0	0	1	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	13,743	1,101	35	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	40	0	0	0		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.03
192.04	19204	MHH RADIOLOGY	0	0	7	0		192.04
192.05	19205	MHH LABS	93	0	3	0		192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0		192.06
192.07	19207	RHI	56	0	0	0		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	1	5	0	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	3	28,809	0	0		192.09
192.10	19212	CARDIO PHYSICIANS	13	299	0	0		192.10
192.11	19211	UNUSED SPACE	0	0	0	0		192.11
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	1,128,446	2,079,036	80,675	575,708		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.00	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION	35,152					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			269,980		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				530,956	22.00
23.00	02300	PARAMED ED PRGM	0					23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0					23.03
23.04	02304	PARAMED EMERGENCY	0					23.04
23.05	02312	ALLIED HEALTH	0					23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0					23.06
23.07	02307	PARAMED PHARMACY	0					23.07
23.08	02308	PARAMED MEDICAL ASSIST	0					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0					23.09
23.10	02310	PARAMED PHARMACY TECH	0					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,597					30.00
31.00	03100	INTENSIVE CARE UNIT	481					31.00
32.00	03200	CORONARY CARE UNIT	344					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	160					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	33					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0					34.01
34.02	03401	UH SURG 6IC	123					34.02
34.03	03402	UH NS 3IC	20					34.03
34.04	03403	RH PED IC	254					34.04
34.05	03404	TRANSPLANT ICU	68					34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	58					34.06
40.00	04000	SUBPROVIDER - IPF	82					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	143					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
45.01	04510	ICF/MR	0					45.01
46.00	04600	OTHER LONG TERM CARE	0					46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,264					50.00
50.01	05001	ENDOSCOPY	146					50.01
51.00	05100	RECOVERY ROOM	388					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	243					53.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.00	19.00	20.00	21.00	22.00	
53.01	05301	PULMONARY FUNCTION TESTING	176					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,520					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	548					55.00
56.00	05600	RADIOISOTOPE	155					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	3,483					60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	161					60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	78					60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	506					63.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	869					65.00
66.00	06600	PHYSICAL THERAPY	361					66.00
67.00	06700	OCCUPATIONAL THERAPY	81					67.00
68.00	06800	SPEECH PATHOLOGY	90					68.00
69.00	06900	ELECTROCARDIOLOGY	411					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	212					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	630					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,979					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,555					73.00
73.01	07301	RENAL-RILEY	0					73.01
73.02	07302	RENAL-ADULT	0					73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	400					73.03
74.00	07400	RENAL DIALYSIS	255					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0					75.00
75.04	07501	BMTU OUTPATIENT	0					75.04
76.00	03020	RH NBN ECMO IC	17					76.00
76.01	03021	CARDIOLOGY	510					76.01
76.02	03022	PSYCH OTHER ANCILLARY	9					76.02
76.03	03023	CARDIAC CATHERIZATION	538					76.03
76.04	03024	DAY SURGERY	62					76.04
76.05	03025	ONCOLOGY	0					76.05
76.06	03026	DAY SURGERY-RILEY	0					76.06
76.07	03027	CARDIOLOGY-RILEY	0					76.07
76.97	03028	CARDIAC REHABILITATION	7					76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	15					89.00
90.00	09000	CLINIC	0					90.00
90.01	09001	AMB SVC-OB & GYN	65					90.01
90.02	09002	IUSCC HEM/ONC	292					90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	11					90.03
90.04	09004	AMB SVC-PSYCH ADULT	19					90.04
90.05	09005	AMB SVC-DIABETES ADULT	0					90.05
90.06	09006	OUTPATIENT SURGERY	113					90.06
90.07	09007	AMB SVC-RILEY CLINICS	63					90.07
90.08	09008	MOTILITY LAB	4					90.08
90.09	09009	AMB SVC - PSYCH CHILD	0					90.09
90.10	09010	CLINICAL GERIATRICS	1					90.10
90.11	09023	SLEEP LAB	130					90.11
90.12	09024	OP CARE ADULTS	1					90.12
90.13	09011	PEDIATRIC CLINIC	0					90.13
90.14	09012	ARTHRITIS CLINIC	21					90.14
90.15	09013	NEUROLOGY UH	5					90.15
90.16	09014	ORTHOPEDICS UH	2					90.16
90.17	09015	PHYSICAL MEDICINE	6					90.17
90.18	09016	DERMATOLOGY CLINIC	6					90.18
90.19	09017	INFUSION/HEM/ONC	0					90.19
90.20	09025	IUMG - MH	2					90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0					90.21
90.22	09020	IUMG - MH	0					90.22
90.24	09021	IU CANCER PAVILLION	0					90.24
90.25	09022	CARDIO CLINIC	0					90.25
91.00	09100	EMERGENCY	1,895					91.00
91.01	09101	EMERGENCY-RILEY	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0					93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	66					94.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.00	19.00	20.00	21.00	22.00	
95.00	09500	AMBULANCE SERVICES	290					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0					97.00
99.00	09900	CMHC	0					99.00
99.10	09910	CORF	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
101.00	10100	HOME HEALTH AGENCY	563					101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	184					105.00
106.00	10600	HEART ACQUISITION	25					106.00
107.00	10700	LIVER ACQUISITION	124					107.00
108.00	10800	LUNG ACQUISITION	42					108.00
109.00	10900	PANCREAS ACQUISITION	44					109.00
110.00	11000	INTESTINE ACQUISITION	25					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
112.00	08600	OTHER ORGAN ACQUISITION	0					112.00
112.01	08601	POST TRANSPLANT EXPENSES	0					112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0					115.00
116.00	11600	HOSPICE	100					116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,131	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00	19100	RESEARCH	0					191.00
191.01	19101	RESEARCH-GCRC	0					191.01
191.02	19102	OSA	1					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	16					192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0					192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0					192.03
192.04	19204	MHH RADIOLOGY	3					192.04
192.05	19205	MHH LABS	1					192.05
192.06	19206	BELTWAY SURGERY	0					192.06
192.07	19207	RHI	0					192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0					192.08
192.09	19209	ARTHRITIS CLINIC - NR	0					192.09
192.10	19212	CARDIO PHYSICIANS	0					192.10
192.11	19211	UNUSED SPACE	0					192.11
193.00	19300	NONPAID WORKERS	0					193.00
200.00		Cross Foot Adjustments		0	0	269,980	530,956	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	35,152	0	0	269,980	530,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM	0					23.00
23.01	02301	PARAMED ED HEALTH SCIENCES		122,629				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			44,448			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				43,406		23.03
23.04	02304	PARAMED EMERGENCY					36,323	23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT						34.01
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
45.01	04510	ICF/MR						45.01
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
			23.00	23.01	23.02	23.03	23.04	
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	07301	RENAL-RILEY						73.01
73.02	07302	RENAL-ADULT						73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.04	07501	BMTU OUTPATIENT						75.04
76.00	03020	RH NBN ECMO IC						76.00
76.01	03021	CARDIOLOGY						76.01
76.02	03022	PSYCH OTHER ANCILLARY						76.02
76.03	03023	CARDIAC CATHERIZATION						76.03
76.04	03024	DAY SURGERY						76.04
76.05	03025	ONCOLOGY						76.05
76.06	03026	DAY SURGERY-RILEY						76.06
76.07	03027	CARDIOLOGY-RILEY						76.07
76.97	03028	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE						90.21
90.22	09020	IUMG - MH						90.22
90.24	09021	IU CANCER PAVILLION						90.24
90.25	09022	CARDIO CLINIC						90.25
91.00	09100	EMERGENCY						91.00
91.01	09101	EMERGENCY-RILEY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
			23.00	23.01	23.02	23.03	23.04	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINE ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	MHH LABS						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	122,629	44,448	43,406	36,323	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	122,629	44,448	43,406	36,323	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH	10,266					23.05
23.06	02306	PARAMED LAB SCIENCE PRO		2,694				23.06
23.07	02307	PARAMED PHARMACY			37,804			23.07
23.08	02308	PARAMED MEDICAL ASSIST				15,017		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					27,514	23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT						34.01
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
45.01	04510	ICF/MR						45.01
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	
			23.05	23.06	23.07	23.08	23.09	
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	07301	RENAL-RILEY						73.01
73.02	07302	RENAL-ADULT						73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.04	07501	BMTU OUTPATIENT						75.04
76.00	03020	RH NBN ECMO IC						76.00
76.01	03021	CARDIOLOGY						76.01
76.02	03022	PSYCH OTHER ANCILLARY						76.02
76.03	03023	CARDIAC CATHERIZATION						76.03
76.04	03024	DAY SURGERY						76.04
76.05	03025	ONCOLOGY						76.05
76.06	03026	DAY SURGERY-RILEY						76.06
76.07	03027	CARDIOLOGY-RILEY						76.07
76.97	03028	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE						90.21
90.22	09020	IUMG - MH						90.22
90.24	09021	IU CANCER PAVILLION						90.24
90.25	09022	CARDIO CLINIC						90.25
91.00	09100	EMERGENCY						91.00
91.01	09101	EMERGENCY-RILEY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	
			23.05	23.06	23.07	23.08	23.09	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINE ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	MHH LABS						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	10,266	2,694	37,804	15,017	27,514	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,266	2,694	37,804	15,017	27,514	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH	40,094					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY		220				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			13,510,797	0	13,510,797	30.00
31.00	03100	INTENSIVE CARE UNIT			1,077,757	0	1,077,757	31.00
32.00	03200	CORONARY CARE UNIT			740,890	0	740,890	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			180,130	0	180,130	32.01
33.00	03300	BURN INTENSIVE CARE UNIT			144,588	0	144,588	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT			0	0	0	34.01
34.02	03401	UH SURG 6IC			107,257	0	107,257	34.02
34.03	03402	UH NS 3IC			312,399	0	312,399	34.03
34.04	03403	RH PED IC			475,790	0	475,790	34.04
34.05	03404	TRANSPLANT ICU			183,130	0	183,130	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT			487,300	0	487,300	34.06
40.00	04000	SUBPROVIDER - IPF			290,443	0	290,443	40.00
41.00	04100	SUBPROVIDER - IRF			0	0	0	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			405,463	0	405,463	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
45.01	04510	ICF/MR			0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE			0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			4,944,839	0	4,944,839	50.00
50.01	05001	ENDOSCOPY			94,111	0	94,111	50.01
51.00	05100	RECOVERY ROOM			1,132,153	0	1,132,153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			0	0	0	52.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
53.00	05300	ANESTHESIOLOGY			699,376	0	699,376	53.00
53.01	05301	PULMONARY FUNCTION TESTING			739,220	0	739,220	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC			14,726,644	0	14,726,644	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			475,510	0	475,510	55.00
56.00	05600	RADIOISOTOPE			1,086,591	0	1,086,591	56.00
57.00	05700	CT SCAN			0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	06000	LABORATORY			6,600,551	0	6,600,551	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY			61,075	0	61,075	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB			149,756	0	149,756	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			325,635	0	325,635	63.00
64.00	06400	INTRAVENOUS THERAPY			0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY			5,947,700	0	5,947,700	65.00
66.00	06600	PHYSICAL THERAPY			374,704	0	374,704	66.00
67.00	06700	OCCUPATIONAL THERAPY			1,536,591	0	1,536,591	67.00
68.00	06800	SPEECH PATHOLOGY			393,869	0	393,869	68.00
69.00	06900	ELECTROCARDIOLOGY			307,442	0	307,442	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			185,805	0	185,805	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			677,533	0	677,533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			286,854	0	286,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			589,252	0	589,252	73.00
73.01	07301	RENAL-RILEY			0	0	0	73.01
73.02	07302	RENAL-ADULT			0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY			2,301,457	0	2,301,457	73.03
74.00	07400	RENAL DIALYSIS			765,665	0	765,665	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
75.04	07501	BMTU OUTPATIENT			0	0	0	75.04
76.00	03020	RH NBN ECMO IC			10,353	0	10,353	76.00
76.01	03021	CARDIOLOGY			234,851	0	234,851	76.01
76.02	03022	PSYCH OTHER ANCILLARY			34,857	0	34,857	76.02
76.03	03023	CARDIAC CATHERIZATION			1,468,111	0	1,468,111	76.03
76.04	03024	DAY SURGERY			7,113,392	0	7,113,392	76.04
76.05	03025	ONCOLOGY			188,826	0	188,826	76.05
76.06	03026	DAY SURGERY-RILEY			0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY			0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION			437,177	0	437,177	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			17,509	0	17,509	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN			191,255	0	191,255	90.01
90.02	09002	IUSCC HEM/ONC			2,783,072	0	2,783,072	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY			253,655	0	253,655	90.03
90.04	09004	AMB SVC-PSYCH ADULT			229,755	0	229,755	90.04
90.05	09005	AMB SVC-DIABETES ADULT			0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY			262,029	0	262,029	90.06
90.07	09007	AMB SVC-RILEY CLINICS			712,776	0	712,776	90.07
90.08	09008	MOTILITY LAB			10,388	0	10,388	90.08
90.09	09009	AMB SVC - PSYCH CHILD			0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS			57,337	0	57,337	90.10
90.11	09023	SLEEP LAB			212,252	0	212,252	90.11
90.12	09024	OP CARE ADULTS			100,879	0	100,879	90.12
90.13	09011	PEDIATRIC CLINIC			0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC			1,526,047	0	1,526,047	90.14
90.15	09013	NEUROLOGY UH			212,848	0	212,848	90.15
90.16	09014	ORTHOPEDICS UH			102,995	0	102,995	90.16
90.17	09015	PHYSICAL MEDICINE			1,966,410	0	1,966,410	90.17
90.18	09016	DERMATOLOGY CLINIC			107,515	0	107,515	90.18
90.19	09017	INFUSION/HEM/ONC			6,180	0	6,180	90.19
90.20	09025	IUMG - MH			23,672	0	23,672	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE			0	0	0	90.21
90.22	09020	IUMG - MH			0	0	0	90.22
90.24	09021	IU CANCER PAVILLION			0	0	0	90.24
90.25	09022	CARDIO CLINIC			0	0	0	90.25
91.00	09100	EMERGENCY			3,945,332	0	3,945,332	91.00
91.01	09101	EMERGENCY-RILEY			0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	FAMILY PRACTICE			0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS			103,427	0	103,427	94.00
95.00	09500	AMBULANCE SERVICES			2,302,882	0	2,302,882	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY			1,452,809	0	1,452,809	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION			105,457	0	105,457	105.00
106.00	10600	HEART ACQUISITION			26,959	0	26,959	106.00
107.00	10700	LIVER ACQUISITION			47,118	0	47,118	107.00
108.00	10800	LUNG ACQUISITION			39,958	0	39,958	108.00
109.00	10900	PANCREAS ACQUISITION			20,934	0	20,934	109.00
110.00	11000	INTESTINE ACQUISITION			10,297	0	10,297	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION			46,070	0	46,070	112.00
112.01	08601	POST TRANSPLANT EXPENSES			104,917	0	104,917	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00	11600	HOSPICE			114,790	0	114,790	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	88,903,368	0	88,903,368	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			132,369	0	132,369	190.00
191.00	19100	RESEARCH			643,121	0	643,121	191.00
191.01	19101	RESEARCH-GCRC			180,551	0	180,551	191.01
191.02	19102	OSA			110,280	0	110,280	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES			39,604	0	39,604	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST			7,410,666	0	7,410,666	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC			206,314	0	206,314	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES			5,942,952	0	5,942,952	192.03
192.04	19204	MHH RADIOLOGY			30,598	0	30,598	192.04
192.05	19205	MHH LABS			4,057	0	4,057	192.05
192.06	19206	BELTWAY SURGERY			10,989	0	10,989	192.06
192.07	19207	RHI			1,280	0	1,280	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING			671,663	0	671,663	192.08
192.09	19209	ARTHRITIS CLINIC - NR			37,830	0	37,830	192.09
192.10	19212	CARDIO PHYSICIANS			556,416	0	556,416	192.10
192.11	19211	UNUSED SPACE			6,466,270	0	6,466,270	192.11
193.00	19300	NONPAID WORKERS			0	0	0	193.00
200.00		Cross Foot Adjustments	40,094	220	1,181,351	0	1,181,351	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,094	220	112,529,679	0	112,529,679	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	424,458,771					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	424,458,771				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			4,231,831,083			2.00
4.00	00400	EMPLOYEE BENEFITS	165,350	165,350	0	587,712,141		4.00
5.01	00510	NONPATIENT TELEPHONES	17,405	17,405	0	0	10,957	5.01
5.02	00511	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	34,739	34,739	1,898,919	0	5	5.03
5.04	00513	ADMITTING	11,943	11,943	0	0	0	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	6,904,518	6,904,518	437,163,748	17,655,244	492	5.06
6.00	00600	MAINTENANCE & REPAIRS	274,207	274,207	50,638,742	103,807	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	172,028	172,028	912,109	2,860,472	1	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,279,238	3,279,238	1,648,550	0	9	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	15,398	15,398	0	57,034	0	9.03
10.00	01000	DIETARY	3,632,803	3,632,803	21,016,821	8,498,282	115	10.00
11.00	01100	CAFETERIA	10,718	10,718	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,464,862	3,464,862	124,321,473	16,964,746	131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,282,043	4,282,043	2,795,524	2,547,115	50	14.00
15.00	01500	PHARMACY	5,832,075	5,832,075	65,165,896	26,769,035	322	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	95,053	95,053	0	240,523	9	16.00
17.00	01700	SOCIAL SERVICE	516,436	516,436	27,596,146	4,190,789	107	17.00
18.00	01850	PATIENT TRANSPORTATION	126,658	126,658	446,242	1,997,272	32	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	456,449	456,449	206,067	26,834,732	54	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,352,812	4,352,812	2,703,087	672,547	114	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	1,240,900	1,240,900	79,583	212,486	7	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	386,885	386,885	0	1,129,929	5	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	371,524	371,524	396,707	363,187	7	23.03
23.04	02304	PARAMED EMERGENCY	361,135	361,135	0	254,643	6	23.04
23.05	02312	ALLIED HEALTH	60,161	60,161	0	549,937	15	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	64,899	216,156	10	23.06
23.07	02307	PARAMED PHARMACY	0	0	1,698,907	1,141,790	2	23.07
23.08	02308	PARAMED MEDICAL ASSIST	156,266	156,266	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	228,869	228,869	280,594	117,420	2	23.09
23.10	02310	PARAMED PHARMACY TECH	403,039	403,039	0	183,431	6	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	31,084	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,072,982	78,072,982	129,512,781	143,127,590	2,412	30.00
31.00	03100	INTENSIVE CARE UNIT	6,185,872	6,185,872	7,653,599	16,045,622	241	31.00
32.00	03200	CORONARY CARE UNIT	3,913,875	3,913,875	7,932,571	11,755,490	184	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	826,214	826,214	190,576	4,562,422	41	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	425,023	425,023	4,514,844	1,208,775	14	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	4,246,051	118	34.02
34.03	03402	UH NS 3IC	677,649	677,649	12,853,369	835,468	13	34.03
34.04	03403	RH PED IC	3,003,197	3,003,197	204,558	8,519,124	25	34.04
34.05	03404	TRANSPLANT ICU	1,356,128	1,356,128	0	2,562,599	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	3,399,607	3,399,607	7,436,907	1,440,047	10	34.06
40.00	04000	SUBPROVIDER - IPF	2,100,611	2,100,611	535,009	3,499,633	74	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,630,048	1,630,048	9,166,935	3,979,342	67	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,322,359	22,322,359	89,261,484	32,032,286	570	50.00
50.01	05001	ENDOSCOPY	673,334	673,334	523,101	965,650	42	50.01
51.00	05100	RECOVERY ROOM	3,009,957	3,009,957	42,961,266	5,214,378	132	51.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	239,141	239,141	35,359,769	1,828,509	29	53.00
53.01	05301	PULMONARY FUNCTION TESTING	1,972,091	1,972,091	29,957,116	2,469,376	54	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,463,727	18,463,727	721,205,649	24,333,672	724	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,405,364	4,405,364	290,850	4,241,037	142	55.00
56.00	05600	RADIOISOTOPE	1,881,000	1,881,000	48,632,367	918,729	41	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	17,125,134	17,125,134	271,494,342	24,709,149	592	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	434,315	434,315	97,200	874,868	7	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,395,901	1,395,901	39,824	1,069,298	23	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	990,603	990,603	2,788,819	3,264,516	43	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,398,014	2,398,014	316,881,122	21,266,895	148	65.00
66.00	06600	PHYSICAL THERAPY	2,564,230	2,564,230	3,310,394	8,998,446	48	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,687,777	1,687,777	77,926,711	2,000,243	46	67.00
68.00	06800	SPEECH PATHOLOGY	2,224,636	2,224,636	7,556,417	3,184,082	101	68.00
69.00	06900	ELECTROCARDIOLOGY	645,764	645,764	12,531,210	2,617,565	66	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	741,773	741,773	4,500,450	4,012,689	54	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	338,619	338,619	22,383,570	231,178	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	64,066,529	7,003,389	131	73.03
74.00	07400	RENAL DIALYSIS	3,520,345	3,520,345	16,041,461	6,344,807	109	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	46,521	726,940	2	76.00
76.01	03021	CARDIOLOGY	1,149,002	1,149,002	1,066,179	1,936,922	29	76.01
76.02	03022	PSYCH OTHER ANCILLARY	285,345	285,345	234,732	128,361	38	76.02
76.03	03023	CARDIAC CATHERIZATION	3,307,716	3,307,716	59,824,147	4,150,256	146	76.03
76.04	03024	DAY SURGERY	2,815,769	2,815,769	388,501,373	4,332,910	37	76.04
76.05	03025	ONCOLOGY	272,531	272,531	9,159,902	94,274	12	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	182,300	182,300	23,880,100	285,134	5	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,694,907	1,694,907	621,680	1,171,408	50	90.01
90.02	09002	IUSCC HEM/ONC	11,227,760	11,227,760	55,274,118	9,706,656	270	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	574,962	574,962	11,049,043	229,958	15	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,792,598	1,792,598	2,961,213	540,820	35	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	950,499	950,499	8,573,956	1,954,109	58	90.06
90.07	09007	AMB SVC-RILEY CLINICS	3,427,381	3,427,381	17,519,752	4,109,370	199	90.07
90.08	09008	MOTILITY LAB	53,112	53,112	211,130	67,098	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	465,346	465,346	576,514	199,027	8	90.10
90.11	09023	SLEEP LAB	1,782,500	1,782,500	837,800	2,694,276	50	90.11
90.12	09024	OP CARE ADULTS	1,011,348	1,011,348	0	241,915	29	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	77,212,602	160,112	0	90.14
90.15	09013	NEUROLOGY UH	432,910	432,910	8,929,289	1,261,643	27	90.15
90.16	09014	ORTHOPEDICS UH	989,269	989,269	170,301	325,686	22	90.16
90.17	09015	PHYSICAL MEDICINE	1,078,963	1,078,963	106,095,262	835,654	36	90.17
90.18	09016	DERMATOLOGY CLINIC	857,090	857,090	995,187	599,770	4	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	446,951	0	90.19
90.20	09025	IUMG - MH	0	0	1,016,007	430,028	22	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	8,686,133	8,686,133	157,595,181	19,880,842	447	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	549,483	549,483	28,200	852,934	16	94.00
95.00	09500	AMBULANCE SERVICES	0	0	124,017,915	7,446,808	72	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,478,766	2,478,766	51,943,131	21,608,537	558	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	298,554	298,554	995,433	2,206,602	60	105.00
106.00	10600	HEART ACQUISITION	155,374	155,374	65,000	212,996	4	106.00
107.00	10700	LIVER ACQUISITION	74,000	74,000	417,322	851,180	25	107.00
108.00	10800	LUNG ACQUISITION	239,544	239,544	128,124	339,125	8	108.00
109.00	10900	PANCREAS ACQUISITION	31,300	31,300	237,000	181,286	14	109.00
110.00	11000	INTESTINE ACQUISITION	15,600	15,600	74,700	162,870	4	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	2,491,974	176,665	2	112.00
112.01	08601	POST TRANSPLANT EXPENSES	599,800	599,800	1,335,300	2,867,272	80	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	705,977	705,977	1,307,100	1,871,413	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	273,664,643	273,664,643	3,802,238,002	568,242,394	10,191	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,370,870	1,370,870	0	0	19	190.00
191.00	19100	RESEARCH	2,970,355	2,970,355	19,023,752	3,273,902	68	191.00
191.01	19101	RESEARCH-GCRC	1,697,887	1,697,887	0	0	17	191.01
191.02	19102	OSA	42,898	42,898	3,946,863	2,336,198	46	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	122,402	122,402	1,125,344	241,806	6	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	13,514,609	13,514,609	345,255,806	4,936,272	218	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1,012,443	1,012,443	2,476,634	4,159,518	257	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	61,809,238	61,809,238	404,673	121	4	192.03
192.04	19204	MHH RADIOLOGY	0	0	1,692,331	101,153	4	192.04
192.05	19205	MHH LABS	7,938	7,938	95,120	202,366	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	592,015	58,155	4	192.06
192.07	19207	RHI	0	0	0	148,376	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	943,057	943,057	23,213,778	3,251,643	91	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	506,041	0	1	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	31,260,724	760,237	31	192.10
192.11	19211	UNUSED SPACE	67,302,431	67,302,431	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	39,156,745	0	73,372,934	141,602,820	1,692,129	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.092251	0.000000	0.017338	0.240939	154.433604	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				15,254	1,606	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000026	0.146573	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING	10,957					5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	5	13,242,596,617				5.03
5.04	00513	ADMITTING	0	0	3,182,364,850			5.04
5.05	00514	CASHIERING	0	0	0	5,240,329,573		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	492	1,300,540	4,434	760	-123,105,022	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	1	496,665	0	0	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	9	9,801,554	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	63,201	0	0	0	9.03
10.00	01000	DIETARY	115	54,074	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	131	181,062	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50	283,684,172	2,046	2,046	0	14.00
15.00	01500	PHARMACY	322	24,624,228	602,751	891,098	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	107	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	32	1,293,961	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	54	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	114	68,185	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	7	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	5	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	7	137,730	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	6	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	15	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	10	251,377	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	2	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2	363	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	6	97,149	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,412	23,953,921	648,274,821	656,681,416	0	30.00
31.00	03100	INTENSIVE CARE UNIT	241	4,872,881	68,670,743	68,670,743	0	31.00
32.00	03200	CORONARY CARE UNIT	184	0	49,093,098	49,093,098	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	41	1,273,070	22,857,054	22,857,054	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	14	123,728	4,700,364	4,700,364	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	118	0	17,585,930	17,585,930	0	34.02
34.03	03402	UH NS 3IC	13	0	2,926,616	2,926,616	0	34.03
34.04	03403	RH PED IC	25	1,971,269	36,275,756	36,275,756	0	34.04
34.05	03404	TRANSPLANT ICU	0	1,468,001	9,689,036	9,689,036	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	10	372,902	8,265,575	8,265,575	0	34.06
40.00	04000	SUBPROVIDER - IPF	74	355,276	11,523,266	11,751,801	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	67	2,100,200	20,457,994	20,459,677	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	570	7,297,906,546	398,018,586	609,207,878	0	50.00
50.01	05001	ENDOSCOPY	42	14,988,869	14,579,084	20,874,396	0	50.01
51.00	05100	RECOVERY ROOM	132	1,125,989	29,750,086	55,452,877	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29	105,537,347	25,802,715	34,780,168	0	53.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
53.01	05301	PULMONARY FUNCTION TESTING	54	2,865,391	3,071,437	25,083,020	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	724	761,708,921	192,491,407	502,819,631	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	142	20,436,063	6,207,383	78,265,192	0	55.00
56.00	05600	RADIOISOTOPE	41	444,298,833	6,313,468	22,212,418	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	592	258,116,911	385,583,202	715,046,727	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	7	746,143	3,064,872	23,026,325	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	23	7,947,582	3,178,615	11,176,072	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	43	1,570,347,692	62,281,114	72,312,421	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	148	307,769,878	121,226,613	124,111,947	0	65.00
66.00	06600	PHYSICAL THERAPY	48	9,720,241	32,765,502	51,584,655	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	46	181,802	8,845,756	11,531,186	0	67.00
68.00	06800	SPEECH PATHOLOGY	101	205,549,849	4,508,987	12,876,271	0	68.00
69.00	06900	ELECTROCARDIOLOGY	66	928,109	39,881,327	58,771,452	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54	1,640,733	20,155,303	30,352,937	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4	15,267,823	60,538,766	90,061,402	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	204,146,510	282,652,908	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	414,996,330	650,706,550	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	131	0	0	57,104,365	0	73.03
74.00	07400	RENAL DIALYSIS	109	24,543,206	13,613,994	36,419,956	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	2	3,375,030	2,419,974	2,419,974	0	76.00
76.01	03021	CARDIOLOGY	29	709,470,043	25,281,413	72,881,761	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	38	226,738	418,689	1,280,620	0	76.02
76.03	03023	CARDIAC CATHERIZATION	146	407,048,300	35,562,094	76,819,887	0	76.03
76.04	03024	DAY SURGERY	37	847,493	894,999	8,805,438	0	76.04
76.05	03025	ONCOLOGY	12	0	0	864	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	5	0	294,757	1,005,592	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	2,129,200	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	50	43,934	583,196	9,317,284	0	90.01
90.02	09002	IUSCC HEM/ONC	270	316,991,451	617,401	41,745,285	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	15	80,267	29,516	1,594,563	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	35	296,963	5,487	2,755,130	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	58	4,061,757	6,785,556	16,172,147	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	199	367,843	450,164	9,041,803	0	90.07
90.08	09008	MOTILITY LAB	1	116,729	21,992	524,480	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	8	0	790	88,934	0	90.10
90.11	09023	SLEEP LAB	50	0	35,087	18,529,391	0	90.11
90.12	09024	OP CARE ADULTS	29	456	1,034	173,961	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	250,048	21,100	3,042,729	0	90.14
90.15	09013	NEUROLOGY UH	27	56,204	3,880	777,311	0	90.15
90.16	09014	ORTHOPEDICS UH	22	3,022	935	272,577	0	90.16
90.17	09015	PHYSICAL MEDICINE	36	0	5,139	907,195	0	90.17
90.18	09016	DERMATOLOGY CLINIC	4	2,869,941	1,251	797,239	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	16,283	0	90.19
90.20	09025	IUMG - MH	22	668,350	8,490	260,028	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	447	29,266,599	88,668,152	270,653,411	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	16	186,690,500	4,544,959	9,379,664	0	94.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
95.00	09500	AMBULANCE SERVICES	72	7,739,549	144,852	41,384,145	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	558	0	0	80,369,303	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	60	0	26,338,905	26,349,682	0	105.00
106.00	10600	HEART ACQUISITION	4	0	3,537,842	3,537,842	0	106.00
107.00	10700	LIVER ACQUISITION	25	0	17,716,355	17,716,355	0	107.00
108.00	10800	LUNG ACQUISITION	8	0	6,053,275	6,053,275	0	108.00
109.00	10900	PANCREAS ACQUISITION	14	0	6,316,279	6,316,279	0	109.00
110.00	11000	INTESTINE ACQUISITION	4	0	3,620,481	3,620,481	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	2	224,432	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	80	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	14,225,306	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,191	13,080,869,086	3,182,334,585	5,237,247,143	-123,105,022	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19	0	0	0	0	190.00
191.00	19100	RESEARCH	68	1,387,274	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	17	0	22,640	22,640	0	191.01
191.02	19102	OSA	46	0	4,250	84,160	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	218	157,970,516	1,242	2,336,339	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	257	461,121	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	4	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	4	0	1,610	434,315	0	192.04
192.05	19205	MHH LABS	0	1,066,824	523	204,976	0	192.05
192.06	19206	BELTWAY SURGERY	4	0	0	0	0	192.06
192.07	19207	RHI	0	641,313	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	91	15,304	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	1	37,207	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	31	147,972	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	63,188,019	16,546,455	7,156,640	29,930,804		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,766.908734	0.001249	0.002249	0.005712		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	36,129	1,102	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000003	0.000000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,561,224,095					5.06
6.00	00600	MAINTENANCE & REPAIRS	21,257,499	417,050,609				6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0			6.03
7.00	00700	OPERATION OF PLANT	52,810,332	172,028	0	416,878,581		7.00
7.01	00701	IU LEASED SPACE	82,361	0	0	0	6,616	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	456,944	3,279,238	0	3,279,238	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,829,642	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,585,517	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	4,848,158	15,398	0	15,398	0	9.03
10.00	01000	DIETARY	14,989,501	3,632,803	0	3,632,803	0	10.00
11.00	01100	CAFETERIA	1,503,788	10,718	0	10,718	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	30,996,729	3,464,862	0	3,464,862	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,180,575	4,282,043	0	4,282,043	0	14.00
15.00	01500	PHARMACY	73,149,598	5,832,075	0	5,832,075	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,517,577	95,053	0	95,053	6,616	16.00
17.00	01700	SOCIAL SERVICE	9,046,341	516,436	0	516,436	0	17.00
18.00	01850	PATIENT TRANSPORTATION	2,862,778	126,658	0	126,658	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	42,090,335	456,449	0	456,449	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,672,024	4,352,812	0	4,352,812	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	492,116	1,240,900	0	1,240,900	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	1,407,753	386,885	0	386,885	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	186,066	371,524	0	371,524	0	23.03
23.04	02304	PARAMED EMERGENCY	336,799	361,135	0	361,135	0	23.04
23.05	02312	ALLIED HEALTH	852,430	60,161	0	60,161	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	291,899	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	1,577,301	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	14,416	156,266	0	156,266	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	144,588	228,869	0	228,869	0	23.09
23.10	02310	PARAMED PHARMACY TECH	292,609	403,039	0	403,039	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	40,951	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	220,797,489	78,072,982	0	78,072,982	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,056,359	6,185,872	0	6,185,872	0	31.00
32.00	03200	CORONARY CARE UNIT	17,664,598	3,913,875	0	3,913,875	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,556,433	826,214	0	826,214	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,873,353	425,023	0	425,023	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	6,529,458	0	0	0	0	34.02
34.03	03402	UH NS 3IC	1,494,120	677,649	0	677,649	0	34.03
34.04	03403	RH PED IC	12,032,026	3,003,197	0	3,003,197	0	34.04
34.05	03404	TRANSPLANT ICU	3,630,001	1,356,128	0	1,356,128	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	2,484,173	3,399,607	0	3,399,607	0	34.06
40.00	04000	SUBPROVIDER - IPF	5,413,622	2,100,611	0	2,100,611	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,150,465	1,630,048	0	1,630,048	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,659,093	22,322,359	0	22,322,359	0	50.00
50.01	05001	ENDOSCOPY	1,862,902	673,334	0	673,334	0	50.01
51.00	05100	RECOVERY ROOM	9,421,375	3,009,957	0	3,009,957	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
53.00	05300	ANESTHESIOLOGY	3,716,927	239,141	0	239,141	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,503,639	1,972,091	0	1,972,091	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,023,273	18,463,727	0	18,463,727	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,548,172	4,405,364	0	4,405,364	0	55.00
56.00	05600	RADIOISOTOPE	3,213,647	1,881,000	0	1,881,000	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	41,407,359	17,125,134	0	17,125,134	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,278,003	434,315	0	434,315	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,794,527	1,395,901	0	1,395,901	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,310,569	990,603	0	990,603	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	36,319,346	2,398,014	0	2,398,014	0	65.00
66.00	06600	PHYSICAL THERAPY	13,041,972	2,564,230	0	2,564,230	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,516,924	1,687,777	0	1,687,777	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,510,807	2,224,636	0	2,224,636	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,452,821	645,764	0	645,764	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,802,491	741,773	0	741,773	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,206,335	338,619	0	338,619	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	53,322,186	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,241,207	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	13,203,621	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	10,551,495	3,520,345	0	3,520,345	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,001,033	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	6,451,296	1,149,002	0	1,149,002	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	453,647	285,345	0	285,345	0	76.02
76.03	03023	CARDIAC CATHERIZATION	10,178,404	3,307,716	0	3,307,716	0	76.03
76.04	03024	DAY SURGERY	13,048,058	2,815,769	0	2,815,769	0	76.04
76.05	03025	ONCOLOGY	626,170	272,531	0	272,531	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	880,412	182,300	0	182,300	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,317,924	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,060,604	1,694,907	0	1,694,907	0	90.01
90.02	09002	IUSCC HEM/ONC	20,012,091	11,227,760	0	11,227,760	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	658,007	574,962	0	574,962	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,164,959	1,792,598	0	1,792,598	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,281,679	950,499	0	950,499	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	7,851,555	3,427,381	0	3,427,381	0	90.07
90.08	09008	MOTILITY LAB	110,504	53,112	0	53,112	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	395,050	465,346	0	465,346	0	90.10
90.11	09023	SLEEP LAB	5,083,719	1,782,500	0	1,782,500	0	90.11
90.12	09024	OP CARE ADULTS	590,255	1,011,348	0	1,011,348	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1,599,055	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	2,041,939	432,910	0	432,910	0	90.15
90.16	09014	ORTHOPEDICS UH	650,668	989,269	0	989,269	0	90.16
90.17	09015	PHYSICAL MEDICINE	3,276,514	1,078,963	0	1,078,963	0	90.17
90.18	09016	DERMATOLOGY CLINIC	934,348	857,090	0	857,090	0	90.18
90.19	09017	INFUSION/HEM/ONC	597,140	0	0	0	0	90.19
90.20	09025	IUMG - MH	716,926	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	34,105,025	8,686,133	0	8,686,133	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,763,716	549,483	0	549,483	0	94.00
95.00	09500	AMBULANCE SERVICES	22,478,601	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	49,292,215	2,478,766	0	2,478,766	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,146,310	298,554	0	298,554	0	105.00
106.00	10600	HEART ACQUISITION	2,065,431	155,374	0	155,374	0	106.00
107.00	10700	LIVER ACQUISITION	6,127,820	74,000	0	74,000	0	107.00
108.00	10800	LUNG ACQUISITION	2,783,299	239,544	0	239,544	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,585,103	31,300	0	31,300	0	109.00
110.00	11000	INTESTINE ACQUISITION	1,406,469	15,600	0	15,600	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	432,107	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,537,341	599,800	0	599,800	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,676,727	705,977	0	705,977	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,473,489,536	266,256,481	0	266,084,453	6,616	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	248,622	1,370,870	0	1,370,870	0	190.00
191.00	19100	RESEARCH	4,235,152	2,970,355	0	2,970,355	0	191.00
191.01	19101	RESEARCH-GCRC	265,946	1,697,887	0	1,697,887	0	191.01
191.02	19102	OSA	5,845,610	42,898	0	42,898	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,170,115	122,402	0	122,402	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	19,703,271	13,514,609	0	13,514,609	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	7,608,805	1,012,443	0	1,012,443	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	6,113,400	61,809,238	0	61,809,238	0	192.03
192.04	19204	MHH RADIOLOGY	235,746	0	0	0	0	192.04
192.05	19205	MHH LABS	292,824	7,938	0	7,938	0	192.05
192.06	19206	BELTWAY SURGERY	136,729	0	0	0	0	192.06
192.07	19207	RHI	230,871	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	33,519,323	943,057	0	943,057	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	46,394	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1,873,034	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	6,208,717	67,302,431	0	67,302,431	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	123,105,022	22,933,695	0	56,983,992	88,855	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.078852	0.054990	0.000000	0.136692	13.430320	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,217,029	1,015,152	0	310,119	433	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005263	0.002434	0.000000	0.000744	0.065447	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	5,241,998					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	118,367,718			9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	112,178,250		9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	144,481,776	9.03
10.00	01000	DIETARY	0	0	1,315,088	220,929	2,096,786	10.00
11.00	01100	CAFETERIA	0	0	0	0	10,718	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	500,474	358,374	2,446,275	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,880	0	1,402,265	841,411	2,038,367	14.00
15.00	01500	PHARMACY	12,501	0	2,433,353	1,375,754	2,022,968	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	95,053	0	0	16.00
17.00	01700	SOCIAL SERVICE	674	0	10,928	303,104	202,404	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	119,149	0	7,509	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	742	0	65,587	390,862	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,248	0	408,953	134,843	3,809,016	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	1,240,900	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	386,885	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	371,524	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	361,135	23.04
23.05	02312	ALLIED HEALTH	0	0	0	60,161	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	156,266	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	228,869	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	403,039	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,055,326	0	23,282,104	20,879,706	33,911,172	30.00
31.00	03100	INTENSIVE CARE UNIT	339,006	0	0	0	6,185,872	31.00
32.00	03200	CORONARY CARE UNIT	219,519	0	1,709,308	0	2,204,567	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	26,731	0	0	0	826,214	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	8,170	0	0	425,023	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	55,857	0	0	0	0	34.02
34.03	03402	UH NS 3IC	29,180	0	677,649	0	0	34.03
34.04	03403	RH PED IC	21,890	0	0	3,003,197	0	34.04
34.05	03404	TRANSPLANT ICU	1,104	0	1,356,128	0	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	7,180	0	0	3,399,607	0	34.06
40.00	04000	SUBPROVIDER - IPF	61,392	0	0	0	2,100,611	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	46,889	0	971,148	0	658,900	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	599,955	0	10,086,166	3,272,930	8,963,263	50.00
50.01	05001	ENDOSCOPY	21,523	0	0	0	673,334	50.01
51.00	05100	RECOVERY ROOM	40,804	0	945,543	569,614	1,594,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	99,993	5,687	133,461	53.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
53.01	05301	PULMONARY FUNCTION TESTING	86	0	332,835	1,355,379	283,877	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,985	0	8,012,700	4,938,930	4,943,862	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,124	0	2,707,405	0	1,697,959	55.00
56.00	05600	RADIOISOTOPE	4,548	0	789,930	202,000	889,070	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	1,061,843	755,399	1,146,232	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	434,315	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	289	0	904,981	109,518	381,402	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,684	0	121,707	22,486	266,373	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	521	0	377,792	887,137	1,133,088	65.00
66.00	06600	PHYSICAL THERAPY	13,075	0	347,372	277,926	1,599,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	325,241	505,788	856,748	67.00
68.00	06800	SPEECH PATHOLOGY	99	0	508,781	1,481,582	234,273	68.00
69.00	06900	ELECTROCARDIOLOGY	8,199	0	0	0	645,764	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	823	0	0	328,074	413,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	338,619	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	339	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	513	0	2,122,827	583,913	813,605	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	3,547	0	185,569	963,433	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	285,345	76.02
76.03	03023	CARDIAC CATHERIZATION	53,624	0	228,254	0	3,307,716	76.03
76.04	03024	DAY SURGERY	35,309	0	2,434,381	327,961	53,427	76.04
76.05	03025	ONCOLOGY	0	0	31,560	0	240,971	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0	0	182,300	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,814	0	1,694,907	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1,297	0	10,162,865	0	1,064,895	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	574,962	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	739,330	0	1,053,268	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	907	0	950,499	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	13,738	0	0	3,427,381	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	53,112	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	465,346	90.10
90.11	09023	SLEEP LAB	0	0	450,427	0	1,332,073	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	1,011,348	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	432,910	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	989,269	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	1,078,963	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	552	0	857,090	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	321,031	0	442,079	1,852,505	5,934,133	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	549,483	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	803	0	25,915	122,886	80,508	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	110,802	0	187,752	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	155,374	106.00
107.00	10700	LIVER ACQUISITION	0	0	74,000	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	239,544	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	31,300	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	15,600	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	170,600	0	429,200	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	54,897	0	651,080	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,156,478	0	85,377,965	53,775,231	105,449,340	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	411,549	633,230	326,091	190.00
191.00	19100	RESEARCH	4,349	0	44,731	0	2,646,803	191.00
191.01	19101	RESEARCH-GCRC	41,581	0	1,697,887	0	0	191.01
191.02	19102	OSA	0	0	42,898	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	122,402	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	39,590	0	68,719	262,617	13,183,273	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	1,012,443	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	22,216,537	8,738,750	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	15,208,537	23,304	162,703	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	15,393,030	35,267,331	12,962,373	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,121,546	0	4,131,617	3,868,242	5,233,397	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.213954	0.000000	0.034905	0.034483	0.036222	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	343,953	0	20,155	18,871	26,985	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.065615	0.000000	0.000170	0.000168	0.000187	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY	792,293					10.00
11.00	01100	CAFETERIA	0	951,250				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	26,773	0	381,985		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,975	0	8	12,947,015,349	14.00
15.00	01500	PHARMACY	0	34,825	0	364	24,624,228	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	531	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,291	0	2	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	7,183	0	0	1,293,961	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	52,657	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	850	0	22	68,185	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	302	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	1,713	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	515	0	0	137,730	23.03
23.04	02304	PARAMED EMERGENCY	0	442	0	1	0	23.04
23.05	02312	ALLIED HEALTH	0	1,420	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	311	0	0	251,377	23.06
23.07	02307	PARAMED PHARMACY	0	1,824	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	179	0	0	363	23.09
23.10	02310	PARAMED PHARMACY TECH	0	307	0	0	97,149	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	364	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	642,042	243,048	0	192,684	23,953,921	30.00
31.00	03100	INTENSIVE CARE UNIT	13,396	25,322	0	22,169	4,872,881	31.00
32.00	03200	CORONARY CARE UNIT	52,670	6,808	0	6,160	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	4,408	6,898	0	6,127	1,273,070	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	3,481	1,746	0	1,359	123,728	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	13,770	7,139	0	6,627	0	34.02
34.03	03402	UH NS 3IC	4,909	1,358	0	1,214	0	34.03
34.04	03403	RH PED IC	19,940	13,812	0	12,289	1,971,269	34.04
34.05	03404	TRANSPLANT ICU	0	4,500	0	4,076	1,468,001	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	2,746	2,659	0	1,878	372,902	34.06
40.00	04000	SUBPROVIDER - IPF	16,584	6,137	0	2,873	355,276	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	6,012	0	5,163	2,100,200	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	59,005	0	26,588	7,297,906,546	50.00
50.01	05001	ENDOSCOPY	0	1,672	0	1,093	14,988,869	50.01
51.00	05100	RECOVERY ROOM	0	8,416	0	6,582	1,125,989	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
53.00	05300	ANESTHESIOLOGY	0	3,435	0	1,920	105,537,347	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	4,647	0	759	2,865,391	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,667	0	5,182	761,708,921	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,957	0	714	20,436,063	55.00
56.00	05600	RADIOISOTOPE	0	1,287	0	207	444,298,833	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	47,057	0	0	258,116,911	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	1,471	0	0	746,143	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	1,854	0	659	7,947,582	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,277	0	110	1,570,347,692	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	36,735	0	252	307,769,878	65.00
66.00	06600	PHYSICAL THERAPY	0	13,734	0	0	9,720,241	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,381	0	0	181,802	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,063	0	280	205,549,849	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,210	0	422	928,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,510	0	0	1,640,733	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	422	0	0	15,267,823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	11,140	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	11,816	0	5,544	24,543,206	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	664	0	560	3,375,030	76.00
76.01	03021	CARDIOLOGY	0	3,269	0	942	709,470,043	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	189	0	152	226,738	76.02
76.03	03023	CARDIAC CATHERIZATION	4,303	5,394	0	2,056	407,048,300	76.03
76.04	03024	DAY SURGERY	0	7,712	0	5,317	847,493	76.04
76.05	03025	ONCOLOGY	0	279	0	94	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	515	0	149	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	2,314	0	906	43,934	90.01
90.02	09002	IUSCC HEM/ONC	0	26,174	0	5,274	316,991,451	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	572	0	76	80,267	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,059	0	108	296,963	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	3,528	0	577	4,061,757	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	8,470	0	3,310	367,843	90.07
90.08	09008	MOTILITY LAB	0	163	0	150	116,729	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	447	0	102	0	90.10
90.11	09023	SLEEP LAB	0	5,292	0	1	0	90.11
90.12	09024	OP CARE ADULTS	0	522	0	134	456	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	282	0	182	250,048	90.14
90.15	09013	NEUROLOGY UH	0	2,872	0	837	56,204	90.15
90.16	09014	ORTHOPEDICS UH	0	859	0	86	3,022	90.16
90.17	09015	PHYSICAL MEDICINE	0	2,463	0	490	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	2,103	0	381	2,869,941	90.18
90.19	09017	INFUSION/HEM/ONC	0	692	0	435	0	90.19
90.20	09025	IUMG - MH	0	868	0	312	668,350	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	33,755	0	24,817	29,266,599	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	1,452	0	697	186,690,500	94.00
95.00	09500	AMBULANCE SERVICES	0	11,656	0	4,342	7,739,549	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	38,336	0	7,693	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	2,955	0	4	0	105.00
106.00	10600	HEART ACQUISITION	0	193	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,239	0	1	0	107.00
108.00	10800	LUNG ACQUISITION	0	380	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	703	0	1	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	222	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	199	0	81	224,432	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	3,963	0	4	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	3,472	0	249	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	778,249	918,884	0	373,848	12,785,287,818	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	4,656	0	918	1,387,274	191.00
191.01	19101	RESEARCH-GCRC	14,044	0	0	0	0	191.01
191.02	19102	OSA	0	3,330	0	992	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	590	0	320	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	11,086	0	1,511	157,970,516	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	5,554	0	3,788	461,121	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	112	0	0	0	192.04
192.05	19205	MHH LABS	0	503	0	0	1,066,824	192.05
192.06	19206	BELTWAY SURGERY	0	163	0	0	0	192.06
192.07	19207	RHI	0	357	0	0	641,313	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	4,862	0	1	15,304	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	37,207	192.09
192.10	19212	CARDIO PHYSICIANS	0	1,153	0	607	147,972	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	16,997,267	1,624,807	0	34,269,201	138,194,851	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.453259	1.708076	0.000000	89.713473	0.010674	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	790,846	8,939	0	2,650,585	1,128,446	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.998174	0.009397	0.000000	6.938977	0.000087	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,676,636,086					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,239,435,669				16.00
17.00	01700	SOCIAL SERVICE	0	0	370,069			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	5,239,435,669		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,922	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	ALLIED HEALTH	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,134,383	656,681,416	279,010	656,681,416		30.00
31.00	03100	INTENSIVE CARE UNIT	60,594	68,670,743	22,417	68,670,743		31.00
32.00	03200	CORONARY CARE UNIT	736,529	49,093,098	15,888	49,093,098		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	80,339	22,857,054	8,879	22,857,054		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	596	4,700,364	1,424	4,700,364		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.01
34.02	03401	UH SURG 6IC	90,826	17,585,930	5,710	17,585,930		34.02
34.03	03402	UH NS 3IC	11,035	2,926,616	1,001	2,926,616		34.03
34.04	03403	RH PED IC	280,342	36,275,756	8,854	36,275,756		34.04
34.05	03404	TRANSPLANT ICU	166,354	9,689,036	3,542	9,689,036		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	31,877	8,265,575	2,417	8,265,575		34.06
40.00	04000	SUBPROVIDER - IPF	24,814	11,751,801	6,972	11,751,801		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	127,928	20,459,677	11,928	20,459,677		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	64,248,828	609,207,878	0	609,207,878	0	50.00
50.01	05001	ENDOSCOPY	9,706	20,874,396	0	20,874,396	0	50.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
51.00	05100	RECOVERY ROOM	27,437	55,452,877	0	55,452,877	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	55,221,019	34,780,168	0	34,780,168	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,798,066	25,083,020	0	25,083,020	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,465,549	502,819,631	0	502,819,631	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	383,629	78,265,192	0	78,265,192	0	55.00
56.00	05600	RADIOISOTOPE	12,031,510	22,212,418	0	22,212,418	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	18,050	715,046,727	0	715,046,727	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	23,026,325	0	23,026,325	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,549,820	11,176,072	0	11,176,072	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	358,020	72,312,421	0	72,312,421	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	184,923	124,111,947	0	124,111,947	0	65.00
66.00	06600	PHYSICAL THERAPY	883,550	51,584,655	0	51,584,655	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,531,186	0	11,531,186	0	67.00
68.00	06800	SPEECH PATHOLOGY	823,151	12,876,271	0	12,876,271	0	68.00
69.00	06900	ELECTROCARDIOLOGY	71,424	58,771,452	0	58,771,452	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,002	30,352,937	0	30,352,937	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,061,402	0	90,061,402	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	282,652,908	0	282,652,908	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	650,706,550	0	650,706,550	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	3,055,221,036	57,104,365	0	57,104,365	0	73.03
74.00	07400	RENAL DIALYSIS	146,570,546	36,419,956	0	36,419,956	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	27,092	2,419,974	0	2,419,974	0	76.00
76.01	03021	CARDIOLOGY	710,917	72,881,761	0	72,881,761	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	2,146	1,280,620	0	1,280,620	0	76.02
76.03	03023	CARDIAC CATHERIZATION	1,137,051	76,819,887	0	76,819,887	0	76.03
76.04	03024	DAY SURGERY	65,008	8,805,438	0	8,805,438	0	76.04
76.05	03025	ONCOLOGY	0	864	0	864	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	27,900	1,005,592	0	1,005,592	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	2,129,200	0	2,129,200	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,171,683	9,317,284	0	9,317,284	0	90.01
90.02	09002	IUSCC HEM/ONC	1,582,948,124	41,745,285	0	41,745,285	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	8,403,633	1,594,563	0	1,594,563	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	76,566	2,755,130	0	2,755,130	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	977,576	16,172,147	0	16,172,147	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	42,982,954	9,041,803	0	9,041,803	0	90.07
90.08	09008	MOTILITY LAB	603	524,480	0	524,480	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	129,431	88,934	0	88,934	0	90.10
90.11	09023	SLEEP LAB	0	18,529,391	0	18,529,391	0	90.11
90.12	09024	OP CARE ADULTS	334,264	173,961	0	173,961	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	485,133,296	3,042,729	0	3,042,729	0	90.14
90.15	09013	NEUROLOGY UH	13,666	777,311	0	777,311	0	90.15
90.16	09014	ORTHOPEDICS UH	3,887,187	272,577	0	272,577	0	90.16
90.17	09015	PHYSICAL MEDICINE	8,384,861	907,195	0	907,195	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,125,577	797,239	0	797,239	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	16,283	0	16,283	0	90.19
90.20	09025	IUMG - MH	80,734	260,028	0	260,028	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
91.00	09100	EMERGENCY	792,077	270,653,411	0	270,653,411	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	52,579,800	9,379,664	0	9,379,664	0	94.00
95.00	09500	AMBULANCE SERVICES	6,292,161	41,384,145	0	41,384,145	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	80,369,303	0	80,369,303	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	789,108	26,349,682	0	26,349,682	0	105.00
106.00	10600	HEART ACQUISITION	51,500	3,537,842	0	3,537,842	0	106.00
107.00	10700	LIVER ACQUISITION	330,800	17,716,355	0	17,716,355	0	107.00
108.00	10800	LUNG ACQUISITION	101,600	6,053,275	0	6,053,275	0	108.00
109.00	10900	PANCREAS ACQUISITION	187,900	6,316,279	0	6,316,279	0	109.00
110.00	11000	INTESTINE ACQUISITION	59,300	3,620,481	0	3,620,481	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	1,058,600	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	14,225,306	2,027	14,225,306	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,593,529,920	5,236,353,239	370,069	5,236,353,239	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	320,010	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	234,415	22,640	0	22,640	0	191.01
191.02	19102	OSA	0	84,160	0	84,160	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	3,006,902	2,336,339	0	2,336,339	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	434,315	0	434,315	0	192.04
192.05	19205	MHH LABS	0	204,976	0	204,976	0	192.05
192.06	19206	BELTWAY SURGERY	59	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	12,600	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	78,714,357	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	817,823	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	80,598,800	14,694,765	9,891,304	3,143,304	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.014198	0.002805	26.728270	0.000600	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,079,036	80,675	575,708	35,152	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000366	0.000015	1.555677	0.000007	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		61,236				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			61,236			22.00
23.00	02300	PARAMED ED PRGM				0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES				0	3,974,514	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	1,129,929	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				0	363,187	23.03
23.04	02304	PARAMED EMERGENCY				0	254,643	23.04
23.05	02312	ALLIED HEALTH				0	549,937	23.05
23.06	02306	PARAMED LAB SCIENCE PRO				0	216,156	23.06
23.07	02307	PARAMED PHARMACY				0	1,128,727	23.07
23.08	02308	PARAMED MEDICAL ASSIST				0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				0	117,420	23.09
23.10	02310	PARAMED PHARMACY TECH				0	183,431	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY				0	31,084	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	16,572	16,572	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,485	1,485	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	643	643	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	1,350	1,350	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	8	8	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	800	800	0	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	7	7	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	190	190	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,394	5,394	0	0	50.00
50.01	05001	ENDOSCOPY	0	303	303	0	0	50.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
51.00	05100	RECOVERY ROOM	0	15	15	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,707	5,707	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	359	359	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,909	5,909	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	181	181	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,214	2,214	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	42	42	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	99	99	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	270	270	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	67	67	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	679	679	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	471	471	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	375	375	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	256	256	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	410	410	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	95	95	0	0	76.03
76.04	03024	DAY SURGERY	0	38	38	0	0	76.04
76.05	03025	ONCOLOGY	0	816	816	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	59	59	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	2	2	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	453	453	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	1,708	1,708	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	406	406	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,082	1,082	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	8	8	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	858	858	0	0	90.07
90.08	09008	MOTILITY LAB	0	1,928	1,928	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	607	607	0	0	90.10
90.11	09023	SLEEP LAB	0	1	1	0	0	90.11
90.12	09024	OP CARE ADULTS	0	26	26	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	356	356	0	0	90.14
90.15	09013	NEUROLOGY UH	0	952	952	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	128	128	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	3	3	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	1,115	1,115	0	0	90.19
90.20	09025	IUMG - MH	0	10	10	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	107	107	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
91.00	09100	EMERGENCY	0	5,413	5,413	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	29	29	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	60,006	60,006	0	3,974,514	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	956	956	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49	49	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	11	11	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	100	100	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	23	23	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	1	1	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	61	61	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	29	29	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	45,602,603	14,670,159	0	814,242	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	744.702512	239.567558	0.000000	0.204866	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	269,980	530,956	0	122,629	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.408844	8.670651	0.000000	0.030854	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	25,123					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	100				23.03
23.04	02304	PARAMED EMERGENCY	0	0	100			23.04
23.05	02312	ALLIED HEALTH	0	0	0	368,042		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	100	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	279,010	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	22,417	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	15,888	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,879	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	1,424	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	5,710	0	34.02
34.03	03402	UH NS 3IC	0	0	0	1,001	0	34.03
34.04	03403	RH PED IC	0	0	0	8,854	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	3,542	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	0	0	2,417	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,972	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	11,928	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,867	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,392	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	864	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	100	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	100	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	100	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,123	100	100	368,042	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,841,339	362,164	498,673	1,048,341	362,413	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	73.292959	3,621.640000	4,986.730000	2.848428	3,624.130000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	44,448	43,406	36,323	10,266	2,694	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.769215	434.060000	363.230000	0.027894	26.940000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY	5,676,618,164					23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	100				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	100			23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	100		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	100	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,134,383	100	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	60,594	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	736,529	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	80,339	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	596	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	90,826	0	0	0	0	34.02
34.03	03402	UH NS 3IC	11,035	0	0	0	0	34.03
34.04	03403	RH PED IC	280,342	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	166,354	0	0	0	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	31,877	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	24,814	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	127,928	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	64,248,828	0	100	0	0	50.00
50.01	05001	ENDOSCOPY	9,706	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	27,437	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
53.00	05300	ANESTHESIOLOGY	55,221,019	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,798,066	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,465,549	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	383,629	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	12,031,510	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	18,050	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,549,820	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	358,020	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	184,923	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	883,550	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	823,151	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	71,424	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,002	0	0	0	100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	3,055,221,036	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	146,570,546	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	27,092	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	710,917	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	2,146	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	1,137,051	0	0	0	0	76.03
76.04	03024	DAY SURGERY	65,008	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	27,900	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,171,683	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1,582,948,124	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	8,403,633	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	76,566	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	977,576	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	42,982,954	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	603	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	129,431	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	334,264	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	485,133,296	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	13,666	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	3,887,187	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	8,384,861	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,125,577	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	80,734	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	792,077	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	52,579,800	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	6,292,161	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	789,108	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	51,500	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	330,800	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	101,600	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	187,900	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	59,300	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	1,058,600	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,593,511,998	100	100	100	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	320,010	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	234,415	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	3,006,902	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	59	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	12,600	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	78,714,357	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	817,823	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,936,028	51,166	232,515	446,676	51,170	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000341	511.660000	2,325.150000	4,466.760000	511.700000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,804	15,017	27,514	40,094	220	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000007	150.170000	275.140000	400.940000	2.200000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	298,946,759		298,946,759	0	298,946,759	30.00
31.00	03100	INTENSIVE CARE UNIT	30,704,804		30,704,804	0	30,704,804	31.00
32.00	03200	CORONARY CARE UNIT	22,336,182		22,336,182	0	22,336,182	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,278,656		8,278,656	0	8,278,656	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,377,977		2,377,977	0	2,377,977	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03401	UH SURG 6IC	8,188,491		8,188,491	0	8,188,491	34.02
34.03	03402	UH NS 3IC	2,028,001		2,028,001	0	2,028,001	34.03
34.04	03403	RH PED IC	15,629,042		15,629,042	0	15,629,042	34.04
34.05	03404	TRANSPLANT ICU	4,752,949		4,752,949	0	4,752,949	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	3,786,473		3,786,473	0	3,786,473	34.06
40.00	04000	SUBPROVIDER - IPF	7,206,755		7,206,755	0	7,206,755	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	7,935,883		7,935,883	0	7,935,883	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	159,656,520		159,656,520	0	159,656,520	50.00
50.01	05001	ENDOSCOPY	2,499,980		2,499,980	0	2,499,980	50.01
51.00	05100	RECOVERY ROOM	11,666,471		11,666,471	0	11,666,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,290,280		6,290,280	0	6,290,280	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,552,674		5,552,674	0	5,552,674	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,191,830		81,191,830	0	81,191,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,250,684		10,250,684	0	10,250,684	55.00
56.00	05600	RADIOISOTOPE	8,972,418		8,972,418	0	8,972,418	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	53,690,340		53,690,340	0	53,690,340	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,724,344		3,724,344	0	3,724,344	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	2,460,547		2,460,547	0	2,460,547	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,124,564		25,124,564	0	25,124,564	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	43,885,731	0	43,885,731	0	43,885,731	65.00
66.00	06600	PHYSICAL THERAPY	14,960,039	0	14,960,039	0	14,960,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,303,416	0	5,303,416	0	5,303,416	67.00
68.00	06800	SPEECH PATHOLOGY	8,732,742	0	8,732,742	0	8,732,742	68.00
69.00	06900	ELECTROCARDIOLOGY	5,210,682		5,210,682	0	5,210,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,691,232		7,691,232	0	7,691,232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,554,435		52,554,435	0	52,554,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,489,180		58,489,180	0	58,489,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	120,517,427		120,517,427	0	120,517,427	73.00
73.01	07301	RENAL-RILEY	0		0	0	0	73.01
73.02	07302	RENAL-ADULT	0		0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	58,880,372		58,880,372	0	58,880,372	73.03
74.00	07400	RENAL DIALYSIS	15,216,628		15,216,628	0	15,216,628	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0		0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,175,999		1,175,999	0	1,175,999	76.00
76.01	03021	CARDIOLOGY	15,142,170		15,142,170	0	15,142,170	76.01
76.02	03022	PSYCH OTHER ANCILLARY	575,219		575,219	0	575,219	76.02
76.03	03023	CARDIAC CATHERIZATION	16,663,188		16,663,188	0	16,663,188	76.03
76.04	03024	DAY SURGERY	15,252,579		15,252,579	0	15,252,579	76.04
76.05	03025	ONCOLOGY	746,527		746,527	0	746,527	76.05
76.06	03026	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	1,009,458		1,009,458	0	1,009,458	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,586,799		3,586,799	0	3,586,799	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,756,948		2,756,948	0	2,756,948	90.01

