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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0084	PERIOD FROM 7/ 1/2007 TO 6/30/2008	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 12/ 8/2008 TIME 15:48

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
ST. VINCENT HOSPITAL & HCC 15-0084
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

_____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

_____
TITLE

_____
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	4,868,893	415,964	0
2	SUBPROVIDER	0	38,137	0	0
5	HOSPITAL-BASED SNF	0	3,797	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	4,910,827	415,964	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	PROVIDER NO: 15-0084	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2001 WEST 86TH STREET P.O. BOX:

1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6
02.00 HOSPITAL	ST. VINCENT HOSPITAL & HCC	15-0084		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	ST. VINCENT STRESS CENTER	15-S084		7/ 1/1992	N	T	O
06.00 HOSPITAL-BASED SNF	ST. VINCENT ORTHO TCU	15-5748		2/ 3/2006	N	P	N
09.00 HOSPITAL-BASED HHA	ST. VINCENT HOME HEALTH AGENCY	15-7083		10/22/1983	N	O	N
12.00 HOSP-BASED HOSPICE	ST. VINCENT HOSPICE	15-1507		2/ 9/1990			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

		1	2
18	TYPE OF CONTROL	1	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER	4	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.		
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?	Y	
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).		
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N	N
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1	
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1	
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.	N	
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N	
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	Y	
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	7/28/1995	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	7/28/1995	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.	/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.	/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.		/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.		/ /
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	Y	
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	Y	
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	Y	
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N	
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N	
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N	N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) Y Y

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

1	2	3	4
100	0.9896	0.9844	
0.00	1	3480	26900

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

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

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

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

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 15H046
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 3,006,005
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS / TRIPS TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	528	190,320			55,213		12,018
2	HMO					1,849		21,550
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	528	190,320			55,213		12,018
6	INTENSIVE CARE UNIT	34	12,444			5,446		372
7	CORONARY CARE UNIT	22	8,052			3,060		
7 01	CARDIAC RECOVERY	16	5,856			1,466		
9	SURGICAL INTENSIVE CARE UNIT							
9 01	PEDIATRIC INTENSIVE CARE UNI	15	5,124					
10	NEONATAL INTENSIVE CARE UNIT	75	27,450					6,896
11	NURSERY							1,748
12	TOTAL	690	249,246			65,185		21,034
13	RPCH VISITS							
14	SUBPROVIDER	54	19,764			2,723		2,067
15	SKILLED NURSING FACILITY	20	7,320			3,382		
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY					30,574		3,189
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE	25	9,150					
23	CORF							
25	TOTAL	789						
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I/P DAYS / TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			125,855				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			125,855				
6	INTENSIVE CARE UNIT			10,639				
7	CORONARY CARE UNIT			4,801				
7 01	CARDIAC RECOVERY			3,181				
9	SURGICAL INTENSIVE CARE UNIT							
9 01	PEDIATRIC INTENSIVE CARE UNI			3,102				
10	NEONATAL INTENSIVE CARE UNIT			22,751				
11	NURSERY			8,035				
12	TOTAL			178,364			125.12	
13	RPCH VISITS							
14	SUBPROVIDER			11,773				
15	SKILLED NURSING FACILITY			4,615				
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY			49,420				
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE			4,912				
23	CORF							
25	TOTAL						125.12	
26	OBSERVATION BED DAYS			8,091		8,091		
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I & R FTES NET	FULL TIME EQUIV EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					11,744	3,789	30,254
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
7 01	CARDIAC RECOVERY							
9	SURGICAL INTENSIVE CARE UNIT							

		I & R FTES	--- FULL TIME EQUIV ---		---------- DISCHARGES ----------		
	COMPONENT	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
9	01 PEDIATRIC INTENSIVE CARE UNI							
10	NEONATAL INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL	125.12	4,975.48			11,744	3,789	30,254
13	RPCH VISITS							
14	SUBPROVIDER		70.69			356	408	2,436
15	SKILLED NURSING FACILITY		24.34					
16	NURSING FACILITY							
16	01 ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY		86.92					
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE		78.68					
23	CORF							
25	TOTAL	125.12	5,236.11					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

	PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
	SALARIES						
1	TOTAL SALARY	313,616,979		313,616,979	8,572,616.00	36.58	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	1,082,710		1,082,710	13,576.00	79.75	
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	4,458,547		4,458,547	332,176.00	13.42	
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)		6,318,446	6,318,446	253,239.00	24.95	
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,004,444		1,004,444	47,459.00	21.16	
8.01	EXCLUDED AREA SALARIES	27,294,086	96,580	27,390,666	876,148.00	31.26	
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:	1,614,622		1,614,622	28,734.00	56.19	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	15,892,034		15,892,034	472,977.00	33.60	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	76,835,035		76,835,035			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	7,324,395		7,324,395			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A	213,255		213,255			CMS 339
18.01	PART A TEACHING PHYSICIANS	2,989,783		2,989,783			CMS 339
19	PHYSICIAN PART B	2,050,735		2,050,735			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						
20	INTERNS & RESIDENTS (APPRVD)	1,695,561		1,695,561			CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	8,299,423		8,299,423	83,284.05	99.65	
22	ADMINISTRATIVE & GENERAL	54,834,258	-1,027,214	53,807,044	1,655,159.28	32.51	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	5,807,357		5,807,357	267,792.78	21.69	
25	LAUNDRY & LINEN SERVICE		272,129	272,129	20,057.00	13.57	
26	HOUSEKEEPING	4,862,413	32,548	4,894,961	403,164.75	12.14	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	4,804,492	-2,711,053	2,093,439	145,552.77	14.38	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA	312	2,764,853	2,765,165	195,587.91	14.14	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	8,167,167		8,167,167	284,642.17	28.69	
31	CENTRAL SERVICE AND SUPPLY	1,852,710	-238,588	1,614,122	84,092.00	19.19	
32	PHARMACY	11,205,479	-103,992	11,101,487	300,964.76	36.89	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	507,064		507,064	26,003.06	19.50	
34	SOCIAL SERVICE	3,964,424		3,964,424	128,370.54	30.88	
35	OTHER GENERAL SERVICE						

	PART III - HOSPITAL WAGE INDEX SUMMARY					
1	NET SALARIES	309,158,432	-6,318,446	302,839,986	7,987,201.00	37.92
2	EXCLUDED AREA SALARIES	28,298,530	96,580	28,395,110	923,607.00	30.74
3	SUBTOTAL SALARIES	280,859,902	-6,415,026	274,444,876	7,063,594.00	38.85
4	SUBTOTAL OTHER WAGES & RELATED COSTS	17,506,656		17,506,656	501,711.00	34.89
5	SUBTOTAL WAGE-RELATED COSTS	77,048,290		77,048,290		28.07
6	TOTAL	375,414,848	-6,415,026	368,999,822	7,565,305.00	48.78
7	NET SALARIES					
8	EXCLUDED AREA SALARIES					
9	SUBTOTAL SALARIES					
10	SUBTOTAL OTHER WAGES & RELATED COSTS					
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL					
13	TOTAL OVERHEAD COSTS	104,305,099	-1,011,317	103,293,782	3,594,671.07	28.74

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET S-4
HHA NO:	TO 6/30/2008	
15-7083		
COUNTY:	MARION	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	4,084	1,164	1,978
2	UNDUPLICATED CENSUS COUNT		1,659.00	7.00	716.00

		TOTAL 5
1	HOME HEALTH AIDE HOURS	7,226
2	UNDUPLICATED CENSUS COUNT	2,382.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

		STAFF 1	CONTRACT 2	TOTAL 3
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	10.70		10.70
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5	OTHER ADMINISTRATIVE PERSONEL			
6	DIRECTING NURSING SERVICE	29.45		29.45
7	NURSING SUPERVISOR	6.20		6.20
8	PHYSICAL THERAPY SERVICE	16.31		16.31
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE	3.24		3.24
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE	.86		.86
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE	1.63		1.63
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	9.23		9.23
17	HOME HEALTH AIDE SUPERVISOR			
18	0			

	HOME HEALTH AGENCY MSA CODES	1	1.01
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	5
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		18020
20.01			26900
20.02			29140
20.03			45460
20.04			99915

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	11,438	463	328	272
22	SKILLED NURSING VISIT CHARGES	1,591,826	61,133	45,988	38,042
23	PHYSICAL THERAPY VISITS	10,708	65	126	169
24	PHYSICAL THERAPY VISIT CHARGES	1,765,810	10,190	21,586	28,034
25	OCCUPATIONAL THERAPY VISITS	2,004	33	14	40
26	OCCUPATIONAL THERAPY VISIT CHARGES	338,166	5,204	2,570	6,836
27	SPEECH PATHOLOGY VISITS	282	18	3	8
28	SPEECH PATHOLOGY VISIT CHARGES	48,298	2,808	498	1,304
29	MEDICAL SOCIAL SERVICE VISITS	386	41	3	8
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	83,252	8,528	643	1,664
31	HOME HEALTH AIDE VISITS	3,937	91	4	40
32	HOME HEALTH AIDE VISIT CHARGES	346,693	7,735	340	3,408
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	28,755	711	478	537
34	OTHER CHARGES	97,011	3,943	2,681	2,484
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	4,271,056	99,541	74,306	81,772
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,784	0	186	54
37	TOTAL NUMBER OF OUTLIER EPISODES	0	15	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	97,011	3,943	2,681	2,484

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 15-0084
HHA NO: 15-7083
COUNTY: MARION

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET S-4

HHA 1

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

		SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21	SKILLED NURSING VISITS	0	45	12,546
22	SKILLED NURSING VISIT CHARGES	0	6,051	1,743,040
23	PHYSICAL THERAPY VISITS	0	27	11,095
24	PHYSICAL THERAPY VISIT CHARGES	0	4,450	1,830,070
25	OCCUPATIONAL THERAPY VISITS	0	6	2,097
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	1,032	353,808
27	SPEECH PATHOLOGY VISITS	0	0	311
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	52,908
29	MEDICAL SOCIAL SERVICE VISITS	0	3	441
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	643	94,730
31	HOME HEALTH AIDE VISITS	0	12	4,084
32	HOME HEALTH AIDE VISIT CHARGES	0	1,020	359,196
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	93	30,574
34	OTHER CHARGES	0	1,519	107,638
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	14,715	4,541,390
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	4	2,028
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	15
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	1,519	107,638

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES PRIOR TO 10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 T0 9/30/01 RATE	SRVCS 4/1/01 T0 9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX		35				
3 .02	RUL		133				
4	RVC						
5	RVB		124				
6	RVA		95				
6 .01	RVX		183				
6 .02	RVL		2,042				
7	RHC		17				
8	RHB		9				
9	RHA		26				
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB		3				
12	RMA						
12 .01	RMX		206				
12 .02	RML		496				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		2				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA		11				
46	TOTAL		3,382				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	100% Federal
Wage Index Factor (before 10/01)	0.9896
Wage Index Factor (after 10/01)	0.9844
SNF Facility Specific Rate	0.00
Urban/Rural Designation	URBAN
SNF MSA Code	3480
SNF CBSA Code	26900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET S-7

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
	1	2	4.05	4.06	5
1		RUC			
2		RUB			
3		RUA			
3	.01	RUX			
3	.02	RUL			
4		RVC			
5		RVB			
6		RVA			
6	.01	RVX			
6	.02	RVL			
7		RHC			
8		RHB			
9		RHA			
9	.01	RHX			
9	.02	RHL			
10		RMC			
11		RMB			
12		RMA			
12	.01	RMX			
12	.02	RML			
13		RLB			
14		RLA			
14	.01	RLX			
15		SE3			
16		SE2			
17		SE1			
18		SSC			
19		SSB			
20		SSA			
21		CC2			
22		CC1			
23		CB2			
24		CB1			
25		CA2			
26		CA1			
27		IB2			
28		IB1			
29		IA2			
30		IA1			
31		BB2			
32		BB1			
33		BA2			
34		BA1			
35		PE2			
36		PE1			
37		PD2			
38		PD1			
39		PC2			
40		PC1			
41		PB2			
42		PB1			
43		PA2			
44		PA1			
45		AAA			
46		TOTAL			

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	100% Federal
Wage Index Factor (before 10/01)	0.9896
Wage Index Factor (after 10/01)	0.9844
SNF Facility Specific Rate	0.00
Urban/Rural Designation	URBAN
SNF MSA Code	3480
SNF CBSA Code	26900

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0084	FROM 7/ 1/2007	12/ 8/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET S-9
15-1507		

HOSPICE 1

PART I - ENROLLMENT DAYS

		TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1	CONTINUOUS HOME CARE				
2	ROUTINE HOME CARE	26,821	139		
3	INPATIENT RESPITE CARE	140			
4	GENERAL INPATIENT CARE	4,167			
5	TOTAL HOSPICE DAYS	31,128	139		

PART I - ENROLLMENT DAYS (CONTINUED)

		OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE		
2	ROUTINE HOME CARE	5,756	32,716
3	INPATIENT RESPITE CARE	215	355
4	GENERAL INPATIENT CARE	5,795	9,962
5	TOTAL HOSPICE DAYS	11,766	43,033

PART II - CENSUS DATA

		TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	473	15		
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	65.81	9.27		
9	UNDUPLICATED CENSUS COUNT	473	15		

PART II - CENSUS DATA (CONTINUED)

		OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	144	632
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	81.71	68.09
9	UNDUPLICATED CENSUS COUNT	144	632

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET S-10
	TO 6/30/2008	

	DESCRIPTION	
	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	41,732,501
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	4,750,066
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	46,482,567
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.309612
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	274,366,134

	DESCRIPTION	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	84,947,047
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	78,113,543
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	24,184,890
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	84,947,047

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		4,936,447	4,936,447	13,083,010	18,019,457
3.01	0301	NEW CAPITAL-STRESS				489,246	489,246
3.02	0302	NEW CAPITAL-MARTEN HOUSE				498,915	498,915
3.03	0303	NEW CAPITAL-WOMEN'S BLDG				1,746,287	1,746,287
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				19,701,201	19,701,201
5	0500	EMPLOYEE BENEFITS	8,299,423	73,962,728	82,262,151	-202,750	82,059,401
6.01	0610	NONPATIENT TELEPHONES	118,509	185,024	303,533	-105,236	198,297
6.02	0620	DATA PROCESSING	19,143	44,553,913	44,573,056	-33,286	44,539,770
6.03	0630	PURCHASING, RECEIVING AND STORES		80,336	80,336		80,336
6.04	0640	ADMITTING	1,319,358	142,640	1,461,998	-10,536	1,451,462
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	43,492	1,479,706	1,523,198		1,523,198
6.06	0641	OP REGISTRATION					
6.07	0660	OTHER ADMINISTRATIVE AND GENERAL	53,333,756	68,224,444	121,558,200	-6,156,973	115,401,227
8	0800	OPERATION OF PLANT	5,807,357	17,349,021	23,156,378	-3,844,855	19,311,523
9	0900	LAUNDRY & LINEN SERVICE				2,629,915	2,629,915
10	1000	HOUSEKEEPING	4,862,413	2,362,828	7,225,241	-206,118	7,019,123
11	1100	DIETARY	4,804,492	2,770,658	7,575,150	-4,434,056	3,141,094
12	1200	CAFETERIA	312	41,777	42,089	4,151,840	4,193,929
14	1400	NURSING ADMINISTRATION	8,167,167	1,446,304	9,613,471	-441,902	9,171,569
15	1500	CENTRAL SERVICES & SUPPLY	1,852,710	4,407,632	6,260,342	-4,647,437	1,612,905
16	1600	PHARMACY	11,205,479	31,568,155	42,773,634	-24,478,052	18,295,582
17	1700	MEDICAL RECORDS & LIBRARY	507,064	1,881,441	2,388,505	-2,562	2,385,943
18	1800	SOCIAL SERVICE	3,964,424	850,433	4,814,857	-5,526	4,809,331
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				6,318,446	6,318,446
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,416,548	1,332,714	13,749,262	-6,048,282	7,700,980
24	2400	PARAMED ED PRGM					
24.01	2401	PARAMED ED PRGM-CPE	349,436	24,056	373,492	-149,628	223,864
24.02	2402	PARAMED ED PRGM-PHARMACY	76,622	7,687	84,309	103,992	188,301
24.03	2403	PARAMED ED PRGM-RADIOLOGY	160,715	-6,129	154,586	99,657	254,243
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	48,321,480	9,033,708	57,355,188	-3,687,552	53,667,636
26	2600	INTENSIVE CARE UNIT	6,633,169	1,244,120	7,877,289	-177,994	7,699,295
27	2700	CORONARY CARE UNIT	3,522,939	433,106	3,956,045	625,224	4,581,269
27.01	2701	CARDIAC RECOVERY	2,842,737	480,626	3,323,363	-106,434	3,216,929
29	2900	SURGICAL INTENSIVE CARE UNIT					
29.01	2080	PEDIATRIC INTENSIVE CARE UNIT	4,198,508	544,238	4,742,746	-182,654	4,560,092
30	2060	NEONATAL INTENSIVE CARE UNIT	17,299,463	3,710,319	21,009,782	-1,372,088	19,637,694
31	3100	SUBPROVIDER	3,584,405	222,063	3,806,468	-138,380	3,668,088
33	3300	NURSERY	124,709	6,161	130,870	2,179,135	2,310,005
34	3400	SKILLED NURSING FACILITY	1,004,444	84,189	1,088,633	-5,488	1,083,145
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	17,245,402	55,419,289	72,664,691	-3,942,245	68,722,446
37.01	3701	AMBULATORY SURGERY	3,395,694	534,505	3,930,199	-89,467	3,840,732
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM	4,477,436	271,107	4,748,543	-3,312	4,745,231
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	14,481,542	14,910,633	29,392,175	-4,308,467	25,083,708
41.01	3120	CARDIAC CATHETERIZATION LABORATORY	2,917,264	24,574,426	27,491,690	-7,991,590	19,500,100
41.02	3630	ULTRA SOUND	1,059,399	184,611	1,244,010	83,773	1,327,783
41.03	3121	SATELLITE CATH LABS					
41.04	3260	EP LAB	1,425	40,525	41,950	-65,777	-23,827
41.05	3122	CATH HOLDING	622,427	315,924	938,351	-13,197	925,154
41.06	3261	ECHOCARDIOGRAPHY	402,866	79,417	482,283	59,474	541,757
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	90,250	33,607,642	33,697,892	-249,524	33,448,368
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	5,252,441	2,289,059	7,541,500	1,038,591	8,580,091
49.01	4901	SLEEP LAB	934,519	543,062	1,477,581	-34,803	1,442,778
50	5000	PHYSICAL THERAPY	7,361,032	2,673,934	10,034,966	312,874	10,347,840
50.01	3160	CARDIAC REHAB	411,765	48,976	460,741	99,350	560,091
50.02	5001	SPORTS MEDICINE	1,894,500	604,380	2,498,880	-49,018	2,449,862
51	5100	OCCUPATIONAL THERAPY	558,442	77,958	636,400	35,601	672,001
52	5200	SPEECH PATHOLOGY	553,232	183,016	736,248	38,066	774,314
53	5300	ELECTROCARDIOLOGY	371,141	775,540	1,146,681	466,599	1,613,280
54	5400	ELECTROENCEPHALOGRAPHY	666,364	144,147	810,511	-69,072	741,439
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,246,152	2,246,152
56	5600	DRUGS CHARGED TO PATIENTS				25,410,104	25,410,104
57	5700	RENAL DIALYSIS		1,510,324	1,510,324	-21,956	1,488,368
58	5800	ASC (NON-DISTINCT PART)					
59	3330	ENDOSCOPY	1,516,347	1,365,138	2,881,485	-371,170	2,510,315
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	2,834,355	1,917,581	4,751,936	-557,365	4,194,571
60.01	4950	PARTIAL HOSPITALIZATION	698,356	46,889	745,245	-10,882	734,363
61	6100	EMERGENCY	8,215,839	3,525,454	11,741,293	-689,213	11,052,080
61.01	4958	PATIENT SERVICES	2,102,584	219,362	2,321,946	-25,156	2,296,790
61.03	4956	LAFAYETTE RD CLIINIC	96,496	102,365	198,861	-10,914	187,947

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		OUTPAT SERVICE COST CNTRS					
61.04	4951	ZIONSVILLE CLINIC	378,096	1,083,284	1,461,380	-298,507	1,162,873
61.05	4952	BROWNSBURG CLINIC	127	7,532	7,659	-4,083	3,576
61.07	4954	WOUND CENTER		1,227,304	1,227,304	-8,259	1,219,045
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD				-214	-214
67.01	5950	FAMILY PRACTICE	5,806,770	2,046,797	7,853,567	-352,570	7,500,997
67.02	5954	GERIATRIC CLINIC	1,307,686	211,790	1,519,476	-19,690	1,499,786
68	5951	KOKOMO DIALYSIS					
68.01	5952	PSYCH SERVICES		46,665	46,665		46,665
68.02	5953	DIABETIC THERAPY	529,833	80,588	610,421	-2,370	608,051
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY	4,737,529	847,444	5,584,973	-115,050	5,469,923
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION		778,179	778,179		778,179
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION	294,519	425,002	719,521	-143,832	575,689
85.01	8510	PANCREAS ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE		7,594,081	7,594,081	-7,594,081	
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE	4,593,790	2,396,455	6,990,245	-24,014	6,966,231
95		SUBTOTALS	300,649,742	436,070,730	736,720,472	-2,086,135	734,634,337
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	421,903	1,167,308	1,589,211	-2,447	1,586,764
97	9700	RESEARCH	735,979	402,796	1,138,775	-3,672	1,135,103
98	9800	PHYSICIANS' PRIVATE OFFICES	8,944,508	5,241,662	14,186,170	-749,638	13,436,532
99	9900	NONPAID WORKERS					
100	7950	O'CONNORS					
100.01	7951	WELLNESS	455,071	281,923	736,994	-6,879	730,115
100.02	7952	OCC HEALTH	36,125	7,079	43,204		43,204
100.03	7953	CMO		519	519		519
100.04	7954	OTHER NONREIMBURSABLE COST CENTERS					
100.05	7955	OTHER NONREIMBURSABLE COST CENTERS					
100.06	7956	SETON BOARD		-10	-10		-10
100.07	7957	MARTEN HOUSE				3,033,548	3,033,548
100.08	7958	FOUNDATION	563,291	1,678,226	2,241,517	-32,923	2,208,594
100.09	7959	NETWORK DEVELOPMENT					
100.10	7960	EAP	308,076	94,617	402,693	-7,550	395,143
100.11	7961	MISSION EFFECTIVENESS	476,872	584,621	1,061,493	-2,358	1,059,135
100.12	7962	OTHER NONREIMBURSABLE COST CENTERS					
100.13	7963	MARKETING	659,918	9,114,082	9,774,000		9,774,000
100.14	7964	NEW HOPE					
100.15	7965	JOINT VENTURES	136,791	3,601,834	3,738,625	-141,946	3,596,679
100.16	7966	OTHER NONREIMBURSABLE COST CENTERS					
100.17	7967	VACANT SPACE					
100.18	7968	HEART CENTER OF INDIANA		1,403	1,403		1,403
100.19	7969	MISSION SERVICES	228,703	818,936	1,047,639		1,047,639
101		TOTAL	313,616,979	459,065,726	772,682,705	-0-	772,682,705

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	581,576	18,601,033
3.01	0301	NEW CAPITAL-STRESS	-279,881	209,365
3.02	0302	NEW CAPITAL-MARTEN HOUSE		498,915
3.03	0303	NEW CAPITAL-WOMEN'S BLDG	-11,614	1,734,673
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	27,949	19,729,150
5	0500	EMPLOYEE BENEFITS	-4,129,503	77,929,898
6.01	0610	NONPATIENT TELEPHONES	1,961,555	2,159,852
6.02	0620	DATA PROCESSING	-17,964,869	26,574,901
6.03	0630	PURCHASING, RECEIVING AND STORES	1,482,565	1,562,901
6.04	0640	ADMITTING	2,202,677	3,654,139
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	2,779,786	4,302,984
6.06	0641	OP REGISTRATION	2,697,819	2,697,819
6.07	0660	OTHER ADMINISTRATIVE AND GENERAL	-77,089,443	38,311,784
8	0800	OPERATION OF PLANT	-366,574	18,944,949
9	0900	LAUNDRY & LINEN SERVICE		2,629,915
10	1000	HOUSEKEEPING		7,019,123
11	1100	DIETARY	-306,948	2,834,146
12	1200	CAFETERIA	-3,198,802	995,127
14	1400	NURSING ADMINISTRATION	-1,994	9,169,575
15	1500	CENTRAL SERVICES & SUPPLY	269,503	1,882,408
16	1600	PHARMACY	-3,930,125	14,365,457
17	1700	MEDICAL RECORDS & LIBRARY	3,607,721	5,993,664
18	1800	SOCIAL SERVICE		4,809,331
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		6,318,446
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-4,392,048	3,308,932
24	2400	PARAMED ED PRGM		
24.01	2401	PARAMED ED PRGM-CPE	-49,239	174,625
24.02	2402	PARAMED ED PRGM-PHARMACY		188,301
24.03	2403	PARAMED ED PRGM-RADIOLOGY	-88,829	165,414
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-1,782,311	51,885,325
26	2600	INTENSIVE CARE UNIT	-75,411	7,623,884
27	2700	CORONARY CARE UNIT		4,581,269
27.01	2701	CARDIAC RECOVERY		3,216,929
29	2900	SURGICAL INTENSIVE CARE UNIT		
29.01	2080	PEDIATRIC INTENSIVE CARE UNIT	-1,420,656	3,139,436
30	2060	NEONATAL INTENSIVE CARE UNIT	-6,189,829	13,447,865
31	3100	SUBPROVIDER	-1,626	3,666,462
33	3300	NURSERY		2,310,005
34	3400	SKILLED NURSING FACILITY	-8,161	1,074,984
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-2,258,011	66,464,435
37.01	3701	AMBULATORY SURGERY	-1,834,500	2,006,232
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		4,745,231
40	4000	ANESTHESIOLOGY		
41	4100	RADIOLOGY-DIAGNOSTIC	-2,690,232	22,393,476
41.01	3120	CARDIAC CATHETERIZATION LABORATORY	-435,584	19,064,516
41.02	3630	ULTRA SOUND		1,327,783
41.03	3121	SATELLITE CATH LABS		
41.04	3260	EP LAB		-23,827
41.05	3122	CATH HOLDING		925,154
41.06	3261	ECHOCARDIOGRAPHY		541,757
42	4200	RADIOLOGY-THERAPEUTIC		
43	4300	RADIOISOTOPE		
44	4400	LABORATORY	-959,774	32,488,594
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY	-8,333	8,571,758
49.01	4901	SLEEP LAB	-14,833	1,427,945
50	5000	PHYSICAL THERAPY	-17,168	10,330,672
50.01	3160	CARDIAC REHAB		560,091
50.02	5001	SPORTS MEDICINE	-248,524	2,201,338
51	5100	OCCUPATIONAL THERAPY		672,001
52	5200	SPEECH PATHOLOGY	-616	773,698
53	5300	ELECTROCARDIOLOGY	-300,000	1,313,280
54	5400	ELECTROENCEPHALOGRAPHY		741,439
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,246,152
56	5600	DRUGS CHARGED TO PATIENTS		25,410,104
57	5700	RENAL DIALYSIS		1,488,368
58	5800	ASC (NON-DISTINCT PART)		
59	3330	ENDOSCOPY		2,510,315
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-14,471	4,180,100
60.01	4950	PARTIAL HOSPITALIZATION	-60	734,303
61	6100	EMERGENCY	-1,390,870	9,661,210
61.01	4958	PATIENT SERVICES	-40,715	2,256,075
61.03	4956	LAFAYETTE RD CLIINIC		187,947

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		OUTPAT SERVICE COST CNTRS		
61.04	4951	ZIONSVILLE CLINIC	-381	1,162,492
61.05	4952	BROWNSBURG CLINIC		3,576
61.07	4954	WOUND CENTER		1,219,045
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES		
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		-214
67.01	5950	FAMILY PRACTICE	-4,720,753	2,780,244
67.02	5954	GERIATRIC CLINIC	-994,177	505,609
68	5951	KOKOMO DIALYSIS		
68.01	5952	PSYCH SERVICES		46,665
68.02	5953	DIABETIC THERAPY	-28,061	579,990
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY	-218,362	5,251,561
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION	-778,179	
84	8400	LIVER ACQUISITION		
85	8500	HEART ACQUISITION		575,689
85.01	8510	PANCREAS ACQUISITION		
86	8600	OTHER ORGAN ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D.P.)		
93	9300	HOSPICE	-486,198	6,480,033
95		SUBTOTALS	-123,116,514	611,517,823
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,586,764
97	9700	RESEARCH		1,135,103
98	9800	PHYSICIANS' PRIVATE OFFICES		13,436,532
99	9900	NONPAID WORKERS		
100	7950	O'CONNORS		
100.01	7951	WELLNESS		730,115
100.02	7952	OCC HEALTH		43,204
100.03	7953	CMO		519
100.04	7954	OTHER NONREIMBURSABLE COST CENTERS		
100.05	7955	OTHER NONREIMBURSABLE COST CENTERS		
100.06	7956	SETON BOARD	10	
100.07	7957	MARTEN HOUSE		3,033,548
100.08	7958	FOUNDATION		2,208,594
100.09	7959	NETWORK DEVELOPMENT	890,023	890,023
100.10	7960	EAP		395,143
100.11	7961	MISSION EFFECTIVENESS		1,059,135
100.12	7962	OTHER NONREIMBURSABLE COST CENTERS		
100.13	7963	MARKETING		9,774,000
100.14	7964	NEW HOPE		
100.15	7965	JOINT VENTURES		3,596,679
100.16	7966	OTHER NONREIMBURSABLE COST CENTERS		
100.17	7967	VACANT SPACE		
100.18	7968	HEART CENTER OF INDIANA		1,403
100.19	7969	MISSION SERVICES		1,047,639
101		TOTAL	-122,226,481	650,456,224

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAPITAL-STRESS	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAPITAL-MARTEN HOUSE	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAPITAL-WOMEN'S BLDG	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OP REGISTRATION	0641	ADMITTING
6.07	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM-CPE	2401	PARAMED ED PRGM
24.02	PARAMED ED PRGM-PHARMACY	2402	PARAMED ED PRGM
24.03	PARAMED ED PRGM-RADIOLOGY	2403	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	CARDIAC RECOVERY	2701	CORONARY CARE UNIT
29	SURGICAL INTENSIVE CARE UNIT	2900	
29.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	AMBULATORY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
41.02	ULTRA SOUND	3630	ULTRA SOUND
41.03	SATELLITE CATH LABS	3121	CARDIAC CATHETERIZATION LABORATORY
41.04	EP LAB	3260	ECHOCARDIOGRAPHY
41.05	CATH HOLDING	3122	CARDIAC CATHETERIZATION LABORATORY
41.06	ECHOCARDIOGRAPHY	3261	ECHOCARDIOGRAPHY
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	3160	CARDIOPULMONARY
50.02	SPORTS MEDICINE	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	ENDOSCOPY	3330	ENDOSCOPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PARTIAL HOSPITALIZATION	4950	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
61.01	PATIENT SERVICES	4958	OTHER OUTPATIENT SERVICE COST CENTER
61.03	LAFAYETTE RD CLIINIC	4956	OTHER OUTPATIENT SERVICE COST CENTER
61.04	ZIONSVILLE CLINIC	4951	OTHER OUTPATIENT SERVICE COST CENTER

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
61.05	BROWNSBURG CLINIC	4952	OTHER OUTPATIENT SERVICE COST CENTER
61.07	WOUND CENTER	4954	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
67.01	FAMILY PRACTICE	5950	OTHER REIMBURSABLE COST CENTERS
67.02	GERIATRIC CLINIC	5954	OTHER REIMBURSABLE COST CENTERS
68	KOKOMO DIALYSIS	5951	OTHER REIMBURSABLE COST CENTERS
68.01	PSYCH SERVICES	5952	OTHER REIMBURSABLE COST CENTERS
68.02	DIABETIC THERAPY	5953	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	O'CONNORS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	WELLNESS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCC HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	CMO	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	SETON BOARD	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	MARTEN HOUSE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	FOUNDATION	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	NETWORK DEVELOPMENT	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	EAP	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	MISSION EFFECTIVENESS	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	OTHER NONREIMBURSABLE COST CENTERS	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	MARKETING	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NEW HOPE	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	JOINT VENTURES	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	OTHER NONREIMBURSABLE COST CENTERS	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	VACANT SPACE	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	HEART CENTER OF INDIANA	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	MISSION SERVICES	7969	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	PHARMACY	A	DRUGS CHARGED TO PATIENTS	56		24,158,513
2	DRUGS CHARGED	B	DRUGS CHARGED TO PATIENTS	56		1,202,235
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1	DRUGS CHARGED	B				
2	INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		7,302,060
3			NEW CAPITAL-STRESS	3.01		280,386
4			NEW CAPITAL-WOMEN'S BLDG	3.03		11,635
5	DEPRECIATION-DIRECTLY ASSIGNED	D	NEW CAP REL COSTS-BLDG & FIXT	3		27,960,484
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	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
		1	2	3	4	5
1	DEPRECIATION-DIRECTLY ASSIGNED	D				
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1	RESPIRATORY DIRECTOR	E	HOUSEKEEPING	10	63,273	42,179
2			DIETARY	11	53,800	35,864
3			CENTRAL SERVICES & SUPPLY	15	2,816	1,877
4			ADULTS & PEDIATRICS	25	1,623	1,082
5			RESPIRATORY THERAPY	49	28,248	18,831
6			SLEEP LAB	49.01	5,951	3,967
7			ENDOSCOPY	59	8,339	5,559
8	IV ADDITIVE	F	DRUGS CHARGED TO PATIENTS	56		67,313
9	PARAMED ED - RADIOLOGY TECH	G	PARAMED ED PRGM-RADIOLOGY	24.03	103,199	
10	MED SUPPLIES	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,824,998
11	LAUNDRY	I	LAUNDRY & LINEN SERVICE	9	272,129	2,357,786
12						
13	RADIOLOGY DIRECTOR	J	ULTRA SOUND	41.02	131,165	63,301
14			LAFAYETTE RD CLIINIC	61.03	21,051	10,159
15			ZIONSVILLE CLINIC	61.04	72,575	35,025
16	CARDIOLOGY DIRECTOR	K	ADULTS & PEDIATRICS	25	126,399	2,306,764
17			CORONARY CARE UNIT	27	37,583	685,876
18			CARDIAC RECOVERY	27.01	33,918	619,002
19			OPERATING ROOM	37	34,752	634,221
20			RADIOLOGY-DIAGNOSTIC	41	2,126	38,792
21			EP LAB	41.04	17	316
22			CATH HOLDING	41.05	9,894	180,559
23			ECHOCARDIOGRAPHY	41.06	4,970	90,710
24			CARDIAC REHAB	50.01	5,367	97,941
25			ELECTROCARDIOLOGY	53	9,398	171,517
26			HEART ACQUISITION	85	3,850	70,253
27	REHAB DIRECTOR	L	PHYSICAL THERAPY	50	523,608	56,494
28			OCCUPATIONAL THERAPY	51	34,770	3,751
29			SPEECH PATHOLOGY	52	40,970	4,420
30	MED ED DIRECTOR	M	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	328,633	
31	DIETARY	N	CAFETERIA	12	2,764,853	1,386,987
32	DIRECTOR OF ONCOLOGY	O	ADULTS & PEDIATRICS	25	156,632	37,017
33			RADIOLOGY-DIAGNOSTIC	41	227,185	53,691
34			HOSPICE	93	174,440	41,225
35			PHYSICIANS' PRIVATE OFFICES	98	7,514	1,776

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
	1		2	3	4	5
1	INSURANCE	P	NEW CAP REL COSTS-BLDG & FIXT	3		469,754
2	NURSERY	Q	NURSERY	33	2,024,637	154,500
3	RESIDENT SALARIES	R	I&R SERVICES-SALARY & FRINGES APPRVD	22	6,318,446	
4	CARE 2003/2002	S	OPERATING ROOM	37	72,759	11,761
5			RESPIRATORY THERAPY	49	1,063,611	259,532
6			ELECTROCARDIOLOGY	53	416,772	64,968
7						
8						
9						
10	STRESS BLDG RENT	T	NEW CAPITAL-STRESS	3.01		4,800
11	MARTEN HOUSE	U	MARTEN HOUSE	100.07		3,033,548
12	MARTEN HOUSE DEPR	V	NEW CAPITAL-MARTEN HOUSE	3.02		498,915
13						
14	DEPRECIATION	W	NEW CAPITAL-STRESS	3.01		222,086
15			NEW CAPITAL-WOMEN'S BLDG	3.03		1,735,400
16			NEW CAP REL COSTS-MVBLE EQUIP	4		19,809,458
17	RENTAL BEDS	X	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		421,154
18	PHARMACY PARAMED	Y	PARAMED ED PRGM-PHARMACY	24.02	103,992	
19	ORGAN ACQUISITION	Z	OPERATING ROOM	37	158,510	47,310
20	CPE PARAMED	BB	OTHER ADMINISTRATIVE AND GENERAL	6.07	137,905	11,703
21	ASCENSION INTEREST	CC	OTHER ADMINISTRATIVE AND GENERAL	6.07		510,460
22						
23						
24	HOSPICE	DD	HOSPICE	93		117,466
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1	HOSPICE	DD				
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6						
36	TOTAL RECLASSIFICATIONS				15,587,680	99,237,381