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.02	09002	IUSCC HEM/ONC	51,193,877		51,193,877	0	51,193,877	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	976,434		976,434	0	976,434	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,689,546		1,689,546	0	1,689,546	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,926,436		3,926,436	0	3,926,436	90.06
90.07	09007	AMB SVC-RILEY CLINICS	10,219,820		10,219,820	0	10,219,820	90.07
90.08	09008	MOTILITY LAB	148,005		148,005	0	148,005	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	544,353		544,353	0	544,353	90.10
90.11	09023	SLEEP LAB	5,962,447		5,962,447	0	5,962,447	90.11
90.12	09024	OP CARE ADULTS	885,659		885,659	0	885,659	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	8,808,337		8,808,337	0	8,808,337	90.14
90.15	09013	NEUROLOGY UH	2,384,483		2,384,483	0	2,384,483	90.15
90.16	09014	ORTHOPEDICS UH	992,788		992,788	0	992,788	90.16
90.17	09015	PHYSICAL MEDICINE	3,952,516		3,952,516	0	3,952,516	90.17
90.18	09016	DERMATOLOGY CLINIC	1,289,832		1,289,832	0	1,289,832	90.18
90.19	09017	INFUSION/HEM/ONC	684,489		684,489	0	684,489	90.19
90.20	09025	IUMG - MH	812,124		812,124	0	812,124	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0		0	0	0	90.21
90.22	09020	IUMG - MH	0		0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0		0	0	0	90.24
90.25	09022	CARDIO CLINIC	0		0	0	0	90.25
91.00	09100	EMERGENCY	42,850,423		42,850,423	0	42,850,423	91.00
91.01	09101	EMERGENCY-RILEY	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,958,002		11,958,002		11,958,002	92.00
93.00	04040	FAMILY PRACTICE	0		0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	4,881,435		4,881,435	0	4,881,435	94.00
95.00	09500	AMBULANCE SERVICES	24,975,536		24,975,536	0	24,975,536	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	54,691,674		54,691,674		54,691,674	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	12,199,715		12,199,715		12,199,715	105.00
106.00	10600	HEART ACQUISITION	2,276,830		2,276,830		2,276,830	106.00
107.00	10700	LIVER ACQUISITION	6,695,118		6,695,118		6,695,118	107.00
108.00	10800	LUNG ACQUISITION	3,080,100		3,080,100		3,080,100	108.00
109.00	10900	PANCREAS ACQUISITION	2,821,566		2,821,566		2,821,566	109.00
110.00	11000	INTESTINE ACQUISITION	1,534,475		1,534,475		1,534,475	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	476,183		476,183		476,183	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,054,110		5,054,110		5,054,110	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	4,258,350		4,258,350		4,258,350	116.00
200.00		Subtotal (see instructions)	1,503,828,058	0	1,503,828,058	0	1,503,828,058	200.00
201.00		Less Observation Beds	11,958,002		11,958,002		11,958,002	201.00
202.00		Total (see instructions)	1,491,870,056	0	1,491,870,056	0	1,491,870,056	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	656,681,416		656,681,416			30.00
31.00	03100	INTENSIVE CARE UNIT	68,670,743		68,670,743			31.00
32.00	03200	CORONARY CARE UNIT	49,093,098		49,093,098			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	22,857,054		22,857,054			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,700,364		4,700,364			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0			34.01
34.02	03401	UH SURG 6IC	17,585,930		17,585,930			34.02
34.03	03402	UH NS 3IC	2,926,616		2,926,616			34.03
34.04	03403	RH PED IC	36,275,756		36,275,756			34.04
34.05	03404	TRANSPLANT ICU	9,689,036		9,689,036			34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	8,265,575		8,265,575			34.06
40.00	04000	SUBPROVIDER - IPF	11,751,801		11,751,801			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	20,459,677		20,459,677			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	398,018,586	211,189,292	609,207,878	0.262072	0.000000	50.00
50.01	05001	ENDOSCOPY	14,579,084	6,295,312	20,874,396	0.119763	0.000000	50.01
51.00	05100	RECOVERY ROOM	29,750,086	25,702,792	55,452,878	0.210385	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	25,802,715	8,977,453	34,780,168	0.180858	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,071,437	22,011,584	25,083,021	0.221372	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	192,491,407	310,328,224	502,819,631	0.161473	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,207,383	72,057,808	78,265,191	0.130974	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,313,468	15,898,951	22,212,419	0.403937	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	385,583,202	329,463,525	715,046,727	0.075086	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,064,872	19,961,453	23,026,325	0.161743	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,178,615	7,997,457	11,176,072	0.220162	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	62,281,114	10,031,306	72,312,420	0.347445	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	121,226,613	2,885,334	124,111,947	0.353598	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	32,765,502	18,819,153	51,584,655	0.290009	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,845,756	2,685,429	11,531,185	0.459919	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,508,987	8,367,284	12,876,271	0.678204	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	39,881,327	18,890,125	58,771,452	0.088660	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,155,303	10,197,635	30,352,938	0.253393	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,538,766	29,522,636	90,061,402	0.583540	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	204,146,510	78,506,398	282,652,908	0.206929	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	414,996,330	235,710,220	650,706,550	0.185210	0.000000	73.00
73.01	07301	RENAL-RILEY	0	0	0	0.000000	0.000000	73.01
73.02	07302	RENAL-ADULT	0	0	0	0.000000	0.000000	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	57,104,365	57,104,365	1.031101	0.000000	73.03
74.00	07400	RENAL DIALYSIS	13,613,994	22,805,962	36,419,956	0.417810	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0.000000	0.000000	75.04
76.00	03020	RH NBN ECMO IC	2,419,974	0	2,419,974	0.485955	0.000000	76.00
76.01	03021	CARDIOLOGY	25,281,413	47,600,348	72,881,761	0.207764	0.000000	76.01
76.02	03022	PSYCH OTHER ANCILLARY	418,689	861,931	1,280,620	0.449172	0.000000	76.02
76.03	03023	CARDIAC CATHERIZATION	35,562,094	41,257,793	76,819,887	0.216912	0.000000	76.03
76.04	03024	DAY SURGERY	894,999	7,910,439	8,805,438	1.732177	0.000000	76.04
76.05	03025	ONCOLOGY	0	864	864	864.035880	0.000000	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.97	03028	CARDIAC REHABILITATION	294,757	710,835	1,005,592	1.003845	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	2,129,200			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	583,196	8,734,088	9,317,284	0.295896	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	617,401	41,127,884	41,745,285	1.226339	0.000000	90.02

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.03	09003	AMB SVC-OPTHALMOLOGY	29,516	1,565,046	1,594,562	0.612352	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,487	2,751,643	2,757,130	0.612792	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	6,785,556	9,386,591	16,172,147	0.242790	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	450,164	8,591,639	9,041,803	1.130286	0.000000	90.07
90.08	09008	MOTILITY LAB	21,992	502,488	524,480	0.282194	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	790	88,143	88,933	6.120934	0.000000	90.10
90.11	09023	SLEEP LAB	35,087	18,494,305	18,529,392	0.321783	0.000000	90.11
90.12	09024	OP CARE ADULTS	1,034	172,928	173,962	5.091106	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	21,100	3,021,628	3,042,728	2.894882	0.000000	90.14
90.15	09013	NEUROLOGY UH	3,880	773,431	777,311	3.067605	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	935	271,642	272,577	3.642230	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	5,139	902,056	907,195	4.356854	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	1,251	795,988	797,239	1.617874	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	16,283	16,283	42.037032	0.000000	90.19
90.20	09025	IUMG - MH	8,490	251,538	260,028	3.123217	0.000000	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0.000000	0.000000	90.21
90.22	09020	IUMG - MH	0	0	0	0.000000	0.000000	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0.000000	0.000000	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0.000000	0.000000	90.25
91.00	09100	EMERGENCY	88,668,152	181,985,259	270,653,411	0.158322	0.000000	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,709,687	16,390,826	19,100,513	0.626057	0.000000	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	4,544,959	4,834,705	9,379,664	0.520427	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	144,852	41,239,293	41,384,145	0.603505	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	80,369,303	80,369,303			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	26,338,905	10,777	26,349,682			105.00
106.00	10600	HEART ACQUISITION	3,537,842	0	3,537,842			106.00
107.00	10700	LIVER ACQUISITION	17,716,355	0	17,716,355			107.00
108.00	10800	LUNG ACQUISITION	6,053,275	0	6,053,275			108.00
109.00	10900	PANCREAS ACQUISITION	6,316,279	0	6,316,279			109.00
110.00	11000	INTESTINE ACQUISITION	3,620,481	0	3,620,481			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	14,225,306	14,225,306			116.00
200.00		Subtotal (see instructions)	3,193,071,854	2,062,383,898	5,255,455,752			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,193,071,854	2,062,383,898	5,255,455,752			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT			34.01
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.262072		50.00
50.01	05001	ENDOSCOPY	0.119763		50.01
51.00	05100	RECOVERY ROOM	0.210385		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.180858		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974		55.00
56.00	05600	RADIOISOTOPE	0.403937		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.075086		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.353598		65.00
66.00	06600	PHYSICAL THERAPY	0.290009		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919		67.00
68.00	06800	SPEECH PATHOLOGY	0.678204		68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210		73.00
73.01	07301	RENAL-RILEY	0.000000		73.01
73.02	07302	RENAL-ADULT	0.000000		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101		73.03
74.00	07400	RENAL DIALYSIS	0.417810		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.04	07501	BMTU OUTPATIENT	0.000000		75.04
76.00	03020	RH NBN ECMO IC	0.485955		76.00
76.01	03021	CARDIOLOGY	0.207764		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172		76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912		76.03
76.04	03024	DAY SURGERY	1.732177		76.04
76.05	03025	ONCOLOGY	864.035880		76.05
76.06	03026	DAY SURGERY-RILEY	0.000000		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000		76.07
76.97	03028	CARDIAC REHABILITATION	1.003845		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.295896		90.01
90.02	09002	IUSCC HEM/ONC	1.226339		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792		90.04

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.242790		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.130286		90.07
90.08	09008	MOTILITY LAB	0.282194		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	6.120934		90.10
90.11	09023	SLEEP LAB	0.321783		90.11
90.12	09024	OP CARE ADULTS	5.091106		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	2.894882		90.14
90.15	09013	NEUROLOGY UH	3.067605		90.15
90.16	09014	ORTHOPEDICS UH	3.642230		90.16
90.17	09015	PHYSICAL MEDICINE	4.356854		90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874		90.18
90.19	09017	INFUSION/HEM/ONC	42.037032		90.19
90.20	09025	IUMG - MH	3.123217		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000		90.21
90.22	09020	IUMG - MH	0.000000		90.22
90.24	09021	IU CANCER PAVILLION	0.000000		90.24
90.25	09022	CARDIO CLINIC	0.000000		90.25
91.00	09100	EMERGENCY	0.158322		91.00
91.01	09101	EMERGENCY-RILEY	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057		92.00
93.00	04040	FAMILY PRACTICE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.520427		94.00
95.00	09500	AMBULANCE SERVICES	0.603505		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINE ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	298,946,759		298,946,759	0	298,946,759	30.00
31.00	03100	INTENSIVE CARE UNIT	30,704,804		30,704,804	0	30,704,804	31.00
32.00	03200	CORONARY CARE UNIT	22,336,182		22,336,182	0	22,336,182	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,278,656		8,278,656	0	8,278,656	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,377,977		2,377,977	0	2,377,977	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03401	UH SURG 6IC	8,188,491		8,188,491	0	8,188,491	34.02
34.03	03402	UH NS 3IC	2,028,001		2,028,001	0	2,028,001	34.03
34.04	03403	RH PED IC	15,629,042		15,629,042	0	15,629,042	34.04
34.05	03404	TRANSPLANT ICU	4,752,949		4,752,949	0	4,752,949	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	3,786,473		3,786,473	0	3,786,473	34.06
40.00	04000	SUBPROVIDER - IPF	7,206,755		7,206,755	0	7,206,755	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	7,935,883		7,935,883	0	7,935,883	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	159,656,520		159,656,520	0	159,656,520	50.00
50.01	05001	ENDOSCOPY	2,499,980		2,499,980	0	2,499,980	50.01
51.00	05100	RECOVERY ROOM	11,666,471		11,666,471	0	11,666,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,290,280		6,290,280	0	6,290,280	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,552,674		5,552,674	0	5,552,674	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,191,830		81,191,830	0	81,191,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,250,684		10,250,684	0	10,250,684	55.00
56.00	05600	RADIOISOTOPE	8,972,418		8,972,418	0	8,972,418	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	53,690,340		53,690,340	0	53,690,340	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,724,344		3,724,344	0	3,724,344	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	2,460,547		2,460,547	0	2,460,547	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,124,564		25,124,564	0	25,124,564	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	43,885,731	0	43,885,731	0	43,885,731	65.00
66.00	06600	PHYSICAL THERAPY	14,960,039	0	14,960,039	0	14,960,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,303,416	0	5,303,416	0	5,303,416	67.00
68.00	06800	SPEECH PATHOLOGY	8,732,742	0	8,732,742	0	8,732,742	68.00
69.00	06900	ELECTROCARDIOLOGY	5,210,682		5,210,682	0	5,210,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,691,232		7,691,232	0	7,691,232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,554,435		52,554,435	0	52,554,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,489,180		58,489,180	0	58,489,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	120,517,427		120,517,427	0	120,517,427	73.00
73.01	07301	RENAL-RILEY	0		0	0	0	73.01
73.02	07302	RENAL-ADULT	0		0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	58,880,372		58,880,372	0	58,880,372	73.03
74.00	07400	RENAL DIALYSIS	15,216,628		15,216,628	0	15,216,628	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0		0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,175,999		1,175,999	0	1,175,999	76.00
76.01	03021	CARDIOLOGY	15,142,170		15,142,170	0	15,142,170	76.01
76.02	03022	PSYCH OTHER ANCILLARY	575,219		575,219	0	575,219	76.02
76.03	03023	CARDIAC CATHERIZATION	16,663,188		16,663,188	0	16,663,188	76.03
76.04	03024	DAY SURGERY	15,252,579		15,252,579	0	15,252,579	76.04
76.05	03025	ONCOLOGY	746,527		746,527	0	746,527	76.05
76.06	03026	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	1,009,458		1,009,458	0	1,009,458	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,586,799		3,586,799	0	3,586,799	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,756,948		2,756,948	0	2,756,948	90.01

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.02	09002	IUSCC HEM/ONC	51,193,877		51,193,877	0	51,193,877	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	976,434		976,434	0	976,434	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,689,546		1,689,546	0	1,689,546	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,926,436		3,926,436	0	3,926,436	90.06
90.07	09007	AMB SVC-RILEY CLINICS	10,219,820		10,219,820	0	10,219,820	90.07
90.08	09008	MOTILITY LAB	148,005		148,005	0	148,005	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	544,353		544,353	0	544,353	90.10
90.11	09023	SLEEP LAB	5,962,447		5,962,447	0	5,962,447	90.11
90.12	09024	OP CARE ADULTS	885,659		885,659	0	885,659	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	8,808,337		8,808,337	0	8,808,337	90.14
90.15	09013	NEUROLOGY UH	2,384,483		2,384,483	0	2,384,483	90.15
90.16	09014	ORTHOPEDICS UH	992,788		992,788	0	992,788	90.16
90.17	09015	PHYSICAL MEDICINE	3,952,516		3,952,516	0	3,952,516	90.17
90.18	09016	DERMATOLOGY CLINIC	1,289,832		1,289,832	0	1,289,832	90.18
90.19	09017	INFUSION/HEM/ONC	684,489		684,489	0	684,489	90.19
90.20	09025	IUMG - MH	812,124		812,124	0	812,124	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0		0	0	0	90.21
90.22	09020	IUMG - MH	0		0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0		0	0	0	90.24
90.25	09022	CARDIO CLINIC	0		0	0	0	90.25
91.00	09100	EMERGENCY	42,850,423		42,850,423	0	42,850,423	91.00
91.01	09101	EMERGENCY-RILEY	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,958,002		11,958,002		11,958,002	92.00
93.00	04040	FAMILY PRACTICE	0		0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	4,881,435		4,881,435	0	4,881,435	94.00
95.00	09500	AMBULANCE SERVICES	24,975,536		24,975,536	0	24,975,536	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	54,691,674		54,691,674		54,691,674	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	12,199,715		12,199,715		12,199,715	105.00
106.00	10600	HEART ACQUISITION	2,276,830		2,276,830		2,276,830	106.00
107.00	10700	LIVER ACQUISITION	6,695,118		6,695,118		6,695,118	107.00
108.00	10800	LUNG ACQUISITION	3,080,100		3,080,100		3,080,100	108.00
109.00	10900	PANCREAS ACQUISITION	2,821,566		2,821,566		2,821,566	109.00
110.00	11000	INTESTINE ACQUISITION	1,534,475		1,534,475		1,534,475	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	476,183		476,183		476,183	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,054,110		5,054,110		5,054,110	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	4,258,350		4,258,350		4,258,350	116.00
200.00		Subtotal (see instructions)	1,503,828,058	0	1,503,828,058	0	1,503,828,058	200.00
201.00		Less Observation Beds	11,958,002		11,958,002		11,958,002	201.00
202.00		Total (see instructions)	1,491,870,056	0	1,491,870,056	0	1,491,870,056	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	656,681,416		656,681,416			30.00
31.00	03100	INTENSIVE CARE UNIT	68,670,743		68,670,743			31.00
32.00	03200	CORONARY CARE UNIT	49,093,098		49,093,098			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	22,857,054		22,857,054			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,700,364		4,700,364			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0			34.01
34.02	03401	UH SURG 6IC	17,585,930		17,585,930			34.02
34.03	03402	UH NS 3IC	2,926,616		2,926,616			34.03
34.04	03403	RH PED IC	36,275,756		36,275,756			34.04
34.05	03404	TRANSPLANT ICU	9,689,036		9,689,036			34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	8,265,575		8,265,575			34.06
40.00	04000	SUBPROVIDER - IPF	11,751,801		11,751,801			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	20,459,677		20,459,677			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	398,018,586	211,189,292	609,207,878	0.262072	0.000000	50.00
50.01	05001	ENDOSCOPY	14,579,084	6,295,312	20,874,396	0.119763	0.000000	50.01
51.00	05100	RECOVERY ROOM	29,750,086	25,702,792	55,452,878	0.210385	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	25,802,715	8,977,453	34,780,168	0.180858	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,071,437	22,011,584	25,083,021	0.221372	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	192,491,407	310,328,224	502,819,631	0.161473	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,207,383	72,057,808	78,265,191	0.130974	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,313,468	15,898,951	22,212,419	0.403937	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	385,583,202	329,463,525	715,046,727	0.075086	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,064,872	19,961,453	23,026,325	0.161743	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,178,615	7,997,457	11,176,072	0.220162	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	62,281,114	10,031,306	72,312,420	0.347445	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	121,226,613	2,885,334	124,111,947	0.353598	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	32,765,502	18,819,153	51,584,655	0.290009	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,845,756	2,685,429	11,531,185	0.459919	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,508,987	8,367,284	12,876,271	0.678204	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	39,881,327	18,890,125	58,771,452	0.088660	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,155,303	10,197,635	30,352,938	0.253393	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,538,766	29,522,636	90,061,402	0.583540	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	204,146,510	78,506,398	282,652,908	0.206929	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	414,996,330	235,710,220	650,706,550	0.185210	0.000000	73.00
73.01	07301	RENAL-RILEY	0	0	0	0.000000	0.000000	73.01
73.02	07302	RENAL-ADULT	0	0	0	0.000000	0.000000	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	57,104,365	57,104,365	1.031101	0.000000	73.03
74.00	07400	RENAL DIALYSIS	13,613,994	22,805,962	36,419,956	0.417810	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0.000000	0.000000	75.04
76.00	03020	RH NBN ECMO IC	2,419,974	0	2,419,974	0.485955	0.000000	76.00
76.01	03021	CARDIOLOGY	25,281,413	47,600,348	72,881,761	0.207764	0.000000	76.01
76.02	03022	PSYCH OTHER ANCILLARY	418,689	861,931	1,280,620	0.449172	0.000000	76.02
76.03	03023	CARDIAC CATHERIZATION	35,562,094	41,257,793	76,819,887	0.216912	0.000000	76.03
76.04	03024	DAY SURGERY	894,999	7,910,439	8,805,438	1.732177	0.000000	76.04
76.05	03025	ONCOLOGY	0	864	864	864.035880	0.000000	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.97	03028	CARDIAC REHABILITATION	294,757	710,835	1,005,592	1.003845	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	2,129,200	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	583,196	8,734,088	9,317,284	0.295896	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	617,401	41,127,884	41,745,285	1.226339	0.000000	90.02

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.03	09003	AMB SVC-OPTHALMOLOGY	29,516	1,565,046	1,594,562	0.612352	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	5,487	2,751,643	2,757,130	0.612792	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	6,785,556	9,386,591	16,172,147	0.242790	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	450,164	8,591,639	9,041,803	1.130286	0.000000	90.07
90.08	09008	MOTILITY LAB	21,992	502,488	524,480	0.282194	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	790	88,143	88,933	6.120934	0.000000	90.10
90.11	09023	SLEEP LAB	35,087	18,494,305	18,529,392	0.321783	0.000000	90.11
90.12	09024	OP CARE ADULTS	1,034	172,928	173,962	5.091106	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	21,100	3,021,628	3,042,728	2.894882	0.000000	90.14
90.15	09013	NEUROLOGY UH	3,880	773,431	777,311	3.067605	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	935	271,642	272,577	3.642230	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	5,139	902,056	907,195	4.356854	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	1,251	795,988	797,239	1.617874	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	0	16,283	16,283	42.037032	0.000000	90.19
90.20	09025	IUMG - MH	8,490	251,538	260,028	3.123217	0.000000	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0.000000	0.000000	90.21
90.22	09020	IUMG - MH	0	0	0	0.000000	0.000000	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0.000000	0.000000	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0.000000	0.000000	90.25
91.00	09100	EMERGENCY	88,668,152	181,985,259	270,653,411	0.158322	0.000000	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,709,687	16,390,826	19,100,513	0.626057	0.000000	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	4,544,959	4,834,705	9,379,664	0.520427	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	144,852	41,239,293	41,384,145	0.603505	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	80,369,303	80,369,303			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	26,338,905	10,777	26,349,682			105.00
106.00	10600	HEART ACQUISITION	3,537,842	0	3,537,842			106.00
107.00	10700	LIVER ACQUISITION	17,716,355	0	17,716,355			107.00
108.00	10800	LUNG ACQUISITION	6,053,275	0	6,053,275			108.00
109.00	10900	PANCREAS ACQUISITION	6,316,279	0	6,316,279			109.00
110.00	11000	INTESTINE ACQUISITION	3,620,481	0	3,620,481			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	14,225,306	14,225,306			116.00
200.00		Subtotal (see instructions)	3,193,071,854	2,062,383,898	5,255,455,752			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,193,071,854	2,062,383,898	5,255,455,752			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT			34.01
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.262072		50.00
50.01	05001	ENDOSCOPY	0.119763		50.01
51.00	05100	RECOVERY ROOM	0.210385		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.180858		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974		55.00
56.00	05600	RADIOISOTOPE	0.403937		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.075086		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.353598		65.00
66.00	06600	PHYSICAL THERAPY	0.290009		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919		67.00
68.00	06800	SPEECH PATHOLOGY	0.678204		68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210		73.00
73.01	07301	RENAL-RILEY	0.000000		73.01
73.02	07302	RENAL-ADULT	0.000000		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101		73.03
74.00	07400	RENAL DIALYSIS	0.417810		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.04	07501	BMTU OUTPATIENT	0.000000		75.04
76.00	03020	RH NBN ECMO IC	0.485955		76.00
76.01	03021	CARDIOLOGY	0.207764		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172		76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912		76.03
76.04	03024	DAY SURGERY	1.732177		76.04
76.05	03025	ONCOLOGY	864.035880		76.05
76.06	03026	DAY SURGERY-RILEY	0.000000		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000		76.07
76.97	03028	CARDIAC REHABILITATION	1.003845		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.295896		90.01
90.02	09002	IUSCC HEM/ONC	1.226339		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792		90.04