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

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
		DECREASE					
		1	6	7	8	9	10
1	PHARMACY	A	PHARMACY	16		24,158,513	
2	DRUGS CHARGED	B	ADULTS & PEDIATRICS	25		52,660	
3			INTENSIVE CARE UNIT	26		10,616	
4			CORONARY CARE UNIT	27		2,925	
5			CARDIAC RECOVERY	27.01		1,293	
6			PEDIATRIC INTENSIVE CARE UNIT	29.01		2,062	
7			NEONATAL INTENSIVE CARE UNIT	30		23,240	
8			SUBPROVIDER	31		1,376	
9			NURSERY	33		2	
10			SKILLED NURSING FACILITY	34		3	
11			OPERATING ROOM	37		757,107	
12			AMBULATORY SURGERY	37.01		10,502	
13			DELIVERY ROOM & LABOR ROOM	39		3,312	
14			RADIOLOGY-DIAGNOSTIC	41		11,494	
15			CARDIAC CATHETERIZATION LABORATORY	41.01		6,099	
16			ULTRA SOUND	41.02		429	
17			CATH HOLDING	41.05		2,112	
18			ECHOCARDIOGRAPHY	41.06		18	
19			LABORATORY	44		154,518	
20			RESPIRATORY THERAPY	49		5,755	
21			SLEEP LAB	49.01		322	
22			PHYSICAL THERAPY	50		2,772	
23			ELECTROENCEPHALOGRAPHY	54		38	
24			RENAL DIALYSIS	57		7,671	
25			ENDOSCOPY	59		2,099	
26			CLINIC	60		77,012	
27			EMERGENCY	61		40,763	
28			PATIENT SERVICES	61.01		15,808	
29			ZIONSVILLE CLINIC	61.04		84	
30			WOUND CENTER	61.07		51	
31			DURABLE MEDICAL EQUIP-SOLD	67		214	
32			FAMILY PRACTICE	67.01		271	
33			GERIATRIC CLINIC	67.02		7,648	
34			DIABETIC THERAPY	68.02		75	
35			HOME HEALTH AGENCY	71		1,325	
1	DRUGS CHARGED	B	HEART ACQUISITION	85		559	
2	INTEREST	C	INTEREST EXPENSE	88		7,594,081	11
3							11
4							11
5	DEPRECIATION-DIRECTLY ASSIGNED	D	EMPLOYEE BENEFITS	5		202,750	9
6			NONPATIENT TELEPHONES	6.01		105,236	
7			DATA PROCESSING	6.02		33,286	
8			ADMITTING	6.04		10,536	
9			OTHER ADMINISTRATIVE AND GENERAL	6.07		1,950,246	
10			OPERATION OF PLANT	8		3,844,855	
11			HOUSEKEEPING	10		4,681	
12			DIETARY	11		304,567	
13			NURSING ADMINISTRATION	14		441,902	
14			CENTRAL SERVICES & SUPPLY	15		82,952	
15			PHARMACY	16		215,547	
16			MEDICAL RECORDS & LIBRARY	17		2,562	
17			SOCIAL SERVICE	18		5,526	
18			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		58,469	
19			PARAMED ED PRGM-CPE	24.01		20	
20			PARAMED ED PRGM-RADIOLOGY	24.03		3,542	
21			ADULTS & PEDIATRICS	25		3,210,829	
22			INTENSIVE CARE UNIT	26		155,105	
23			CORONARY CARE UNIT	27		9,830	
24			CARDIAC RECOVERY	27.01		64,639	
25			PEDIATRIC INTENSIVE CARE UNIT	29.01		176,918	
26			NEONATAL INTENSIVE CARE UNIT	30		800,992	
27			SUBPROVIDER	31		137,004	
28			SKILLED NURSING FACILITY	34		5,485	
29			OPERATING ROOM	37		4,137,394	
30			AMBULATORY SURGERY	37.01		78,965	
31			RADIOLOGY-DIAGNOSTIC	41		4,179,214	
32			CARDIAC CATHETERIZATION LABORATORY	41.01		2,814,011	
33			ULTRA SOUND	41.02		109,919	
34			EP LAB	41.04		66,110	
35			CATH HOLDING	41.05		201,538	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	DEPRECIATION-DIRECTLY ASSIGNED	D	ECHOCARDIOGRAPHY	41.06		35,996	
2			LABORATORY	44		82,042	
3			RESPIRATORY THERAPY	49		316,574	
4			SLEEP LAB	49.01		44,399	
5			PHYSICAL THERAPY	50		262,804	
6			CARDIAC REHAB	50.01		3,958	
7			SPORTS MEDICINE	50.02		49,018	
8			OCCUPATIONAL THERAPY	51		2,719	
9			SPEECH PATHOLOGY	52		7,091	
10			ELECTROCARDIOLOGY	53		195,622	
11			ELECTROENCEPHALOGRAPHY	54		68,921	
12			RENAL DIALYSIS	57		13,233	
13			ENDOSCOPY	59		382,969	
14			CLINIC	60		480,353	
15			PARTIAL HOSPITALIZATION	60.01		10,882	
16			EMERGENCY	61		647,155	
17			PATIENT SERVICES	61.01		9,348	
18			LAFAYETTE RD CLIINIC	61.03		42,124	
19			ZIONSVILLE CLINIC	61.04		406,023	
20			BROWNSBURG CLINIC	61.05		4,083	
21			WOUND CENTER	61.07		8,208	
22			FAMILY PRACTICE	67.01		23,666	
23			GERIATRIC CLINIC	67.02		12,042	
24			DIABETIC THERAPY	68.02		2,295	
25			HOME HEALTH AGENCY	71		113,725	
26			HEART ACQUISITION	85		11,556	
27			HOSPICE	93		357,145	
28			GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		2,447	
29			RESEARCH	97		3,672	
30			PHYSICIANS' PRIVATE OFFICES	98		758,928	
31			WELLNESS	100.01		6,879	
32			FOUNDATION	100.08		32,923	
33			EAP	100.10		2,750	
34			MISSION EFFECTIVENESS	100.11		2,358	
35			JOINT VENTURES	100.15		141,946	
1	RESPIRATORY DIRECTOR	E	NEONATAL INTENSIVE CARE UNIT	30	164,050	109,359	
2							
3							
4							
5							
6							
7							
8	IV ADDITIVE	F	DIETARY	11		67,313	
9	PARAMED ED - RADIOLOGY TECH	G	RADIOLOGY-DIAGNOSTIC	41	103,199		
10	MED SUPPLIES	H	CENTRAL SERVICES & SUPPLY	15		1,824,998	
11	LAUNDRY	I	HOUSEKEEPING	10	30,725	276,164	
12			CENTRAL SERVICES & SUPPLY	15	241,404	2,081,622	
13	RADIOLOGY DIRECTOR	J	RADIOLOGY-DIAGNOSTIC	41	224,791	108,485	
14							
15							
16	CARDIOLOGY DIRECTOR	K	CARDIAC CATHETERIZATION LABORATORY	41.01	268,274	4,895,951	
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27	REHAB DIRECTOR	L	OTHER ADMINISTRATIVE AND GENERAL	6.07	599,348	64,665	
28							
29							
30	MED ED DIRECTOR	M	FAMILY PRACTICE	67.01	328,633		
31	DIETARY	N	DIETARY	11	2,764,853	1,386,987	
32	DIRECTOR OF ONCOLOGY	O	OTHER ADMINISTRATIVE AND GENERAL	6.07	565,771	133,709	
33							
34							
35							

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	INSURANCE	P	OTHER ADMINISTRATIVE AND GENERAL	6.07		469,754	12
2	NURSERY	Q	ADULTS & PEDIATRICS	25	2,024,637	154,500	
3	RESIDENT SALARIES	R	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	6,318,446		
4	CARE 2003/2002	S	ADULTS & PEDIATRICS	25	731,577	118,100	
5			INTENSIVE CARE UNIT	26	591	111	
6			CORONARY CARE UNIT	27	60,093	7,388	
7			CARDIAC RECOVERY	27.01	593,139	100,283	
8			PEDIATRIC INTENSIVE CARE UNIT	29.01	3,069	605	
9			NEONATAL INTENSIVE CARE UNIT	30	164,673	109,774	
10	STRESS BLDG RENT	T	EAP	100.10		4,800	9
11	MARTEN HOUSE	U	OTHER ADMINISTRATIVE AND GENERAL	6.07		3,033,548	
12	MARTEN HOUSE DEPR	V	NEW CAP REL COSTS-BLDG & FIXT	3		390,658	9
13			NEW CAP REL COSTS-MVBLE EQUIP	4		108,257	9
14	DEPRECIATION	W	NEW CAP REL COSTS-BLDG & FIXT	3		21,766,944	9
15							9
16							9
17	RENTAL BEDS	X	CENTRAL SERVICES & SUPPLY	15		421,154	
18	PHARMACY PARAMED	Y	PHARMACY	16	103,992		
19	ORGAN ACQUISITION	Z	HEART ACQUISITION	85	158,510	47,310	
20	CPE PARAMED	BB	PARAMED ED PRGM-CPE	24.01	137,905	11,703	
21	ASCENSION INTEREST	CC	NEW CAP REL COSTS-BLDG & FIXT	3		491,686	11
22			NEW CAPITAL-STRESS	3.01		18,026	11
23			NEW CAPITAL-WOMEN'S BLDG	3.03		748	11
24	HOSPICE	DD	ADULTS & PEDIATRICS	25		24,766	
25			INTENSIVE CARE UNIT	26		11,571	
26			CORONARY CARE UNIT	27		17,999	
27			OPERATING ROOM	37		7,057	
28			RADIOLOGY-DIAGNOSTIC	41		3,078	
29			CARDIAC CATHETERIZATION LABORATORY	41.01		7,255	
30			ULTRA SOUND	41.02		345	
31			ECHOCARDIOGRAPHY	41.06		192	
32			LABORATORY	44		12,964	
33			RESPIRATORY THERAPY	49		9,302	
34			PHYSICAL THERAPY	50		1,652	
35			OCCUPATIONAL THERAPY	51		201	
1	HOSPICE	DD	SPEECH PATHOLOGY	52		233	
2			ELECTROCARDIOLOGY	53		434	
3			ELECTROENCEPHALOGRAPHY	54		113	
4			DRUGS CHARGED TO PATIENTS	56		17,957	
5			RENAL DIALYSIS	57		1,052	
6			EMERGENCY	61		1,295	
36	TOTAL RECLASSIFICATIONS				15,587,680	99,237,381	

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

RECLASS CODE: A
EXPLANATION : PHARMACY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	24,158,513	PHARMACY	16	24,158,513
TOTAL RECLASSIFICATIONS FOR CODE A			24,158,513			24,158,513

RECLASS CODE: B
EXPLANATION : DRUGS CHARGED

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,202,235	ADULTS & PEDIATRICS	25	52,660
2.00			0	INTENSIVE CARE UNIT	26	10,616
3.00			0	CORONARY CARE UNIT	27	2,925
4.00			0	CARDIAC RECOVERY	27.01	1,293
5.00			0	PEDIATRIC INTENSIVE CARE UNIT	29.01	2,062
6.00			0	NEONATAL INTENSIVE CARE UNIT	30	23,240
7.00			0	SUBPROVIDER	31	1,376
8.00			0	NURSERY	33	2
9.00			0	SKILLED NURSING FACILITY	34	3
10.00			0	OPERATING ROOM	37	757,107
11.00			0	AMBULATORY SURGERY	37.01	10,502
12.00			0	DELIVERY ROOM & LABOR ROOM	39	3,312
13.00			0	RADIOLOGY-DIAGNOSTIC	41	11,494
14.00			0	CARDIAC CATHETERIZATION LABORA	41.01	6,099
15.00			0	ULTRA SOUND	41.02	429
16.00			0	CATH HOLDING	41.05	2,112
17.00			0	ECHOCARDIOGRAPHY	41.06	18
18.00			0	LABORATORY	44	154,518
19.00			0	RESPIRATORY THERAPY	49	5,755
20.00			0	SLEEP LAB	49.01	322
21.00			0	PHYSICAL THERAPY	50	2,772
22.00			0	ELECTROENCEPHALOGRAPHY	54	38
23.00			0	RENAL DIALYSIS	57	7,671
24.00			0	ENDOSCOPY	59	2,099
25.00			0	CLINIC	60	77,012
26.00			0	EMERGENCY	61	40,763
27.00			0	PATIENT SERVICES	61.01	15,808
28.00			0	ZIONSVILLE CLINIC	61.04	84
29.00			0	WOUND CENTER	61.07	51
30.00			0	DURABLE MEDICAL EQUIP-SOLD	67	214
31.00			0	FAMILY PRACTICE	67.01	271
32.00			0	GERIATRIC CLINIC	67.02	7,648
33.00			0	DIABETIC THERAPY	68.02	75
34.00			0	HOME HEALTH AGENCY	71	1,325
35.00			0	HEART ACQUISITION	85	559
TOTAL RECLASSIFICATIONS FOR CODE B			1,202,235			1,202,235

RECLASS CODE: C
EXPLANATION : INTEREST

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,302,060	INTEREST EXPENSE	88	7,594,081
2.00	NEW CAPITAL-STRESS	3.01	280,386			0
3.00	NEW CAPITAL-WOMEN'S BLDG	3.03	11,635			0
TOTAL RECLASSIFICATIONS FOR CODE C			7,594,081			7,594,081

RECLASS CODE: D
EXPLANATION : DEPRECIATION-DIRECTLY ASSIGNED

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	27,960,484	EMPLOYEE BENEFITS	5	202,750
2.00			0	NONPATIENT TELEPHONES	6.01	105,236
3.00			0	DATA PROCESSING	6.02	33,286
4.00			0	ADMITTING	6.04	10,536
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	1,950,246
6.00			0	OPERATION OF PLANT	8	3,844,855
7.00			0	HOUSEKEEPING	10	4,681
8.00			0	DIETARY	11	304,567
9.00			0	NURSING ADMINISTRATION	14	441,902
10.00			0	CENTRAL SERVICES & SUPPLY	15	82,952
11.00			0	PHARMACY	16	215,547
12.00			0	MEDICAL RECORDS & LIBRARY	17	2,562

RECLASS CODE: D
EXPLANATION : DEPRECIATION-DIRECTLY ASSIGNED

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
13.00			0	SOCIAL SERVICE	18	5,526
14.00			0	I&R SERVICES-OTHER PRGM COSTS	23	58,469
15.00			0	PARAMED ED PRGM-CPE	24.01	20
16.00			0	PARAMED ED PRGM-RADIOLOGY	24.03	3,542
17.00			0	ADULTS & PEDIATRICS	25	3,210,829
18.00			0	INTENSIVE CARE UNIT	26	155,105
19.00			0	CORONARY CARE UNIT	27	9,830
20.00			0	CARDIAC RECOVERY	27.01	64,639
21.00			0	PEDIATRIC INTENSIVE CARE UNIT	29.01	176,918
22.00			0	NEONATAL INTENSIVE CARE UNIT	30	800,992
23.00			0	SUBPROVIDER	31	137,004
24.00			0	SKILLED NURSING FACILITY	34	5,485
25.00			0	OPERATING ROOM	37	4,137,394
26.00			0	AMBULATORY SURGERY	37.01	78,965
27.00			0	RADIOLOGY-DIAGNOSTIC	41	4,179,214
28.00			0	CARDIAC CATHETERIZATION LABORA	41.01	2,814,011
29.00			0	ULTRA SOUND	41.02	109,919
30.00			0	EP LAB	41.04	66,110
31.00			0	CATH HOLDING	41.05	201,538
32.00			0	ECHOCARDIOGRAPHY	41.06	35,996
33.00			0	LABORATORY	44	82,042
34.00			0	RESPIRATORY THERAPY	49	316,574
35.00			0	SLEEP LAB	49.01	44,399
36.00			0	PHYSICAL THERAPY	50	262,804
37.00			0	CARDIAC REHAB	50.01	3,958
38.00			0	SPORTS MEDICINE	50.02	49,018
39.00			0	OCCUPATIONAL THERAPY	51	2,719
40.00			0	SPEECH PATHOLOGY	52	7,091
41.00			0	ELECTROCARDIOLOGY	53	195,622
42.00			0	ELECTROENCEPHALOGRAPHY	54	68,921
43.00			0	RENAL DIALYSIS	57	13,233
44.00			0	ENDOSCOPY	59	382,969
45.00			0	CLINIC	60	480,353
46.00			0	PARTIAL HOSPITALIZATION	60.01	10,882
47.00			0	EMERGENCY	61	647,155
48.00			0	PATIENT SERVICES	61.01	9,348
49.00			0	LAFAYETTE RD CLIINIC	61.03	42,124
50.00			0	ZIONSVILLE CLINIC	61.04	406,023
51.00			0	BROWNSBURG CLINIC	61.05	4,083
52.00			0	WOUND CENTER	61.07	8,208
53.00			0	FAMILY PRACTICE	67.01	23,666
54.00			0	GERIATRIC CLINIC	67.02	12,042
55.00			0	DIABETIC THERAPY	68.02	2,295
56.00			0	HOME HEALTH AGENCY	71	113,725
57.00			0	HEART ACQUISITION	85	11,556
58.00			0	HOSPICE	93	357,145
59.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	2,447
60.00			0	RESEARCH	97	3,672
61.00			0	PHYSICIANS' PRIVATE OFFICES	98	758,928
62.00			0	WELLNESS	100.01	6,879
63.00			0	FOUNDATION	100.08	32,923
64.00			0	EAP	100.10	2,750
65.00			0	MISSION EFFECTIVENESS	100.11	2,358
66.00			0	JOINT VENTURES	100.15	141,946
TOTAL RECLASSIFICATIONS FOR CODE D			27,960,484			27,960,484

RECLASS CODE: E
EXPLANATION : RESPIRATORY DIRECTOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOUSEKEEPING	10	105,452	NEONATAL INTENSIVE CARE UNIT	30	273,409
2.00	DIETARY	11	89,664			0
3.00	CENTRAL SERVICES & SUPPLY	15	4,693			0
4.00	ADULTS & PEDIATRICS	25	2,705			0
5.00	RESPIRATORY THERAPY	49	47,079			0
6.00	SLEEP LAB	49.01	9,918			0
7.00	ENDOSCOPY	59	13,898			0
TOTAL RECLASSIFICATIONS FOR CODE E			273,409			273,409

RECLASS CODE: F
EXPLANATION : IV ADDITIVE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	67,313	DIETARY	11	67,313
TOTAL RECLASSIFICATIONS FOR CODE F			67,313			67,313

RECLASS CODE: G
EXPLANATION : PARAMED ED - RADIOLOGY TECH

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM-RADIOLOGY	24.03	103,199	RADIOLOGY-DIAGNOSTIC	41	103,199
TOTAL RECLASSIFICATIONS FOR CODE G			103,199			103,199

RECLASS CODE: H
EXPLANATION : MED SUPPLIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,824,998	CENTRAL SERVICES & SUPPLY	15	1,824,998
TOTAL RECLASSIFICATIONS FOR CODE H			1,824,998			1,824,998

RECLASS CODE: I
EXPLANATION : LAUNDRY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	2,629,915	HOUSEKEEPING	10	306,889
2.00			0	CENTRAL SERVICES & SUPPLY	15	2,323,026
TOTAL RECLASSIFICATIONS FOR CODE I			2,629,915			2,629,915

RECLASS CODE: J
EXPLANATION : RADIOLOGY DIRECTOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ULTRA SOUND	41.02	194,466	RADIOLOGY-DIAGNOSTIC	41	333,276
2.00	LAFAYETTE RD CLIINIC	61.03	31,210			0
3.00	ZIONSVILLE CLINIC	61.04	107,600			0
TOTAL RECLASSIFICATIONS FOR CODE J			333,276			333,276

RECLASS CODE: K
EXPLANATION : CARDIOLOGY DIRECTOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	2,433,163	CARDIAC CATHETERIZATION LABORA	41.01	5,164,225
2.00	CORONARY CARE UNIT	27	723,459			0
3.00	CARDIAC RECOVERY	27.01	652,920			0
4.00	OPERATING ROOM	37	668,973			0
5.00	RADIOLOGY-DIAGNOSTIC	41	40,918			0
6.00	EP LAB	41.04	333			0
7.00	CATH HOLDING	41.05	190,453			0
8.00	ECHOCARDIOGRAPHY	41.06	95,680			0
9.00	CARDIAC REHAB	50.01	103,308			0
10.00	ELECTROCARDIOLOGY	53	180,915			0
11.00	HEART ACQUISITION	85	74,103			0
TOTAL RECLASSIFICATIONS FOR CODE K			5,164,225			5,164,225

RECLASS CODE: L
EXPLANATION : REHAB DIRECTOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	580,102	OTHER ADMINISTRATIVE AND GENER	6.07	664,013
2.00	OCCUPATIONAL THERAPY	51	38,521			0
3.00	SPEECH PATHOLOGY	52	45,390			0
TOTAL RECLASSIFICATIONS FOR CODE L			664,013			664,013

RECLASS CODE: M
EXPLANATION : MED ED DIRECTOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	328,633	FAMILY PRACTICE	67.01	328,633
TOTAL RECLASSIFICATIONS FOR CODE M			328,633			328,633

RECLASS CODE: N
EXPLANATION : DIETARY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	4,151,840	DIETARY	11	4,151,840
TOTAL RECLASSIFICATIONS FOR CODE N			4,151,840			4,151,840

RECLASS CODE: O
EXPLANATION : DIRECTOR OF ONCOLOGY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	193,649	OTHER ADMINISTRATIVE AND GENER	6.07	699,480
2.00	RADIOLOGY-DIAGNOSTIC	41	280,876			0
3.00	HOSPICE	93	215,665			0
4.00	PHYSICIANS' PRIVATE OFFICES	98	9,290			0
TOTAL RECLASSIFICATIONS FOR CODE O			699,480			699,480

RECLASS CODE: P
EXPLANATION : INSURANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	469,754	OTHER ADMINISTRATIVE AND GENER	6.07	469,754
TOTAL RECLASSIFICATIONS FOR CODE P			469,754			469,754

RECLASS CODE: Q
EXPLANATION : NURSERY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	2,179,137	ADULTS & PEDIATRICS	25	2,179,137
TOTAL RECLASSIFICATIONS FOR CODE Q			2,179,137			2,179,137

RECLASS CODE: R
EXPLANATION : RESIDENT SALARIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	6,318,446	I&R SERVICES-OTHER PRGM COSTS	23	6,318,446
TOTAL RECLASSIFICATIONS FOR CODE R			6,318,446			6,318,446