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0.242790	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	90.07
90.08	09008	MOTILITY LAB	0.282194	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	90.10
90.11	09023	SLEEP LAB	0.321783	90.11
90.12	09024	OP CARE ADULTS	5.091106	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	90.14
90.15	09013	NEUROLOGY UH	3.067605	90.15
90.16	09014	ORTHOPEDICS UH	3.642230	90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	90.18
90.19	09017	INFUSION/HEM/ONC	42.037032	90.19
90.20	09025	IUMG - MH	3.123217	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	90.21
90.22	09020	IUMG - MH	0.000000	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	90.24
90.25	09022	CARDIO CLINIC	0.000000	90.25
91.00	09100	EMERGENCY	0.158322	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	92.00
93.00	04040	FAMILY PRACTICE	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0.520427	94.00
95.00	09500	AMBULANCE SERVICES	0.603505	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
99.00	09900	CMHC		99.00
99.10	09910	CORF		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
108.00	10800	LUNG ACQUISITION		108.00
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINE ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
112.00	08600	OTHER ORGAN ACQUISITION		112.00
112.01	08601	POST TRANSPLANT EXPENSES		112.01
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part II Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Title XIX Total Cost (Wkst. B, Part I, col. 26)	Title XIX Capital Cost (Wkst. B, Part II col. 26)	Title XIX Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	164,965,672	4,944,839	160,020,833	0	0	50.00
50.01	05001	ENDOSCOPY	2,798,214	94,111	2,704,103	0	0	50.01
51.00	05100	RECOVERY ROOM	11,681,236	1,132,153	10,549,083	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,907,509	699,376	11,208,133	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,906,027	739,220	5,166,807	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,007,882	14,726,644	72,281,238	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,428,837	475,510	9,953,327	0	0	55.00
56.00	05600	RADIOISOTOPE	8,972,418	1,086,591	7,885,827	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	55,869,514	6,600,551	49,268,963	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,765,684	61,075	3,704,609	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	2,557,990	149,756	2,408,234	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,390,317	325,635	25,064,682	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	43,885,731	5,947,700	37,938,031	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,025,985	374,704	14,651,281	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,303,416	1,536,591	3,766,825	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,401,061	393,869	9,007,192	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,674,273	307,442	5,366,831	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,060,333	185,805	7,874,528	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,554,435	677,533	51,876,902	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,489,180	286,854	58,202,326	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	120,517,427	589,252	119,928,175	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	58,880,372	2,301,457	56,578,915	0	0	73.03
74.00	07400	RENAL DIALYSIS	15,468,601	765,665	14,702,936	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,175,999	10,353	1,165,646	0	0	76.00
76.01	03021	CARDIOLOGY	15,545,721	234,851	15,310,870	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	575,219	34,857	540,362	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	16,756,694	1,468,111	15,288,583	0	0	76.03
76.04	03024	DAY SURGERY	15,289,982	7,113,392	8,176,590	0	0	76.04
76.05	03025	ONCOLOGY	1,549,691	188,826	1,360,865	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	58,071	0	58,071	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	1,968	0	1,968	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	1,009,458	437,177	572,281	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,586,799	17,509	3,569,290	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,202,822	191,255	3,011,567	0	0	90.01
90.02	09002	IUSCC HEM/ONC	52,875,010	2,783,072	50,091,938	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,376,047	253,655	1,122,392	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,754,526	229,755	2,524,771	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,934,311	262,029	3,672,282	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	11,064,324	712,776	10,351,548	0	0	90.07
90.08	09008	MOTILITY LAB	2,045,677	10,388	2,035,289	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1,141,805	57,337	1,084,468	0	0	90.10
90.11	09023	SLEEP LAB	5,963,432	212,252	5,751,180	0	0	90.11
90.12	09024	OP CARE ADULTS	911,250	100,879	810,371	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	9,158,737	1,526,047	7,632,690	0	0	90.14
90.15	09013	NEUROLOGY UH	3,321,508	212,848	3,108,660	0	0	90.15
90.16	09014	ORTHOPEDICS UH	1,118,775	102,995	1,015,780	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	3,955,469	1,966,410	1,989,059	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,289,832	107,515	1,182,317	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,781,950	6,180	1,775,770	0	0	90.19
90.20	09025	IUMG - MH	821,967	23,672	798,295	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	105,317	0	105,317	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part II Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	48,178,277	3,945,332	44,232,945	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,958,002	540,442	11,417,560	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	4,881,435	103,427	4,778,008	0	0	94.00
95.00	09500	AMBULANCE SERVICES	24,975,536	2,302,882	22,672,654	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	54,691,674	1,452,809	53,238,865	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,199,715	105,457	12,094,258	0	0	105.00
106.00	10600	HEART ACQUISITION	2,276,830	26,959	2,249,871	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,695,118	47,118	6,648,000	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,108,643	39,958	3,068,685	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,821,566	20,934	2,800,632	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	1,534,475	10,297	1,524,178	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	476,183	46,070	430,113	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,054,110	104,917	4,949,193	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	4,258,350	114,790	4,143,560	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,129,994,389	71,527,866	1,058,466,523	0	0	200.00
201.00		Less Observation Beds	11,958,002	540,442	11,417,560	0	0	201.00
202.00		Total (line 200 minus line 201)	1,118,036,387	70,987,424	1,047,048,963	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part II Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	164,965,672	609,207,878	0.270787		50.00
50.01	05001	ENDOSCOPY	2,798,214	20,874,396	0.134050		50.01
51.00	05100	RECOVERY ROOM	11,681,236	55,452,878	0.210652		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	11,907,509	34,780,168	0.342365		53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,906,027	25,083,021	0.235459		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,007,882	502,819,631	0.173040		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,428,837	78,265,191	0.133250		55.00
56.00	05600	RADIOISOTOPE	8,972,418	22,212,419	0.403937		56.00
57.00	05700	CT SCAN	0	0	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00	06000	LABORATORY	55,869,514	715,046,727	0.078134		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,765,684	23,026,325	0.163538		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	2,557,990	11,176,072	0.228881		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,390,317	72,312,420	0.351120		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	43,885,731	124,111,947	0.353598		65.00
66.00	06600	PHYSICAL THERAPY	15,025,985	51,584,655	0.291288		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,303,416	11,531,185	0.459919		67.00
68.00	06800	SPEECH PATHOLOGY	9,401,061	12,876,271	0.730107		68.00
69.00	06900	ELECTROCARDIOLOGY	5,674,273	58,771,452	0.096548		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,060,333	30,352,938	0.265554		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,554,435	90,061,402	0.583540		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,489,180	282,652,908	0.206929		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	120,517,427	650,706,550	0.185210		73.00
73.01	07301	RENAL-RILEY	0	0	0.000000		73.01
73.02	07302	RENAL-ADULT	0	0	0.000000		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	58,880,372	57,104,365	1.031101		73.03
74.00	07400	RENAL DIALYSIS	15,468,601	36,419,956	0.424729		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000		75.04
76.00	03020	RH NBN ECMO IC	1,175,999	2,419,974	0.485955		76.00
76.01	03021	CARDIOLOGY	15,545,721	72,881,761	0.213301		76.01
76.02	03022	PSYCH OTHER ANCILLARY	575,219	1,280,620	0.449172		76.02
76.03	03023	CARDIAC CATHERIZATION	16,756,694	76,819,887	0.218130		76.03
76.04	03024	DAY SURGERY	15,289,982	8,805,438	1.736425		76.04
76.05	03025	ONCOLOGY	1,549,691	864	1,793.623843		76.05
76.06	03026	DAY SURGERY-RILEY	58,071	0	0.000000		76.06
76.07	03027	CARDIOLOGY-RILEY	1,968	0	0.000000		76.07
76.97	03028	CARDIAC REHABILITATION	1,009,458	1,005,592	1.003845		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,586,799	0	0.000000		89.00
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	3,202,822	9,317,284	0.343751		90.01
90.02	09002	IUSCC HEM/ONC	52,875,010	41,745,285	1.266610		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,376,047	1,594,562	0.862962		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,754,526	2,757,130	0.999056		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	3,934,311	16,172,147	0.243277		90.06
90.07	09007	AMB SVC-RILEY CLINICS	11,064,324	9,041,803	1.223686		90.07
90.08	09008	MOTILITY LAB	2,045,677	524,480	3.900391		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	1,141,805	88,933	12.838935		90.10
90.11	09023	SLEEP LAB	5,963,432	18,529,392	0.321836		90.11
90.12	09024	OP CARE ADULTS	911,250	173,962	5.238213		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	9,158,737	3,042,728	3.010041		90.14
90.15	09013	NEUROLOGY UH	3,321,508	777,311	4.273075		90.15
90.16	09014	ORTHOPEDICS UH	1,118,775	272,577	4.104437		90.16
90.17	09015	PHYSICAL MEDICINE	3,955,469	907,195	4.360109		90.17
90.18	09016	DERMATOLOGY CLINIC	1,289,832	797,239	1.617874		90.18
90.19	09017	INFUSION/HEM/ONC	1,781,950	16,283	109.436222		90.19
90.20	09025	IUMG - MH	821,967	260,028	3.161071		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	105,317	0	0.000000		90.21
90.22	09020	IUMG - MH	0	0	0.000000		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0.000000		90.24

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part II Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)			
			6.00	7.00	8.00			
90.25	09022	CARDIO CLINIC	0	0	0.000000			90.25
91.00	09100	EMERGENCY	48,178,277	270,653,411	0.178007			91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,958,002	19,100,513	0.626057			92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000			93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	4,881,435	9,379,664	0.520427			94.00
95.00	09500	AMBULANCE SERVICES	24,975,536	41,384,145	0.603505			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000			97.00
99.00	09900	CMHC	0	0	0.000000			99.00
99.10	09910	CORF	0	0	0.000000			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000			100.00
101.00	10100	HOME HEALTH AGENCY	54,691,674	80,369,303	0.680505			101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	12,199,715	26,349,682	0.462993			105.00
106.00	10600	HEART ACQUISITION	2,276,830	3,537,842	0.643565			106.00
107.00	10700	LIVER ACQUISITION	6,695,118	17,716,355	0.377906			107.00
108.00	10800	LUNG ACQUISITION	3,108,643	6,053,275	0.513547			108.00
109.00	10900	PANCREAS ACQUISITION	2,821,566	6,316,279	0.446713			109.00
110.00	11000	INTESTINE ACQUISITION	1,534,475	3,620,481	0.423832			110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000			111.00
112.00	08600	OTHER ORGAN ACQUISITION	476,183	0	0.000000			112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,054,110	0	0.000000			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000			115.00
116.00	11600	HOSPICE	4,258,350	14,225,306	0.299350			116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,129,994,389	4,346,498,686				200.00
201.00		Less Observation Beds	11,958,002	0				201.00
202.00		Total (line 200 minus line 201)	1,118,036,387	4,346,498,686				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,510,797	0	13,510,797	286,398	47.17	30.00
31.00	03100	INTENSIVE CARE UNIT	1,077,757		1,077,757	22,417	48.08	31.00
32.00	03200	CORONARY CARE UNIT	740,890		740,890	15,888	46.63	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	180,130		180,130	8,879	20.29	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	144,588		144,588	1,424	101.54	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	03401	UH SURG 6IC	107,257		107,257	5,710	18.78	34.02
34.03	03402	UH NS 3IC	312,399		312,399	1,001	312.09	34.03
34.04	03403	RH PED IC	475,790		475,790	8,854	53.74	34.04
34.05	03404	TRANSPLANT ICU	183,130		183,130	3,542	51.70	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	487,300		487,300	2,417	201.61	34.06
40.00	04000	SUBPROVIDER - IPF	290,443	0	290,443	6,972	41.66	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300	NURSERY	405,463		405,463	11,928	33.99	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	04500	NURSING FACILITY	0		0	0	0.00	45.00
45.01	04510	ICF/MR	0		0	0	0.00	45.01
200.00		Total (lines 30-199)	17,915,944		17,915,944	375,430		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
			6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	85,108	4,014,544		30.00
31.00	03100	INTENSIVE CARE UNIT	7,668	368,677		31.00
32.00	03200	CORONARY CARE UNIT	7,077	330,001		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	03401	UH SURG 6IC	2,318	43,532		34.02
34.03	03402	UH NS 3IC	521	162,599		34.03
34.04	03403	RH PED IC	87	4,675		34.04
34.05	03404	TRANSPLANT ICU	1,114	57,594		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	3	605		34.06
40.00	04000	SUBPROVIDER - IPF	2,044	85,153		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
45.01	04510	ICF/MR	0	0		45.01
200.00		Total (lines 30-199)	105,940	5,067,380		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,944,839	609,207,878	0.008117	108,185,872	878,145	50.00
50.01	05001	ENDOSCOPY	94,111	20,874,396	0.004508	6,088,159	27,445	50.01
51.00	05100	RECOVERY ROOM	1,132,153	55,452,878	0.020416	8,448,397	172,482	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	699,376	34,780,168	0.020108	6,772,828	136,188	53.00
53.01	05301	PULMONARY FUNCTION TESTING	739,220	25,083,021	0.029471	437,497	12,893	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,726,644	502,819,631	0.029288	62,810,714	1,839,600	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	475,510	78,265,191	0.006076	1,976,036	12,006	55.00
56.00	05600	RADIOISOTOPE	1,086,591	22,212,419	0.048918	2,519,545	123,251	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	6,600,551	715,046,727	0.009231	121,925,744	1,125,497	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	61,075	23,026,325	0.002652	976,793	2,590	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	149,756	11,176,072	0.013400	693,570	9,294	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	325,635	72,312,420	0.004503	16,870,955	75,970	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,947,700	124,111,947	0.047922	32,066,330	1,536,683	65.00
66.00	06600	PHYSICAL THERAPY	374,704	51,584,655	0.007264	12,398,595	90,063	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,536,591	11,531,185	0.133255	2,420,485	322,542	67.00
68.00	06800	SPEECH PATHOLOGY	393,869	12,876,271	0.030589	1,345,010	41,143	68.00
69.00	06900	ELECTROCARDIOLOGY	307,442	58,771,452	0.005231	19,553,478	102,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,805	30,352,938	0.006121	6,487,359	39,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	677,533	90,061,402	0.007523	21,615,989	162,617	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	286,854	282,652,908	0.001015	68,383,204	69,409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	589,252	650,706,550	0.000906	120,013,746	108,732	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	2,301,457	57,104,365	0.040303	0	0	73.03
74.00	07400	RENAL DIALYSIS	765,665	36,419,956	0.021023	9,659,393	203,069	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	10,353	2,419,974	0.004278	0	0	76.00
76.01	03021	CARDIOLOGY	234,851	72,881,761	0.003222	7,514,561	24,212	76.01
76.02	03022	PSYCH OTHER ANCILLARY	34,857	1,280,620	0.027219	1,292	35	76.02
76.03	03023	CARDIAC CATHERIZATION	1,468,111	76,819,887	0.019111	15,414,236	294,581	76.03
76.04	03024	DAY SURGERY	7,113,392	8,805,438	0.807841	183,100	147,916	76.04
76.05	03025	ONCOLOGY	188,826	864	218.548611	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	437,177	1,005,592	0.434746	122,844	53,406	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	17,509	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	191,255	9,317,284	0.020527	12,140	249	90.01
90.02	09002	IUSCC HEM/ONC	2,783,072	41,745,285	0.066668	326,532	21,769	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	253,655	1,594,562	0.159075	10,715	1,704	90.03
90.04	09004	AMB SVC-PSYCH ADULT	229,755	2,757,130	0.083331	1,784	149	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	262,029	16,172,147	0.016202	3,202,074	51,880	90.06
90.07	09007	AMB SVC-RILEY CLINICS	712,776	9,041,803	0.078831	6,294	496	90.07
90.08	09008	MOTILITY LAB	10,388	524,480	0.019806	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	57,337	88,933	0.644721	253	163	90.10
90.11	09023	SLEEP LAB	212,252	18,529,392	0.011455	17,357	199	90.11
90.12	09024	OP CARE ADULTS	100,879	173,962	0.579891	425	246	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1,526,047	3,042,728	0.501539	1,200	602	90.14
90.15	09013	NEUROLOGY UH	212,848	777,311	0.273826	1,611	441	90.15
90.16	09014	ORTHOPEDICS UH	102,995	272,577	0.377857	527	199	90.16
90.17	09015	PHYSICAL MEDICINE	1,966,410	907,195	2.167571	3,635	7,879	90.17
90.18	09016	DERMATOLOGY CLINIC	107,515	797,239	0.134859	482	65	90.18
90.19	09017	INFUSION/HEM/ONC	6,180	16,283	0.379537	0	0	90.19
90.20	09025	IUMG - MH	23,672	260,028	0.091036	5,773	526	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0	0	90.22

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000	0	0	90.25
91.00	09100	EMERGENCY	3,945,332	270,653,411	0.014577	25,423,387	370,597	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	540,442	19,100,513	0.028295	475,210	13,446	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	103,427	9,379,664	0.011027	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	67,255,675	4,146,926,018		684,375,131	8,082,372	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	847,998	0	0	847,998	30.00
31.00	03100	INTENSIVE CARE UNIT	0	63,874	0		63,874	31.00
32.00	03200	CORONARY CARE UNIT	0	45,507	0		45,507	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	25,318	0		25,318	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,056	0		4,056	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.01
34.02	03401	UH SURG 6IC	0	16,296	0		16,296	34.02
34.03	03402	UH NS 3IC	0	2,855	0		2,855	34.03
34.04	03403	RH PED IC	0	25,316	0		25,316	34.04
34.05	03404	TRANSPLANT ICU	0	10,146	0		10,146	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	6,896	0		6,896	34.06
40.00	04000	SUBPROVIDER - IPF	0	19,867	0	0	19,867	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	34,020	0		34,020	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
45.01	04510	ICF/MR	0	0	0		0	45.01
200.00		Total (lines 30-199)	0	1,102,149	0		1,102,149	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	286,398	2.96	85,108	251,920	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,417	2.85	7,668	21,854	0	31.00
32.00	03200	CORONARY CARE UNIT	15,888	2.86	7,077	20,240	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,879	2.85	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,424	2.85	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.01
34.02	03401	UH SURG 6IC	5,710	2.85	2,318	6,606	0	34.02
34.03	03402	UH NS 3IC	1,001	2.85	521	1,485	0	34.03
34.04	03403	RH PED IC	8,854	2.86	87	249	0	34.04
34.05	03404	TRANSPLANT ICU	3,542	2.86	1,114	3,186	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	2,417	2.85	3	9	0	34.06
40.00	04000	SUBPROVIDER - IPF	6,972	2.85	2,044	5,825	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	11,928	2.85	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
45.01	04510	ICF/MR	0	0.00	0	0	0	45.01
200.00		Total (lines 30-199)	375,430		105,940	311,374	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	34.02
34.03	03402	UH NS 3IC	0	0	34.03
34.04	03403	RH PED IC	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School	Title XVIII Allied Health	Hospital All Other Medical Education Cost	PPS Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	254,424	0	254,424	50.00
50.01	05001	ENDOSCOPY	0	0	3	0	3	50.01
51.00	05100	RECOVERY ROOM	0	0	9	0	9	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,830	0	18,830	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	1,295	0	1,295	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,251,054	0	1,251,054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	541,913	0	541,913	55.00
56.00	05600	RADIOISOTOPE	0	0	67,428	0	67,428	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	362,419	0	362,419	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	528	0	528	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	122	0	122	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	362,227	0	362,227	65.00
66.00	06600	PHYSICAL THERAPY	0	0	301	0	301	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	281	0	281	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	24	0	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	51,183	0	51,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	446,676	0	446,676	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	1,042,130	0	1,042,130	73.03
74.00	07400	RENAL DIALYSIS	0	0	49,981	0	49,981	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	9	0	9	76.00
76.01	03021	CARDIOLOGY	0	0	242	0	242	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	1	0	1	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	388	0	388	76.03
76.04	03024	DAY SURGERY	0	0	22	0	22	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	10	0	10	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	741	0	741	90.01
90.02	09002	IUSCC HEM/ONC	0	0	539,785	0	539,785	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	2,866	0	2,866	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	26	0	26	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	333	0	333	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	14,657	0	14,657	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	44	0	44	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	114	0	114	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	165,430	0	165,430	90.14
90.15	09013	NEUROLOGY UH	0	0	5	0	5	90.15
90.16	09014	ORTHOPEDICS UH	0	0	1,326	0	1,326	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	2,859	0	2,859	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	384	0	384	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	28	0	28	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	498,943	0	498,943	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	33,925	0	33,925	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	17,930	0	17,930	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	5,730,896	0	5,730,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	254,424	609,207,878	0.000418	0.000418	108,185,872	50.00
50.01	05001	ENDOSCOPY	3	20,874,396	0.000000	0.000000	6,088,159	50.01
51.00	05100	RECOVERY ROOM	9	55,452,878	0.000000	0.000000	8,448,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	18,830	34,780,168	0.000541	0.000541	6,772,828	53.00
53.01	05301	PULMONARY FUNCTION TESTING	1,295	25,083,021	0.000052	0.000052	437,497	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,251,054	502,819,631	0.002488	0.002488	62,810,714	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	541,913	78,265,191	0.006924	0.006924	1,976,036	55.00
56.00	05600	RADIOISOTOPE	67,428	22,212,419	0.003036	0.003036	2,519,545	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	362,419	715,046,727	0.000507	0.000507	121,925,744	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	23,026,325	0.000000	0.000000	976,793	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	528	11,176,072	0.000047	0.000047	693,570	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	122	72,312,420	0.000002	0.000002	16,870,955	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	362,227	124,111,947	0.002919	0.002919	32,066,330	65.00
66.00	06600	PHYSICAL THERAPY	301	51,584,655	0.000006	0.000006	12,398,595	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,531,185	0.000000	0.000000	2,420,485	67.00
68.00	06800	SPEECH PATHOLOGY	281	12,876,271	0.000022	0.000022	1,345,010	68.00
69.00	06900	ELECTROCARDIOLOGY	24	58,771,452	0.000000	0.000000	19,553,478	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,183	30,352,938	0.001686	0.001686	6,487,359	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,061,402	0.000000	0.000000	21,615,989	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	282,652,908	0.000000	0.000000	68,383,204	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,676	650,706,550	0.000686	0.000686	120,013,746	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,042,130	57,104,365	0.018250	0.018250	0	73.03
74.00	07400	RENAL DIALYSIS	49,981	36,419,956	0.001372	0.001372	9,659,393	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	9	2,419,974	0.000004	0.000004	0	76.00
76.01	03021	CARDIOLOGY	242	72,881,761	0.000003	0.000003	7,514,561	76.01
76.02	03022	PSYCH OTHER ANCILLARY	1	1,280,620	0.000001	0.000001	1,292	76.02
76.03	03023	CARDIAC CATHERIZATION	388	76,819,887	0.000005	0.000005	15,414,236	76.03
76.04	03024	DAY SURGERY	22	8,805,438	0.000002	0.000002	183,100	76.04
76.05	03025	ONCOLOGY	0	864	0.000000	0.000000	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.97	03028	CARDIAC REHABILITATION	10	1,005,592	0.000010	0.000010	122,844	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	741	9,317,284	0.000080	0.000080	12,140	90.01
90.02	09002	IUSCC HEM/ONC	539,785	41,745,285	0.012930	0.012930	326,532	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2,866	1,594,562	0.001797	0.001797	10,715	90.03
90.04	09004	AMB SVC-PSYCH ADULT	26	2,757,130	0.000009	0.000009	1,784	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	333	16,172,147	0.000021	0.000021	3,202,074	90.06
90.07	09007	AMB SVC-RILEY CLINICS	14,657	9,041,803	0.001621	0.001621	6,294	90.07
90.08	09008	MOTILITY LAB	0	524,480	0.000000	0.000000	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	44	88,933	0.000495	0.000495	253	90.10
90.11	09023	SLEEP LAB	0	18,529,392	0.000000	0.000000	17,357	90.11
90.12	09024	OP CARE ADULTS	114	173,962	0.000655	0.000655	425	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	165,430	3,042,728	0.054369	0.054369	1,200	90.14
90.15	09013	NEUROLOGY UH	5	777,311	0.000006	0.000006	1,611	90.15
90.16	09014	ORTHOPEDICS UH	1,326	272,577	0.004865	0.004865	527	90.16
90.17	09015	PHYSICAL MEDICINE	2,859	907,195	0.003151	0.003151	3,635	90.17
90.18	09016	DERMATOLOGY CLINIC	384	797,239	0.000482	0.000482	482	90.18
90.19	09017	INFUSION/HEM/ONC	0	16,283	0.000000	0.000000	0	90.19
90.20	09025	IUMG - MH	28	260,028	0.000108	0.000108	5,773	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0.000000	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0.000000	0	90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0.000000	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000	0.000000	0	90.25
91.00	09100	EMERGENCY	498,943	270,653,411	0.001843	0.001843	25,423,387	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	33,925	19,100,513	0.001776	0.001776	475,210	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	17,930	9,379,664	0.001912	0.001912	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	5,730,896	4,146,926,018			684,375,131	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			Title XVIII			Hospital	PPS	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,222	42,216,936	17,647	0	0	50.00
50.01	05001	ENDOSCOPY	0	1,888,618	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	4,005,406	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,664	1,372,356	742	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	23	1,907,233	99	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	156,273	66,027,309	164,276	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,682	21,225,375	146,964	0	0	55.00
56.00	05600	RADIOISOTOPE	7,649	3,279,123	9,955	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	61,816	5,297,696	2,686	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	202,727	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	33	1,224,301	58	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34	1,260,256	3	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	93,602	357,447	1,043	0	0	65.00
66.00	06600	PHYSICAL THERAPY	74	147,636	1	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	30	649,478	14	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,428,667	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,938	935,019	1,576	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,743,729	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	23,961,940	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,329	61,565,102	42,234	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	13,253	348,385	478	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	23	4,302,835	13	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	377,337	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	77	9,173,563	46	0	0	76.03
76.04	03024	DAY SURGERY	0	2,075,413	4	0	0	76.04
76.05	03025	ONCOLOGY	0	297	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	1	159,220	2	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1	191,737	15	0	0	90.01
90.02	09002	IUSCC HEM/ONC	4,222	14,194,264	183,532	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	19	679,521	1,221	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	416,545	4	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	67	3,508,820	74	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	10	52,858	86	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	56,008	28	0	0	90.10
90.11	09023	SLEEP LAB	0	3,377,565	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	46,761	31	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	65	1,489,703	80,994	0	0	90.14
90.15	09013	NEUROLOGY UH	0	317,403	2	0	0	90.15
90.16	09014	ORTHOPEDICS UH	3	99,054	482	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	11	211,067	665	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	201,819	97	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	3,755	0	0	0	90.19
90.20	09025	IUMG - MH	1	141,148	15	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	46,855	20,524,470	37,827	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	844	1,441,860	2,561	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	540,821	318,087,762	695,475	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0		76.03
76.04	03024	DAY SURGERY	0	0		76.04
76.05	03025	ONCOLOGY	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0		90.21
90.22	09020	IUMG - MH	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0		90.25

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.262072	42,216,936	0	0		50.00
50.01	05001	ENDOSCOPY	0.119763	1,888,618	0	0		50.01
51.00	05100	RECOVERY ROOM	0.210385	4,005,406	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.180858	1,372,356	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372	1,907,233	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473	66,027,309	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974	21,225,375	0	0		55.00
56.00	05600	RADIOISOTOPE	0.403937	3,279,123	0	0		56.00
57.00	05700	CT SCAN	0.000000	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	06000	LABORATORY	0.075086	5,297,696	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743	202,727	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162	1,224,301	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445	1,260,256	15,129	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0.353598	357,447	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.290009	147,636	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.678204	649,478	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660	8,428,667	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393	935,019	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540	8,743,729	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929	23,961,940	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210	61,565,102	0	329,541		73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0		73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0.417810	348,385	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0.485955	0	0	0		76.00
76.01	03021	CARDIOLOGY	0.207764	4,302,835	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172	377,337	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912	9,173,563	0	0		76.03
76.04	03024	DAY SURGERY	1.732177	2,075,413	0	0		76.04
76.05	03025	ONCOLOGY	864.035880	297	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	1.003845	159,220	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.000000	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0.295896	191,737	0	0		90.01
90.02	09002	IUSCC HEM/ONC	1.226339	14,194,264	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352	679,521	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792	416,545	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0.242790	3,508,820	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	52,858	0	0		90.07
90.08	09008	MOTILITY LAB	0.282194	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	56,008	0	0		90.10
90.11	09023	SLEEP LAB	0.321783	3,377,565	0	0		90.11
90.12	09024	OP CARE ADULTS	5.091106	46,761	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	1,489,703	0	0		90.14
90.15	09013	NEUROLOGY UH	3.067605	317,403	0	0		90.15
90.16	09014	ORTHOPEDICS UH	3.642230	99,054	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	211,067	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	201,819	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	42.037032	3,755	0	0		90.19

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
90.20	09025	IUMG - MH	3.123217	141,148	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	0		90.21
90.22	09020	IUMG - MH	0.000000	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	0		90.25
91.00	09100	EMERGENCY	0.158322	20,524,470	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	1,441,860	0	0		92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.520427		0			94.00
95.00	09500	AMBULANCE SERVICES	0.603505		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00		Subtotal (see instructions)		318,087,762	15,129	329,541		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		318,087,762	15,129	329,541		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	11,063,877	0	0		50.00
50.01	05001	ENDOSCOPY	226,187	0	0		50.01
51.00	05100	RECOVERY ROOM	842,677	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	248,202	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	422,208	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,661,628	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,779,972	0	0		55.00
56.00	05600	RADIOISOTOPE	1,324,559	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	397,783	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	32,790	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	269,545	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	437,870	5,256	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	126,393	0	0		65.00
66.00	06600	PHYSICAL THERAPY	42,816	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	440,479	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	747,286	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	236,927	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,102,316	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,958,420	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,402,473	0	61,034		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	145,559	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	893,974	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	169,489	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	1,989,856	0	0		76.03
76.04	03024	DAY SURGERY	3,594,983	0	0		76.04
76.05	03025	ONCOLOGY	256,619	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	159,832	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	56,734	0	0		90.01
90.02	09002	IUSCC HEM/ONC	17,406,980	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	416,106	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	255,255	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	851,906	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	59,745	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	342,821	0	0		90.10
90.11	09023	SLEEP LAB	1,086,843	0	0		90.11
90.12	09024	OP CARE ADULTS	238,065	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	4,312,514	0	0		90.14
90.15	09013	NEUROLOGY UH	973,667	0	0		90.15
90.16	09014	ORTHOPEDICS UH	360,777	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	919,588	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	326,518	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	157,849	0	0		90.19
90.20	09025	IUMG - MH	440,836	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0		90.21

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
90.22	09020	IUMG - MH	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0	0		90.25
91.00	09100	EMERGENCY	3,249,475	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	902,687	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	09500	AMBULANCE SERVICES		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Subtotal (see instructions)	91,333,086	5,256	61,034		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	91,333,086	5,256	61,034		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part II
Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,944,839	609,207,878	0.008117	15,585	127	50.00
50.01	05001	ENDOSCOPY	94,111	20,874,396	0.004508	5,250	24	50.01
51.00	05100	RECOVERY ROOM	1,132,153	55,452,878	0.020416	5,531	113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	699,376	34,780,168	0.020108	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	739,220	25,083,021	0.029471	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,726,644	502,819,631	0.029288	121,962	3,572	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	475,510	78,265,191	0.006076	0	0	55.00
56.00	05600	RADIOISOTOPE	1,086,591	22,212,419	0.048918	7,714	377	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	6,600,551	715,046,727	0.009231	439,583	4,058	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	61,075	23,026,325	0.002652	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	149,756	11,176,072	0.013400	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	325,635	72,312,420	0.004503	2,242	10	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,947,700	124,111,947	0.047922	21,436	1,027	65.00
66.00	06600	PHYSICAL THERAPY	374,704	51,584,655	0.007264	84,955	617	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,536,591	11,531,185	0.133255	7,402	986	67.00
68.00	06800	SPEECH PATHOLOGY	393,869	12,876,271	0.030589	2,913	89	68.00
69.00	06900	ELECTROCARDIOLOGY	307,442	58,771,452	0.005231	39,360	206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,805	30,352,938	0.006121	56,856	348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	677,533	90,061,402	0.007523	4,704	35	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	286,854	282,652,908	0.001015	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	589,252	650,706,550	0.000906	482,672	437	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	2,301,457	57,104,365	0.040303	0	0	73.03
74.00	07400	RENAL DIALYSIS	765,665	36,419,956	0.021023	8,590	181	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	10,353	2,419,974	0.004278	0	0	76.00
76.01	03021	CARDIOLOGY	234,851	72,881,761	0.003222	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	34,857	1,280,620	0.027219	175,192	4,769	76.02
76.03	03023	CARDIAC CATHERIZATION	1,468,111	76,819,887	0.019111	0	0	76.03
76.04	03024	DAY SURGERY	7,113,392	8,805,438	0.807841	0	0	76.04
76.05	03025	ONCOLOGY	188,826	864	218.548611	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	437,177	1,005,592	0.434746	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	17,509	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	191,255	9,317,284	0.020527	0	0	90.01
90.02	09002	IUSCC HEM/ONC	2,783,072	41,745,285	0.066668	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	253,655	1,594,562	0.159075	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	229,755	2,757,130	0.083331	1,753	146	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	262,029	16,172,147	0.016202	7,878	128	90.06
90.07	09007	AMB SVC-RILEY CLINICS	712,776	9,041,803	0.078831	0	0	90.07
90.08	09008	MOTILITY LAB	10,388	524,480	0.019806	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	57,337	88,933	0.644721	0	0	90.10
90.11	09023	SLEEP LAB	212,252	18,529,392	0.011455	0	0	90.11
90.12	09024	OP CARE ADULTS	100,879	173,962	0.579891	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1,526,047	3,042,728	0.501539	0	0	90.14
90.15	09013	NEUROLOGY UH	212,848	777,311	0.273826	0	0	90.15
90.16	09014	ORTHOPEDICS UH	102,995	272,577	0.377857	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,966,410	907,195	2.167571	61	132	90.17
90.18	09016	DERMATOLOGY CLINIC	107,515	797,239	0.134859	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	6,180	16,283	0.379537	0	0	90.19
90.20	09025	IUMG - MH	23,672	260,028	0.091036	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0	0	90.21

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2011
To 12/31/2011

Worksheet D
Part II
Date/Time Prepared:
9/12/2012 11:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.22	09020	IUMG - MH	0	0	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000	0	0	90.25
91.00	09100	EMERGENCY	3,945,332	270,653,411	0.014577	161,105	2,348	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	540,442	19,100,513	0.028295	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	103,427	9,379,664	0.011027	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	67,255,675	4,146,926,018		1,652,744	19,730	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part IV
Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	254,424	0	254,424	50.00
50.01	05001	ENDOSCOPY	0	0	3	0	3	50.01
51.00	05100	RECOVERY ROOM	0	0	9	0	9	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,830	0	18,830	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	1,295	0	1,295	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,251,054	0	1,251,054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	541,913	0	541,913	55.00
56.00	05600	RADIOISOTOPE	0	0	67,428	0	67,428	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	362,419	0	362,419	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	528	0	528	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	122	0	122	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	362,227	0	362,227	65.00
66.00	06600	PHYSICAL THERAPY	0	0	301	0	301	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	281	0	281	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	24	0	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	51,183	0	51,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	446,676	0	446,676	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	1,042,130	0	1,042,130	73.03
74.00	07400	RENAL DIALYSIS	0	0	49,981	0	49,981	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	9	0	9	76.00
76.01	03021	CARDIOLOGY	0	0	242	0	242	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	1	0	1	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	388	0	388	76.03
76.04	03024	DAY SURGERY	0	0	22	0	22	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	10	0	10	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	741	0	741	90.01
90.02	09002	IUSCC HEM/ONC	0	0	539,785	0	539,785	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	2,866	0	2,866	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	26	0	26	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	333	0	333	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	14,657	0	14,657	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	44	0	44	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	114	0	114	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	165,430	0	165,430	90.14
90.15	09013	NEUROLOGY UH	0	0	5	0	5	90.15
90.16	09014	ORTHOPEDICS UH	0	0	1,326	0	1,326	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	2,859	0	2,859	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	384	0	384	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	28	0	28	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	498,943	0	498,943	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	33,925	0	33,925	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	17,930	0	17,930	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	5,730,896	0	5,730,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part IV
Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	254,424	609,207,878	0.000418	0.000418	15,585	50.00
50.01	05001	ENDOSCOPY	3	20,874,396	0.000000	0.000000	5,250	50.01
51.00	05100	RECOVERY ROOM	9	55,452,878	0.000000	0.000000	5,531	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	18,830	34,780,168	0.000541	0.000541	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	1,295	25,083,021	0.000052	0.000052	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,251,054	502,819,631	0.002488	0.002488	121,962	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	541,913	78,265,191	0.006924	0.006924	0	55.00
56.00	05600	RADIOISOTOPE	67,428	22,212,419	0.003036	0.003036	7,714	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	362,419	715,046,727	0.000507	0.000507	439,583	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	23,026,325	0.000000	0.000000	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	528	11,176,072	0.000047	0.000047	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	122	72,312,420	0.000002	0.000002	2,242	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	362,227	124,111,947	0.002919	0.002919	21,436	65.00
66.00	06600	PHYSICAL THERAPY	301	51,584,655	0.000006	0.000006	84,955	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,531,185	0.000000	0.000000	7,402	67.00
68.00	06800	SPEECH PATHOLOGY	281	12,876,271	0.000022	0.000022	2,913	68.00
69.00	06900	ELECTROCARDIOLOGY	24	58,771,452	0.000000	0.000000	39,360	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,183	30,352,938	0.001686	0.001686	56,856	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,061,402	0.000000	0.000000	4,704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	282,652,908	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,676	650,706,550	0.000686	0.000686	482,672	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,042,130	57,104,365	0.018250	0.018250	0	73.03
74.00	07400	RENAL DIALYSIS	49,981	36,419,956	0.001372	0.001372	8,590	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	9	2,419,974	0.000004	0.000004	0	76.00
76.01	03021	CARDIOLOGY	242	72,881,761	0.000003	0.000003	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	1	1,280,620	0.000001	0.000001	175,192	76.02
76.03	03023	CARDIAC CATHERIZATION	388	76,819,887	0.000005	0.000005	0	76.03
76.04	03024	DAY SURGERY	22	8,805,438	0.000002	0.000002	0	76.04
76.05	03025	ONCOLOGY	0	864	0.000000	0.000000	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.97	03028	CARDIAC REHABILITATION	10	1,005,592	0.000010	0.000010	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	741	9,317,284	0.000080	0.000080	0	90.01
90.02	09002	IUSCC HEM/ONC	539,785	41,745,285	0.012930	0.012930	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2,866	1,594,562	0.001797	0.001797	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	26	2,757,130	0.000009	0.000009	1,753	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	333	16,172,147	0.000021	0.000021	7,878	90.06
90.07	09007	AMB SVC-RILEY CLINICS	14,657	9,041,803	0.001621	0.001621	0	90.07
90.08	09008	MOTILITY LAB	0	524,480	0.000000	0.000000	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	44	88,933	0.000495	0.000495	0	90.10
90.11	09023	SLEEP LAB	0	18,529,392	0.000000	0.000000	0	90.11
90.12	09024	OP CARE ADULTS	114	173,962	0.000655	0.000655	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	165,430	3,042,728	0.054369	0.054369	0	90.14
90.15	09013	NEUROLOGY UH	5	777,311	0.000006	0.000006	0	90.15
90.16	09014	ORTHOPEDICS UH	1,326	272,577	0.004865	0.004865	0	90.16
90.17	09015	PHYSICAL MEDICINE	2,859	907,195	0.003151	0.003151	61	90.17
90.18	09016	DERMATOLOGY CLINIC	384	797,239	0.000482	0.000482	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	16,283	0.000000	0.000000	0	90.19
90.20	09025	IUMG - MH	28	260,028	0.000108	0.000108	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0.000000	0	90.21

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
90.22	09020	IUMG - MH	0	0	0.000000	0.000000	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0.000000	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000	0.000000	0	90.25
91.00	09100	EMERGENCY	498,943	270,653,411	0.001843	0.001843	161,105	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	33,925	19,100,513	0.001776	0.001776	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	17,930	9,379,664	0.001912	0.001912	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	5,730,896	4,146,926,018			1,652,744	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part IV
Date/Time Prepared: 9/12/2012 11:27 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	303	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	23	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	223	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	63	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	331	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	12	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,242	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	297	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	1,356	1,242	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part IV
Date/Time Prepared: 9/12/2012 11:27 am

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		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	76.03
76.04	03024	DAY SURGERY	0	0	76.04
76.05	03025	ONCOLOGY	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	90.21
90.22	09020	IUMG - MH	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	90.24

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
90.25	09022	CARDIO CLINIC	0	0		90.25
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part V
Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.262072	0	0	0		50.00
50.01	05001	ENDOSCOPY	0.119763	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0.210385	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.180858	0	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0.403937	0	0	0		56.00
57.00	05700	CT SCAN	0.000000	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	06000	LABORATORY	0.075086	0	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0.353598	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.290009	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.678204	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210	0	0	136		73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0		73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0.417810	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0.485955	0	0	0		76.00
76.01	03021	CARDIOLOGY	0.207764	0	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172	0	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912	0	0	0		76.03
76.04	03024	DAY SURGERY	1.732177	0	0	0		76.04
76.05	03025	ONCOLOGY	864.035880	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	1.003845	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.000000	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0.295896	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	1.226339	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792	1,242	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0.242790	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	0	0	0		90.07
90.08	09008	MOTILITY LAB	0.282194	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	0	0	0		90.10
90.11	09023	SLEEP LAB	0.321783	0	0	0		90.11
90.12	09024	OP CARE ADULTS	5.091106	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	0	0	0		90.14
90.15	09013	NEUROLOGY UH	3.067605	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	3.642230	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	0	0	0		90.18

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2011
To 12/31/2011

Worksheet D
Part V
Date/Time Prepared:
9/12/2012 11:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
90.19	09017	INFUSION/HEM/ONC	42.037032	0	0	0		90.19
90.20	09025	IUMG - MH	3.123217	0	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	0		90.21
90.22	09020	IUMG - MH	0.000000	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	0		90.25
91.00	09100	EMERGENCY	0.158322	0	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	0	0	0		92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.520427		0			94.00
95.00	09500	AMBULANCE SERVICES	0.603505		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00		Subtotal (see instructions)		1,242	0	136		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		1,242	0	136		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part V
Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	25		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0		76.03
76.04	03024	DAY SURGERY	0	0	0		76.04
76.05	03025	ONCOLOGY	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	761	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0		90.20

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2011
To 12/31/2011

Worksheet D
Part V
Date/Time Prepared:
9/12/2012 11:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs				
			PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0		90.21
90.22	09020	IUMG - MH	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0	0		90.25
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	09500	AMBULANCE SERVICES		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Subtotal (see instructions)	761	0	25		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	761	0	25		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,510,797	0	13,510,797	286,398	47.17	30.00
31.00	03100	INTENSIVE CARE UNIT	1,077,757		1,077,757	22,417	48.08	31.00
32.00	03200	CORONARY CARE UNIT	740,890		740,890	15,888	46.63	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	180,130		180,130	8,879	20.29	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	144,588		144,588	1,424	101.54	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	03401	UH SURG 6IC	107,257		107,257	5,710	18.78	34.02
34.03	03402	UH NS 3IC	312,399		312,399	1,001	312.09	34.03
34.04	03403	RH PED IC	475,790		475,790	8,854	53.74	34.04
34.05	03404	TRANSPLANT ICU	183,130		183,130	3,542	51.70	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	487,300		487,300	2,417	201.61	34.06
40.00	04000	SUBPROVIDER - IPF	290,443	0	290,443	6,972	41.66	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300	NURSERY	405,463		405,463	11,928	33.99	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	04500	NURSING FACILITY	0		0	0	0.00	45.00
45.01	04510	ICF/MR	0		0	0	0.00	45.01
200.00		Total (lines 30-199)	17,915,944		17,915,944	375,430		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
			6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	35,108	1,656,044		30.00
31.00	03100	INTENSIVE CARE UNIT	2,863	137,653		31.00
32.00	03200	CORONARY CARE UNIT	2,029	94,612		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,135	23,029		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	182	18,480		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	03401	UH SURG 6IC	729	13,691		34.02
34.03	03402	UH NS 3IC	128	39,948		34.03
34.04	03403	RH PED IC	1,131	60,780		34.04
34.05	03404	TRANSPLANT ICU	451	23,317		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	310	62,499		34.06
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	1,523	51,767		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
45.01	04510	ICF/MR	0	0		45.01
200.00		Total (lines 30-199)	45,589	2,181,820		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,944,839	609,207,878	0.008117	38,176,621	309,880	50.00
50.01	05001	ENDOSCOPY	94,111	20,874,396	0.004508	1,286,098	5,798	50.01
51.00	05100	RECOVERY ROOM	1,132,153	55,452,878	0.020416	2,867,170	58,536	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	699,376	34,780,168	0.020108	2,539,067	51,056	53.00
53.01	05301	PULMONARY FUNCTION TESTING	739,220	25,083,021	0.029471	476,425	14,041	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,726,644	502,819,631	0.029288	23,721,124	694,744	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	475,510	78,265,191	0.006076	1,057,504	6,425	55.00
56.00	05600	RADIOISOTOPE	1,086,591	22,212,419	0.048918	700,757	34,280	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	6,600,551	715,046,727	0.009231	49,567,692	457,559	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	61,075	23,026,325	0.002652	283,440	752	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	149,756	11,176,072	0.013400	502,751	6,737	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	325,635	72,312,420	0.004503	8,328,345	37,503	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,947,700	124,111,947	0.047922	20,764,723	995,087	65.00
66.00	06600	PHYSICAL THERAPY	374,704	51,584,655	0.007264	4,383,962	31,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,536,591	11,531,185	0.133255	1,343,211	178,990	67.00
68.00	06800	SPEECH PATHOLOGY	393,869	12,876,271	0.030589	703,572	21,522	68.00
69.00	06900	ELECTROCARDIOLOGY	307,442	58,771,452	0.005231	3,820,545	19,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,805	30,352,938	0.006121	2,577,565	15,777	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	677,533	90,061,402	0.007523	6,426,131	48,344	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	286,854	282,652,908	0.001015	18,213,879	18,487	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	589,252	650,706,550	0.000906	58,753,479	53,231	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	2,301,457	57,104,365	0.040303	0	0	73.03
74.00	07400	RENAL DIALYSIS	765,665	36,419,956	0.021023	2,104,440	44,242	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	10,353	2,419,974	0.004278	459,003	1,964	76.00
76.01	03021	CARDIOLOGY	234,851	72,881,761	0.003222	2,437,390	7,853	76.01
76.02	03022	PSYCH OTHER ANCILLARY	34,857	1,280,620	0.027219	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	1,468,111	76,819,887	0.019111	2,952,194	56,419	76.03
76.04	03024	DAY SURGERY	7,113,392	8,805,438	0.807841	73,503	59,379	76.04
76.05	03025	ONCOLOGY	188,826	864	218.548611	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	437,177	1,005,592	0.434746	22,256	9,676	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	17,509	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	191,255	9,317,284	0.020527	59,907	1,230	90.01
90.02	09002	IUSCC HEM/ONC	2,783,072	41,745,285	0.066668	117,639	7,843	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	253,655	1,594,562	0.159075	5,849	930	90.03
90.04	09004	AMB SVC-PSYCH ADULT	229,755	2,757,130	0.083331	1,191	99	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	262,029	16,172,147	0.016202	726,411	11,769	90.06
90.07	09007	AMB SVC-RILEY CLINICS	712,776	9,041,803	0.078831	57,349	4,521	90.07
90.08	09008	MOTILITY LAB	10,388	524,480	0.019806	1,314	26	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	57,337	88,933	0.644721	0	0	90.10
90.11	09023	SLEEP LAB	212,252	18,529,392	0.011455	8,892	102	90.11
90.12	09024	OP CARE ADULTS	100,879	173,962	0.579891	185	107	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	1,526,047	3,042,728	0.501539	0	0	90.14
90.15	09013	NEUROLOGY UH	212,848	777,311	0.273826	323	88	90.15
90.16	09014	ORTHOPEDICS UH	102,995	272,577	0.377857	110	42	90.16
90.17	09015	PHYSICAL MEDICINE	1,966,410	907,195	2.167571	608	1,318	90.17
90.18	09016	DERMATOLOGY CLINIC	107,515	797,239	0.134859	45	6	90.18
90.19	09017	INFUSION/HEM/ONC	6,180	16,283	0.379537	0	0	90.19
90.20	09025	IUMG - MH	23,672	260,028	0.091036	731	67	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0	0	90.22

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000	0	0	90.25
91.00	09100	EMERGENCY	3,945,332	270,653,411	0.014577	10,895,960	158,830	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	540,442	19,100,513	0.028295	361,655	10,233	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	103,427	9,379,664	0.011027	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	67,255,675	4,146,926,018		266,781,016	3,437,323	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	847,998	0	0	847,998	30.00
31.00	03100	INTENSIVE CARE UNIT	0	63,874	0		63,874	31.00
32.00	03200	CORONARY CARE UNIT	0	45,507	0		45,507	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	25,318	0		25,318	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,056	0		4,056	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.01
34.02	03401	UH SURG 6IC	0	16,296	0		16,296	34.02
34.03	03402	UH NS 3IC	0	2,855	0		2,855	34.03
34.04	03403	RH PED IC	0	25,316	0		25,316	34.04
34.05	03404	TRANSPLANT ICU	0	10,146	0		10,146	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	6,896	0		6,896	34.06
40.00	04000	SUBPROVIDER - IPF	0	19,867	0	0	19,867	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	34,020	0		34,020	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
45.01	04510	ICF/MR	0	0	0		0	45.01
200.00		Total (lines 30-199)	0	1,102,149	0		1,102,149	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	286,398	2.96	35,108	103,920	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,417	2.85	2,863	8,160	0	31.00
32.00	03200	CORONARY CARE UNIT	15,888	2.86	2,029	5,803	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,879	2.85	1,135	3,235	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,424	2.85	182	519	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.01
34.02	03401	UH SURG 6IC	5,710	2.85	729	2,078	0	34.02
34.03	03402	UH NS 3IC	1,001	2.85	128	365	0	34.03
34.04	03403	RH PED IC	8,854	2.86	1,131	3,235	0	34.04
34.05	03404	TRANSPLANT ICU	3,542	2.86	451	1,290	0	34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	2,417	2.85	310	884	0	34.06
40.00	04000	SUBPROVIDER - IPF	6,972	2.85	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	11,928	2.85	1,523	4,341	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
45.01	04510	ICF/MR	0	0.00	0	0	0	45.01
200.00		Total (lines 30-199)	375,430		45,589	133,830	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
			12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	03401	UH SURG 6IC	0	0		34.02
34.03	03402	UH NS 3IC	0	0		34.03
34.04	03403	RH PED IC	0	0		34.04
34.05	03404	TRANSPLANT ICU	0	0		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT	0	0		34.06
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
45.01	04510	ICF/MR	0	0		45.01
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	254,424	0	254,424	50.00
50.01	05001	ENDOSCOPY	0	0	3	0	3	50.01
51.00	05100	RECOVERY ROOM	0	0	9	0	9	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,830	0	18,830	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	1,295	0	1,295	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,251,054	0	1,251,054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	541,913	0	541,913	55.00
56.00	05600	RADIOISOTOPE	0	0	67,428	0	67,428	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	362,419	0	362,419	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	528	0	528	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	122	0	122	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	362,227	0	362,227	65.00
66.00	06600	PHYSICAL THERAPY	0	0	301	0	301	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	281	0	281	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	24	0	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	51,183	0	51,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	446,676	0	446,676	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	1,042,130	0	1,042,130	73.03
74.00	07400	RENAL DIALYSIS	0	0	49,981	0	49,981	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	9	0	9	76.00
76.01	03021	CARDIOLOGY	0	0	242	0	242	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	1	0	1	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	388	0	388	76.03
76.04	03024	DAY SURGERY	0	0	22	0	22	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	10	0	10	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	741	0	741	90.01
90.02	09002	IUSCC HEM/ONC	0	0	539,785	0	539,785	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	2,866	0	2,866	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	26	0	26	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	333	0	333	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	14,657	0	14,657	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	44	0	44	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	114	0	114	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	165,430	0	165,430	90.14
90.15	09013	NEUROLOGY UH	0	0	5	0	5	90.15
90.16	09014	ORTHOPEDICS UH	0	0	1,326	0	1,326	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	2,859	0	2,859	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	384	0	384	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	28	0	28	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XIX Hospital PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	498,943	0	498,943	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	33,925	0	33,925	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	17,930	0	17,930	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	5,730,896	0	5,730,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	254,424	609,207,878	0.000418	0.000418	38,176,621	50.00
50.01	05001	ENDOSCOPY	3	20,874,396	0.000000	0.000000	1,286,098	50.01
51.00	05100	RECOVERY ROOM	9	55,452,878	0.000000	0.000000	2,867,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	18,830	34,780,168	0.000541	0.000541	2,539,067	53.00
53.01	05301	PULMONARY FUNCTION TESTING	1,295	25,083,021	0.000052	0.000052	476,425	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,251,054	502,819,631	0.002488	0.002488	23,721,124	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	541,913	78,265,191	0.006924	0.006924	1,057,504	55.00
56.00	05600	RADIOISOTOPE	67,428	22,212,419	0.003036	0.003036	700,757	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	362,419	715,046,727	0.000507	0.000507	49,567,692	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	23,026,325	0.000000	0.000000	283,440	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	528	11,176,072	0.000047	0.000047	502,751	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	122	72,312,420	0.000002	0.000002	8,328,345	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	362,227	124,111,947	0.002919	0.002919	20,764,723	65.00
66.00	06600	PHYSICAL THERAPY	301	51,584,655	0.000006	0.000006	4,383,962	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,531,185	0.000000	0.000000	1,343,211	67.00
68.00	06800	SPEECH PATHOLOGY	281	12,876,271	0.000022	0.000022	703,572	68.00
69.00	06900	ELECTROCARDIOLOGY	24	58,771,452	0.000000	0.000000	3,820,545	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,183	30,352,938	0.001686	0.001686	2,577,565	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,061,402	0.000000	0.000000	6,426,131	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	282,652,908	0.000000	0.000000	18,213,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	446,676	650,706,550	0.000686	0.000686	58,753,479	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,042,130	57,104,365	0.018250	0.018250	0	73.03
74.00	07400	RENAL DIALYSIS	49,981	36,419,956	0.001372	0.001372	2,104,440	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	9	2,419,974	0.000004	0.000004	459,003	76.00
76.01	03021	CARDIOLOGY	242	72,881,761	0.000003	0.000003	2,437,390	76.01
76.02	03022	PSYCH OTHER ANCILLARY	1	1,280,620	0.000001	0.000001	0	76.02
76.03	03023	CARDIAC CATHERIZATION	388	76,819,887	0.000005	0.000005	2,952,194	76.03
76.04	03024	DAY SURGERY	22	8,805,438	0.000002	0.000002	73,503	76.04
76.05	03025	ONCOLOGY	0	864	0.000000	0.000000	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.97	03028	CARDIAC REHABILITATION	10	1,005,592	0.000010	0.000010	22,256	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	2,129,200	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	741	9,317,284	0.000080	0.000080	59,907	90.01
90.02	09002	IUSCC HEM/ONC	539,785	41,745,285	0.012930	0.012930	117,639	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	2,866	1,594,562	0.001797	0.001797	5,849	90.03
90.04	09004	AMB SVC-PSYCH ADULT	26	2,757,130	0.000009	0.000009	1,191	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	333	16,172,147	0.000021	0.000021	726,411	90.06
90.07	09007	AMB SVC-RILEY CLINICS	14,657	9,041,803	0.001621	0.001621	57,349	90.07
90.08	09008	MOTILITY LAB	0	524,480	0.000000	0.000000	1,314	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	44	88,933	0.000495	0.000495	0	90.10
90.11	09023	SLEEP LAB	0	18,529,392	0.000000	0.000000	8,892	90.11
90.12	09024	OP CARE ADULTS	114	173,962	0.000655	0.000655	185	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	165,430	3,042,728	0.054369	0.054369	0	90.14
90.15	09013	NEUROLOGY UH	5	777,311	0.000006	0.000006	323	90.15
90.16	09014	ORTHOPEDICS UH	1,326	272,577	0.004865	0.004865	110	90.16
90.17	09015	PHYSICAL MEDICINE	2,859	907,195	0.003151	0.003151	608	90.17
90.18	09016	DERMATOLOGY CLINIC	384	797,239	0.000482	0.000482	45	90.18
90.19	09017	INFUSION/HEM/ONC	0	16,283	0.000000	0.000000	0	90.19
90.20	09025	IUMG - MH	28	260,028	0.000108	0.000108	731	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0.000000	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0.000000	0	90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0.000000	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000	0.000000	0	90.25
91.00	09100	EMERGENCY	498,943	270,653,411	0.001843	0.001843	10,895,960	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	33,925	19,100,513	0.001776	0.001776	361,655	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	17,930	9,379,664	0.001912	0.001912	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	5,730,896	4,146,926,018			266,781,016	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
				Title XIX		Hospital	PPS	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,958	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,374	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	25	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,018	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,322	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,127	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	25,131	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	24	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	60,612	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	15	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,346	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,305	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	2,887	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	2	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	7	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	15	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	5	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1,521	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	11	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	15	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	93	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	1	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	20,081	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	642	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	241,582	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0		76.03
76.04	03024	DAY SURGERY	0	0		76.04
76.05	03025	ONCOLOGY	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0		90.21
90.22	09020	IUMG - MH	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0		90.25

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 9/12/2012 11:27 am

Title XIX | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 9/12/2012 11:28 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.262072	0	15,164,089	0		50.00
50.01	05001	ENDOSCOPY	0.119763	0	369,809	0		50.01
51.00	05100	RECOVERY ROOM	0.210385	0	2,082,451	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.180858	0	768,396	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372	0	2,355,460	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473	0	24,032,633	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974	0	8,994,725	0		55.00
56.00	05600	RADIOISOTOPE	0.403937	0	929,385	0		56.00
57.00	05700	CT SCAN	0.000000	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	06000	LABORATORY	0.075086	0	22,806,704	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743	0	624,165	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162	0	736,455	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445	0	1,050,412	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0.353598	0	505,139	0		65.00
66.00	06600	PHYSICAL THERAPY	0.290009	0	1,616,343	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919	0	536,103	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.678204	0	902,843	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660	0	1,865,857	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393	0	1,351,345	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540	0	2,329,579	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929	0	7,011,865	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210	0	16,603,945	0		73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0		73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0.417810	0	1,809,968	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0.485955	0	0	0		76.00
76.01	03021	CARDIOLOGY	0.207764	0	4,117,871	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172	0	105,965	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912	0	3,108,754	0		76.03
76.04	03024	DAY SURGERY	1.732177	0	581,531	0		76.04
76.05	03025	ONCOLOGY	864.035880	0	87	0		76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	1.003845	0	37,243	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.000000	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0.295896	0	450,378	0		90.01
90.02	09002	IUSCC HEM/ONC	1.226339	0	2,676,611	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352	0	122,461	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792	0	167,266	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0.242790	0	599,715	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	0	908,935	0		90.07
90.08	09008	MOTILITY LAB	0.282194	0	23,671	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	0	216	0		90.10
90.11	09023	SLEEP LAB	0.321783	0	1,475,668	0		90.11
90.12	09024	OP CARE ADULTS	5.091106	0	24,899	0		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	0	58,519	0		90.14
90.15	09013	NEUROLOGY UH	3.067605	0	78,672	0		90.15
90.16	09014	ORTHOPEDICS UH	3.642230	0	27,427	0		90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	0	65,148	0		90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	0	44,282	0		90.18
90.19	09017	INFUSION/HEM/ONC	42.037032	0	0	0		90.19

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 9/12/2012 11:28 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
90.20	09025	IUMG - MH	3.123217	0	19,692	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	0		90.21
90.22	09020	IUMG - MH	0.000000	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	0		90.25
91.00	09100	EMERGENCY	0.158322	0	19,409,225	0		91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	0	2,308,467	0		92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.520427		0			94.00
95.00	09500	AMBULANCE SERVICES	0.603505	0	1,564,671			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00		Subtotal (see instructions)		0	152,425,045	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	152,425,045	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 9/12/2012 11:28 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,974,083	0		50.00
50.01	05001	ENDOSCOPY	0	44,289	0		50.01
51.00	05100	RECOVERY ROOM	0	438,116	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	138,971	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	521,433	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,880,621	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,178,075	0		55.00
56.00	05600	RADIOISOTOPE	0	375,413	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	1,712,464	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	100,954	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	162,139	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	364,960	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	178,616	0		65.00
66.00	06600	PHYSICAL THERAPY	0	468,754	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	246,564	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	612,312	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	165,427	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	342,421	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,359,403	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,450,958	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,075,217	0		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	756,223	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	855,545	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	47,597	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	674,326	0		76.03
76.04	03024	DAY SURGERY	0	1,007,315	0		76.04
76.05	03025	ONCOLOGY	0	75,171	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	0	37,386	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	133,265	0		90.01
90.02	09002	IUSCC HEM/ONC	0	3,282,432	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	74,989	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	102,499	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	145,605	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	1,027,357	0		90.07
90.08	09008	MOTILITY LAB	0	6,680	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	1,322	0		90.10
90.11	09023	SLEEP LAB	0	474,845	0		90.11
90.12	09024	OP CARE ADULTS	0	126,763	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	169,406	0		90.14
90.15	09013	NEUROLOGY UH	0	241,335	0		90.15
90.16	09014	ORTHOPEDICS UH	0	99,895	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	283,840	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	71,643	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	61,502	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0		90.21

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 9/12/2012 11:28 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
90.22	09020	IUMG - MH	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0	0		90.25
91.00	09100	EMERGENCY	0	3,072,907	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,445,232	0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	09500	AMBULANCE SERVICES		944,287			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Subtotal (see instructions)	0	36,010,557	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	36,010,557	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056
Title XIX

Period: From 01/01/2011 To 12/31/2011
Subprovider - IPF

Worksheet D Part V
Date/Time Prepared: 9/12/2012 11:28 am

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.262072	0	0	0		50.00
50.01	05001	ENDOSCOPY	0.119763	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0.210385	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.180858	0	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0.403937	0	0	0		56.00
57.00	05700	CT SCAN	0.000000	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	06000	LABORATORY	0.075086	0	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0.353598	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.290009	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.678204	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210	0	178	0		73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0		73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0.417810	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0.485955	0	0	0		76.00
76.01	03021	CARDIOLOGY	0.207764	0	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172	0	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912	0	0	0		76.03
76.04	03024	DAY SURGERY	1.732177	0	0	0		76.04
76.05	03025	ONCOLOGY	864.035880	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	1.003845	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.000000	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0.295896	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	1.226339	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0.242790	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	0	0	0		90.07
90.08	09008	MOTILITY LAB	0.282194	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	0	0	0		90.10
90.11	09023	SLEEP LAB	0.321783	0	0	0		90.11
90.12	09024	OP CARE ADULTS	5.091106	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	0	0	0		90.14
90.15	09013	NEUROLOGY UH	3.067605	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	3.642230	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	0	0	0		90.18