RECLASS CODE: S
EXPLANATION : CARE 2003/2002

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	84,520	ADULTS & PEDIATRICS	25	849,677
2.00	RESPIRATORY THERAPY	49	1,323,143	INTENSIVE CARE UNIT	26	702
3.00	ELECTROCARDIOLOGY	53	481,740	CORONARY CARE UNIT	27	67,481
4.00			0	CARDIAC RECOVERY	27.01	693,422
5.00			0	PEDIATRIC INTENSIVE CARE UNIT	29.01	3,674
6.00			0	NEONATAL INTENSIVE CARE UNIT	30	274,447
TOTAL RECLASSIFICATIONS FOR CODE S			1,889,403			1,889,403

RECLASS CODE: T
EXPLANATION : STRESS BLDG RENT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAPITAL-STRESS	3.01	4,800	EAP	100.10	4,800
TOTAL RECLASSIFICATIONS FOR CODE T			4,800			4,800

RECLASS CODE: U
EXPLANATION : MARTEN HOUSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MARTEN HOUSE	100.07	3,033,548	OTHER ADMINISTRATIVE AND GENER	6.07	3,033,548
TOTAL RECLASSIFICATIONS FOR CODE U			3,033,548			3,033,548

RECLASS CODE: V
EXPLANATION : MARTEN HOUSE DEPR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAPITAL-MARTEN HOUSE	3.02	498,915	NEW CAP REL COSTS-BLDG & FIXT	3	390,658
2.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	108,257
TOTAL RECLASSIFICATIONS FOR CODE V			498,915			498,915

RECLASS CODE: W
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAPITAL-STRESS	3.01	222,086	NEW CAP REL COSTS-BLDG & FIXT	3	21,766,944

RECLASS CODE: W
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	NEW CAPITAL-WOMEN'S BLDG	3.03	1,735,400			0
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	19,809,458			0
TOTAL RECLASSIFICATIONS FOR CODE W			21,766,944			21,766,944

RECLASS CODE: X
EXPLANATION : RENTAL BEDS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	421,154	CENTRAL SERVICES & SUPPLY	15	421,154
TOTAL RECLASSIFICATIONS FOR CODE X			421,154			421,154

RECLASS CODE: Y
EXPLANATION : PHARMACY PARAMED

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM-PHARMACY	24.02	103,992	PHARMACY	16	103,992
TOTAL RECLASSIFICATIONS FOR CODE Y			103,992			103,992

RECLASS CODE: Z
EXPLANATION : ORGAN ACQUISITION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	205,820	HEART ACQUISITION	85	205,820
TOTAL RECLASSIFICATIONS FOR CODE Z			205,820			205,820

RECLASS CODE: BB
EXPLANATION : CPE PARAMED

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	149,608	PARAMED ED PRGM-CPE	24.01	149,608
TOTAL RECLASSIFICATIONS FOR CODE BB			149,608			149,608

RECLASS CODE: CC
EXPLANATION : ASCENSION INTEREST

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	510,460	NEW CAP REL COSTS-BLDG & FIXT	3	491,686
2.00			0	NEW CAPITAL-STRESS	3.01	18,026
3.00			0	NEW CAPITAL-WOMEN'S BLDG	3.03	748
TOTAL RECLASSIFICATIONS FOR CODE CC			510,460			510,460

RECLASS CODE: DD
EXPLANATION : HOSPICE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	117,466	ADULTS & PEDIATRICS	25	24,766
2.00			0	INTENSIVE CARE UNIT	26	11,571
3.00			0	CORONARY CARE UNIT	27	17,999
4.00			0	OPERATING ROOM	37	7,057
5.00			0	RADIOLOGY-DIAGNOSTIC	41	3,078
6.00			0	CARDIAC CATHETERIZATION LABORA	41.01	7,255
7.00			0	ULTRA SOUND	41.02	345
8.00			0	ECHOCARDIOGRAPHY	41.06	192
9.00			0	LABORATORY	44	12,964
10.00			0	RESPIRATORY THERAPY	49	9,302
11.00			0	PHYSICAL THERAPY	50	1,652
12.00			0	OCCUPATIONAL THERAPY	51	201
13.00			0	SPEECH PATHOLOGY	52	233
14.00			0	ELECTROCARDIOLOGY	53	434
15.00			0	ELECTROENCEPHALOGRAPHY	54	113
16.00			0	DRUGS CHARGED TO PATIENTS	56	17,957
17.00			0	RENAL DIALYSIS	57	1,052
18.00			0	EMERGENCY	61	1,295
TOTAL RECLASSIFICATIONS FOR CODE DD			117,466			117,466

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	8,391,481				2,842,081	5,549,400	
2	LAND IMPROVEMENTS	10,625,998				1,132,239	9,493,759	
3	BUILDINGS & FIXTURE	390,246,116				30,869,663	359,376,453	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	221,974,123				10,035,960	211,938,163	
7	SUBTOTAL	631,237,718				44,879,943	586,357,775	
8	RECONCILING ITEMS							
9	TOTAL	631,237,718				44,879,943	586,357,775	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAPITAL-STRESS								
3 02	NEW CAPITAL-MARTEN H								
3 03	NEW CAPITAL-WOMEN'S								
4	NEW CAP REL COSTS-MV	211,938,163		211,938,163	1.000000				
5	TOTAL	211,938,163		211,938,163	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,521,465		6,609,814	469,754			18,601,033
3 01	NEW CAPITAL-STRESS	-45,642		255,007				209,365
3 02	NEW CAPITAL-MARTEN H	498,915						498,915
3 03	NEW CAPITAL-WOMEN'S	1,724,091		10,582				1,734,673
4	NEW CAP REL COSTS-MV	19,729,150						19,729,150
5	TOTAL	33,427,979		6,875,403	469,754			40,773,136

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,936,447						4,936,447
3 01	NEW CAPITAL-STRESS							
3 02	NEW CAPITAL-MARTEN H							
3 03	NEW CAPITAL-WOMEN'S							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,936,447						4,936,447

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

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	A	-7,087,721	NEW CAP REL COSTS-BLDG &	3	9
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER	A	-272,528	NEW CAPITAL-STRESS	3.01	9
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-44,454	NONPATIENT TELEPHONES	6.01	
10	TELEVISION AND RADIO SERVICE	A	-81,604	OPERATION OF PLANT	8	
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-33,598,888			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-55,360,757			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	A	-3,153,959	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	A	-44,843	CAFETERIA	12	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	GUEST TRAY OFFSET	A	-44,473	DIETARY	11	
38	RAD TECHNOLOGY - PARAMED	B	-28,910	PARAMED ED PRGM-RADIOLOGY	24.03	
39	CARRYFORWARD ADJUSTMENT	A	27,949	NEW CAP REL COSTS-MVBLE E	4	9
40						
41	MISC INCOME	B	29,527	EMPLOYEE BENEFITS	5	
42	MISC INCOME	B	-1,087,917	CASHIERING/ACCOUNTS RECEI	6.05	
43	MISC INCOME	B	-12,149,272	OTHER ADMINISTRATIVE AND	6.07	
44	MISC INCOME	B	-333,363	OPERATION OF PLANT	8	
45	MISC INCOME	B	-262,475	DIETARY	11	
46	MISC INCOME	B	-17,596	CENTRAL SERVICES & SUPPLY	15	
47	MISC INCOME	B	-3,930,125	PHARMACY	16	
48	MISC INCOME	B	-3,004	MEDICAL RECORDS & LIBRARY	17	
49	MISC INCOME	B	-144,038	I&R SERVICES-OTHER PRGM C	23	
49.01	MISC INCOME	B	-49,239	PARAMED ED PRGM-CPE	24.01	
49.02	MISC INCOME	B	-59,919	PARAMED ED PRGM-RADIOLOGY	24.03	
49.03	MISC INCOME	B	-54,065	ADULTS & PEDIATRICS	25	
49.04	MISC INCOME	B	-238	PEDIATRIC INTENSIVE CARE	29.01	
49.05	MISC INCOME	B	-52,477	NEONATAL INTENSIVE CARE U	30	
49.06	MISC INCOME	B	-131	SUBPROVIDER	31	
49.07	MISC INCOME	B	-75,992	OPERATING ROOM	37	
49.08	MISC INCOME	B	-60	AMBULATORY SURGERY	37.01	
49.09	MISC INCOME	B	-122,999	RADIOLOGY-DIAGNOSTIC	41	
49.10	MISC INCOME	B	-126,042	CARDIAC CATHETERIZATION L	41.01	
49.11	MISC INCOME	B	-12,829	PHYSICAL THERAPY	50	
49.12	MISC INCOME	B	-200,847	SPORTS MEDICINE	50.02	
49.13	MISC INCOME	B	-616	SPEECH PATHOLOGY	52	
49.14	MISC INCOME	B	-5,471	CLINIC	60	
49.15	MISC INCOME	B	-60	PARTIAL HOSPITALIZATION	60.01	
49.16	MISC INCOME	B	-203,477	EMERGENCY	61	
49.17	MISC INCOME	B	-35,407	PATIENT SERVICES	61.01	
49.18	MISC INCOME	B	-45	ZIONSVILLE CLINIC	61.04	
49.19	MISC INCOME	B	-424,745	FAMILY PRACTICE	67.01	
49.20	MISC INCOME	B	-196,231	GERIATRIC CLINIC	67.02	
49.21	MISC INCOME	B	-28,061	DIABETIC THERAPY	68.02	
49.22	MISC INCOME	B	-218,362	HOME HEALTH AGENCY	71	
49.23	MISC INCOME	B	-486,198	HOSPICE	93	
49.24	INCENTIVE ADJUSTMENT - SALARY	A	-1,252,989	OTHER ADMINISTRATIVE AND	6.07	
49.25	INCENTIVE ADJUSTMENT - FICA	A	-94,330	OTHER ADMINISTRATIVE AND	6.07	
49.26	TCU START-UP COSTS	A	1,839	SKILLED NURSING FACILITY	34	
49.27	RENAL TRANSLPLANT START-UP COSTS	A	-778,179	KIDNEY ACQUISITION	83	
49.28	SETON BOARD - NEGATIVE BALANCE	A	10	SETON BOARD	100.06	
49.29						
49.30	VISITOR PARKING LOT	A	-112,382	OPERATION OF PLANT	8	
49.31	VISITOR PARKING LOT - BENEFITS	A	-7,359	EMPLOYEE BENEFITS	5	
49.32	VISITOR PARKING LOT - CAPITAL	A	-29,820	NEW CAP REL COSTS-BLDG &	3	9
49.33						
49.34						
49.35	INTEREST INCOME/EXPENSE OFFSET	A	-11,309	NEW CAPITAL-WOMEN'S BLDG	3.03	9

	DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF.
		1	2	3	4	5
50	TOTAL (SUM OF LINES 1 THRU 49)		-122,226,481			

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 3	NEW CAP REL COSTS-BLDG &	ASCENSION - INTEREST	6,955,620	7,156,180	-200,560	11
2 3 1	NEW CAPITAL-STRESS	ASCENSION - INTEREST	255,007	262,360	-7,353	11
3 3 3	NEW CAPITAL-WOMEN'S BLDG	ASCENSION - INTEREST	10,582	10,887	-305	11
4 6 7	OTHER ADMINISTRATIVE AND	ASCENSION - INTEREST	496,154	510,460	-14,306	
4.01 6 7	OTHER ADMINISTRATIVE AND	ASCENSION - TRIMEDX	8,874,122	6,837,967	2,036,155	
4.02 3	NEW CAP REL COSTS-BLDG &	ST VINCENT HEALTH	7,899,677		7,899,677	9
4.03 5	EMPLOYEE BENEFITS	ST VINCENT HEALTH	294,728		294,728	
4.04 6 1	NONPATIENT TELEPHONES	ST VINCENT HEALTH	2,006,009		2,006,009	
4.05 6 2	DATA PROCESSING	ST VINCENT HEALTH	26,553,193	44,518,062	-17,964,869	
4.06 6 3	PURCHASING, RECEIVING AND	ST VINCENT HEALTH	1,482,565		1,482,565	
4.07 6 4	ADMITTING	ST VINCENT HEALTH	2,202,677		2,202,677	
4.08 6 5	CASHIERING/ACCOUNTS RECEI	ST VINCENT HEALTH	3,867,703		3,867,703	
4.09 6 6	OP REGISTRATION	ST VINCENT HEALTH	2,697,819		2,697,819	
4.10 6 7	OTHER ADMINISTRATIVE AND	ST VINCENT HEALTH	15,630,113	75,878,640	-60,248,527	
4.11 8	OPERATION OF PLANT	ST VINCENT HEALTH	160,775		160,775	
4.12 15	CENTRAL SERVICES & SUPPLY	ST VINCENT HEALTH	287,099		287,099	
4.13 17	MEDICAL RECORDS & LIBRARY	ST VINCENT HEALTH	3,610,725		3,610,725	
4.14 100 9	NETWORK DEVELOPMENT	ST VINCENT HEALTH	890,023		890,023	
4.15 5	EMPLOYEE BENEFITS	ASCENSION - PENSION	7,325,406	13,634,837	-6,309,431	
4.16 5	EMPLOYEE BENEFITS	ST VINCENT HEALTH - SELF-	35,549,334	33,600,695	1,948,639	
4.17						
4.18						
4.19						
5	TOTALS		127,049,331	182,410,088	-55,360,757	

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	G	SVHHC	100.00	ASCENSION HOME OFFICE	100.00	HOME OFFICE
2	G	SVHHC	100.00	ST. VINCENT HEALTH	100.00	HOME OFFICE
3	G	SVHHC	100.00	CATHOLIC HEALTHCARE AUDIT	100.00	HOME OFFICE
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO.		COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN-ERATION	PROFES-SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1		2	3	4	5	6	7	8	9
1	5		BENEFITS - SALARIED	78,815	78,815					
2	6	7	A&G - SALARIED	1,140,440	1,140,440					
3	14		NURSE ADMIN - SALARIED	1,994	1,994					
4	23		I&R - SALARIED	4,039,612	4,039,612					
5	25		A&P - SALARIED	1,728,246	1,728,246					
6	29	1	PICU - SALARIED	1,420,418	1,420,418					
7	30		NICU - SALARIED	5,344,123	5,344,123					
8	31		STRESS - SALARIED	1,495	1,495					
9	37		SURGERY - SALARIED	341,683	341,683					
10	37	1	AMBULATORY SURGERY - SALA	1,834,440	1,834,440					
11	41		RADIOLOGY - SALARIED	1,729,049	1,729,049					
12	50	2	SPORTS MEDICINE - SALARIE	47,677	47,677					
13	61		ER - SALARIED	380	380					
14	67	1	FAMILY PRACTICE - SALARIE	3,490,599	3,490,599					
15	67	2	GERIATRIC - SALARIED	797,946	797,946					
17	5		BENEFITS - CONTRACTED	6,792	6,792					
18	6	7	A&G - CONTRACTED	4,225,734	4,225,734					
20	23		I&R - CONTRACTED	208,398	208,398					
21	26		ICU - CONTRACTED	75,411	75,411					
22	30		NICU - CONTRACTED	793,229	793,229					
23	34		TCU - CONTRACTED	10,000	10,000					
24	37		OR - CONTRACTED	1,840,336	1,840,336					
25	41		RADIOLOGY - CONTRACTED	838,184	838,184					
26	41	1	CARDIAC CATH LAB - CONTRA	309,542	309,542					
27	44		LAB - CONTRACTED	959,774	959,774					
28	49		RESPIRATORY THERAPY - CON	8,333	8,333					
29	49	1	SLEEP LAB - CONTRACTED	14,833	14,833					
30	50		PT - CONTRACTED	4,339	4,339					
31	53		EKG - CONTRACTED	300,000	300,000					
32	60		CLINIC - CONTRACTED	9,000	9,000					
33	61		ER - CONTRACTED	1,187,013	1,187,013					
34	61	1	PATIENT SERVICES - CONTRA	5,308	5,308					
35	61	4	ZIONSVILLE CLINIC - CONTR	336	336					
36	67	1	FAMILY PRACTICE - CONTRAC	805,409	805,409					
37										
38										
39										
40										
101			TOTAL	33,598,888	33,598,888					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS-ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	5	BENEFITS - SALARIED							78,815
2	6	7 A&G - SALARIED							1,140,440
3	14	NURSE ADMIN - SALARIED							1,994
4	23	I&R - SALARIED							4,039,612
5	25	A&P - SALARIED							1,728,246
6	29	1 PICU - SALARIED							1,420,418
7	30	NICU - SALARIED							5,344,123
8	31	STRESS - SALARIED							1,495
9	37	SURGERY - SALARIED							341,683
10	37	1 AMBULATORY SURGERY - SALA							1,834,440
11	41	RADIOLOGY - SALARIED							1,729,049
12	50	2 SPORTS MEDICINE - SALARIE							47,677
13	61	ER - SALARIED							380
14	67	1 FAMILY PRACTICE - SALARIE							3,490,599
15	67	2 GERIATRIC - SALARIED							797,946
17	5	BENEFITS - CONTRACTED							6,792
18	6	7 A&G - CONTRACTED							4,225,734
20	23	I&R - CONTRACTED							208,398
21	26	ICU - CONTRACTED							75,411
22	30	NICU - CONTRACTED							793,229
23	34	TCU - CONTRACTED							10,000
24	37	OR - CONTRACTED							1,840,336
25	41	RADIOLOGY - CONTRACTED							838,184
26	41	1 CARDIAC CATH LAB - CONTRA							309,542
27	44	LAB - CONTRACTED							959,774
28	49	RESPIRATORY THERAPY - CON							8,333
29	49	1 SLEEP LAB - CONTRACTED							14,833
30	50	PT - CONTRACTED							4,339
31	53	EKG - CONTRACTED							300,000
32	60	CLINIC - CONTRACTED							9,000
33	61	ER - CONTRACTED							1,187,013
34	61	1 PATIENT SERVICES - CONTRA							5,308
35	61	4 ZIONSVILLE CLINIC - CONTR							336
36	67	1 FAMILY PRACTICE - CONTRAC							805,409
37									
38									
39									
40									
101		TOTAL							33,598,888

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAPITAL-STRESS	30	STRESS SQ	FT	ENTERED
3.02	NEW CAPITAL-MARTEN HOUSE	31	MARTEN	SQ. FT.	ENTERED
3.03	NEW CAPITAL-WOMEN'S BLDG	32	WOMEN'S	SQ. FT.	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	61	PHONE	LINES	ENTERED
6.02	DATA PROCESSING	62	NODES		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	63	COSTED	REQUISITIONS	ENTERED
6.04	ADMITTING	64	PATIENT	DAYS	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	65	PATIENT	REVENUE	ENTERED
6.06	OP REGISTRATION	66	OP	REVENUE	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	45	LBS		ENTERED
10	HOUSEKEEPING	60	SQUARE	FOOTAGE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	9	EMPLOYEE	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	70	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	25	ASSIGNED	TIME	NOT ENTERED
24.01	PARAMED ED PRGM-CPE	23	ASSIGNED	TIME	ENTERED
24.02	PARAMED ED PRGM-PHARMACY	24	ASSIGNED	TIME	ENTERED
24.03	PARAMED ED PRGM-RADIOLOGY	52	ASSIGNED	TIME	ENTERED