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2011
To 12/31/2011

Worksheet D
Part V
Date/Time Prepared:
9/12/2012 11:28 am

Title XIX

Subprovider - IPF

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00	3.00	4.00		
90.19	09017	INFUSION/HEM/ONC	42.037032	0	0	0		90.19
90.20	09025	IUMG - MH	3.123217	0	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	0		90.21
90.22	09020	IUMG - MH	0.000000	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	0		90.25
91.00	09100	EMERGENCY	0.158322	0	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	0	0	0		92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.520427		0			94.00
95.00	09500	AMBULANCE SERVICES	0.603505		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00		Subtotal (see instructions)		0	178	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	178	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D Part V
Date/Time Prepared: 9/12/2012 11:28 am

Title XIX

Subprovider - IPF

		Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33	0		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0		76.03
76.04	03024	DAY SURGERY	0	0	0		76.04
76.05	03025	ONCOLOGY	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.97	03028	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0		90.20

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2011
To 12/31/2011

Worksheet D
Part V
Date/Time Prepared:
9/12/2012 11:28 am

Title XIX

Subprovider - IPF

		Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
			5.00	6.00	7.00		
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0		90.21
90.22	09020	IUMG - MH	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0	0		90.25
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	09500	AMBULANCE SERVICES		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Subtotal (see instructions)	0	33	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	33	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	286,398	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	286,398	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	274,942	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	85,108	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	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)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	298,946,759	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	298,946,759	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	610,544,878	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	610,544,878	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.489639	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,220.63	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	298,946,759	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,043.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	88,837,433	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	88,837,433	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	30,704,804	22,417	1,369.71	7,668	10,502,936	43.00
44.00	CORONARY CARE UNIT	22,336,182	15,888	1,405.85	7,077	9,949,200	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	8,278,656	8,879	932.39	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	2,377,977	1,424	1,669.93	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	UH SURG 6IC	8,188,491	5,710	1,434.06	2,318	3,324,151	46.02
46.03	UH NS 3IC	2,028,001	1,001	2,025.98	521	1,055,536	46.03
46.04	RH PED IC	15,629,042	8,854	1,765.20	87	153,572	46.04
46.05	TRANSPLANT ICU	4,752,949	3,542	1,341.88	1,114	1,494,854	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	3,786,473	2,417	1,566.60	3	4,700	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	143,210,842	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	258,533,224	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	5,287,776	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,623,193	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	13,910,969	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	244,622,255	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	11,456	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,043.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	11,958,002	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	13,510,797	298,946,759	0.045195	11,958,002	540,442	90.00
91.00	Nursing School cost	0	298,946,759	0.000000	11,958,002	0	91.00
92.00	Allied health cost	847,998	298,946,759	0.002837	11,958,002	33,925	92.00
93.00	All other Medical Education	0	298,946,759	0.000000	11,958,002	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,972	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,972	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,972	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,044	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	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)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,206,755	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,206,755	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	10,448,273	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	10,448,273	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.689756	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,498.60	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,206,755	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,033.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,112,821	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,112,821	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D-1
Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	UH SURG 6IC	0	0	0.00	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	0	0	0.00	0	0	46.04
46.05	TRANSPLANT ICU	0	0	0.00	0	0	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	321,148	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,433,969	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	90,978	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	21,086	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	112,064	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,321,905	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	290,443	7,206,755	0.040301	0	0	90.00
91.00	Nursing School cost	0	7,206,755	0.000000	0	0	91.00
92.00	Allied health cost	19,867	7,206,755	0.002757	0	0	92.00
93.00	All other Medical Education	0	7,206,755	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 9/12/2012 11:27 am
	Title XIX	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	286,398	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	286,398	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	274,942	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	35,108	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	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)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	11,928	15.00
16.00	Nursery days (title V or XIX only)	1,523	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	298,946,759	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	298,946,759	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	298,946,759	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,043.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	36,646,433	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	36,646,433	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 9/12/2012 11:27 am

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	7,935,883	11,928	665.32	1,523	1,013,282	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	30,704,804	22,417	1,369.71	2,863	3,921,480	43.00
44.00	CORONARY CARE UNIT	22,336,182	15,888	1,405.85	2,029	2,852,470	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	8,278,656	8,879	932.39	1,135	1,058,263	44.01
45.00	BURN INTENSIVE CARE UNIT	2,377,977	1,424	1,669.93	182	303,927	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	UH SURG 6IC	8,188,491	5,710	1,434.06	729	1,045,430	46.02
46.03	UH NS 3IC	2,028,001	1,001	2,025.98	128	259,325	46.03
46.04	RH PED IC	15,629,042	8,854	1,765.20	1,131	1,996,441	46.04
46.05	TRANSPLANT ICU	4,752,949	3,542	1,341.88	451	605,188	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	3,786,473	2,417	1,566.60	310	485,646	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	56,220,297	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	106,408,182	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,315,650	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,678,905	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,994,555	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	100,413,627	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 9/12/2012 11:27 am
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	11,456	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,043.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	11,958,002	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	13,510,797	298,946,759	0.045195	11,958,002	540,442	90.00
91.00	Nursing School cost	0	298,946,759	0.000000	11,958,002	0	91.00
92.00	Allied health cost	847,998	298,946,759	0.002837	11,958,002	33,925	92.00
93.00	All other Medical Education	0	298,946,759	0.000000	11,958,002	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		164,901,021		30.00
31.00	03100	INTENSIVE CARE UNIT		23,533,606		31.00
32.00	03200	CORONARY CARE UNIT		7,168,044		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		7,168,044		34.02
34.03	03402	UH NS 3IC		1,527,312		34.03
34.04	03403	RH PED IC		403,565		34.04
34.05	03404	TRANSPLANT ICU		3,372,606		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT		5,974		34.06
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.262072	108,185,872	28,352,488	50.00
50.01	05001	ENDOSCOPY	0.119763	6,088,159	729,136	50.01
51.00	05100	RECOVERY ROOM	0.210385	8,448,397	1,777,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.180858	6,772,828	1,224,920	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372	437,497	96,850	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473	62,810,714	10,142,234	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974	1,976,036	258,809	55.00
56.00	05600	RADIOISOTOPE	0.403937	2,519,545	1,017,737	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.075086	121,925,744	9,154,916	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743	976,793	157,989	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162	693,570	152,698	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445	16,870,955	5,861,729	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.353598	32,066,330	11,338,590	65.00
66.00	06600	PHYSICAL THERAPY	0.290009	12,398,595	3,595,704	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919	2,420,485	1,113,227	67.00
68.00	06800	SPEECH PATHOLOGY	0.678204	1,345,010	912,191	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660	19,553,478	1,733,611	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393	6,487,359	1,643,851	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540	21,615,989	12,613,794	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929	68,383,204	14,150,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210	120,013,746	22,227,746	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.417810	9,659,393	4,035,791	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.485955	0	0	76.00
76.01	03021	CARDIOLOGY	0.207764	7,514,561	1,561,255	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172	1,292	580	76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912	15,414,236	3,343,533	76.03
76.04	03024	DAY SURGERY	1.732177	183,100	317,162	76.04
76.05	03025	ONCOLOGY	864.035880	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	1.003845	122,844	123,316	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.295896	12,140	3,592	90.01
90.02	09002	IUSCC HEM/ONC	1.226339	326,532	400,439	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352	10,715	6,561	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792	1,784	1,093	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.242790	3,202,074	777,432	90.06

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	6,294	7,114	90.07
90.08	09008	MOTILITY LAB	0.282194	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	253	1,549	90.10
90.11	09023	SLEEP LAB	0.321783	17,357	5,585	90.11
90.12	09024	OP CARE ADULTS	5.091106	425	2,164	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	1,200	3,474	90.14
90.15	09013	NEUROLOGY UH	3.067605	1,611	4,942	90.15
90.16	09014	ORTHOPEDICS UH	3.642230	527	1,919	90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	3,635	15,837	90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	482	780	90.18
90.19	09017	INFUSION/HEM/ONC	42.037032	0	0	90.19
90.20	09025	IUMG - MH	3.123217	5,773	18,030	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	90.25
91.00	09100	EMERGENCY	0.158322	25,423,387	4,025,081	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	475,210	297,509	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.520427	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		684,375,131	143,210,842	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		684,375,131		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D-3
Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT		0		34.06
40.00	04000	SUBPROVIDER - IPF		3,345,530		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.262072	15,585	4,084	50.00
50.01	05001	ENDOSCOPY	0.119763	5,250	629	50.01
51.00	05100	RECOVERY ROOM	0.210385	5,531	1,164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.180858	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473	121,962	19,694	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974	0	0	55.00
56.00	05600	RADIOISOTOPE	0.403937	7,714	3,116	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.075086	439,583	33,007	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445	2,242	779	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.353598	21,436	7,580	65.00
66.00	06600	PHYSICAL THERAPY	0.290009	84,955	24,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919	7,402	3,404	67.00
68.00	06800	SPEECH PATHOLOGY	0.678204	2,913	1,976	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660	39,360	3,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393	56,856	14,407	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540	4,704	2,745	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210	482,672	89,396	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.417810	8,590	3,589	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.485955	0	0	76.00
76.01	03021	CARDIOLOGY	0.207764	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172	175,192	78,691	76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912	0	0	76.03
76.04	03024	DAY SURGERY	1.732177	0	0	76.04
76.05	03025	ONCOLOGY	864.035880	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	1.003845	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.295896	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1.226339	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792	1,753	1,074	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D-3
Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.06	09006	OUTPATIENT SURGERY	0.242790	7,878	1,913	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	0	0	90.07
90.08	09008	MOTILITY LAB	0.282194	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	0	0	90.10
90.11	09023	SLEEP LAB	0.321783	0	0	90.11
90.12	09024	OP CARE ADULTS	5.091106	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	0	0	90.14
90.15	09013	NEUROLOGY UH	3.067605	0	0	90.15
90.16	09014	ORTHOPEDICS UH	3.642230	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	61	266	90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	42.037032	0	0	90.19
90.20	09025	IUMG - MH	3.123217	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	90.25
91.00	09100	EMERGENCY	0.158322	161,105	25,506	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER	REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.520427	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		1,652,744	321,148	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,652,744		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 9/12/2012 11:28 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		94,802,029		30.00
31.00	03100	INTENSIVE CARE UNIT		10,431,859		31.00
32.00	03200	CORONARY CARE UNIT		5,324,248		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		5,542,037		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		630,617		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		2,088,399		34.02
34.03	03402	UH NS 3IC		255,130		34.03
34.04	03403	RH PED IC		6,740,160		34.04
34.05	03404	TRANSPLANT ICU		1,010,009		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT		409,158		34.06
40.00	04000	SUBPROVIDER - IPF		62,032		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		2,383,823		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.262072	38,176,621	10,005,023	50.00
50.01	05001	ENDOSCOPY	0.119763	1,286,098	154,027	50.01
51.00	05100	RECOVERY ROOM	0.210385	2,867,170	603,210	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.180858	2,539,067	459,211	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372	476,425	105,467	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473	23,721,124	3,830,321	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974	1,057,504	138,506	55.00
56.00	05600	RADIOISOTOPE	0.403937	700,757	283,062	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.075086	49,567,692	3,721,840	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743	283,440	45,844	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162	502,751	110,687	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445	8,328,345	2,893,642	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.353598	20,764,723	7,342,365	65.00
66.00	06600	PHYSICAL THERAPY	0.290009	4,383,962	1,271,388	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919	1,343,211	617,768	67.00
68.00	06800	SPEECH PATHOLOGY	0.678204	703,572	477,165	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660	3,820,545	338,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393	2,577,565	653,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540	6,426,131	3,749,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929	18,213,879	3,768,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210	58,753,479	10,881,732	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.417810	2,104,440	879,256	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.485955	459,003	223,055	76.00
76.01	03021	CARDIOLOGY	0.207764	2,437,390	506,402	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912	2,952,194	640,366	76.03
76.04	03024	DAY SURGERY	1.732177	73,503	127,320	76.04
76.05	03025	ONCOLOGY	864.035880	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	1.003845	22,256	22,342	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.295896	59,907	17,726	90.01
90.02	09002	IUSCC HEM/ONC	1.226339	117,639	144,265	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352	5,849	3,582	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792	1,191	730	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.242790	726,411	176,365	90.06

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 9/12/2012 11:28 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	57,349	64,821	90.07
90.08	09008	MOTILITY LAB	0.282194	1,314	371	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	0	0	90.10
90.11	09023	SLEEP LAB	0.321783	8,892	2,861	90.11
90.12	09024	OP CARE ADULTS	5.091106	185	942	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	0	0	90.14
90.15	09013	NEUROLOGY UH	3.067605	323	991	90.15
90.16	09014	ORTHOPEDICS UH	3.642230	110	401	90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	608	2,649	90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	45	73	90.18
90.19	09017	INFUSION/HEM/ONC	42.037032	0	0	90.19
90.20	09025	IUMG - MH	3.123217	731	2,283	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	90.25
91.00	09100	EMERGENCY	0.158322	10,895,960	1,725,070	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	361,655	226,417	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.520427	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		266,781,016	56,220,297	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		266,781,016		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D-3
Date/Time Prepared: 9/12/2012 11:28 am

Title XIX

Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		8,669		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	SURGICAL INTENSIVE CARE UNIT		0		34.06
40.00	04000	SUBPROVIDER - IPF		1,534,571		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.262072	0	0	50.00
50.01	05001	ENDOSCOPY	0.119763	0	0	50.01
51.00	05100	RECOVERY ROOM	0.210385	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.180858	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.221372	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161473	35,320	5,703	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.130974	0	0	55.00
56.00	05600	RADIOISOTOPE	0.403937	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.075086	213,770	16,051	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.161743	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.220162	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.347445	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.353598	4,753	1,681	65.00
66.00	06600	PHYSICAL THERAPY	0.290009	7,718	2,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.459919	2,140	984	67.00
68.00	06800	SPEECH PATHOLOGY	0.678204	2,554	1,732	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088660	12,301	1,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253393	13,047	3,306	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.583540	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.206929	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185210	177,487	32,872	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.031101	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.417810	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.485955	0	0	76.00
76.01	03021	CARDIOLOGY	0.207764	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.449172	45,229	20,316	76.02
76.03	03023	CARDIAC CATHERIZATION	0.216912	0	0	76.03
76.04	03024	DAY SURGERY	1.732177	0	0	76.04
76.05	03025	ONCOLOGY	864.035880	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.97	03028	CARDIAC REHABILITATION	1.003845	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.295896	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1.226339	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.612352	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.612792	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2011 To 12/31/2011

Worksheet D-3
Date/Time Prepared: 9/12/2012 11:28 am

Title XIX

Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.06	09006	OUTPATIENT SURGERY	0.242790	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.130286	0	0	90.07
90.08	09008	MOTILITY LAB	0.282194	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	6.120934	0	0	90.10
90.11	09023	SLEEP LAB	0.321783	0	0	90.11
90.12	09024	OP CARE ADULTS	5.091106	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	2.894882	0	0	90.14
90.15	09013	NEUROLOGY UH	3.067605	0	0	90.15
90.16	09014	ORTHOPEDICS UH	3.642230	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	4.356854	30	131	90.17
90.18	09016	DERMATOLOGY CLINIC	1.617874	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	42.037032	0	0	90.19
90.20	09025	IUMG - MH	3.123217	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	90.25
91.00	09100	EMERGENCY	0.158322	121,515	19,238	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.626057	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER	REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.520427	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		635,864	105,343	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		635,864		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Kidney		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	462,014	1,043.82	275	287,051	1.00
2.00	INTENSIVE CARE UNIT	43.00	36,550	1,369.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,405.85	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	932.39	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,669.93	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,434.06	0	0	5.02
5.03	UH NS 3IC	46.03	0	2,025.98	0	0	5.03
5.04	RH PED IC	46.04	15,434	1,765.20	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,341.88	0	0	5.05
5.06	SURGICAL INTENSIVE CARE UNIT	46.06	0	1,566.60	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		513,998		275	287,051	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.262072	2,946,397	772,168	8.00
8.01	ENDOSCOPY	50.01	0.119763	14,069	1,685	8.01
9.00	RECOVERY ROOM	51.00	0.210385	232,692	48,955	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.180858	146,939	26,575	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.221372	40,087	8,874	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.161473	959,023	154,856	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130974	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.403937	1,355,796	547,656	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.075086	1,582,742	118,842	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.161743	13,202,225	2,135,367	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.220162	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.347445	31,807	11,051	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.353598	39,712	14,042	23.00
24.00	PHYSICAL THERAPY	66.00	0.290009	1,025	297	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.459919	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.678204	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.088660	260,531	23,099	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.253393	15,513	3,931	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.583540	24,115	14,072	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.206929	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.185210	626,959	116,119	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.031101	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.417810	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.485955	0	0	34.00
34.01	CARDIOLOGY	76.01	0.207764	503,193	104,545	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.449172	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.216912	271,337	58,856	34.03
34.04	DAY SURGERY	76.04	1.732177	2,579	4,467	34.04
34.05	ONCOLOGY	76.05	864.035880	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	1.003845	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.295896	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	1.226339	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.612352	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.612792	0	0	37.04

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

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	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.242790	1,071	260	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.130286	0	0	37.07
37.08	MOTILITY LAB	90.08	0.282194	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	6.120934	0	0	37.10
37.11	SLEEP LAB	90.11	0.321783	0	0	37.11
37.12	OP CARE ADULTS	90.12	5.091106	2,056	10,467	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	2.894882	0	0	37.14
37.15	NEUROLOGY UH	90.15	3.067605	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	3.642230	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	4.356854	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.617874	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	42.037032	0	0	37.19
37.20	IUMG - MH	90.20	3.123217	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.158322	10,689	1,692	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.626057	3,504	2,194	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			22,274,061	4,180,070	41.00

	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	275	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			275	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	1,071	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	Kidney D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	AMB SVC-UH PHYSICAL MEDICINE	23.21	0	0.000000	0	51.21
51.22	IUMG - MH	23.22	0	0.000000	0	51.22
51.24	IU CANCER PAVILLION	23.24	0	0.000000	0	51.24
51.25	CARDIO CLINIC	23.25	0	0.000000	0	51.25
52.00	EMERGENCY	24.00	10,689	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	3,504	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		17,320		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	4,467,121		22,788,059		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	12,199,715		12,109,178		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	16,666,836		34,897,237		61.00
62.00	Total Usable Organs (see instructions)		284			62.00
63.00	Medicare Usable Organs (see instructions)		201			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.707746			64.00
65.00	Medicare Cost/Charges (see instructions)	11,795,887		24,698,380		65.00
66.00	Revenue for Organs Sold	278,718		0		66.00
67.00	Subtotal (line 65 minus line 66)	11,517,169		24,698,380		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,517,169	0	24,698,380	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	83	71		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	130		73.00
74.00	Total (sum of lines 70 thru 73)	83	201		74.00
75.00	Organs Transplanted	83	130	13,366,983	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	71	278,718	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	83	201		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

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	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,383	1,043.82	35	36,534	1.00
2.00	INTENSIVE CARE UNIT	43.00	18,018	1,369.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,405.85	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	932.39	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,669.93	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,434.06	0	0	5.02
5.03	UH NS 3IC	46.03	0	2,025.98	0	0	5.03
5.04	RH PED IC	46.04	7,608	1,765.20	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,341.88	0	0	5.05
5.06	SURGICAL INTENSIVE CARE UNIT	46.06	0	1,566.60	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		27,009		35	36,534	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.262072	195,711	51,290	8.00
8.01	ENDOSCOPY	50.01	0.119763	6,936	831	8.01
9.00	RECOVERY ROOM	51.00	0.210385	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.180858	7,585	1,372	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.221372	2,022	448	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.161473	5,774	932	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130974	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.403937	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.075086	20,746	1,558	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.161743	1,726,815	279,300	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.220162	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.347445	10,313	3,583	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.353598	16,014	5,663	23.00
24.00	PHYSICAL THERAPY	66.00	0.290009	174	50	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.459919	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.678204	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.088660	5,858	519	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.253393	1,112	282	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.583540	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.206929	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.185210	25,384	4,701	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.031101	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.417810	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.485955	4,387	2,132	34.00
34.01	CARDIOLOGY	76.01	0.207764	0	0	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.449172	13,521	6,073	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.216912	0	0	34.03
34.04	DAY SURGERY	76.04	1.732177	0	0	34.04
34.05	ONCOLOGY	76.05	864.035880	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	1.003845	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.295896	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	1.226339	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.612352	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.612792	0	0	37.04

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

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	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.242790	528	128	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.130286	0	0	37.07
37.08	MOTILITY LAB	90.08	0.282194	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	6.120934	0	0	37.10
37.11	SLEEP LAB	90.11	0.321783	0	0	37.11
37.12	OP CARE ADULTS	90.12	5.091106	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	2.894882	0	0	37.14
37.15	NEUROLOGY UH	90.15	3.067605	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	3.642230	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	4.356854	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.617874	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	42.037032	0	0	37.19
37.20	IUMG - MH	90.20	3.123217	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.158322	2,247	356	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.626057	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			2,045,127	359,218	41.00

	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	35	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			35	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	528	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	Liver D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	AMB SVC-UH PHYSICAL MEDICINE	23.21	0	0.000000	0	51.21
51.22	IUMG - MH	23.22	0	0.000000	0	51.22
51.24	IU CANCER PAVILLION	23.24	0	0.000000	0	51.24
51.25	CARDIO CLINIC	23.25	0	0.000000	0	51.25
52.00	EMERGENCY	24.00	2,247	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		2,775		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	395,752		2,072,136		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	6,695,118		6,638,145		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,090,870		8,710,281		61.00
62.00	Total Usable Organs (see instructions)		158			62.00
63.00	Medicare Usable Organs (see instructions)		67			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.424051			64.00
65.00	Medicare Cost/Charges (see instructions)	3,006,891		3,693,603		65.00
66.00	Revenue for Organs Sold	137,396		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,869,495		3,693,603		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,869,495	0	3,693,603	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	35		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	123		73.00
74.00	Total (sum of lines 70 thru 73)	0	158		74.00
75.00	Organs Transplanted	0	123	17,549,445	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	35	137,396	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	158		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	632	1,043.82	16	16,701	1.00
2.00	INTENSIVE CARE UNIT	43.00	8,237	1,369.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,405.85	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	932.39	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,669.93	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,434.06	0	0	5.02
5.03	UH NS 3IC	46.03	0	2,025.98	0	0	5.03
5.04	RH PED IC	46.04	3,478	1,765.20	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,341.88	0	0	5.05
5.06	SURGICAL INTENSIVE CARE UNIT	46.06	0	1,566.60	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		12,347		16	16,701	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.262072	89,468	23,447	8.00
8.01	ENDOSCOPY	50.01	0.119763	3,171	380	8.01
9.00	RECOVERY ROOM	51.00	0.210385	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.180858	3,468	627	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.221372	925	205	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.161473	2,639	426	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130974	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.403937	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.075086	9,484	712	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.161743	680,647	110,090	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.220162	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.347445	4,715	1,638	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.353598	7,321	2,589	23.00
24.00	PHYSICAL THERAPY	66.00	0.290009	80	23	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.459919	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.678204	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.088660	2,678	237	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.253393	508	129	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.583540	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.206929	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.185210	11,604	2,149	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.031101	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.417810	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.485955	0	0	34.00
34.01	CARDIOLOGY	76.01	0.207764	2,005	417	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.449172	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.216912	6,181	1,341	34.03
34.04	DAY SURGERY	76.04	1.732177	0	0	34.04
34.05	ONCOLOGY	76.05	864.035880	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	1.003845	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.295896	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	1.226339	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.612352	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.612792	0	0	37.04

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

Heart | Hospital | PPS

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.242790	241	59	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.130286	0	0	37.07
37.08	MOTILITY LAB	90.08	0.282194	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	6.120934	0	0	37.10
37.11	SLEEP LAB	90.11	0.321783	0	0	37.11
37.12	OP CARE ADULTS	90.12	5.091106	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	2.894882	0	0	37.14
37.15	NEUROLOGY UH	90.15	3.067605	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	3.642230	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	4.356854	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.617874	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	42.037032	0	0	37.19
37.20	IUMG - MH	90.20	3.123217	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.158322	1,027	163	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.626057	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			826,162	144,632	41.00

	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	16	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			16	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	241	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	Heart D	Heart Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	AMB SVC-UH PHYSICAL MEDICINE	23.21	0	0.000000	0	51.21
51.22	IUMG - MH	23.22	0	0.000000	0	51.22
51.24	IU CANCER PAVILLION	23.24	0	0.000000	0	51.24
51.25	CARDIO CLINIC	23.25	0	0.000000	0	51.25
52.00	EMERGENCY	24.00	1,027	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		1,268		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	161,333		838,509		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,276,830		2,265,377		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,438,163		3,103,886		61.00
62.00	Total Usable Organs (see instructions)		40			62.00
63.00	Medicare Usable Organs (see instructions)		22			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.550000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,340,990		1,707,137		65.00
66.00	Revenue for Organs Sold	62,810		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,278,180		1,707,137		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,278,180	0	1,707,137	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	16		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	24		73.00
74.00	Total (sum of lines 70 thru 73)	0	40		74.00
75.00	Organs Transplanted	0	24	3,046,579	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	16	62,810	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	40		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Lung		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	593	1,043.82	8	8,351	1.00
2.00	INTENSIVE CARE UNIT	43.00	7,722	1,369.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,405.85	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	932.39	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,669.93	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,434.06	0	0	5.02
5.03	UH NS 3IC	46.03	0	2,025.98	0	0	5.03
5.04	RH PED IC	46.04	3,261	1,765.20	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,341.88	0	0	5.05
5.06	SURGICAL INTENSIVE CARE UNIT	46.06	0	1,566.60	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		11,576		8	8,351	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.262072	83,876	21,982	8.00
8.01	ENDOSCOPY	50.01	0.119763	2,972	356	8.01
9.00	RECOVERY ROOM	51.00	0.210385	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.180858	3,251	588	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.221372	867	192	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.161473	2,474	399	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130974	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.403937	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.075086	8,891	668	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.161743	1,535,033	248,281	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.220162	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.347445	4,420	1,536	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.353598	6,863	2,427	23.00
24.00	PHYSICAL THERAPY	66.00	0.290009	75	22	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.459919	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.678204	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.088660	2,510	223	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.253393	476	121	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.583540	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.206929	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.185210	10,879	2,015	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.031101	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.417810	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.485955	0	0	34.00
34.01	CARDIOLOGY	76.01	0.207764	1,880	391	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.449172	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.216912	5,795	1,257	34.03
34.04	DAY SURGERY	76.04	1.732177	0	0	34.04
34.05	ONCOLOGY	76.05	864.035880	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	1.003845	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.295896	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	1.226339	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.612352	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.612792	0	0	37.04

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-4

Component CCN: | Date/Time Prepared: 9/12/2012 11:28 am

Lung | Hospital | PPS

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.242790	226	55	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.130286	0	0	37.07
37.08	MOTILITY LAB	90.08	0.282194	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	6.120934	0	0	37.10
37.11	SLEEP LAB	90.11	0.321783	0	0	37.11
37.12	OP CARE ADULTS	90.12	5.091106	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	2.894882	0	0	37.14
37.15	NEUROLOGY UH	90.15	3.067605	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	3.642230	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	4.356854	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.617874	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	42.037032	0	0	37.19
37.20	IUMG - MH	90.20	3.123217	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.158322	963	152	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.626057	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,671,451	280,665	41.00

	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	8	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			8	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	226	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	Lung D	Lung Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	AMB SVC-UH PHYSICAL MEDICINE	23.21	0	0.000000	0	51.21
51.22	IUMG - MH	23.22	0	0.000000	0	51.22
51.24	IU CANCER PAVILLION	23.24	0	0.000000	0	51.24
51.25	CARDIO CLINIC	23.25	0	0.000000	0	51.25
52.00	EMERGENCY	24.00	963	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		1,189		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	289,016		1,683,027		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,080,100		3,060,821		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,369,116		4,743,848		61.00
62.00	Total Usable Organs (see instructions)		52			62.00
63.00	Medicare Usable Organs (see instructions)		32			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.615385			64.00
65.00	Medicare Cost/Charges (see instructions)	2,073,303		2,919,293		65.00
66.00	Revenue for Organs Sold	58,884		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,014,419		2,919,293		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,014,419	0	2,919,293	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	15		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	37		73.00
74.00	Total (sum of lines 70 thru 73)	0	52		74.00
75.00	Organs Transplanted	0	37	3,110,512	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	15	58,884	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	52		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

Pancreas | Hospital | PPS

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	711	1,043.82	18	18,789	1.00
2.00	INTENSIVE CARE UNIT	43.00	9,266	1,369.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,405.85	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	932.39	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,669.93	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,434.06	0	0	5.02
5.03	UH NS 3IC	46.03	0	2,025.98	0	0	5.03
5.04	RH PED IC	46.04	3,913	1,765.20	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,341.88	0	0	5.05
5.06	SURGICAL INTENSIVE CARE UNIT	46.06	0	1,566.60	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		13,890		18	18,789	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.262072	100,651	26,378	8.00
8.01	ENDOSCOPY	50.01	0.119763	3,567	427	8.01
9.00	RECOVERY ROOM	51.00	0.210385	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.180858	3,901	706	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.221372	1,040	230	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.161473	2,969	479	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130974	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.403937	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.075086	10,669	801	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.161743	935,933	151,381	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.220162	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.347445	5,304	1,843	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.353598	8,236	2,912	23.00
24.00	PHYSICAL THERAPY	66.00	0.290009	89	26	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.459919	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.678204	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.088660	3,013	267	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.253393	572	145	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.583540	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.206929	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.185210	13,054	2,418	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.031101	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.417810	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.485955	0	0	34.00
34.01	CARDIOLOGY	76.01	0.207764	2,256	469	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.449172	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.216912	6,954	1,508	34.03
34.04	DAY SURGERY	76.04	1.732177	0	0	34.04
34.05	ONCOLOGY	76.05	864.035880	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	1.003845	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.295896	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	1.226339	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.612352	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.612792	0	0	37.04

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

Pancreas | Hospital | PPS

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.242790	271	66	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.130286	0	0	37.07
37.08	MOTILITY LAB	90.08	0.282194	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	6.120934	0	0	37.10
37.11	SLEEP LAB	90.11	0.321783	0	0	37.11
37.12	OP CARE ADULTS	90.12	5.091106	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	2.894882	0	0	37.14
37.15	NEUROLOGY UH	90.15	3.067605	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	3.642230	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	4.356854	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.617874	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	42.037032	0	0	37.19
37.20	IUMG - MH	90.20	3.123217	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.158322	1,156	183	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.626057	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,099,635	190,239	41.00

	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	18	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			18	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	271	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	Pancreas D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	AMB SVC-UH PHYSICAL MEDICINE	23.21	0	0.000000	0	51.21
51.22	IUMG - MH	23.22	0	0.000000	0	51.22
51.24	IU CANCER PAVILLION	23.24	0	0.000000	0	51.24
51.25	CARDIO CLINIC	23.25	0	0.000000	0	51.25
52.00	EMERGENCY	24.00	1,156	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		1,427		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	209,028		1,113,525		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,821,566		2,799,845		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,030,594		3,913,370		61.00
62.00	Total Usable Organs (see instructions)		70			62.00
63.00	Medicare Usable Organs (see instructions)		31			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.442857			64.00
65.00	Medicare Cost/Charges (see instructions)	1,342,120		1,733,063		65.00
66.00	Revenue for Organs Sold	70,661		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,271,459		1,733,063		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,271,459	0	1,733,063	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	18		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	52		73.00
74.00	Total (sum of lines 70 thru 73)	0	70		74.00
75.00	Organs Transplanted	0	52	9,847,577	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	18	70,661	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	70		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

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	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	198	1,043.82	5	5,219	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,574	1,369.71	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,405.85	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	932.39	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,669.93	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,434.06	0	0	5.02
5.03	UH NS 3IC	46.03	0	2,025.98	0	0	5.03
5.04	RH PED IC	46.04	1,087	1,765.20	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,341.88	0	0	5.05
5.06	SURGICAL INTENSIVE CARE UNIT	46.06	0	1,566.60	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		3,859		5	5,219	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.262072	27,959	7,327	8.00
8.01	ENDOSCOPY	50.01	0.119763	991	119	8.01
9.00	RECOVERY ROOM	51.00	0.210385	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.180858	1,084	196	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.221372	289	64	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.161473	825	133	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.130974	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.403937	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.075086	2,964	223	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.161743	311,016	50,305	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.220162	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.347445	1,473	512	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.353598	2,288	809	23.00
24.00	PHYSICAL THERAPY	66.00	0.290009	25	7	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.459919	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.678204	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.088660	837	74	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.253393	159	40	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.583540	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.206929	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.185210	3,626	672	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.031101	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.417810	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.485955	0	0	34.00
34.01	CARDIOLOGY	76.01	0.207764	627	130	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.449172	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.216912	1,932	419	34.03
34.04	DAY SURGERY	76.04	1.732177	0	0	34.04
34.05	ONCOLOGY	76.05	864.035880	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	1.003845	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.295896	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	1.226339	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.612352	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.612792	0	0	37.04

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

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	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.242790	75	18	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.130286	0	0	37.07
37.08	MOTILITY LAB	90.08	0.282194	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	6.120934	0	0	37.10
37.11	SLEEP LAB	90.11	0.321783	0	0	37.11
37.12	OP CARE ADULTS	90.12	5.091106	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	2.894882	0	0	37.14
37.15	NEUROLOGY UH	90.15	3.067605	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	3.642230	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	4.356854	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.617874	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	42.037032	0	0	37.19
37.20	IUMG - MH	90.20	3.123217	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.158322	321	51	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.626057	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			356,491	61,099	41.00

	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	5	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	SURGICAL INTENSIVE CARE UNIT	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	75	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056
Component CCN:

Period: From 01/01/2011 To 12/31/2011

Worksheet D-4
Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	Intestinal D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	AMB SVC-UH PHYSICAL MEDICINE	23.21	0	0.000000	0	51.21
51.22	IUMG - MH	23.22	0	0.000000	0	51.22
51.24	IU CANCER PAVILLION	23.24	0	0.000000	0	51.24
51.25	CARDIO CLINIC	23.25	0	0.000000	0	51.25
52.00	EMERGENCY	24.00	321	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		396		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	66,318		360,350		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,534,475		1,522,841		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,600,793		1,883,191		61.00
62.00	Total Usable Organs (see instructions)		31			62.00
63.00	Medicare Usable Organs (see instructions)		7			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.225806			64.00
65.00	Medicare Cost/Charges (see instructions)	361,469		425,236		65.00
66.00	Revenue for Organs Sold	19,628		0		66.00
67.00	Subtotal (line 65 minus line 66)	341,841		425,236		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	341,841	0	425,236	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	5		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	26		73.00
74.00	Total (sum of lines 70 thru 73)	0	31		74.00
75.00	Organs Transplanted	0	26	7,244,608	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	5	19,628	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	31		84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	155,611,220	1.00
2.00	Outlier payments for discharges. (see instructions)	15,576,934	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.	0	2.01
3.00	Managed Care Simulated Payments	24,287,924	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,390.61	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	527.75	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	11.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	538.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	593.37	10.00
11.00	FTE count for residents in dental and podiatric programs.	19.20	11.00
12.00	Current year allowable FTE (see instructions)	557.95	12.00
13.00	Total allowable FTE count for the prior year.	545.90	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	545.77	14.00
15.00	Sum of lines 12 through 14 divided by 3.	549.87	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure	1.50	17.00
18.00	Adjusted rolling average FTE count	551.37	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.396495	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.381228	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.381228	21.00
22.00	IME payment adjustment (see instructions)	33,938,693	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	54.62	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.001438	26.00
27.00	IME payments adjustment. (see instructions)	0.000384	27.00
28.00	IME Adjustment (see instructions)	69,081	28.00
29.00	Total IME payment (sum of lines 22 and 28)	34,007,774	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.79	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	35.39	31.00
32.00	Sum of lines 30 and 31	43.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)	24.84	33.00
34.00	Disproportionate share adjustment (see instructions)	38,653,827	34.00
	Additional payment for high percentage of ESRD beneficiary discharges		
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	243,849,755	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	243,849,755	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	16,925,517	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	10,376,668	52.00
53.00	Nursing and Allied Health Managed Care payment	260,741	53.00
54.00	Special add-on payments for new technologies	0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	19,292,563	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 9/12/2012 11:27 am
	Title XVIII	Hospital	PPS

		1.00	
57.00	Routine service other pass through costs	305,549	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	540,821	58.00
59.00	Total (sum of amounts on lines 49 through 58)	291,551,614	59.00
60.00	Primary payer payments	137,843	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	291,413,771	61.00
62.00	Deductibles billed to program beneficiaries	10,843,091	62.00
63.00	Coinsurance billed to program beneficiaries	2,046,110	63.00
64.00	Allowable bad debts (see instructions)	3,359,531	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	2,351,672	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,118,087	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	280,876,242	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	3,050	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.95	Recovery of Accelerated Depreciation	0	70.95
70.96	Low Volume Payment-1	0	70.96
70.97	Low Volume Payment-2	0	70.97
70.98	Low Volume Payment-3	0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	280,873,192	71.00
72.00	Interim payments	281,100,288	72.00
73.00	Tentative settlement (for contractor use only)	0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	-227,096	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	16,401,423	75.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Operating outlier amount from Worksheet E, Part A line 2	0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0	93.00
94.00	The rate used to calculate the Time Value of Money	0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)	0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E Part B Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	66,290	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	90,637,611	2.00
3.00	PPS payments	66,712,567	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	695,475	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	66,290	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	344,670	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	344,670	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	344,670	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	278,380	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	66,290	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	67,408,042	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	3,026	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	13,605,377	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	53,865,929	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	3,410,377	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	57,276,306	30.00
31.00	Primary payer payments	2,193	31.00
32.00	Subtotal (line 30 minus line 31)	57,274,113	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	492,348	33.00
34.00	Allowable bad debts (see instructions)	2,936,525	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	2,055,568	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,780,194	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	59,822,029	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	59,822,029	40.00
41.00	Interim payments	57,799,917	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	2,022,112	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	25	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	761	2.00
3.00	PPS payments	53	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	25	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	136	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	136	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	136	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	111	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	25	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	53	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	11	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	67	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	67	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	67	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	67	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	67	40.00
41.00	Interim payments	69	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	-2	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Subprovider - IPF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E-1 Part I Date/Time Prepared: 9/12/2012 11:27 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		277,810,009		57,521,430	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/30/2011	3,320,186	08/30/2011	468,132	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	12/21/2011	29,907	12/21/2011	189,645	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		3,290,279		278,487	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		281,100,288		57,799,917	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		2,022,112	6.01
6.02	SETTLEMENT TO PROGRAM		227,096		0	6.02
7.00	Total Medicare program liability (see instructions)		280,873,192		59,822,029	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 9/12/2012 11:28 am
Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,833,590		69	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/30/2011	57,630		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-57,630		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,775,960		69	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		39,897		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		2	6.02
7.00	Total Medicare program liability (see instructions)		1,815,857		67	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Hospital	PPS

		1.00	
	DATA COLLECTION NEEDED FOR THE HIT CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	58,206	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	103,896	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	16,236	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	345,074	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	5,255,455,752	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	129,225,930	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	2,273,588	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment(s)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)	2,273,588	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,573,752	1.00
2.00	Net IPF PPS Outlier Payments	230,762	2.00
3.00	Net IPF PPS ECT Payments	38,427	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	16.20	4.00
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	1.90	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	1.90	8.00
9.00	Average Daily Census (see instructions)	19.101370	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.050048	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	78,763	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,921,704	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,921,704	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,921,704	18.00
19.00	Deductibles	87,068	19.00
20.00	Subtotal (line 18 minus line 19)	1,834,636	20.00
21.00	Coinsurance	72,157	21.00
22.00	Subtotal (line 20 minus line 21)	1,762,479	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	65,996	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	46,197	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	65,996	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,808,676	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	7,181	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,815,857	31.00
32.00	Interim payments	1,775,960	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	39,897	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E-4 | Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			11.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts			564.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			623.47	6.00
7.00	Enter the lesser of line 5 or line 6			564.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	194.87	353.13	548.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	176.44	319.74	496.18	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		18.41		10.00
11.00	Total weighted FTE count	176.44	338.15		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	176.26	328.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	190.20	320.48		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	180.97	328.92		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	1.50		16.00
17.00	Adjusted rolling average FTE count	180.97	330.42		17.00
18.00	Per resident amount	81,658.28	77,334.83		18.00
19.00	Approved amount for resident costs	14,777,699	25,552,975	40,330,674	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			58.96	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.76	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			88,876.00	23.00
24.00	Multiply line 22 time line 23			156,422	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			40,487,096	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	105,940	16,236		26.00
27.00	Total Inpatient Days	352,046	352,046		27.00
28.00	Ratio of inpatient days to total inpatient days	0.300927	0.046119		28.00
29.00	Program direct GME amount	12,183,660	1,867,224		29.00
30.00	Reduction for direct GME payments for Medicare managed care		263,839		30.00
31.00	Net Program direct GME amount			13,787,045	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	67,911	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	45,799,620	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.001483	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	260,967,193	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	19,292,563	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	137,843	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	280,121,913	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	92,066,604	42.00
43.00	Primary payer payments (see instructions)	2,193	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	92,064,411	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	372,186,324	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.752639	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.247361	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	13,787,045	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	10,376,668	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	3,410,377	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 150056

Period: From 01/01/2011 To 12/31/2011

Worksheet G

Date/Time Prepared: 9/12/2012 11:28 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	444,410,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	906,516,000	0	0	0	4.00
5.00	Other receivable	-57,460,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-638,643,000	0	0	0	6.00
7.00	Inventory	45,134,000	0	0	0	7.00
8.00	Prepaid expenses	15,595,000	0	0	0	8.00
9.00	Other current assets	54,315,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	769,867,000	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	3,261,297,000	0	0	0	15.00
16.00	Accumulated depreciation	-1,725,320,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,535,977,000	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	10,044,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,044,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,315,888,000	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	643,948,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	94,076,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,248,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	14,633,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	757,905,000	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	104,688,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	104,688,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	862,593,000	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,453,295,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,453,295,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,315,888,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-1 | Date/Time Prepared: 9/12/2012 11:28 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		1,286,501,759		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		166,793,241				2.00
3.00	Total (sum of line 1 and line 2)		1,453,295,000		0		3.00
4.00	NET INCOME (LOSS)	0		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,453,295,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,453,295,000		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-1 | Date/Time Prepared: 9/12/2012 11:28 am

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
1.00	Fund balances at beginning of period		0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)		0		0		3.00
4.00	NET INCOME (LOSS)	0		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		0		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-2 Parts | Date/Time Prepared: 9/12/2012 11:28 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	610,544,878		610,544,878	1.00
2.00	SUBPROVIDER - IPF	10,448,273		10,448,273	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	620,993,151		620,993,151	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	62,120,636		62,120,636	11.00
12.00	CORONARY CARE UNIT	42,357,145		42,357,145	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	19,713,265		19,713,265	12.01
13.00	BURN INTENSIVE CARE UNIT	5,334,952		5,334,952	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	SURGICAL INTENSIVE CARE UNIT	0		0	14.01
14.02	UH SURG 6IC	17,618,991		17,618,991	14.02
14.03	UH NS 3IC	7,070,421		7,070,421	14.03
14.04	RH PED IC	37,517,310		37,517,310	14.04
14.05	TRANSPLANT ICU	12,507,602		12,507,602	14.05
14.06	SURGICAL INTENSIVE CARE UNIT	8,091,829		8,091,829	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	212,332,151		212,332,151	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	833,325,302		833,325,302	17.00
18.00	Ancillary services	1,921,950,525	1,414,336,347	3,336,286,872	18.00
19.00	Outpatient services	403,572,719	651,202,213	1,054,774,932	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	2,056,809	2,056,809	21.00
22.00	HOME HEALTH AGENCY		91,101,000	91,101,000	22.00
23.00	AMBULANCE SERVICES	303,087	40,473,148	40,776,235	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	303,087	7,848,000	8,151,087	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,159,454,720	2,207,017,517	5,366,472,237	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,848,098,098		29.00
30.00	HOME OFFICE EXPENSE	746,704,298			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		746,704,298		36.00
37.00	NON HOSPITAL OPERATIONS	251,703,546			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		251,703,546		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,343,098,850		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-3 | Date/Time Prepared: 9/12/2012 11:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,366,472,237	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,315,051,059	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,051,421,178	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,343,098,850	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-291,677,672	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	18,702,000	7.00
8.00	Revenues from telephone and telegraph service	538,577,000	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01		0	24.01
25.00	Total other income (sum of lines 6-24)	557,279,000	25.00
26.00	Total (line 5 plus line 25)	265,601,328	26.00
27.00	EDUCATION & RESEARCH SUPPORT - IU	98,505,000	27.00
27.01	MISCELLANEOUS ADJUSTMENT	303,087	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	98,808,087	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	166,793,241	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H
Date/Time Prepared:
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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	8,170,931	1,331,649	0	0	4,334,011	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	4,639,109	282,635	0	0	287,793	6.00
7.00	Physical Therapy	1,704,833	110,951	0	0	9,854	7.00
8.00	Occupational Therapy	342,976	35,824	0	0	8,548	8.00
9.00	Speech Pathology	56,544	3,325	0	0	1,164	9.00
10.00	Medical Social Services	116,595	3,626	0	0	866	10.00
11.00	Home Health Aide	272,966	15,193	0	0	3,053	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	1,266,034	97,150	0	0	233,178	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	5,332,172	466,992	0	0	10,124,840	23.00
24.00	Total (sum of lines 1-23)	21,902,160	2,347,345	0	0	15,003,307	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H
Date/Time Prepared:
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		Total (sum of cols. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	13,836,591	0	13,836,591	-59,373	13,777,218	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	5,209,537	0	5,209,537	0	5,209,537	6.00
7.00	Physical Therapy	1,825,638	0	1,825,638	0	1,825,638	7.00
8.00	Occupational Therapy	387,348	0	387,348	0	387,348	8.00
9.00	Speech Pathology	61,033	0	61,033	0	61,033	9.00
10.00	Medical Social Services	121,087	0	121,087	0	121,087	10.00
11.00	Home Health Aide	291,212	0	291,212	0	291,212	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	1,596,362	0	1,596,362	0	1,596,362	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	15,924,004	0	15,924,004	0	15,924,004	23.00
24.00	Total (sum of lines 1-23)	39,252,812	0	39,252,812	-59,373	39,193,439	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-1
Part I
Date/Time Prepared:
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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0				1.00
2.00	Capital Related - Movable Equipment	0		0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	13,777,218	0	0	0	0	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	5,209,537	0	0	0	0	6.00
7.00	Physical Therapy	1,825,638	0	0	0	0	7.00
8.00	Occupational Therapy	387,348	0	0	0	0	8.00
9.00	Speech Pathology	61,033	0	0	0	0	9.00
10.00	Medical Social Services	121,087	0	0	0	0	10.00
11.00	Home Health Aide	291,212	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	1,596,362	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	15,924,004	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	39,193,439	0	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-1
Part I
Date/Time Prepared:
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		Subtotal (cols. 0-4)	Administrative & General	Total (cols. 4A + 5)		
		4A.00	5.00	6.00		
	GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0				1.00
2.00	Capital Related - Movable Equipment	0				2.00
3.00	Plant Operation & Maintenance	0				3.00
4.00	Transportation					4.00
5.00	Administrative and General	13,777,218	13,777,218			5.00
	HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	5,209,537	2,823,902	8,033,439		6.00
7.00	Physical Therapy	1,825,638	989,613	2,815,251		7.00
8.00	Occupational Therapy	387,348	209,967	597,315		8.00
9.00	Speech Pathology	61,033	33,084	94,117		9.00
10.00	Medical Social Services	121,087	65,637	186,724		10.00
11.00	Home Health Aide	291,212	157,856	449,068		11.00
12.00	Supplies (see instructions)	0	0	0		12.00
13.00	Drugs	0	0	0		13.00
14.00	DME	0	0	0		14.00
	HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0		15.00
16.00	Respiratory Therapy	1,596,362	865,330	2,461,692		16.00
17.00	Private Duty Nursing	0	0	0		17.00
18.00	Clinic	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0		19.00
20.00	Day Care Program	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0		21.00
22.00	Homemaker Service	0	0	0		22.00
23.00	All Others (specify)	15,924,004	8,631,829	24,555,833		23.00
24.00	Total (sum of lines 1-23)	25,416,221		39,193,439		24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-1
Part II
Date/Time Prepared:
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		Capital Related Costs					
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		1.00	2.00	3.00	4.00	5A.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	24,788				0	1.00
2.00	Capital Related - Movable Equipment		519,431			0	2.00
3.00	Plant Operation & Maintenance	0	0	24,788		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	24,788	519,431	24,788	0	-13,777,218	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	24,788	519,431	24,788	0	-13,777,218	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-1
Part II
Date/Time Prepared:
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		Administrative & General (ACCUM. COST)		
		5.00		
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation (see instructions)			4.00
5.00	Administrative and General	25,416,221		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	5,209,537		6.00
7.00	Physical Therapy	1,825,638		7.00
8.00	Occupational Therapy	387,348		8.00
9.00	Speech Pathology	61,033		9.00
10.00	Medical Social Services	121,087		10.00
11.00	Home Health Aide	291,212		11.00
12.00	Supplies (see instructions)	0		12.00
13.00	Drugs	0		13.00
14.00	DME	0		14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0		15.00
16.00	Respiratory Therapy	1,596,362		16.00
17.00	Private Duty Nursing	0		17.00
18.00	Clinic	0		18.00
19.00	Health Promotion Activities	0		19.00
20.00	Day Care Program	0		20.00
21.00	Home Delivered Meals Program	0		21.00
22.00	Homemaker Service	0		22.00
23.00	All Others (specify)	15,924,004		23.00
24.00	Total (sum of lines 1-23)	25,416,221		24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	13,777,218		25.00
26.00	Unit Cost Multiplier	0.542064		26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
		0	1.00	1.01	2.00	4.00	
1.00	Administrative and General	0	228,669	0	900,590	5,206,339	1.00
2.00	Skilled Nursing Care	8,033,439	0	0	0	0	2.00
3.00	Physical Therapy	2,815,251	0	0	0	0	3.00
4.00	Occupational Therapy	597,315	0	0	0	0	4.00
5.00	Speech Pathology	94,117	0	0	0	0	5.00
6.00	Medical Social Services	186,724	0	0	0	0	6.00
7.00	Home Health Aide	449,068	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	2,461,692	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	24,555,833	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	39,193,439	228,669	0	900,590	5,206,339	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

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Part I
Date/Time Prepared:
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	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	86,174	3,217,935	0	0	459,069	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	86,174	3,217,935	0	0	459,069	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

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Part I
Date/Time Prepared:
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	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
				Home Health Agency I		PPS	
		5A.05	5.06	6.00	6.03	7.00	
1.00	Administrative and General	10,098,776	796,309	136,307	0	338,827	1.00
2.00	Skilled Nursing Care	8,033,439	633,453	0	0	0	2.00
3.00	Physical Therapy	2,815,251	221,988	0	0	0	3.00
4.00	Occupational Therapy	597,315	47,099	0	0	0	4.00
5.00	Speech Pathology	94,117	7,421	0	0	0	5.00
6.00	Medical Social Services	186,724	14,724	0	0	0	6.00
7.00	Home Health Aide	449,068	35,410	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	2,461,692	194,109	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	24,555,833	1,936,277	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	49,292,215	3,886,790	136,307	0	338,827	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000					21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
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Part I
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	Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
		7.01	8.00	9.00	9.01	9.02	
1.00	Administrative and General	0	172	0	905	4,237	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	172	0	905	4,237	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
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	Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.03	10.00	11.00	12.00	13.00	
1.00	Administrative and General	2,916	0	65,481	0	690,166	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,916	0	65,481	0	690,166	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
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	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
1.00	Administrative and General	0	0	225,436	0		1.00
2.00	Skilled Nursing Care	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	0	0	225,436	0		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
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	Cost Center Description	OTHER GENERAL SERVICE			INTERNS & RESIDENTS		
		PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	48,222	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	48,222	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
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	Cost Center Description	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
		23.00	23.01	23.02	23.03	23.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

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	Cost Center Description	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	
		23.05	23.06	23.07	23.08	23.09	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

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Date/Time Prepared:
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	Cost Center Description	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Home Health Agency I: Intern & Residents Cost & Post Stepdown Adjustments	PPS: Subtotal	
		23.10	23.11	24.00	25.00	26.00	
1.00	Administrative and General	0	0	12,407,754	0	12,407,754	1.00
2.00	Skilled Nursing Care	0	0	8,666,892	0	8,666,892	2.00
3.00	Physical Therapy	0	0	3,037,239	0	3,037,239	3.00
4.00	Occupational Therapy	0	0	644,414	0	644,414	4.00
5.00	Speech Pathology	0	0	101,538	0	101,538	5.00
6.00	Medical Social Services	0	0	201,448	0	201,448	6.00
7.00	Home Health Aide	0	0	484,478	0	484,478	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	2,655,801	0	2,655,801	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	26,492,110	0	26,492,110	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	54,691,674	0	54,691,674	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
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	Cost Center Description	Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	2,543,204	11,210,096		2.00
3.00	Physical Therapy	891,244	3,928,483		3.00
4.00	Occupational Therapy	189,096	833,510		4.00
5.00	Speech Pathology	29,795	131,333		5.00
6.00	Medical Social Services	59,113	260,561		6.00
7.00	Home Health Aide	142,165	626,643		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	779,316	3,435,117		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	7,773,821	34,265,931		19.00
20.00	Total (sum of lines 1-19) (2)	12,407,754	54,691,674		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.293439			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

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Part II
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	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
		1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	2,478,766	2,478,766	51,943,131	21,608,537	558	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,478,766	2,478,766	51,943,131	21,608,537	558	20.00
21.00	Total cost to be allocated	228,669	0	900,590	5,206,339	86,174	21.00
22.00	Unit cost multiplier	0.092251	0.000000	0.017338	0.240939	154.433692	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

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	Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	558	0	0	80,369,303	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	558	0	0	80,369,303		20.00
21.00	Total cost to be allocated	3,217,935	0	0	459,069		21.00
22.00	Unit cost multiplier	5,766.908602	0.000000	0.000000	0.005712		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

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Part II
Date/Time Prepared:
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					Home Health Agency I	PPS	
	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
		5.06	6.00	6.03	7.00	7.01	
1.00	Administrative and General	10,098,776	2,478,766	0	2,478,766	0	1.00
2.00	Skilled Nursing Care	8,033,439	0	0	0	0	2.00
3.00	Physical Therapy	2,815,251	0	0	0	0	3.00
4.00	Occupational Therapy	597,315	0	0	0	0	4.00
5.00	Speech Pathology	94,117	0	0	0	0	5.00
6.00	Medical Social Services	186,724	0	0	0	0	6.00
7.00	Home Health Aide	449,068	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	2,461,692	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	24,555,833	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	49,292,215	2,478,766	0	2,478,766	0	20.00
21.00	Total cost to be allocated	3,886,790	136,307	0	338,827	0	21.00
22.00	Unit cost multiplier	0.078852	0.054990	0.000000	0.136692	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-2
Part II
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	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	803	0	25,915	122,886	80,508	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	803	0	25,915	122,886	80,508	20.00
21.00	Total cost to be allocated	172	0	905	4,237	2,916	21.00
22.00	Unit cost multiplier	0.214197	0.000000	0.034922	0.034479	0.036220	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

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Part II
Date/Time Prepared:
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	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	38,336	0	7,693	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	38,336	0	7,693	0	20.00
21.00	Total cost to be allocated	0	65,481	0	690,166	0	21.00
22.00	Unit cost multiplier	0.000000	1.708081	0.000000	89.713506	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-2
Part II
Date/Time Prepared:
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	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	80,369,303	0	80,369,303	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	80,369,303	0	80,369,303	0	20.00
21.00	Total cost to be allocated	0	225,436	0	48,222	0	21.00
22.00	Unit cost multiplier	0.000000	0.002805	0.000000	0.000600	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-2
Part II
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	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
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	Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
		23.02	23.03	23.04	23.05	23.06	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-2
Part II
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	Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.07	23.08	23.09	23.10	23.11	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2011 To 12/31/2011

Worksheet H-3 Parts I-II
Date/Time Prepared: 9/12/2012 11:28 am

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	11,210,096		11,210,096	29,317	1.00
2.00	Physical Therapy	3.00	3,928,483	0	3,928,483	16,423	2.00
3.00	Occupational Therapy	4.00	833,510	0	833,510	3,626	3.00
4.00	Speech Pathology	5.00	131,333	0	131,333	416	4.00
5.00	Medical Social Services	6.00	260,561		260,561	470	5.00
6.00	Home Health Aide	7.00	626,643		626,643	6,892	6.00
7.00	Total (sum of lines 1-6)		16,990,626	0	16,990,626	57,144	7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B: Not Subject to Deductibles & Coinsurance	Program Visits Part B: Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care		11300	225	127		8.00
8.01	Skilled Nursing Care		14020	95	24		8.01
8.02	Skilled Nursing Care		26900	2,423	1,400		8.02
8.03	Skilled Nursing Care		29020	544	210		8.03
8.04	Skilled Nursing Care		29140	1,081	480		8.04
8.05	Skilled Nursing Care		34620	1,545	637		8.05
8.06	Skilled Nursing Care		99915	2,027	1,690		8.06
8.07	Skilled Nursing Care		31140	5	0		8.07
9.00	Physical Therapy		11300	159	24		9.00
9.01	Physical Therapy		14020	76	26		9.01
9.02	Physical Therapy		26900	1,565	1,194		9.02
9.03	Physical Therapy		29020	352	163		9.03
9.04	Physical Therapy		29140	710	452		9.04
9.05	Physical Therapy		34620	524	102		9.05
9.06	Physical Therapy		99915	1,313	725		9.06
9.07	Physical Therapy		31140	9	0		9.07
10.00	Occupational Therapy		11300	27	11		10.00
10.01	Occupational Therapy		14020	6	0		10.01
10.02	Occupational Therapy		26900	403	484		10.02
10.03	Occupational Therapy		29020	118	43		10.03
10.04	Occupational Therapy		29140	36	11		10.04
10.05	Occupational Therapy		34620	41	22		10.05
10.06	Occupational Therapy		99915	89	59		10.06
10.07	Occupational Therapy		31140	0	0		10.07
11.00	Speech Pathology		11300	6	8		11.00
11.01	Speech Pathology		14020	0	0		11.01
11.02	Speech Pathology		26900	38	2		11.02
11.03	Speech Pathology		29020	13	2		11.03
11.04	Speech Pathology		29140	10	15		11.04
11.05	Speech Pathology		34620	22	10		11.05
11.06	Speech Pathology		99915	15	13		11.06
11.07	Speech Pathology		31140	0	0		11.07
12.00	Medical Social Services		11300	6	2		12.00
12.01	Medical Social Services		14020	1	0		12.01
12.02	Medical Social Services		26900	56	45		12.02
12.03	Medical Social Services		29020	1	1		12.03
12.04	Medical Social Services		29140	21	7		12.04
12.05	Medical Social Services		34620	16	3		12.05
12.06	Medical Social Services		99915	24	30		12.06
12.07	Medical Social Services		31140	0	0		12.07
13.00	Home Health Aide		11300	76	364		13.00
13.01	Home Health Aide		14020	20	0		13.01
13.02	Home Health Aide		26900	338	472		13.02
13.03	Home Health Aide		29020	226	361		13.03
13.04	Home Health Aide		29140	110	77		13.04
13.05	Home Health Aide		34620	613	500		13.05
13.06	Home Health Aide		99915	621	1,055		13.06
13.07	Home Health Aide		31140	0	0		13.07
14.00	Total (sum of lines 8-13)			15,606	10,851		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	0	0	0	702,053	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	66.00	0.290009	0	0	1.00
2.00	Occupational Therapy	67.00	0.459919	0	0	2.00
3.00	Speech Pathology	68.00	0.678204	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.583540	0	0	4.00
5.00	Cost of Drugs	73.00	0.185210	0	0	5.00
5.01	Cost of Drugs 1	73.01	0.000000	0	0	5.01
5.02	Cost of Drugs 2	73.02	0.000000	0	0	5.02
5.03	Cost of Drugs 3	73.03	1.031101	0	0	5.03