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAPITAL-STRESS	NEW CAPITAL-MARTEN HOUSE	NEW CAPITAL-WOMEN'S BLDG
		0	1	2	3	3.01	3.02	3.03
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	18,601,033			18,601,033			
003 01	NEW CAPITAL-STRESS	209,365				209,365		
003 02	NEW CAPITAL-MARTEN HOUSE	498,915					498,915	
003 03	NEW CAPITAL-WOMEN'S BLDG	1,734,673						1,734,673
004	NEW CAP REL COSTS-MVBLE E	19,729,150						
005	EMPLOYEE BENEFITS	77,929,898			70,480			
006 01	NONPATIENT TELEPHONES	2,159,852			124,151	1,059		2,501
006 02	DATA PROCESSING	26,574,901			168,253	29,361		3,095
006 03	PURCHASING, RECEIVING AND	1,562,901			130,105			
006 04	ADMITTING	3,654,139			160,065	364		15,334
006 05	CASHIERING/ACCOUNTS RECEI	4,302,984			23,121			
006 06	OP REGISTRATION	2,697,819			605			
006 07	OTHER ADMINISTRATIVE AND	38,311,784			278,990	14,586	19,689	60,277
008	OPERATION OF PLANT	18,944,949			3,308,056	10,394		158,305
009	LAUNDRY & LINEN SERVICE	2,629,915						
010	HOUSEKEEPING	7,019,123			173,696	2,273		14,430
011	DIETARY	2,834,146			167,199	4,447		67,283
012	CAFETERIA	995,127			197,624			
014	NURSING ADMINISTRATION	9,169,575			246,626	999		25,479
015	CENTRAL SERVICES & SUPPLY	1,882,408			407,405			29,555
016	PHARMACY	14,365,457			242,796			30,029
017	MEDICAL RECORDS & LIBRARY	5,993,664			170,579	2,379		12,745
018	SOCIAL SERVICE	4,809,331			28,254	602		
022	I&R SERVICES-SALARY & FRI	6,318,446						
023	I&R SERVICES-OTHER PRGM C	3,308,932			293,412			4,582
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE	174,625			26,734			
024 02	PARAMED ED PRGM-PHARMACY	188,301						
024 03	PARAMED ED PRGM-RADIOLOGY	165,414						
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	51,885,325			3,788,052			399,582
026	INTENSIVE CARE UNIT	7,623,884			359,503			
027	CORONARY CARE UNIT	4,581,269			297,381			
027 01	CARDIAC RECOVERY	3,216,929			200,818			
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE	3,139,436			286,744			
030	NEONATAL INTENSIVE CARE U	13,447,865			22,609			300,947
031	SUBPROVIDER	3,666,462				80,042		
033	NURSERY	2,310,005						130,524
034	SKILLED NURSING FACILITY	1,074,984			189,979			
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	66,464,435			1,571,251			114,474
037 01	AMBULATORY SURGERY	2,006,232			339,018			12,745
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	4,745,231			4,497			229,224
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	22,393,476			779,066			49,724
041 01	CARDIAC CATHETERIZATION L	19,064,516			400,845			
041 02	ULTRA SOUND	1,327,783			30,425			
041 03	SATELLITE CATH LABS							
041 04	EP LAB	-23,827			36,085			
041 05	CATH HOLDING	925,154			84,127			
041 06	ECHOCARDIOGRAPHY	541,757			3,520			
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	32,488,594			227,630			35,217
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	8,571,758			103,929	3,574		
049 01	SLEEP LAB	1,427,945			3,101	27,789		
050	PHYSICAL THERAPY	10,330,672			152,405			1,013
050 01	CARDIAC REHAB	560,091						
050 02	SPORTS MEDICINE	2,201,338						
051	OCCUPATIONAL THERAPY	672,001			5,769	520		
052	SPEECH PATHOLOGY	773,698			24,579			
053	ELECTROCARDIOLOGY	1,313,280			60,230			
054	ELECTROENCEPHALOGRAPHY	741,439			10,700			
055	MEDICAL SUPPLIES CHARGED	2,246,152						
056	DRUGS CHARGED TO PATIENTS	25,410,104						
057	RENAL DIALYSIS	1,488,368			54,213			
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY	2,510,315			182,799			
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	4,180,100						
060 01	PARTIAL HOSPITALIZATION	734,303				25,817		
061	EMERGENCY	9,661,210			557,127			
061 01	PATIENT SERVICES	2,256,075			51,236			30,778

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL-S TRESS	NEW CAPITAL-M ARTEN HOUSE	NEW CAPITAL-W OMEN'S BLDG
		0	1	2	3	3.01	3.02	3.03
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC	187,947						
061 04	ZIONSVILLE CLINIC	1,162,492						
061 05	BROWNSBURG CLINIC	3,576						
061 07	WOUND CENTER	1,219,045			53,283			
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL	-214						
067 01	FAMILY PRACTICE	2,780,244						
067 02	GERIATRIC CLINIC	505,609						
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES	46,665						
068 02	DIABETIC THERAPY	579,990						
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	5,251,561			85,150			
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	575,689						
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	6,480,033			343,298			
095	SUBTOTALS	611,517,823			16,527,520	204,206	19,689	1,727,843
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	1,586,764			63,611			6,830
097	RESEARCH	1,135,103						
098	PHYSICIANS' PRIVATE OFFIC	13,436,532			128,725			
099	NONPAID WORKERS							
100	O'CONNORS				2,124			
100 01	WELLNESS	730,115						
100 02	OCC HEALTH	43,204						
100 03	CMO	519						
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD				3,427			
100 07	MARTEN HOUSE	3,033,548					479,226	
100 08	FOUNDATION	2,208,594						
100 09	NETWORK DEVELOPMENT	890,023						
100 10	EAP	395,143				5,159		
100 11	MISSION EFFECTIVENESS	1,059,135						
100 12	OTHER NONREIMBURSABLE COS							
100 13	MARKETING	9,774,000						
100 14	NEW HOPE				657,955			
100 15	JOINT VENTURES	3,596,679						
100 16	OTHER NONREIMBURSABLE COS							
100 17	VACANT SPACE				1,179,911			
100 18	HEART CENTER OF INDIANA	1,403			2,078			
100 19	MISSION SERVICES	1,047,639			35,682			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	650,456,224			18,601,033	209,365	498,915	1,734,673

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEI
		4	5	6.01	6.02	6.03	6.04	6.05
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E	19,729,150						
005	EMPLOYEE BENEFITS	242,488	78,242,866					
006 01	NONPATIENT TELEPHONES	234,954	193,114	2,715,631				
006 02	DATA PROCESSING	2,505	47,398	13,094	26,838,607			
006 03	PURCHASING, RECEIVING AND		237,954	873	168,878	2,100,711		
006 04	ADMITTING	17,668	953,899	17,458	448,176	776	5,267,879	
006 05	CASHIERING/ACCOUNTS RECEI		1,028,295	4,365	1,019,763	1		6,378,529
006 06	OP REGISTRATION		755,712		474,157			
006 07	OTHER ADMINISTRATIVE AND	848,706	5,610,155	240,924	2,598,123	14,492		
008	OPERATION OF PLANT	808,346	1,756,639	127,445	883,362	16,528		
009	LAUNDRY & LINEN SERVICE		80,601					
010	HOUSEKEEPING	6,323	1,449,814	24,442	123,411	15,984		
011	DIETARY	170,279	620,045	53,248	181,869			
012	CAFETERIA		819,000		6,495	846		
014	NURSING ADMINISTRATION	580,632	2,418,402	57,612	493,643	5,992		6
015	CENTRAL SERVICES & SUPPLY	62,602	551,526	19,204	77,944	67,282		
016	PHARMACY	118,385	3,288,094	23,569	519,625	418,128		
017	MEDICAL RECORDS & LIBRARY	1,570	1,012,087	35,789	1,227,613	1,313		
018	SOCIAL SERVICE	252	1,174,203	83,800	272,803	4,318		573
022	I&R SERVICES-SALARY & FRI		1,871,429					
023	I&R SERVICES-OTHER PRGM C	43,284	707,030	103,004	428,690	8,591		11,101
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE	26	62,652	3,492	19,486	52		
024 02	PARAMED ED PRGM-PHARMACY		53,495			13		
024 03	PARAMED ED PRGM-RADIOLOGY	3,286	78,167	1,746	19,486	230		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,813,386	13,667,728	109,114	3,254,148	78,201	3,413,581	614,460
026	INTENSIVE CARE UNIT	131,326	1,364,803	36,662	396,214	17,414	267,283	107,015
027	CORONARY CARE UNIT	6,318	1,036,775	44,519	305,279	7,630	120,615	40,764
027 01	CARDIAC RECOVERY	53,331	676,343	28,806	201,355	7,964	79,916	40,622
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE	141,896	821,920	10,475	194,859	5,584	77,931	46,931
030	NEONATAL INTENSIVE CARE U	724,462	3,443,630	10,475	967,801	17,033	571,572	281,223
031	SUBPROVIDER	41,073	1,061,204		175,373	1,240	201,863	48,469
033	NURSERY	30,276	636,604		207,850	2,762	295,772	34,696
034	SKILLED NURSING FACILITY	5,366	297,501			1,149	115,942	7,488
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,964,130	5,085,419	229,576	961,305	913,972		1,393,741
037 01	AMBULATORY SURGERY	78,701	462,420	82,927	207,850	6,457		31,106
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	233,953	1,326,149	36,662	565,092	2,873		116,987
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	4,503,704	3,747,870	295,912	1,695,275	52,185		832,938
041 01	CARDIAC CATHETERIZATION L	1,619,688	784,591	57,612	194,859	139,847		419,466
041 02	ULTRA SOUND	178,760	352,627	13,094	32,477	1,182		57,400
041 03	SATELLITE CATH LABS							
041 04	EP LAB		427	13,967	6,495			
041 05	CATH HOLDING	183,545	187,284	22,696	45,467	2,091		20,033
041 06	ECHOCARDIOGRAPHY	46,255	120,795	4,365	51,962	818		45,603
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	42,409	26,731	20,077	116,916	137,600		686,575
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	486,194	1,879,086	31,425	175,373	36,865		240,414
049 01	SLEEP LAB	15,526	278,553	24,442	58,458	1,878		27,065
050	PHYSICAL THERAPY	188,887	2,335,312	76,816	422,195	9,321		133,451
050 01	CARDIAC REHAB	5,203	123,548	2,619	6,495	65		2,644
050 02	SPORTS MEDICINE	56,885	547,001	16,585	142,897	629		3,116
051	OCCUPATIONAL THERAPY		175,700	7,856	19,486	198		12,004
052	SPEECH PATHOLOGY	3,854	175,994	10,475	25,981	239		10,202
053	ELECTROCARDIOLOGY	252,084	236,152	11,348	45,467	1,018		10,668
054	ELECTROENCEPHALOGRAPHY	59,508	197,367	14,840	32,477	1,363		28,300
055	MEDICAL SUPPLIES CHARGED							21,710
056	DRUGS CHARGED TO PATIENTS							516,125
057	RENAL DIALYSIS	13,233		10,475	19,486	4,889		17,079
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY	279,028	451,589	31,425	38,972	15,762		77,880
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	82,728	839,493	18,331	967,801	5,032		35,217
060 01	PARTIAL HOSPITALIZATION	9,347	206,843	23,569	123,411	383		18,586
061	EMERGENCY	291,700	2,433,296	97,766	863,876	25,158		250,186
061 01	PATIENT SERVICES	25,994	622,754	9,602	38,972	2,631		12,162

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEI
		4	5	6.01	6.02	6.03	6.04	6.05
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC	31,079	34,816	31,425	6,495	146		
061 04	ZIONSVILLE CLINIC	465,312	133,482		38,972	1,001		
061 05	BROWNSBURG CLINIC		38		6,495			
061 07	WOUND CENTER	1,592		13,967	71,448	70		16,978
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
067 01	FAMILY PRACTICE	272,796	588,679	81,181	740,465	2,443		
067 02	GERIATRIC CLINIC	6,461	150,977	18,331	155,887	942		
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES			873				520
068 02	DIABETIC THERAPY	656	156,929	9,602	58,458	254		1,814
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	130,737	1,403,185	65,468	785,932	2,744		27,397
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	12,745	41,424	3,492	12,991	3,196		2,703
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	122,273	1,412,278	54,993	422,195	13,169	123,404	75,111
095	SUBTOTALS	18,753,707	74,295,028	2,493,910	23,824,786	2,079,944	5,267,879	6,378,529
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	4,983	124,961	8,729	19,486	3,717		
097	RESEARCH	3,368	217,986	22,696	175,373	697		
098	PHYSICIANS' PRIVATE OFFIC	903,083	2,651,455	123,081	1,955,087	9,643		
099	NONPAID WORKERS							
100	O'CONNORS				6,495			
100 01	WELLNESS	3,712	134,785	6,110	77,944	995		
100 02	OCC HEALTH		10,700	16,585	19,486	16		
100 03	CMO			2,619	38,972			
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD							
100 07	MARTEN HOUSE							
100 08	FOUNDATION	38,193	166,838	13,094	77,944	664		
100 09	NETWORK DEVELOPMENT		104,913		64,953			
100 10	EAP		91,247	4,365	51,962	216		
100 11	MISSION EFFECTIVENESS	3,100	141,242	9,602	175,373	1,719		
100 12	OTHER NONREIMBURSABLE COS				45,467			
100 13	MARKETING		195,458	11,348	194,859	531		
100 14	NEW HOPE							
100 15	JOINT VENTURES	19,004	40,515		6,495	2,086		
100 16	OTHER NONREIMBURSABLE COS			3,492				
100 17	VACANT SPACE							
100 18	HEART CENTER OF INDIANA							
100 19	MISSION SERVICES		67,738		103,925	483		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	19,729,150	78,242,866	2,715,631	26,838,607	2,100,711	5,267,879	6,378,529

	COST CENTER DESCRIPTION	OP REGISTRATION	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6.06	6a.06	6.07	8	9	10	11
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OP REGISTRATION	3,928,293						
006 07	OTHER ADMINISTRATIVE AND		47,997,726	47,997,726				
008	OPERATION OF PLANT		26,014,024	2,072,537	28,086,561			
009	LAUNDRY & LINEN SERVICE		2,710,516	215,947		2,926,463		
010	HOUSEKEEPING		8,829,496	703,446	334,946		9,867,888	
011	DIETARY		4,098,516	326,529	462,752		164,544	5,052,341
012	CAFETERIA		2,019,092	160,861	323,424		115,002	
014	NURSING ADMINISTRATION		12,998,966	1,035,628	469,985		167,116	
015	CENTRAL SERVICES & SUPPLY		3,097,926	246,812	734,860	8,245	261,300	
016	PHARMACY		19,006,083	1,514,215	466,533		165,889	
017	MEDICAL RECORDS & LIBRARY		8,457,739	673,828	326,799		116,202	
018	SOCIAL SERVICE		6,374,136	507,827	50,833		18,075	
022	I&R SERVICES-SALARY & FRI		8,189,875	652,487				
023	I&R SERVICES-OTHER PRGM C		4,908,626	391,070	490,719		174,489	
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE		287,067	22,871	43,753		15,557	
024 02	PARAMED ED PRGM-PHARMACY		241,809	19,265				
024 03	PARAMED ED PRGM-RADIOLOGY		268,329	21,378				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		79,023,577	6,295,808	7,414,005	1,404,479	2,636,256	4,081,366
026	INTENSIVE CARE UNIT		10,304,104	820,928	588,350	243,003	209,204	198,979
027	CORONARY CARE UNIT		6,440,550	513,119	486,684	44,641	173,054	
027 01	CARDIAC RECOVERY		4,506,084	359,000	328,652	23,661	116,861	44,612
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE		4,725,776	376,503	469,274	34,967	166,863	18,554
030	NEONATAL INTENSIVE CARE U		19,787,617	1,576,479	730,343	73,961	259,693	
031	SUBPROVIDER		5,275,726	420,317	613,881	49,579	218,282	63,984
033	NURSERY		3,648,489	290,675	6,675	31,349	2,373	
034	SKILLED NURSING FACILITY		1,692,409	134,834	310,912		110,553	
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	921,458	80,619,761	6,422,817	2,835,212	354,018	1,008,137	
037 01	AMBULATORY SURGERY	55,077	3,282,533	261,519	584,188	29,938	207,724	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	17,165	7,277,833	579,825	535,461	111,392	190,398	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	1,104,873	35,455,023	2,824,702	1,389,576	125,273	494,101	
041 01	CARDIAC CATHETERIZATION L	282,923	22,964,347	1,829,570	656,009	18,936	233,262	
041 02	ULTRA SOUND	63,931	2,057,679	163,935	49,793		17,705	
041 03	SATELLITE CATH LABS							
041 04	EP LAB		33,147	2,641	59,056		20,999	
041 05	CATH HOLDING	24,105	1,494,502	119,067	137,678		48,955	24,778
041 06	ECHOCARDIOGRAPHY	25,238	840,313	66,948	5,761		2,048	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	268,606	34,050,355	2,712,792	453,666		161,313	
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	45,677	11,574,295	922,124	197,496	16,863	70,225	
049 01	SLEEP LAB	47,344	1,912,101	152,337	218,205		77,589	
050	PHYSICAL THERAPY	161,114	13,811,186	1,100,337	251,755	2,030	89,518	
050 01	CARDIAC REHAB	2,381	703,046	56,012				
050 02	SPORTS MEDICINE	5,583	2,974,034	236,941				
051	OCCUPATIONAL THERAPY	2,529	896,063	71,389	13,451		4,783	
052	SPEECH PATHOLOGY	8,476	1,033,498	82,339	40,225		14,303	
053	ELECTROCARDIOLOGY	7,488	1,937,735	154,379	98,570	9,482	35,049	
054	ELECTROENCEPHALOGRAPHY	14,067	1,100,061	87,642	17,511	2,352	6,227	
055	MEDICAL SUPPLIES CHARGED	1,329	2,269,191	180,786		5		
056	DRUGS CHARGED TO PATIENTS	194,566	26,120,795	2,081,044				
057	RENAL DIALYSIS	4,378	1,612,121	128,438	88,723		31,548	
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY	95,399	3,683,169	293,438	299,162	22,030	106,375	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	63,090	6,191,792	493,300				
060 01	PARTIAL HOSPITALIZATION	33,230	1,175,489	93,651	198,003		70,451	
061	EMERGENCY	304,103	14,484,422	1,153,974	911,774	315,135	324,206	23,565
061 01	PATIENT SERVICES	20,469	3,070,673	244,641	154,758	5,124	55,028	14,598

	COST CENTER DESCRIPTION	OP REGISTRATION	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.06	6a.06	6.07	8	9	10	11
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC		291,908	23,256				
061 04	ZIONSVILLE CLINIC		1,801,259	143,506				
061 05	BROWNSBURG CLINIC		10,109	805				
061 07	WOUND CENTER		1,376,383	109,656	87,201		31,007	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL		-214					
067 01	FAMILY PRACTICE		4,465,808	355,791				66
067 02	GERIATRIC CLINIC		838,207	66,780				
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES		48,058	3,829				
068 02	DIABETIC THERAPY	3,245	810,948	64,608				
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	49,081	7,801,255	621,526	139,353		49,551	
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	1	652,241	51,964				
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	101,367	9,148,121	728,831	561,830		199,774	148,697
095	SUBTOTALS	3,928,293	600,773,505	44,039,504	24,637,797	2,926,463	8,641,589	4,619,199
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		1,819,081	144,926	119,863		42,620	
097	RESEARCH		1,555,223	123,905				
098	PHYSICIANS' PRIVATE OFFIC		19,207,606	1,530,270	210,667		74,908	
099	NONPAID WORKERS							
100	O'CONNORS		8,619	687	3,477		1,236	
100 01	WELLNESS		953,661	75,978				
100 02	OCC HEALTH		89,991	7,170				
100 03	CMO		42,110	3,355				
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD		3,427	273	5,609		1,994	433,142
100 07	MARTEN HOUSE		3,512,774	279,863				
100 08	FOUNDATION		2,505,327	199,599				
100 09	NETWORK DEVELOPMENT		1,059,889	84,441				
100 10	EAP		548,092	43,666	39,565		14,068	
100 11	MISSION EFFECTIVENESS		1,390,171	110,755				
100 12	OTHER NONREIMBURSABLE COS		45,467	3,622				
100 13	MARKETING		10,176,196	810,738				
100 14	NEW HOPE		657,955	52,419	1,076,785		382,880	
100 15	JOINT VENTURES		3,664,779	291,973				
100 16	OTHER NONREIMBURSABLE COS		3,492	278				
100 17	VACANT SPACE		1,179,911	94,004	1,931,001		686,620	
100 18	HEART CENTER OF INDIANA		3,481	277	3,401		1,209	
100 19	MISSION SERVICES		1,255,467	100,023	58,396		20,764	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,928,293	650,456,224	47,997,726	28,086,561	2,926,463	9,867,888	5,052,341

	COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
		12	14	15	16	17	18	22
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OP REGISTRATION							
006 07	OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	2,618,379						
014	NURSING ADMINISTRATION	109,963	14,781,658					
015	CENTRAL SERVICES & SUPPLY	32,487	62	4,381,692				
016	PHARMACY	116,269	10,000	66,869	21,345,858			
017	MEDICAL RECORDS & LIBRARY	10,046				9,584,614		
018	SOCIAL SERVICE	49,592	232,966	75			7,233,504	
022	I&R SERVICES-SALARY & FRI	97,832						8,940,194
023	I&R SERVICES-OTHER PRGM C	52,802	44,192	2,854	346,691			
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE	3,014		35				
024 02	PARAMED ED PRGM-PHARMACY	2,387						
024 03	PARAMED ED PRGM-RADIOLOGY	3,900	9,920					
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	565,645	5,527,124	391,507	556,220	1,563,190	2,569,336	4,368,365
026	INTENSIVE CARE UNIT	75,217	851,618	102,671	295,699	20,072	170,236	514,630
027	CORONARY CARE UNIT	35,475	400,063	40,681	92,643	104,044	57,387	1,232,718
027 01	CARDIAC RECOVERY	26,469	300,942	26,446	771,603		21,954	
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE	34,680	296,347	26,031	30,964	17,934	499,540	149,602
030	NEONATAL INTENSIVE CARE U	138,431	1,260,262	78,751	138,271	35,671	1,143,511	161,570
031	SUBPROVIDER	53,256	256,151	2,372	8,695	96,442		
033	NURSERY	54,202	253,118	12,473	1,477	134,608	339,317	29,920
034	SKILLED NURSING FACILITY	18,334	105,429	4,750	3,990			
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	231,447	1,413,001	2,353,358	5,292,259	360,234	5,777	418,885
037 01	AMBULATORY SURGERY	26,019	168,996	33,347	71,094		107,842	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	56,592	550,875	13,552	19,769	26,328	248,037	353,060
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	183,871	226,283	88,715	97,577	3,250,061		
041 01	CARDIAC CATHETERIZATION L	32,446	181,118	677,213	182,361	107,765		
041 02	ULTRA SOUND	12,476		7,440	2,597			
041 03	SATELLITE CATH LABS							
041 04	EP LAB	17	204		127			
041 05	CATH HOLDING	9,498	88,646	10,557	44,944			
041 06	ECHOCARDIOGRAPHY	4,772	12,345	1,192	303			
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	804		2,920	1,072,266	588,433		5,984
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	80,411	81,498	27,852	6,965,319	127,363		
049 01	SLEEP LAB	14,576		10,535	2,252	86,545		
050	PHYSICAL THERAPY	110,936	90	43,394	17,159	48,221		137,634
050 01	CARDIAC REHAB	5,152	49,323	132		79		
050 02	SPORTS MEDICINE	26,507		565				
051	OCCUPATIONAL THERAPY	8,298		1,078				
052	SPEECH PATHOLOGY	8,214		797				
053	ELECTROCARDIOLOGY	14,010	40,808	4,194	6,357			
054	ELECTROENCEPHALOGRAPHY	8,131		8,735	230			
055	MEDICAL SUPPLIES CHARGED	2	19	1				
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS			30,796	112,417			23,936
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY	20,426	196,120	117,046	44,399	246,965	2,311	83,777
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	55,899	242,240	11,023	509,253		97,828	209,442
060 01	PARTIAL HOSPITALIZATION	11,464		14				
061	EMERGENCY	131,963	789,052	108,955	370,777	2,154,434	1,643,821	275,267
061 01	PATIENT SERVICES	15,855	73,572	9,215	99,799	160,223	12,325	101,729

	COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
		12	14	15	16	17	18	22
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC		57	22				
061 04	ZIONSVILLE CLINIC		2,060	573	1,393	222,023		
061 05	BROWNSBURG CLINIC					475		
061 07	WOUND CENTER			122	309			
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
067 01	FAMILY PRACTICE		38,388	2,978	3,627		282,700	430,853
067 02	GERIATRIC CLINIC	11,148	39,086	1,178	46,433			95,745
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES							
068 02	DIABETIC THERAPY	6,382	39,750	269	454	29,455		
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		334,821	12,148	8,761			
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	1,707	12,487	21,851	1,562			
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		376,531	14,151	2,509,963			59,841
095	SUBTOTALS	2,569,024	14,505,564	4,371,433	19,730,014	9,380,565	7,201,922	8,652,958
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	12,574	14	1				
097	RESEARCH	9,540	299	61				47,873
098	PHYSICIANS' PRIVATE OFFIC		230,721	5,921	1,609,474	204,049	31,582	
099	NONPAID WORKERS							
100	O'CONNORS							
100 01	WELLNESS	7,292	44,192	286	799			
100 02	OCC HEALTH							
100 03	CMO							
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD							
100 07	MARTEN HOUSE							
100 08	FOUNDATION	7,240						
100 09	NETWORK DEVELOPMENT							
100 10	EAP							
100 11	MISSION EFFECTIVENESS	8,469	560	257				
100 12	OTHER NONREIMBURSABLE COS							
100 13	MARKETING		152		515			
100 14	NEW HOPE							
100 15	JOINT VENTURES	2,622	14	3,733	5,056			
100 16	OTHER NONREIMBURSABLE COS							239,363
100 17	VACANT SPACE							
100 18	HEART CENTER OF INDIANA		104					
100 19	MISSION SERVICES	1,618	38					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,618,379	14,781,658	4,381,692	21,345,858	9,584,614	7,233,504	8,940,194

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-CPE	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-RADIOLOGY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
		23	24	24.01	24.02	24.03	25	26
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OP REGISTRATION							
006 07	OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	6,411,443						
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE			372,297				
024 02	PARAMED ED PRGM-PHARMACY				263,461			
024 03	PARAMED ED PRGM-RADIOLOGY					303,527		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,132,768		233,113			119,762,759	-7,501,133
026	INTENSIVE CARE UNIT	369,066		71,182			14,834,959	-883,696
027	CORONARY CARE UNIT	884,041		1,223			10,506,323	-2,116,759
027 01	CARDIAC RECOVERY						6,526,284	
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE	107,287		245			6,954,567	-256,889
030	NEONATAL INTENSIVE CARE U	115,869					25,500,429	-277,439
031	SUBPROVIDER			37,181			7,095,866	
033	NURSERY	21,457					4,826,133	-51,377
034	SKILLED NURSING FACILITY						2,381,211	
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	300,402					101,615,308	-719,287
037 01	AMBULATORY SURGERY						4,773,200	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	253,196					10,216,318	-606,256
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC					303,527	44,438,709	
041 01	CARDIAC CATHETERIZATION L						26,883,027	
041 02	ULTRA SOUND						2,311,625	
041 03	SATELLITE CATH LABS							
041 04	EP LAB						116,191	
041 05	CATH HOLDING						1,978,625	
041 06	ECHOCARDIOGRAPHY						933,682	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	4,291					39,052,824	-10,275
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY						20,063,446	
049 01	SLEEP LAB						2,474,140	
050	PHYSICAL THERAPY	98,704					15,710,964	-236,338
050 01	CARDIAC REHAB						813,744	
050 02	SPORTS MEDICINE						3,238,047	
051	OCCUPATIONAL THERAPY						995,062	
052	SPEECH PATHOLOGY						1,179,376	
053	ELECTROCARDIOLOGY						2,300,584	
054	ELECTROENCEPHALOGRAPHY						1,230,889	
055	MEDICAL SUPPLIES CHARGED						2,450,004	
056	DRUGS CHARGED TO PATIENTS				263,461		28,465,300	
057	RENAL DIALYSIS	17,166					2,045,145	-41,102
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY	60,080					5,175,298	-143,857
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	150,201					7,960,978	-359,643
060 01	PARTIAL HOSPITALIZATION						1,549,072	
061	EMERGENCY	197,407		2,935			22,887,687	-472,674
061 01	PATIENT SERVICES	72,955					4,090,495	-174,684

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-CPE	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-RADIOLOGY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
		23	24	24.01	24.02	24.03	25	26
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC						315,243	
061 04	ZIONSVILLE CLINIC						2,170,814	
061 05	BROWNSBURG CLINIC						11,389	
061 07	WOUND CENTER						1,604,678	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL						-214	
067 01	FAMILY PRACTICE	308,985					5,889,196	-739,838
067 02	GERIATRIC CLINIC	68,663					1,167,240	-164,408
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES						51,887	
068 02	DIABETIC THERAPY						951,866	
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY						8,967,415	
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION						741,812	
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	42,915		26,418			13,817,072	-102,756
095	SUBTOTALS	6,205,453		372,297	263,461	303,527	589,026,669	-14,858,411
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						2,139,079	
097	RESEARCH	34,332					1,771,233	-82,205
098	PHYSICIANS' PRIVATE OFFIC						23,105,198	
099	NONPAID WORKERS							
100	O'CONNORS						14,019	
100 01	WELLNESS						1,082,208	
100 02	OCC HEALTH						97,161	
100 03	CMO						45,465	
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD						444,445	
100 07	MARTEN HOUSE						3,792,637	
100 08	FOUNDATION						2,712,166	
100 09	NETWORK DEVELOPMENT						1,144,330	
100 10	EAP						645,391	
100 11	MISSION EFFECTIVENESS						1,510,212	
100 12	OTHER NONREIMBURSABLE COS						49,089	
100 13	MARKETING						10,987,601	
100 14	NEW HOPE						2,170,039	
100 15	JOINT VENTURES						3,968,177	
100 16	OTHER NONREIMBURSABLE COS	171,658					414,791	-411,021
100 17	VACANT SPACE						3,891,536	
100 18	HEART CENTER OF INDIANA						8,472	
100 19	MISSION SERVICES						1,436,306	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	6,411,443		372,297	263,461	303,527	650,456,224	-15,351,637

		COST CENTER DESCRIPTION	TOTAL 27
		GENERAL SERVICE COST CNTR	
001		OLD CAP REL COSTS-BLDG &	
002		OLD CAP REL COSTS-MVBLE E	
003		NEW CAP REL COSTS-BLDG &	
003	01	NEW CAPITAL-STRESS	
003	02	NEW CAPITAL-MARTEN HOUSE	
003	03	NEW CAPITAL-WOMEN'S BLDG	
004		NEW CAP REL COSTS-MVBLE E	
005		EMPLOYEE BENEFITS	
006	01	NONPATIENT TELEPHONES	
006	02	DATA PROCESSING	
006	03	PURCHASING, RECEIVING AND	
006	04	ADMITTING	
006	05	CASHIERING/ACCOUNTS RECEI	
006	06	OP REGISTRATION	
006	07	OTHER ADMINISTRATIVE AND	
008		OPERATION OF PLANT	
009		LAUNDRY & LINEN SERVICE	
010		HOUSEKEEPING	
011		DIETARY	
012		CAFETERIA	
014		NURSING ADMINISTRATION	
015		CENTRAL SERVICES & SUPPLY	
016		PHARMACY	
017		MEDICAL RECORDS & LIBRARY	
018		SOCIAL SERVICE	
022		I&R SERVICES-SALARY & FRI	
023		I&R SERVICES-OTHER PRGM C	
024		PARAMED ED PRGM	
024	01	PARAMED ED PRGM-CPE	
024	02	PARAMED ED PRGM-PHARMACY	
024	03	PARAMED ED PRGM-RADIOLOGY	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	112,261,626
026		INTENSIVE CARE UNIT	13,951,263
027		CORONARY CARE UNIT	8,389,564
027	01	CARDIAC RECOVERY	6,526,284
029		SURGICAL INTENSIVE CARE U	
029	01	PEDIATRIC INTENSIVE CARE	6,697,678
030		NEONATAL INTENSIVE CARE U	25,222,990
031		SUBPROVIDER	7,095,866
033		NURSERY	4,774,756
034		SKILLED NURSING FACILITY	2,381,211
035		NURSING FACILITY	
035	01	ICF/MR	
036		OTHER LONG TERM CARE	
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	100,896,021
037	01	AMBULATORY SURGERY	4,773,200
038		RECOVERY ROOM	
039		DELIVERY ROOM & LABOR ROO	9,610,062
040		ANESTHESIOLOGY	
041		RADIOLOGY-DIAGNOSTIC	44,438,709
041	01	CARDIAC CATHETERIZATION L	26,883,027
041	02	ULTRA SOUND	2,311,625
041	03	SATELLITE CATH LABS	
041	04	EP LAB	116,191
041	05	CATH HOLDING	1,978,625
041	06	ECHOCARDIOGRAPHY	933,682
042		RADIOLOGY-THERAPEUTIC	
043		RADIOISOTOPE	
044		LABORATORY	39,042,549
045		PBP CLINICAL LAB SERVICES	
046		WHOLE BLOOD & PACKED RED	
047		BLOOD STORING, PROCESSING	
048		INTRAVENOUS THERAPY	
049		RESPIRATORY THERAPY	20,063,446
049	01	SLEEP LAB	2,474,140
050		PHYSICAL THERAPY	15,474,626
050	01	CARDIAC REHAB	813,744
050	02	SPORTS MEDICINE	3,238,047
051		OCCUPATIONAL THERAPY	995,062
052		SPEECH PATHOLOGY	1,179,376
053		ELECTROCARDIOLOGY	2,300,584
054		ELECTROENCEPHALOGRAPHY	1,230,889
055		MEDICAL SUPPLIES CHARGED	2,450,004
056		DRUGS CHARGED TO PATIENTS	28,465,300
057		RENAL DIALYSIS	2,004,043
058		ASC (NON-DISTINCT PART)	
059		ENDOSCOPY	5,031,441
		OUTPAT SERVICE COST CNTRS	
060		CLINIC	7,601,335
060	01	PARTIAL HOSPITALIZATION	1,549,072
061		EMERGENCY	22,415,013
061	01	PATIENT SERVICES	3,915,811

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	TOTAL
			27
		OUTPAT SERVICE COST CNTRS	
061	03	LAFAYETTE RD CLIINIC	315,243
061	04	ZIONSVILLE CLINIC	2,170,814
061	05	BROWNSBURG CLINIC	11,389
061	07	WOUND CENTER	1,604,678
062		OBSERVATION BEDS (NON-DIS	
		OTHER REIMBURS COST CNTRS	
064		HOME PROGRAM DIALYSIS	
065		AMBULANCE SERVICES	
066		DURABLE MEDICAL EQUIP-REN	
067		DURABLE MEDICAL EQUIP-SOL	-214
067	01	FAMILY PRACTICE	5,149,358
067	02	GERIATRIC CLINIC	1,002,832
068		KOKOMO DIALYSIS	
068	01	PSYCH SERVICES	51,887
068	02	DIABETIC THERAPY	951,866
069		CORF	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	8,967,415
082		LUNG ACQUISITION	
		SPEC PURPOSE COST CENTERS	
083		KIDNEY ACQUISITION	
084		LIVER ACQUISITION	
085		HEART ACQUISITION	741,812
085	01	PANCREAS ACQUISITION	
086		OTHER ORGAN ACQUISITION	
092		AMBULATORY SURGICAL CENTE	
093		HOSPICE	13,714,316
095		SUBTOTALS	574,168,258
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	2,139,079
097		RESEARCH	1,689,028
098		PHYSICIANS' PRIVATE OFFIC	23,105,198
099		NONPAID WORKERS	
100		O'CONNORS	14,019
100	01	WELLNESS	1,082,208
100	02	OCC HEALTH	97,161
100	03	CMO	45,465
100	04	OTHER NONREIMBURSABLE COS	
100	05	OTHER NONREIMBURSABLE COS	
100	06	SETON BOARD	444,445
100	07	MARTEN HOUSE	3,792,637
100	08	FOUNDATION	2,712,166
100	09	NETWORK DEVELOPMENT	1,144,330
100	10	EAP	645,391
100	11	MISSION EFFECTIVENESS	1,510,212
100	12	OTHER NONREIMBURSABLE COS	49,089
100	13	MARKETING	10,987,601
100	14	NEW HOPE	2,170,039
100	15	JOINT VENTURES	3,968,177
100	16	OTHER NONREIMBURSABLE COS	3,770
100	17	VACANT SPACE	3,891,536
100	18	HEART CENTER OF INDIANA	8,472
100	19	MISSION SERVICES	1,436,306
101		CROSS FOOT ADJUSTMENT	
102		NEGATIVE COST CENTER	
103		TOTAL	635,104,587

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL-S TRESS	NEW CAPITAL-M ARTEN HOUSE	NEW CAPITAL-W OMEN'S BLDG
		0	1	2	3	3.01	3.02	3.03
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				70,480			
006 01	NONPATIENT TELEPHONES				124,151	1,059		2,501
006 02	DATA PROCESSING				168,253	29,361		3,095
006 03	PURCHASING, RECEIVING AND				130,105			
006 04	ADMITTING				160,065	364		15,334
006 05	CASHIERING/ACCOUNTS RECEI				23,121			
006 06	OP REGISTRATION				605			
006 07	OTHER ADMINISTRATIVE AND				278,990	14,586	19,689	60,277
008	OPERATION OF PLANT				3,308,056	10,394		158,305
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING				173,696	2,273		14,430
011	DIETARY				167,199	4,447		67,283
012	CAFETERIA				197,624			
014	NURSING ADMINISTRATION				246,626	999		25,479
015	CENTRAL SERVICES & SUPPLY				407,405			29,555
016	PHARMACY				242,796			30,029
017	MEDICAL RECORDS & LIBRARY				170,579	2,379		12,745
018	SOCIAL SERVICE				28,254	602		
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C				293,412			4,582
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE				26,734			
024 02	PARAMED ED PRGM-PHARMACY							
024 03	PARAMED ED PRGM-RADIOLOGY							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				3,788,052			399,582
026	INTENSIVE CARE UNIT				359,503			
027	CORONARY CARE UNIT				297,381			
027 01	CARDIAC RECOVERY				200,818			
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE				286,744			
030	NEONATAL INTENSIVE CARE U				22,609			300,947
031	SUBPROVIDER					80,042		
033	NURSERY							130,524
034	SKILLED NURSING FACILITY				189,979			
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				1,571,251			114,474
037 01	AMBULATORY SURGERY				339,018			12,745
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO				4,497			229,224
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC				779,066			49,724
041 01	CARDIAC CATHETERIZATION L				400,845			
041 02	ULTRA SOUND				30,425			
041 03	SATELLITE CATH LABS							
041 04	EP LAB				36,085			
041 05	CATH HOLDING				84,127			
041 06	ECHOCARDIOGRAPHY				3,520			
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY				227,630			35,217
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				103,929	3,574		
049 01	SLEEP LAB				3,101	27,789		
050	PHYSICAL THERAPY				152,405			1,013
050 01	CARDIAC REHAB							
050 02	SPORTS MEDICINE							
051	OCCUPATIONAL THERAPY				5,769	520		
052	SPEECH PATHOLOGY				24,579			
053	ELECTROCARDIOLOGY				60,230			
054	ELECTROENCEPHALOGRAPHY				10,700			
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS				54,213			
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY				182,799			
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	PARTIAL HOSPITALIZATION					25,817		
061	EMERGENCY				557,127			
061 01	PATIENT SERVICES				51,236			30,778

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL-S TRESS	NEW CAPITAL-M ARTEN HOUSE	NEW CAPITAL-W OMEN'S BLDG
		0	1	2	3	3.01	3.02	3.03
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC							
061 04	ZIONSVILLE CLINIC							
061 05	BROWNSBURG CLINIC							
061 07	WOUND CENTER				53,283			
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
067 01	FAMILY PRACTICE							
067 02	GERIATRIC CLINIC							
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES							
068 02	DIABETIC THERAPY							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY				85,150			
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE				343,298			
095	SUBTOTALS				16,527,520	204,206	19,689	1,727,843
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				63,611			6,830
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				128,725			
099	NONPAID WORKERS							
100	O'CONNORS				2,124			
100 01	WELLNESS							
100 02	OCC HEALTH							
100 03	CMO							
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD				3,427			
100 07	MARTEN HOUSE						479,226	
100 08	FOUNDATION							
100 09	NETWORK DEVELOPMENT							
100 10	EAP					5,159		
100 11	MISSION EFFECTIVENESS							
100 12	OTHER NONREIMBURSABLE COS							
100 13	MARKETING							
100 14	NEW HOPE				657,955			
100 15	JOINT VENTURES							
100 16	OTHER NONREIMBURSABLE COS							
100 17	VACANT SPACE				1,179,911			
100 18	HEART CENTER OF INDIANA				2,078			
100 19	MISSION SERVICES				35,682			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				18,601,033	209,365	498,915	1,734,673

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING
		4	4a	5	6.01	6.02	6.03	6.04
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	242,488	312,968	312,968				
006 01	NONPATIENT TELEPHONES	234,954	362,665	773	363,438			
006 02	DATA PROCESSING	2,505	203,214	190	1,752	205,156		
006 03	PURCHASING, RECEIVING AND		130,105	952	117	1,291	132,465	
006 04	ADMITTING	17,668	193,431	3,816	2,336	3,426	49	203,058
006 05	CASHIERING/ACCOUNTS RECEI		23,121	4,114	584	7,795		
006 06	OP REGISTRATION		605	3,024		3,624		
006 07	OTHER ADMINISTRATIVE AND	848,706	1,222,248	22,446	32,243	19,860	914	
008	OPERATION OF PLANT	808,346	4,285,101	7,028	17,056	6,752	1,042	
009	LAUNDRY & LINEN SERVICE			322				
010	HOUSEKEEPING	6,323	196,722	5,801	3,271	943	1,008	
011	DIETARY	170,279	409,208	2,481	7,126	1,390		
012	CAFETERIA		197,624	3,277		50	53	
014	NURSING ADMINISTRATION	580,632	853,736	9,676	7,710	3,773	378	
015	CENTRAL SERVICES & SUPPLY	62,602	499,562	2,207	2,570	596	4,242	
016	PHARMACY	118,385	391,210	13,155	3,154	3,972	26,362	
017	MEDICAL RECORDS & LIBRARY	1,570	187,273	4,049	4,790	9,384	83	
018	SOCIAL SERVICE	252	29,108	4,698	11,215	2,085	272	
022	I&R SERVICES-SALARY & FRI			7,487				
023	I&R SERVICES-OTHER PRGM C	43,284	341,278	2,829	13,785	3,277	542	
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE	26	26,760	251	467	149	3	
024 02	PARAMED ED PRGM-PHARMACY			214			1	
024 03	PARAMED ED PRGM-RADIOLOGY	3,286	3,286	313	234	149	15	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,813,386	6,001,020	54,610	14,603	24,868	4,930	131,582
026	INTENSIVE CARE UNIT	131,326	490,829	5,460	4,907	3,029	1,098	10,303
027	CORONARY CARE UNIT	6,318	303,699	4,148	5,958	2,334	481	4,649
027 01	CARDIAC RECOVERY	53,331	254,149	2,706	3,855	1,539	502	3,080
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE	141,896	428,640	3,288	1,402	1,490	352	3,004
030	NEONATAL INTENSIVE CARE U	724,462	1,048,018	13,778	1,402	7,398	1,074	22,032
031	SUBPROVIDER	41,073	121,115	4,246		1,341	78	7,781
033	NURSERY	30,276	160,800	2,547		1,589	174	11,401
034	SKILLED NURSING FACILITY	5,366	195,345	1,190			72	4,469
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,964,130	4,649,855	20,346	30,725	7,348	57,646	
037 01	AMBULATORY SURGERY	78,701	430,464	1,850	11,098	1,589	407	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	233,953	467,674	5,306	4,907	4,320	181	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	4,503,704	5,332,494	14,995	39,607	12,959	3,290	
041 01	CARDIAC CATHETERIZATION L	1,619,688	2,020,533	3,139	7,710	1,490	8,817	
041 02	ULTRA SOUND	178,760	209,185	1,411	1,752	248	75	
041 03	SATELLITE CATH LABS							
041 04	EP LAB		36,085	2	1,869	50		
041 05	CATH HOLDING	183,545	267,672	749	3,037	348	132	
041 06	ECHOCARDIOGRAPHY	46,255	49,775	483	584	397	52	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	42,409	305,256	107	2,687	894	8,675	
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	486,194	593,697	7,518	4,206	1,341	2,324	
049 01	SLEEP LAB	15,526	46,416	1,114	3,271	447	118	
050	PHYSICAL THERAPY	188,887	342,305	9,343	10,280	3,227	588	
050 01	CARDIAC REHAB	5,203	5,203	494	350	50	4	
050 02	SPORTS MEDICINE	56,885	56,885	2,188	2,220	1,092	40	
051	OCCUPATIONAL THERAPY		6,289	703	1,051	149	13	
052	SPEECH PATHOLOGY	3,854	28,433	704	1,402	199	15	
053	ELECTROCARDIOLOGY	252,084	312,314	945	1,519	348	64	
054	ELECTROENCEPHALOGRAPHY	59,508	70,208	790	1,986	248	86	
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	13,233	67,446		1,402	149	308	
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY	279,028	461,827	1,807	4,206	298	994	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	82,728	82,728	3,359	2,453	7,398	317	
060 01	PARTIAL HOSPITALIZATION	9,347	35,164	828	3,154	943	24	
061	EMERGENCY	291,700	848,827	9,735	13,084	6,604	1,586	
061 01	PATIENT SERVICES	25,994	108,008	2,492	1,285	298	166	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING
		4	4a	5	6.01	6.02	6.03	6.04
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC	31,079	31,079	139	4,206	50	9	
061 04	ZIONSVILLE CLINIC	465,312	465,312	534		298	63	
061 05	BROWNSBURG CLINIC					50		
061 07	WOUND CENTER	1,592	54,875		1,869	546	4	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
067 01	FAMILY PRACTICE	272,796	272,796	2,355	10,865	5,660	154	
067 02	GERIATRIC CLINIC	6,461	6,461	604	2,453	1,192	59	
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES				117			
068 02	DIABETIC THERAPY	656	656	628	1,285	447	16	
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	130,737	215,887	5,614	8,762	6,008	173	
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	12,745	12,745	166	467	99	202	
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	122,273	465,571	5,650	7,360	3,227	830	4,757
095	SUBTOTALS	18,753,707	37,232,965	297,174	333,766	182,115	131,157	203,058
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	4,983	75,424	500	1,168	149	234	
097	RESEARCH	3,368	3,368	872	3,037	1,341	44	
098	PHYSICIANS' PRIVATE OFFIC	903,083	1,031,808	10,608	16,472	14,945	608	
099	NONPAID WORKERS							
100	O'CONNORS		2,124			50		
100 01	WELLNESS	3,712	3,712	539	818	596	63	
100 02	OCC HEALTH			43	2,220	149	1	
100 03	CMO				350	298		
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD		3,427					
100 07	MARTEN HOUSE		479,226					
100 08	FOUNDATION	38,193	38,193	667	1,752	596	42	
100 09	NETWORK DEVELOPMENT			420		497		
100 10	EAP		5,159	365	584	397	14	
100 11	MISSION EFFECTIVENESS	3,100	3,100	565	1,285	1,341	108	
100 12	OTHER NONREIMBURSABLE COS					348		
100 13	MARKETING			782	1,519	1,490	33	
100 14	NEW HOPE		657,955					
100 15	JOINT VENTURES	19,004	19,004	162		50	131	
100 16	OTHER NONREIMBURSABLE COS				467			
100 17	VACANT SPACE		1,179,911					
100 18	HEART CENTER OF INDIANA		2,078					
100 19	MISSION SERVICES		35,682	271		794	30	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	19,729,150	40,773,136	312,968	363,438	205,156	132,465	203,058

	COST CENTER DESCRIPTION	CASHIERING/ACCOUNTS RECEI	OP REGISTRATION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6.05	6.06	6.07	8	9	10	11
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI	35,614						
006 06	OP REGISTRATION		7,253					
006 07	OTHER ADMINISTRATIVE AND			1,297,711				
008	OPERATION OF PLANT			56,034	4,373,013			
009	LAUNDRY & LINEN SERVICE			5,838		6,160		
010	HOUSEKEEPING			19,019	52,150		278,914	
011	DIETARY			8,828	72,049		4,651	505,733
012	CAFETERIA			4,349	50,356		3,251	
014	NURSING ADMINISTRATION			28,000	73,176		4,723	
015	CENTRAL SERVICES & SUPPLY			6,673	114,416	17	7,386	
016	PHARMACY			40,939	72,638		4,689	
017	MEDICAL RECORDS & LIBRARY			18,218	50,882		3,284	
018	SOCIAL SERVICE	3		13,730	7,915		511	
022	I&R SERVICES-SALARY & FRI			17,641				
023	I&R SERVICES-OTHER PRGM C	62		10,573	76,404		4,932	
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE			618	6,812		440	
024 02	PARAMED ED PRGM-PHARMACY			521				
024 03	PARAMED ED PRGM-RADIOLOGY			578				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,449		170,217	1,154,345	2,958	74,512	408,539
026	INTENSIVE CARE UNIT	601		22,195	91,605	511	5,913	19,918
027	CORONARY CARE UNIT	229		13,873	75,776	94	4,891	
027 01	CARDIAC RECOVERY	228		9,706	51,170	50	3,303	4,466
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE	263		10,179	73,065	74	4,716	1,857
030	NEONATAL INTENSIVE CARE U	1,579		42,623	113,713	156	7,340	
031	SUBPROVIDER	272		11,364	95,580	104	6,170	6,405
033	NURSERY	195		7,859	1,039	66	67	
034	SKILLED NURSING FACILITY	42		3,645	48,408		3,125	
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	7,634	1,732	173,671	441,436	745	28,495	
037 01	AMBULATORY SURGERY	175	104	7,071	90,957	63	5,871	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	657	32	15,676	83,370	234	5,382	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	4,675	1,948	76,370	216,354	264	13,966	
041 01	CARDIAC CATHETERIZATION L	2,355	532	49,465	102,139	40	6,593	
041 02	ULTRA SOUND	322	120	4,432	7,753		500	
041 03	SATELLITE CATH LABS							
041 04	EP LAB			71	9,195		594	
041 05	CATH HOLDING	112	45	3,219	21,436		1,384	2,480
041 06	ECHOCARDIOGRAPHY	256	47	1,810	897		58	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	3,854	505	73,344	70,635		4,559	
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	1,350	86	24,931	30,750	35	1,985	
049 01	SLEEP LAB	152	89	4,119	33,974		2,193	
050	PHYSICAL THERAPY	749	303	29,749	39,198	4	2,530	
050 01	CARDIAC REHAB	15	4	1,514				
050 02	SPORTS MEDICINE	17	10	6,406				
051	OCCUPATIONAL THERAPY	67	5	1,930	2,094		135	
052	SPEECH PATHOLOGY	57	16	2,226	6,263		404	
053	ELECTROCARDIOLOGY	60	14	4,174	15,347	20	991	
054	ELECTROENCEPHALOGRAPHY	159	26	2,370	2,726	5	176	
055	MEDICAL SUPPLIES CHARGED	122	2	4,888				
056	DRUGS CHARGED TO PATIENTS	2,897	366	56,264				
057	RENAL DIALYSIS	96	8	3,473	13,814		892	
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY	437	179	7,934	46,579	46	3,007	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	198	119	13,337				
060 01	PARTIAL HOSPITALIZATION	104	62	2,532	30,829		1,991	
061	EMERGENCY	1,404	572	31,199	141,961	663	9,164	2,359
061 01	PATIENT SERVICES	68	38	6,614	24,095	11	1,555	1,461

	COST CENTER DESCRIPTION	CASHIERING/ACCOUNTS RECEI	OP REGISTRATION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.05	6.06	6.07	8	9	10	11
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC			629				
061 04	ZIONSVILLE CLINIC			3,880				
061 05	BROWNSBURG CLINIC			22				
061 07	WOUND CENTER	95		2,965	13,577		876	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
067 01	FAMILY PRACTICE			9,619				7
067 02	GERIATRIC CLINIC			1,805				
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES	3		104				
068 02	DIABETIC THERAPY	10	6	1,747				
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	154	92	16,804	21,697		1,401	
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	15		1,405				
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	422	191	19,705	87,476		5,647	14,884
095	SUBTOTALS	35,614	7,253	1,190,694	3,836,051	6,160	244,253	462,376
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			3,918	18,662		1,205	
097	RESEARCH			3,350				
098	PHYSICIANS' PRIVATE OFFIC			41,373	32,800		2,117	
099	NONPAID WORKERS							
100	O'CONNORS			19	541		35	
100 01	WELLNESS			2,054				
100 02	OCC HEALTH			194				
100 03	CMO			91				
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD			7	873		56	43,357
100 07	MARTEN HOUSE			7,567				
100 08	FOUNDATION			5,396				
100 09	NETWORK DEVELOPMENT			2,283				
100 10	EAP			1,181	6,160		398	
100 11	MISSION EFFECTIVENESS			2,994				
100 12	OTHER NONREIMBURSABLE COS			98				
100 13	MARKETING			21,920				
100 14	NEW HOPE			1,417	167,653		10,822	
100 15	JOINT VENTURES			7,894				
100 16	OTHER NONREIMBURSABLE COS			8				
100 17	VACANT SPACE			2,542	300,652		19,407	
100 18	HEART CENTER OF INDIANA			7	529		34	
100 19	MISSION SERVICES			2,704	9,092		587	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	35,614	7,253	1,297,711	4,373,013	6,160	278,914	505,733

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
		12	14	15	16	17	18	22
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OP REGISTRATION							
006 07	OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	258,960						
014	NURSING ADMINISTRATION	10,876	992,048					
015	CENTRAL SERVICES & SUPPLY	3,213	4	640,886				
016	PHARMACY	11,499	671	9,781	578,070			
017	MEDICAL RECORDS & LIBRARY	994				278,957		
018	SOCIAL SERVICE	4,905	15,635	11			90,088	
022	I&R SERVICES-SALARY & FRI	9,676						34,804
023	I&R SERVICES-OTHER PRGM C	5,222	2,966	417	9,389			
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE	298		5				
024 02	PARAMED ED PRGM-PHARMACY	236						
024 03	PARAMED ED PRGM-RADIOLOGY	386	666					
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	55,936	370,944	57,265	15,063	45,496	32,000	
026	INTENSIVE CARE UNIT	7,439	57,155	15,017	8,008	584	2,120	
027	CORONARY CARE UNIT	3,509	26,850	5,950	2,509	3,028	715	
027 01	CARDIAC RECOVERY	2,618	20,197	3,868	20,896		273	
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE	3,430	19,889	3,807	839	522	6,221	
030	NEONATAL INTENSIVE CARE U	13,691	84,580	11,519	3,745	1,038	14,242	
031	SUBPROVIDER	5,267	17,191	347	235	2,807		
033	NURSERY	5,361	16,988	1,824	40	3,918	4,226	
034	SKILLED NURSING FACILITY	1,813	7,076	695	108			
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	22,891	94,831	344,208	143,321	10,484	72	
037 01	AMBULATORY SURGERY	2,573	11,342	4,878	1,925		1,343	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	5,597	36,971	1,982	535	766	3,089	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	18,185	15,187	12,976	2,643	94,594		
041 01	CARDIAC CATHETERIZATION L	3,209	12,155	99,054	4,939	3,136		
041 02	ULTRA SOUND	1,234		1,088	70			
041 03	SATELLITE CATH LABS							
041 04	EP LAB	2	14		3			
041 05	CATH HOLDING	939	5,949	1,544	1,217			
041 06	ECHOCARDIOGRAPHY	472	829	174	8			
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	80		427	29,038	17,126		
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	7,953	5,470	4,074	188,630	3,707		
049 01	SLEEP LAB	1,442		1,541	61	2,519		
050	PHYSICAL THERAPY	10,972	6	6,347	465	1,403		
050 01	CARDIAC REHAB	510	3,310	19		2		
050 02	SPORTS MEDICINE	2,622		83				
051	OCCUPATIONAL THERAPY	821		158				
052	SPEECH PATHOLOGY	812		117				
053	ELECTROCARDIOLOGY	1,386	2,739	613	172			
054	ELECTROENCEPHALOGRAPHY	804		1,278	6			
055	MEDICAL SUPPLIES CHARGED		1					
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS			4,504	3,044			
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY	2,020	13,162	17,120	1,202	7,188	29	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	5,529	16,258	1,612	13,791		1,218	
060 01	PARTIAL HOSPITALIZATION	1,134		2				
061	EMERGENCY	13,051	52,956	15,937	10,041	62,704	20,473	
061 01	PATIENT SERVICES	1,568	4,938	1,348	2,703	4,663	153	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET B PART III

		COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
			12	14	15	16	17	18	22
		OUTPAT SERVICE COST CNTRS							
061	03	LAFAYETTE RD CLIINIC		4	3				
061	04	ZIONSVILLE CLINIC		138	84	38	6,462		
061	05	BROWNSBURG CLINIC					14		
061	07	WOUND CENTER			18	8			
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
067	01	FAMILY PRACTICE		2,576	436	98		3,521	
067	02	GERIATRIC CLINIC	1,103	2,623	172	1,257			
068		KOKOMO DIALYSIS							
068	01	PSYCH SERVICES							
068	02	DIABETIC THERAPY	631	2,668	39	12	857		
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY		22,471	1,777	237			
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION	169	838	3,196	42			
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITION							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE		25,270	2,070	67,973			
095		SUBTOTALS	254,078	973,518	639,385	534,311	273,018	89,695	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	1,244	1					
097		RESEARCH	944	20	9				
098		PHYSICIANS' PRIVATE OFFIC		15,484	866	43,586	5,939	393	
099		NONPAID WORKERS							
100		O'CONNORS							
100	01	WELLNESS	721	2,966	42	22			
100	02	OCC HEALTH							
100	03	CMO							
100	04	OTHER NONREIMBURSABLE COS							
100	05	OTHER NONREIMBURSABLE COS							
100	06	SETON BOARD							
100	07	MARTEN HOUSE							
100	08	FOUNDATION	716						
100	09	NETWORK DEVELOPMENT							
100	10	EAP							
100	11	MISSION EFFECTIVENESS	838	38	38				
100	12	OTHER NONREIMBURSABLE COS							
100	13	MARKETING		10		14			
100	14	NEW HOPE							
100	15	JOINT VENTURES	259	1	546	137			
100	16	OTHER NONREIMBURSABLE COS							
100	17	VACANT SPACE							
100	18	HEART CENTER OF INDIANA		7					
100	19	MISSION SERVICES	160	3					
101		CROSS FOOT ADJUSTMENTS							34,804
102		NEGATIVE COST CENTER							
103		TOTAL	258,960	992,048	640,886	578,070	278,957	90,088	34,804

		I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-CPE	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-RADIOLOGY	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		23	24	24.01	24.02	24.03	25	26
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HOUSE							
003 03	NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OP REGISTRATION							
006 07	OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	471,676						
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE			35,803				
024 02	PARAMED ED PRGM-PHARMACY				972			
024 03	PARAMED ED PRGM-RADIOLOGY					5,627		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS						8,622,337	
026	INTENSIVE CARE UNIT						746,692	
027	CORONARY CARE UNIT						458,693	
027 01	CARDIAC RECOVERY						382,606	
029	SURGICAL INTENSIVE CARE U							
029 01	PEDIATRIC INTENSIVE CARE						563,038	
030	NEONATAL INTENSIVE CARE U						1,387,928	
031	SUBPROVIDER						280,303	
033	NURSERY						218,094	
034	SKILLED NURSING FACILITY						265,988	
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM						6,035,440	
037 01	AMBULATORY SURGERY						571,710	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO						636,679	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC						5,860,507	
041 01	CARDIAC CATHETERIZATION L						2,325,306	
041 02	ULTRA SOUND						228,190	
041 03	SATELLITE CATH LABS							
041 04	EP LAB						47,885	
041 05	CATH HOLDING						310,263	
041 06	ECHOCARDIOGRAPHY						55,842	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY						517,187	
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY						878,057	
049 01	SLEEP LAB						97,456	
050	PHYSICAL THERAPY						457,469	
050 01	CARDIAC REHAB						11,475	
050 02	SPORTS MEDICINE						71,563	
051	OCCUPATIONAL THERAPY						13,415	
052	SPEECH PATHOLOGY						40,648	
053	ELECTROCARDIOLOGY						340,706	
054	ELECTROENCEPHALOGRAPHY						80,868	
055	MEDICAL SUPPLIES CHARGED						5,013	
056	DRUGS CHARGED TO PATIENTS						59,527	
057	RENAL DIALYSIS						95,136	
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY						568,035	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC						148,317	
060 01	PARTIAL HOSPITALIZATION						76,767	
061	EMERGENCY						1,242,320	
061 01	PATIENT SERVICES						161,464	