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits: Part A	Program Visits: Part B: Not Subject to Deductibles & Coinsurance	Program Visits: Part B: Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	382.38	7,945	4,568			1.00
2.00	Physical Therapy	239.21	4,708	2,686			2.00
3.00	Occupational Therapy	229.87	720	630			3.00
4.00	Speech Pathology	315.70	104	50			4.00
5.00	Medical Social Services	554.39	125	88			5.00
6.00	Home Health Aide	90.92	2,004	2,829			6.00
7.00	Total (sum of lines 1-6)		15,606	10,851			7.00
	Cost Center Description						
		5.00	6.00	7.00	8.00	9.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
8.07	Skilled Nursing Care						8.07
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
9.07	Physical Therapy						9.07
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
10.07	Occupational Therapy						10.07
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
11.07	Speech Pathology						11.07
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
12.07	Medical Social Services						12.07
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06
13.07	Home Health Aide						13.07
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	Ratio (col. 3 ÷ col. 4)	Program Covered Charges: Part A	Program Covered Charges: Part B Not Subject to Deductibles & Coinsurance	Program Covered Charges: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000					15.00
16.00	Cost of Drugs	0.000000	0	0	0		16.00

	Cost Center Description	Transfer to Part I as Indicated			
		4.00			
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS				
1.00	Physical Therapy	col. 2, line 2.00			1.00
2.00	Occupational Therapy	col. 2, line 3.00			2.00
3.00	Speech Pathology	col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00			4.00
5.00	Cost of Drugs	col. 2, line 16.00			5.00
5.01	Cost of Drugs 1	col. 2, line 16.01			5.01
5.02	Cost of Drugs 2	col. 2, line 16.02			5.02
5.03	Cost of Drugs 3	col. 2, line 16.03			5.03

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-3
Parts I-II
Date/Time Prepared:
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	Cost Center Description	Cost of Services: Part A	Part B: Not Subject to Deductibles & Coinsurance	Part B: Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols. 9-10)		
		9.00	10.00	11.00	12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	3,038,009	1,746,712		4,784,721		1.00
2.00	Physical Therapy	1,126,201	642,518		1,768,719		2.00
3.00	Occupational Therapy	165,506	144,818		310,324		3.00
4.00	Speech Pathology	32,833	15,785		48,618		4.00
5.00	Medical Social Services	69,299	48,786		118,085		5.00
6.00	Home Health Aide	182,204	257,213		439,417		6.00
7.00	Total (sum of lines 1-6)	4,614,052	2,855,832		7,469,884		7.00
	Cost Center Description	10.00	11.00	12.00			
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
8.07	Skilled Nursing Care						8.07
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
9.07	Physical Therapy						9.07
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
10.07	Occupational Therapy						10.07
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
11.07	Speech Pathology						11.07
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
12.07	Medical Social Services						12.07
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06
13.07	Home Health Aide						13.07
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	Cost of Services				
		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		9.00	10.00	11.00		
	Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies					15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	2,920,296	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	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)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	2,920,296	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,920,296	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	2,303,273	1,441,856	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	27,011	14,567	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	66,982	47,256	13.00
14.00	Total PPS Reimbursement - PEP Episodes	13,932	16,624	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	7,490	4,044	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	2,418,688	1,524,347	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	2,418,688	1,524,347	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	2,418,688	1,524,347	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	2,418,688	1,524,347	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	2,418,688	1,524,347	31.00
32.00	Interim payments (see instructions)	2,418,688	1,524,347	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	35.00

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

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2011 To 12/31/2011

Worksheet H-5
Date/Time Prepared: 9/12/2012 11:28 am

Home Health Agency I | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,418,688		1,524,347	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		2,418,688		1,524,347	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,418,688		1,524,347	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 150056
Component CCN: 153510

Period:
From 01/01/2011
To 12/31/2011

Worksheet I-1
Date/Time Prepared:
9/12/2012 11:28 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	4,117,848	Hours of Service	113,819.00	54.72	1.00
2.00	Licensed Practical Nurses	59,525	Hours of Service	3,545.00	1.70	2.00
3.00	Nurses Aides	31,033	Hours of Service	2,379.00	1.14	3.00
4.00	Technicians	1,265,018	Hours of Service	76,457.00	36.76	4.00
5.00	Social Workers	56,224	Hours of Service	2,007.00	0.96	5.00
6.00	Dieticians	92,266	Hours of Service	3,577.00	1.72	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	722,892	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	6,344,806				9.00
10.00	Employee Benefits	465,871	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	228,957	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	465,539	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	7,505,173				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	324,755	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	278,127	Percentage of Time			19.00
20.00	Employee Benefits	1,528,711	Salary			20.00
21.00	Administrative & General	1,746,735	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	798,489	Square Feet			22.00
23.00	Medical Education Program Costs	49,981				23.00
24.00	Central Service & Supplies	261,974	Requisitions			24.00
25.00	Pharmacy	2,081,009	Requisitions			25.00
26.00	Other Allocated Costs	641,674	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	15,216,628				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	15,216,628				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056
Component CCN: 153510

Period:
From 01/01/2011
To 12/31/2011

Worksheet I-2

Date/Time Prepared:
9/12/2012 11:28 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary			
		Building	Equipment	RNs	Other	Employee Benefits	
		1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	1,123,244	507,084	4,117,848	1,504,066	1,994,582	1.00
	MAINTENANCE						
2.00	Hemodialysis	894,037	403,608	3,277,566	1,197,148	1,587,570	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	90	41	331	121	160	6.00
7.00	CCDP	1,022	462	3,748	1,369	1,816	7.00
	HOME						
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	11,367	5,132	41,672	15,221	20,185	10.00
11.00	CCDP	216,728	97,841	794,531	290,207	384,851	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	1,123,244	507,084	4,117,848	1,504,066	1,994,582	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056
Component CCN: 153510

Period:
From 01/01/2011
To 12/31/2011

Worksheet I-2
Date/Time Prepared:
9/12/2012 11:28 am

Renal Dialysis

		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	2,081,009	261,974	0	11,589,807	3,576,840	1.00
	MAINTENANCE						
2.00	Hemodialysis	1,656,361	208,517	0	9,224,807	2,846,956	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	167	21	0	931	287	6.00
7.00	CCDP	1,894	238	0	10,549	3,256	7.00
	HOME						
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	21,060	2,651	0	117,288	36,197	10.00
11.00	CCDP	401,527	50,547	0	2,236,232	690,144	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	0					14.00
15.00	ARANESP (include in Renal Department)	0					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	2,081,009	261,974	0	11,589,807	3,576,840	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056
Component CCN: 153510

Period:
From 01/01/2011
To 12/31/2011

Worksheet I-2

Date/Time Prepared:
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Renal Dialysis

		Total (col. 9 + col. 10)		
		11.00		
1.00	Total Renal Department Costs	15,166,647		1.00
	MAINTENANCE			
2.00	Hemodialysis	12,071,763		2.00
3.00	Intermittent Peritoneal	0		3.00
	TRAINING			
4.00	Hemodialysis	0		4.00
5.00	Intermittent Peritoneal	0		5.00
6.00	CAPD	1,218		6.00
7.00	CCDP	13,805		7.00
	HOME			
8.00	Hemodialysis	0		8.00
9.00	Intermittent Peritoneal	0		9.00
10.00	CAPD	153,485		10.00
11.00	CCDP	2,926,376		11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	0		12.00
13.00	Method II Home Patient	0		13.00
14.00	EPO (include in Renal Department)			14.00
15.00	ARANESP (include in Renal Department)			15.00
16.00	Other	0		16.00
17.00	Total (sum of lines 2-16)	15,166,647		17.00
18.00	Medical Educational Program Costs	49,981		18.00
19.00	Total Renal Costs (line 17 + line 18)	15,216,628		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Component CCN: 153510

Period: From 01/01/2011 To 12/31/2011

Worksheet I-3
Date/Time Prepared: 9/12/2012 11:28 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary		
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		1,123,244	507,084	4,117,848	1,504,066	1.00
	MAINTENANCE						
2.00	Hemodialysis		29,730	29,730.00	29,730.00	29,730.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
	TRAINING						
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		3	3.00	3.00	3.00	6.00
7.00	CCDP		34	34.00	34.00	34.00	7.00
	HOME						
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		378	378.00	378.00	378.00	10.00
11.00	CCDP		7,207	7,207.00	7,207.00	7,207.00	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		37,352	37,352.00	37,352.00	37,352.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		30.071857	13.575819	110.244378	40.267348	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Component CCN: 153510

Period: From 01/01/2011 To 12/31/2011

Worksheet I-3
Date/Time Prepared: 9/12/2012 11:28 am

Renal Dialysis

		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	1,994,582	2,081,009	261,974	0	11,589,807	1.00
	MAINTENANCE						
2.00	Hemodialysis	29,730	29,730	29,730	29,730		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	3	3	3	3		6.00
7.00	CCDP	34	34	34	34		7.00
	HOME						
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	378	378	378	378		10.00
11.00	CCDP	7,207	7,207	7,207	7,207		11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO		0				14.00
15.00	ARANESP		0				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	37,352	37,352	37,352	37,352		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	53.399604	55.713456	7.013654	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Component CCN: 153510

Period:
From 01/01/2011
To 12/31/2011

Worksheet I-3

Date/Time Prepared:
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Renal Dialysis

		Overhead (Accum. Cost)		
		10.00		
1.00	Total Renal Department Costs	3,576,840		1.00
	MAINTENANCE			
2.00	Hemodialysis			2.00
3.00	Intermittent Peritoneal			3.00
	TRAINING			
4.00	Hemodialysis			4.00
5.00	Intermittent Peritoneal			5.00
6.00	CAPD			6.00
7.00	CCDP			7.00
	HOME			
8.00	Hemodialysis			8.00
9.00	Intermittent Peritoneal			9.00
10.00	CAPD			10.00
11.00	CCDP			11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments			12.00
13.00	Method II Home Patient			13.00
14.00	EPO			14.00
15.00	ARANESP			15.00
16.00	Other			16.00
17.00	Total Statistical Basis	11,589,807		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.308619		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 150056
Component CCN: 153510

Period: From 01/01/2011 To 12/31/2011

Worksheet I-4
Date/Time Prepared: 9/12/2012 11:28 am

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	24,066	12,071,763	501.61	19,901	9,982,541	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	82	0	0.00	68	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	3	1,218	406.00	3	1,218	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	34	13,805	406.03	9	3,654	6.00
7.00	Home Program - Hemodialysis	5,582	0	0.00	4,616	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	54	153,485	2,842.31	47	133,589	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,030	2,926,376	2,841.14	28	79,552	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	29,767	15,166,647		24,597	10,200,554	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 150056 Component CCN: 153510	Period: From 01/01/2011 To 12/31/2011	Worksheet I-4 Date/Time Prepared: 9/12/2012 11:28 am
	Rate 0	Renal Dialysis	

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	4,861,488	244.28		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	21,699	319.10		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	877	292.33		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00
7.00	Home Program - Hemodialysis	1,042,343	225.81		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	35,287	750.79		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	197,030	7,036.79		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	6,158,724			11.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet I-1 Date/Time Prepared: 9/12/2012 11:28 am
		Home Program Dialysis	PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	606,498	Hours of Service	18,157.00	8.73	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	127,503	Hours of Service	7,413.00	3.56	4.00
5.00	Social Workers	57,392	Hours of Service	2,419.00	1.16	5.00
6.00	Dieticians	26,594	Hours of Service	1,162.00	0.56	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	34,947	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	852,934				9.00
10.00	Employee Benefits	52,651	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	965	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	208,765	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	1,115,315				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	50,690	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	489	Percentage of Time			19.00
20.00	Employee Benefits	205,505	Salary			20.00
21.00	Administrative & General	530,790	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	124,506	Square Feet			22.00
23.00	Medical Education Program Costs	17,930				23.00
24.00	Central Service & Supplies	1,992,734	Requisitions			24.00
25.00	Pharmacy	746,528	Requisitions			25.00
26.00	Other Allocated Costs	96,948	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	4,881,435				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	4,881,435				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056

Period: From 01/01/2011 To 12/31/2011

Worksheet I-2

Date/Time Prepared: 9/12/2012 11:28 am

		Home Program Dialysis				PPS	
		Capital Related Costs		Direct Patient Care Salary			
		Building	Equipment	RNs	Other	Employee Benefits	
		1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	175,196	1,454	606,498	211,489	258,156	1.00
	MAINTENANCE						
2.00	Hemodialysis	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	385	3	1,332	465	567	6.00
7.00	CCDP	154	1	533	186	227	7.00
	HOME						
8.00	Hemodialysis	99,960	830	346,046	120,667	147,294	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	42,808	355	148,194	51,676	63,079	10.00
11.00	CCDP	31,889	265	110,393	38,495	46,989	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	175,196	1,454	606,498	211,489	258,156	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 150056 | Period: From 01/01/2011 To 12/31/2011 | Worksheet I-2 Date/Time Prepared: 9/12/2012 11:28 am

		Home Program Dialysis				PPS	
		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	746,528	1,992,734	0	3,992,055	871,450	1.00
	MAINTENANCE						
2.00	Hemodialysis	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	1,640	4,378	0	8,770	1,914	6.00
7.00	CCDP	656	1,751	0	3,508	766	7.00
	HOME						
8.00	Hemodialysis	425,942	1,136,981	0	2,277,720	497,218	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	182,409	486,911	0	975,432	212,933	10.00
11.00	CCDP	135,881	362,713	0	726,625	158,619	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	0					14.00
15.00	ARANESP (include in Renal Department)	0					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	746,528	1,992,734	0	3,992,055	871,450	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056

Period: From 01/01/2011 To 12/31/2011

Worksheet I-2

Date/Time Prepared: 9/12/2012 11:28 am

		Home Program Dialysis	PPS	
		Total (col. 9 + col. 10)		
		11.00		
1.00	Total Renal Department Costs	4,863,505		1.00
	MAINTENANCE			
2.00	Hemodialysis	0		2.00
3.00	Intermittent Peritoneal	0		3.00
	TRAINING			
4.00	Hemodialysis	0		4.00
5.00	Intermittent Peritoneal	0		5.00
6.00	CAPD	10,684		6.00
7.00	CCDP	4,274		7.00
	HOME			
8.00	Hemodialysis	2,774,938		8.00
9.00	Intermittent Peritoneal	0		9.00
10.00	CAPD	1,188,365		10.00
11.00	CCDP	885,244		11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	0		12.00
13.00	Method II Home Patient	0		13.00
14.00	EPO (include in Renal Department)			14.00
15.00	ARANESP (include in Renal Department)			15.00
16.00	Other	0		16.00
17.00	Total (sum of lines 2-16)	4,863,505		17.00
18.00	Medical Educational Program Costs	17,930		18.00
19.00	Total Renal Costs (line 17 + line 18)	4,881,435		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period: From 01/01/2011 To 12/31/2011

Worksheet I-3

Date/Time Prepared: 9/12/2012 11:28 am

			Home Program Dialysis	PPS			
			Capital Related Costs		Direct Patient Care Salary		
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		175,196	1,454	606,498	211,489	1.00
	MAINTENANCE						
2.00	Hemodialysis		0	0.00	0.00	0.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
	TRAINING						
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		70	70.00	70.00	70.00	6.00
7.00	CCDP		28	28.00	28.00	28.00	7.00
	HOME						
8.00	Hemodialysis		18,181	18,181.00	18,181.00	18,181.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		7,786	7,786.00	7,786.00	7,786.00	10.00
11.00	CCDP		5,800	5,800.00	5,800.00	5,800.00	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		31,865	31,865.00	31,865.00	31,865.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		5.498070	0.045630	19.033359	6.637031	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period: From 01/01/2011 To 12/31/2011

Worksheet I-3

Date/Time Prepared: 9/12/2012 11:28 am

		Home Program Dialysis				PPS	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	258,156	746,528	1,992,734	0	3,992,055	1.00
	MAINTENANCE						
2.00	Hemodialysis	0	0	0	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	70	70	70	70		6.00
7.00	CCDP	28	28	28	28		7.00
	HOME						
8.00	Hemodialysis	18,181	18,181	18,181	18,181		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	7,786	7,786	7,786	7,786		10.00
11.00	CCDP	5,800	5,800	5,800	5,800		11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO		0				14.00
15.00	ARANESP		0				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	31,865	31,865	31,865	31,865		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	8.101553	23.427836	62.536764	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet I-3 Date/Time Prepared: 9/12/2012 11:28 am
		Home Program Dialysis	PPS

		Overhead (Accum. Cost)		
		10.00		
1.00	Total Renal Department Costs	871,450		1.00
	MAINTENANCE			
2.00	Hemodialysis			2.00
3.00	Intermittent Peritoneal			3.00
	TRAINING			
4.00	Hemodialysis			4.00
5.00	Intermittent Peritoneal			5.00
6.00	CAPD			6.00
7.00	CCDP			7.00
	HOME			
8.00	Hemodialysis			8.00
9.00	Intermittent Peritoneal			9.00
10.00	CAPD			10.00
11.00	CCDP			11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments			12.00
13.00	Method II Home Patient			13.00
14.00	EPO			14.00
15.00	ARANESP			15.00
16.00	Other			16.00
17.00	Total Statistical Basis	3,992,055		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.218296		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet I-4 Date/Time Prepared: 9/12/2012 11:28 am
	Rate 0	Home Program Dialysis	PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	14,717	0	0.00	11,291	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	50	0	0.00	38	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	70	10,684	152.63	48	7,326	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	27	4,274	158.30	7	1,108	6.00
7.00	Home Program - Hemodialysis	3,414	2,774,938	812.81	2,618	2,127,937	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,112	1,188,365	1,068.67	760	812,189	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	829	885,244	1,067.85	202	215,706	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	18,278	4,863,505		14,002	3,164,266	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet I-4 Date/Time Prepared: 9/12/2012 11:28 am
	Rate 0	Home Program Dialysis	PPS

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	2,758,204	244.28		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	12,311	323.97		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	14,210	296.04		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	1,825	260.71		6.00
7.00	Home Program - Hemodialysis	591,382	225.89		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	571,591	752.09		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	144,068	713.21		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	4,093,591			11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150056

Period:
From 01/01/2011
To 12/31/2011

Worksheet I-5

Date/Time Prepared:
9/12/2012 11:28 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	13,364,820	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	10,252,315	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	492,348	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	487,398	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	-492,348	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	8,201,852	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	5,655,316	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	492,348	11.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period: From 01/01/2011 To 12/31/2011

Worksheet K
Date/Time Prepared: 9/12/2012 11:28 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	499,864	136,274	0	0	1,508,465	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	50,012	9.00
10.00	Nursing Care	837,171	228,231	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	186,229	50,770	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	145,513	39,670	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	401,437	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	32,201	0	0	27.00
28.00	Imaging Services	0	0	0	0	529	28.00
29.00	Labs and Diagnostics	0	0	0	0	2,557	29.00
30.00	Medical Supplies	0	0	0	0	25,627	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	164,864	44,946	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,833,641	499,891	32,201	0	1,988,627	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	2,144,603	-379,510	1,765,093	-868,051	897,042	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	50,012	0	50,012	-50,012	0	9.00
10.00	Nursing Care	1,065,402	0	1,065,402	0	1,065,402	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	236,999	0	236,999	0	236,999	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	185,183	0	185,183	0	185,183	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	401,437	0	401,437	0	401,437	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	32,201	0	32,201	0	32,201	27.00
28.00	Imaging Services	529	0	529	0	529	28.00
29.00	Labs and Diagnostics	2,557	0	2,557	0	2,557	29.00
30.00	Medical Supplies	25,627	0	25,627	0	25,627	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	209,810	0	209,810	0	209,810	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,354,360	-379,510	3,974,850	-918,063	3,056,787	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056
Hospice CCN: 151511

Period: From 01/01/2011 To 12/31/2011

Worksheet K-1

Date/Time Prepared: 9/12/2012 11:28 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	290	0	153	320,147	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	837,171	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	186,229	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	290	186,229	153	1,157,318	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-1

Date/Time Prepared:
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Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	179,274	499,864		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	837,171		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	186,229		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	145,513	145,513		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	164,864	164,864		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	489,651	1,833,641		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-2
Date/Time Prepared:
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Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	79	0	42	87,279	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	228,231	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	50,770	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	79	50,770	42	315,510	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-2
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	48,874	136,274		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	228,231		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	50,770		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	39,670	39,670		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	44,946	44,946		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	133,490	499,891		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-4
Part I
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	897,042	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,065,402	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	236,999	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	185,183	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	401,437	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	32,201	0	0	0	0	27.00
28.00	Imaging Services	529	0	0	0	0	28.00
29.00	Labs and Diagnostics	2,557	0	0	0	0	29.00
30.00	Medical Supplies	25,627	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	209,810	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,056,787	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-4
Part I
Date/Time Prepared:
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Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	897,042	897,042			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	1,065,402	442,510	1,507,912		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	236,999	98,437	335,436		15.00
16.00	Spiritual Counseling	0	0	0	0		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	185,183	76,915	262,098		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	401,437	166,735	568,172		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	32,201	13,375	45,576		27.00
28.00	Imaging Services	0	529	220	749		28.00
29.00	Labs and Diagnostics	0	2,557	1,062	3,619		29.00
30.00	Medical Supplies	0	25,627	10,644	36,271		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	209,810	87,144	296,954		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	3,056,787		3,056,787		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-4
Part II
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-4
Part II
Date/Time Prepared:
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Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-897,042	2,159,745	6.00
	INPATIENT CARE SERVICE			
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
	VISITING SERVICES			
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,065,402	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	236,999	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	185,183	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
	OTHER HOSPICE SERVICE COSTS			
22.00	Drugs, Biological and Infusion Therapy	0	401,437	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	32,201	27.00
28.00	Imaging Services	0	529	28.00
29.00	Labs and Diagnostics	0	2,557	29.00
30.00	Medical Supplies	0	25,627	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE			
35.00	Bereavement Program Costs	0	209,810	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		897,042	39.00
40.00	Unit Cost Multiplier		0.415346	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
		0	1.00	1.01	2.00	4.00	
1.00	Administrative and General		65,127	0	22,662	450,896	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,507,912	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	335,436	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	262,098	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	568,172	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	45,576	0	0	0	0	22.00
23.00	Imaging Services	749	0	0	0	0	23.00
24.00	Labs and Diagnostics	3,619	0	0	0	0	24.00
25.00	Medical Supplies	36,271	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	296,954	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,056,787	65,127	0	22,662	450,896	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	0	0	0	0	81,255	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	81,255	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.05	5.06	6.00	6.03	7.00	
1.00	Administrative and General	619,940	48,884	38,822	0	96,501	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,507,912	118,902	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	335,436	26,450	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	262,098	20,667	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	568,172	44,801	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	45,576	3,594	0	0	0	22.00
23.00	Imaging Services	749	59	0	0	0	23.00
24.00	Labs and Diagnostics	3,619	285	0	0	0	24.00
25.00	Medical Supplies	36,271	2,860	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	296,954	23,415	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,676,727	289,917	38,822	0	96,501	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
		7.01	8.00	9.00	9.01	9.02	
1.00	Administrative and General	0	0	0	1,916	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	1,916	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.03	10.00	11.00	12.00	13.00	
1.00	Administrative and General	23,583	0	5,930	0	22,339	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	23,583	0	5,930	0	22,339	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
1.00	Administrative and General	0	0	39,902	54,178		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	39,902	54,178		34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	8,535	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,535	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
		23.00	23.01	23.02	23.03	23.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	
		23.05	23.06	23.07	23.08	23.09	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

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Hospice I

	Cost Center Description	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	
		23.10	23.11	24.00	25.00	26.00	
1.00	Administrative and General	0	0	960,530			1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	1,626,814	0	1,626,814	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	361,886	0	361,886	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	282,765	0	282,765	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	612,973	0	612,973	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	49,170	0	49,170	22.00
23.00	Imaging Services	0	0	808	0	808	23.00
24.00	Labs and Diagnostics	0	0	3,904	0	3,904	24.00
25.00	Medical Supplies	0	0	39,131	0	39,131	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	320,369	0	320,369	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	4,258,350	0	4,258,350	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

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Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	473,830	2,100,644		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	105,404	467,290		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	82,359	365,124		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	178,536	791,509		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	14,321	63,491		22.00
23.00	Imaging Services	235	1,043		23.00
24.00	Labs and Diagnostics	1,137	5,041		24.00
25.00	Medical Supplies	11,397	50,528		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	93,311	413,680		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		4,258,350		34.00
35.00	Unit Cost Multiplier (see instructions)	0.291262			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
		1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	705,977	705,977	1,307,100	1,871,413	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	705,977	705,977	1,307,100	1,871,413	0	34.00
35.00	Total cost to be allocated	65,127	0	22,662	450,896	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.092251	0.000000	0.017338	0.240939	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	0	0	14,255,306	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	14,255,306		34.00
35.00	Total cost to be allocated	0	0	0	81,255		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.005700		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
		5.06	6.00	6.03	7.00	7.01	
1.00	Administrative and General	619,940	705,977	0	705,977	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,507,912	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	335,436	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	262,098	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	568,172	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	45,576	0	0	0	0	22.00
23.00	Imaging Services	749	0	0	0	0	23.00
24.00	Labs and Diagnostics	3,619	0	0	0	0	24.00
25.00	Medical Supplies	36,271	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	296,954	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,676,727	705,977	0	705,977	0	34.00
35.00	Total cost to be allocated	289,917	38,822	0	96,501	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.078852	0.054990	0.000000	0.136691	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

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Part II
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Hospice I

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	0	0	54,897	0	651,080	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	54,897	0	651,080	34.00
35.00	Total cost to be allocated	0	0	1,916	0	23,583	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.034902	0.000000	0.036221	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

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Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	3,472	0	249	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	3,472	0	249	0	34.00
35.00	Total cost to be allocated	0	5,930	0	22,339	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	1.707949	0.000000	89.714859	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	14,225,306	2,027	14,225,306	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	14,225,306	2,027	14,225,306	0	34.00
35.00	Total cost to be allocated	0	39,902	54,178	8,535	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.002805	26.728170	0.000600	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
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Hospice I

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

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Hospice I

	Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
		23.02	23.03	23.04	23.05	23.06	
1.00	Administrative and General	0	0	0	2,027	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	2,027	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.07	23.08	23.09	23.10	23.11	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part III
Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.290009	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.459919	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.678204	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.185210	0	0	4.00
4.01	RENAL-RILEY	73.01	0.000000	0	0	4.01
4.02	RENAL-ADULT	73.02	0.000000	0	0	4.02
4.03	OUTPATIENT RETAIL PHARMACY	73.03	1.031101	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.075086	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.161743	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.220162	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.583540	0	0	7.00
8.00	FAMILY PRACTICE	93.00	0.000000	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.130974	0	0	9.00
10.00	RH NBN ECMO IC	76.00	0.485955	0	0	10.00
10.01	CARDIOLOGY	76.01	0.207764	0	0	10.01
10.02	PSYCH OTHER ANCILLARY	76.02	0.449172	0	0	10.02
10.03	CARDIAC CATHERIZATION	76.03	0.216912	0	0	10.03
10.04	DAY SURGERY	76.04	1.732177	0	0	10.04
10.05	ONCOLOGY	76.05	864.035880	0	0	10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	10.07
10.97	CARDIAC REHABILITATION	76.97	1.003845	0	0	10.97
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-6

Date/Time Prepared:
9/12/2012 11:28 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				4,258,350	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				0	2.00
3.00	Average cost per diem (line 1 divided by line 2)				0.00	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	0				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	0				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150056	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	12,591,954	1.00
2.00	Capital DRG outlier payments	921,143	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	945.41	3.00
4.00	Number of interns & residents (see instructions)	553.37	4.00
5.00	Indirect medical education percentage (see instructions)	17.96	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	2,261,515	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.79	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	35.39	8.00
9.00	Sum of lines 7 and 8	43.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.14	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	1,150,905	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	16,925,517	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

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

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2011 To 12/31/2011

Worksheet M-1
Date/Time Prepared: 9/12/2012 11:28 am

		Title XVIII			FQHC I	Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	489,708	0	489,708	0	489,708	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	73,160	0	73,160	0	73,160	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	498,746	0	498,746	0	498,746	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	39,392	0	39,392	0	39,392	7.00
8.00	Laboratory Technician	6,775	0	6,775	0	6,775	8.00
9.00	Other Facility Health Care Staff Costs	440,411	0	440,411	0	440,411	9.00
10.00	Subtotal (sum of lines 1-9)	1,548,192	0	1,548,192	0	1,548,192	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	102,138	102,138	0	102,138	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	102,138	102,138	0	102,138	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,548,192	102,138	1,650,330	0	1,650,330	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	181,060	181,060	0	181,060	29.00
30.00	Administrative Costs	656,299	818,073	1,474,372	0	1,474,372	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	656,299	999,133	1,655,432	0	1,655,432	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,204,491	1,101,271	3,305,762	0	3,305,762	32.00

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

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2011 To 12/31/2011

Worksheet M-1
Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | FQHC I | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	489,708		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	73,160		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	498,746		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	39,392		7.00
8.00	Laboratory Technician	0	6,775		8.00
9.00	Other Facility Health Care Staff Costs	0	440,411		9.00
10.00	Subtotal (sum of lines 1-9)	0	1,548,192		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11-13)	0	0		14.00
15.00	Medical Supplies	0	102,138		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	102,138		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,650,330		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	181,060		29.00
30.00	Administrative Costs	0	1,474,372		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	1,655,432		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	3,305,762		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2011 To 12/31/2011

Worksheet M-2
Date/Time Prepared: 9/12/2012 11:28 am

		Title XVIII			FQHC I	Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	0.00	12,171	4,200	0		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.00	3,486	2,100	0		3.00
4.00	Subtotal (sum of lines 1-3)	0.00	15,657		0	15,657	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	0.00	15,657			15,657	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)					1,650,330	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,650,330	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)					1,655,432	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					281,037	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,936,469	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					1,936,469	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					1,936,469	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					3,586,799	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2011 To 12/31/2011

Worksheet M-3
Date/Time Prepared: 9/12/2012 11:28 am

Title XVIII | FQHC I | Cost

		1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES		
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)	3,586,799	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)	0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)	3,586,799	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)	15,657	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)	0	5.00
6.00	Total adjusted visits (line 4 plus line 5)	15,657	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)	229.09	7.00

		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)	0.00	126.22	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	126.22	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	5,280	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	666,442	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	666,442	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		533,154	16.04
16.05	Total program cost (see instructions)		533,154	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		533,154	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		533,154	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		533,154	26.00
27.00	Interim payments		660,491	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		-127,337	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 9/12/2012 11:28 am
	Title XVIII	FQHC I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		533,174	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	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)			3.00
	Program to Provider			
3.01		08/30/2011	127,317	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		127,317	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		660,491	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		0	6.01
6.02	SETTLEMENT TO PROGRAM		127,337	6.02
7.00	Total Medicare program liability (see instructions)		533,154	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00