		I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-CPE	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-RADIOLOGY	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		23	24	24.01	24.02	24.03	25	26
	OUTPAT SERVICE COST CNTRS							
061 03	LAFAYETTE RD CLIINIC						36,119	
061 04	ZIONSVILLE CLINIC						476,809	
061 05	BROWNSBURG CLINIC						86	
061 07	WOUND CENTER						74,833	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
067 01	FAMILY PRACTICE						308,087	
067 02	GERIATRIC CLINIC						17,729	
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES						224	
068 02	DIABETIC THERAPY						9,002	
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY						301,077	
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION						19,344	
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE						711,033	
095	SUBTOTALS						35,817,267	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						102,505	
097	RESEARCH						12,985	
098	PHYSICIANS' PRIVATE OFFIC						1,216,999	
099	NONPAID WORKERS							
100	O'CONNORS						2,769	
100 01	WELLNESS						11,533	
100 02	OCC HEALTH						2,607	
100 03	CMO						739	
100 04	OTHER NONREIMBURSABLE COS							
100 05	OTHER NONREIMBURSABLE COS							
100 06	SETON BOARD						47,720	
100 07	MARTEN HOUSE						486,793	
100 08	FOUNDATION						47,362	
100 09	NETWORK DEVELOPMENT						3,200	
100 10	EAP						14,258	
100 11	MISSION EFFECTIVENESS						10,307	
100 12	OTHER NONREIMBURSABLE COS						446	
100 13	MARKETING						25,768	
100 14	NEW HOPE						837,847	
100 15	JOINT VENTURES						28,184	
100 16	OTHER NONREIMBURSABLE COS						475	
100 17	VACANT SPACE						1,502,512	
100 18	HEART CENTER OF INDIANA						2,655	
100 19	MISSION SERVICES						49,323	
101	CROSS FOOT ADJUSTMENTS	471,676		35,803	972	5,627	548,882	
102	NEGATIVE COST CENTER							
103	TOTAL	471,676		35,803	972	5,627	40,773,136	

		COST CENTER DESCRIPTION	TOTAL
			27
		GENERAL SERVICE COST CNTR	
001		OLD CAP REL COSTS-BLDG &	
002		OLD CAP REL COSTS-MVBLE E	
003		NEW CAP REL COSTS-BLDG &	
003	01	NEW CAPITAL-STRESS	
003	02	NEW CAPITAL-MARTEN HOUSE	
003	03	NEW CAPITAL-WOMEN'S BLDG	
004		NEW CAP REL COSTS-MVBLE E	
005		EMPLOYEE BENEFITS	
006	01	NONPATIENT TELEPHONES	
006	02	DATA PROCESSING	
006	03	PURCHASING, RECEIVING AND	
006	04	ADMITTING	
006	05	CASHIERING/ACCOUNTS RECEI	
006	06	OP REGISTRATION	
006	07	OTHER ADMINISTRATIVE AND	
008		OPERATION OF PLANT	
009		LAUNDRY & LINEN SERVICE	
010		HOUSEKEEPING	
011		DIETARY	
012		CAFETERIA	
014		NURSING ADMINISTRATION	
015		CENTRAL SERVICES & SUPPLY	
016		PHARMACY	
017		MEDICAL RECORDS & LIBRARY	
018		SOCIAL SERVICE	
022		I&R SERVICES-SALARY & FRI	
023		I&R SERVICES-OTHER PRGM C	
024		PARAMED ED PRGM	
024	01	PARAMED ED PRGM-CPE	
024	02	PARAMED ED PRGM-PHARMACY	
024	03	PARAMED ED PRGM-RADIOLOGY	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	8,622,337
026		INTENSIVE CARE UNIT	746,692
027		CORONARY CARE UNIT	458,693
027	01	CARDIAC RECOVERY	382,606
029		SURGICAL INTENSIVE CARE U	
029	01	PEDIATRIC INTENSIVE CARE	563,038
030		NEONATAL INTENSIVE CARE U	1,387,928
031		SUBPROVIDER	280,303
033		NURSERY	218,094
034		SKILLED NURSING FACILITY	265,988
035		NURSING FACILITY	
035	01	ICF/MR	
036		OTHER LONG TERM CARE	
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	6,035,440
037	01	AMBULATORY SURGERY	571,710
038		RECOVERY ROOM	
039		DELIVERY ROOM & LABOR ROO	636,679
040		ANESTHESIOLOGY	
041		RADIOLOGY-DIAGNOSTIC	5,860,507
041	01	CARDIAC CATHETERIZATION L	2,325,306
041	02	ULTRA SOUND	228,190
041	03	SATELLITE CATH LABS	
041	04	EP LAB	47,885
041	05	CATH HOLDING	310,263
041	06	ECHOCARDIOGRAPHY	55,842
042		RADIOLOGY-THERAPEUTIC	
043		RADIOISOTOPE	
044		LABORATORY	517,187
045		PBP CLINICAL LAB SERVICES	
046		WHOLE BLOOD & PACKED RED	
047		BLOOD STORING, PROCESSING	
048		INTRAVENOUS THERAPY	
049		RESPIRATORY THERAPY	878,057
049	01	SLEEP LAB	97,456
050		PHYSICAL THERAPY	457,469
050	01	CARDIAC REHAB	11,475
050	02	SPORTS MEDICINE	71,563
051		OCCUPATIONAL THERAPY	13,415
052		SPEECH PATHOLOGY	40,648
053		ELECTROCARDIOLOGY	340,706
054		ELECTROENCEPHALOGRAPHY	80,868
055		MEDICAL SUPPLIES CHARGED	5,013
056		DRUGS CHARGED TO PATIENTS	59,527
057		RENAL DIALYSIS	95,136
058		ASC (NON-DISTINCT PART)	
059		ENDOSCOPY	568,035
		OUTPAT SERVICE COST CNTRS	
060		CLINIC	148,317
060	01	PARTIAL HOSPITALIZATION	76,767
061		EMERGENCY	1,242,320
061	01	PATIENT SERVICES	161,464

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	TOTAL
			27
		OUTPAT SERVICE COST CNTRS	
061	03	LAFAYETTE RD CLIINIC	36,119
061	04	ZIONSVILLE CLINIC	476,809
061	05	BROWNSBURG CLINIC	86
061	07	WOUND CENTER	74,833
062		OBSERVATION BEDS (NON-DIS	
		OTHER REIMBURS COST CNTRS	
064		HOME PROGRAM DIALYSIS	
065		AMBULANCE SERVICES	
066		DURABLE MEDICAL EQUIP-REN	
067		DURABLE MEDICAL EQUIP-SOL	
067	01	FAMILY PRACTICE	308,087
067	02	GERIATRIC CLINIC	17,729
068		KOKOMO DIALYSIS	
068	01	PSYCH SERVICES	224
068	02	DIABETIC THERAPY	9,002
069		CORF	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	301,077
082		LUNG ACQUISITION	
		SPEC PURPOSE COST CENTERS	
083		KIDNEY ACQUISITION	
084		LIVER ACQUISITION	
085		HEART ACQUISITION	19,344
085	01	PANCREAS ACQUISITION	
086		OTHER ORGAN ACQUISITION	
092		AMBULATORY SURGICAL CENTE	
093		HOSPICE	711,033
095		SUBTOTALS	35,817,267
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	102,505
097		RESEARCH	12,985
098		PHYSICIANS' PRIVATE OFFIC	1,216,999
099		NONPAID WORKERS	
100		O'CONNORS	2,769
100	01	WELLNESS	11,533
100	02	OCC HEALTH	2,607
100	03	CMO	739
100	04	OTHER NONREIMBURSABLE COS	
100	05	OTHER NONREIMBURSABLE COS	
100	06	SETON BOARD	47,720
100	07	MARTEN HOUSE	486,793
100	08	FOUNDATION	47,362
100	09	NETWORK DEVELOPMENT	3,200
100	10	EAP	14,258
100	11	MISSION EFFECTIVENESS	10,307
100	12	OTHER NONREIMBURSABLE COS	446
100	13	MARKETING	25,768
100	14	NEW HOPE	837,847
100	15	JOINT VENTURES	28,184
100	16	OTHER NONREIMBURSABLE COS	475
100	17	VACANT SPACE	1,502,512
100	18	HEART CENTER OF INDIANA	2,655
100	19	MISSION SERVICES	49,323
101		CROSS FOOT ADJUSTMENTS	548,882
102		NEGATIVE COST CENTER	
103		TOTAL	40,773,136

	COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE EET	OLD CAP REL C OSTS-MVBLE E F( ) DOLLAR VALUE	NEW CAP REL C OSTS-BLDG & (SQUARE)EET	NEW CAPITAL-S TRESS F(STRESS SQ)T	NEW CAPITAL-M ARTEN HOUSE F(MARTEN)Q. FT.	NEW CAPITAL-W OMEN'S BLDG S(WOMEN'S)Q. FT.
		1	2	3	3.01	3.02	3.03
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD			1,199,510			
003 01	NEW CAPITAL-STRESS				63,271		
003 02	NEW CAPITAL-MARTEN HO					141,979	
003 03	NEW CAPITAL-WOMEN'S B						157,474
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS			4,545			
006 01	NONPATIENT TELEPHONES			8,006	320		227
006 02	DATA PROCESSING			10,850	8,873		281
006 03	PURCHASING, RECEIVING			8,390			
006 04	ADMITTING			10,322	110		1,392
006 05	CASHIERING/ACCOUNTS R			1,491			
006 06	OP REGISTRATION			39			
006 07	OTHER ADMINISTRATIVE			17,991	4,408	5,603	5,472
008	OPERATION OF PLANT			213,324	3,141		14,371
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING			11,201	687		1,310
011	DIETARY			10,782	1,344		6,108
012	CAFETERIA			12,744			
014	NURSING ADMINISTRATIO			15,904	302		2,313
015	CENTRAL SERVICES & SU			26,272			2,683
016	PHARMACY			15,657			2,726
017	MEDICAL RECORDS & LIB			11,000	719		1,157
018	SOCIAL SERVICE			1,822	182		
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR			18,921			416
024	PARAMED ED PRGM						
024 01	PARAMED ED PRGM-CPE			1,724			
024 02	PARAMED ED PRGM-PHARM						
024 03	PARAMED ED PRGM-RADIO						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS			244,277			36,274
026	INTENSIVE CARE UNIT			23,183			
027	CORONARY CARE UNIT			19,177			
027 01	CARDIAC RECOVERY			12,950			
029	SURGICAL INTENSIVE CA						
029 01	PEDIATRIC INTENSIVE C			18,491			
030	NEONATAL INTENSIVE CA			1,458			27,320
031	SUBPROVIDER				24,189		
033	NURSERY						11,849
034	SKILLED NURSING FACIL			12,251			
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			101,324			10,392
037 01	AMBULATORY SURGERY			21,862			1,157
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR			290			20,809
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC			50,239			4,514
041 01	CARDIAC CATHETERIZATI			25,849			
041 02	ULTRA SOUND			1,962			
041 03	SATELLITE CATH LABS						
041 04	EP LAB			2,327			
041 05	CATH HOLDING			5,425			
041 06	ECHOCARDIOGRAPHY			227			
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY			14,679			3,197
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			6,702	1,080		
049 01	SLEEP LAB			200	8,398		
050	PHYSICAL THERAPY			9,828			92
050 01	CARDIAC REHAB						
050 02	SPORTS MEDICINE						
051	OCCUPATIONAL THERAPY			372	157		
052	SPEECH PATHOLOGY			1,585			
053	ELECTROCARDIOLOGY			3,884			
054	ELECTROENCEPHALOGRAPH			690			
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI						
057	RENAL DIALYSIS			3,496			
058	ASC (NON-DISTINCT PAR						
059	ENDOSCOPY			11,788			
	OUTPAT SERVICE COST C						
060	CLINIC						

		COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE EET)	OLD CAP REL C OSTS-MVBLE E F(DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE EET)	NEW CAPITAL-S TRESS F(STRESS SQ)T	NEW CAPITAL-M ARTEN HOUSE F(MARTEN)Q. FT.	NEW CAPITAL-W OMEN'S BLDG S(WOMEN'S)Q. FT.	S)
			1	2	3	3.01	3.02	3.03	
		OUTPAT SERVICE COST C							
060	01	PARTIAL HOSPITALIZATI				7,802			
061		EMERGENCY			35,927				
061	01	PATIENT SERVICES			3,304			2,794	
061	03	LAFAYETTE RD CLIINIC							
061	04	ZIONSVILLE CLINIC							
061	05	BROWNSBURG CLINIC							
061	07	WOUND CENTER			3,436				
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP							
067	01	FAMILY PRACTICE							
067	02	GERIATRIC CLINIC							
068		KOKOMO DIALYSIS							
068	01	PSYCH SERVICES							
068	02	DIABETIC THERAPY							
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY			5,491				
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITI							
092		AMBULATORY SURGICAL C							
093		HOSPICE			22,138				
095		SUBTOTALS			1,065,797	61,712	5,603	156,854	
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE			4,102			620	
097		RESEARCH							
098		PHYSICIANS' PRIVATE O			8,301				
099		NONPAID WORKERS							
100		O'CONNORS			137				
100	01	WELLNESS							
100	02	OCC HEALTH							
100	03	CMO							
100	04	OTHER NONREIMBURSABLE							
100	05	OTHER NONREIMBURSABLE							
100	06	SETON BOARD			221				
100	07	MARTEN HOUSE					136,376		
100	08	FOUNDATION							
100	09	NETWORK DEVELOPMENT							
100	10	EAP				1,559			
100	11	MISSION EFFECTIVENESS							
100	12	OTHER NONREIMBURSABLE							
100	13	MARKETING							
100	14	NEW HOPE			42,429				
100	15	JOINT VENTURES							
100	16	OTHER NONREIMBURSABLE							
100	17	VACANT SPACE			76,088				
100	18	HEART CENTER OF INDIA			134				
100	19	MISSION SERVICES			2,301				
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)			18,601,033	209,365	498,915	1,734,673	
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)			15.507193	3.309020	3.514006	11.015615	
105		COST TO BE ALLOCATED (WRKSHT B, PART II)							
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107		COST TO BE ALLOCATED (WRKSHT B, PART III							
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)							

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND (COSTED EQUISITIONS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)
		4	5	6.01	6.02	6.03	6.04	6.05
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HO							
003 03	NEW CAPITAL-WOMEN'S B							
004	NEW CAP REL COSTS-MVB	15,008,781						
005	EMPLOYEE BENEFITS	184,471	264,169,309					
006 01	NONPATIENT TELEPHONES	178,739	652,005	3,111				
006 02	DATA PROCESSING	1,906	160,030	15	4,132			
006 03	PURCHASING, RECEIVING		803,397	1	26	105,283,744		
006 04	ADMITTING	13,441	3,220,618	20	69	38,887	209,684	
006 05	CASHIERING/ACCOUNTS R		3,471,800	5	157	38		1789,981,350
006 06	OP REGISTRATION		2,551,487		73			
006 07	OTHER ADMINISTRATIVE	645,646	18,941,388	276	400	726,298		
008	OPERATION OF PLANT	614,942	5,930,885	146	136	828,323		
009	LAUNDRY & LINEN SERVI		272,129					
010	HOUSEKEEPING	4,810	4,894,961	28	19	801,095		
011	DIETARY	129,538	2,093,439	61	28			
012	CAFETERIA		2,765,165		1	42,417		
014	NURSING ADMINISTRATIO	441,711	8,165,173	66	76	300,285		1,800
015	CENTRAL SERVICES & SU	47,624	1,862,100	22	12	3,372,032		
016	PHARMACY	90,060	11,101,487	27	80	20,955,625		
017	MEDICAL RECORDS & LIB	1,194	3,417,077	41	189	65,819		
018	SOCIAL SERVICE	192	3,964,424	96	42	216,431		160,821
022	I&R SERVICES-SALARY &		6,318,446					
023	I&R SERVICES-OTHER PR	32,928	2,387,123	118	66	430,569		3,115,765
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE	20	211,531	4	3	2,605		
024 02	PARAMED ED PRGM-PHARM		180,614			641		
024 03	PARAMED ED PRGM-RADIO	2,500	263,914	2	3	11,551		
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1,379,518	46,146,311	125	501	3,919,274	135,875	172,455,765
026	INTENSIVE CARE UNIT	99,905	4,607,941	42	61	872,767	10,639	30,035,127
027	CORONARY CARE UNIT	4,806	3,500,429	51	47	382,390	4,801	11,440,843
027 01	CARDIAC RECOVERY	40,571	2,283,516	33	31	399,162	3,181	11,400,990
029	SURGICAL INTENSIVE CA							
029 01	PEDIATRIC INTENSIVE C	107,946	2,775,021	12	30	279,869	3,102	13,171,905
030	NEONATAL INTENSIVE CA	551,128	11,626,617	12	149	853,636	22,751	78,928,771
031	SUBPROVIDER	31,246	3,582,910		27	62,122	8,035	13,603,391
033	NURSERY	23,032	2,149,346		32	138,406	11,773	9,737,817
034	SKILLED NURSING FACIL	4,082	1,004,444			57,561	4,615	2,101,494
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	2,254,937	17,169,740	263	148	45,807,239		390,939,638
037 01	AMBULATORY SURGERY	59,871	1,561,254	95	32	323,609		8,730,367
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR	177,978	4,477,436	42	87	143,998		32,833,881
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	3,426,154	12,653,814	339	261	2,615,375		233,774,348
041 01	CARDIAC CATHETERIZATI	1,232,164	2,648,990	66	30	7,008,833		117,728,196
041 02	ULTRA SOUND	135,990	1,190,564	15	5	59,231		16,109,916
041 03	SATELLITE CATH LABS							
041 04	EP LAB		1,442	16	1			
041 05	CATH HOLDING	139,630	632,321	26	7	104,787		5,622,375
041 06	ECHOCARDIOGRAPHY	35,188	407,836	5	8	41,018		12,799,093
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	32,262	90,250	23	18	6,896,186		192,695,741
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	369,868	6,344,300	36	27	1,847,602		67,475,279
049 01	SLEEP LAB	11,811	940,470	28	9	94,106		7,596,002
050	PHYSICAL THERAPY	143,694	7,884,640	88	65	467,146		37,454,597
050 01	CARDIAC REHAB	3,958	417,132	3	1	3,241		742,005
050 02	SPORTS MEDICINE	43,275	1,846,823	19	22	31,513		874,652
051	OCCUPATIONAL THERAPY		593,212	9	3	9,947		3,368,968
052	SPEECH PATHOLOGY	2,932	594,202	12	4	11,977		2,863,366
053	ELECTROCARDIOLOGY	191,771	797,311	13	7	51,024		2,994,072
054	ELECTROENCEPHALOGRAPH	45,270	666,364	17	5	68,305		7,942,696
055	MEDICAL SUPPLIES CHAR							6,093,180
056	DRUGS CHARGED TO PATI							144,856,730
057	RENAL DIALYSIS	10,067		12	3	245,043		4,793,394
058	ASC (NON-DISTINCT PAR							
059	ENDOSCOPY	212,268	1,524,686	36	6	789,963		21,857,947
	OUTPAT SERVICE COST C							
060	CLINIC	62,935	2,834,355	21	149	252,175		9,884,097

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE EQUIPMENT (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND (COSTED EQUISITIONS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)
			4	5	6.01	6.02	6.03	6.04	6.05
		OUTPAT SERVICE COST C							
060	01	PARTIAL HOSPITALIZATI	7,111	698,356	27	19	19,174		5,216,427
061		EMERGENCY	221,908	8,215,459	112	133	1,260,838		70,217,685
061	01	PATIENT SERVICES	19,775	2,102,584	11	6	131,863		3,413,515
061	03	LAFAYETTE RD CLIINIC	23,643	117,547	36	1	7,302		
061	04	ZIONSVILLE CLINIC	353,982	450,671		6	50,145		
061	05	BROWNSBURG CLINIC		127		1			
061	07	WOUND CENTER	1,211		16	11	3,492		4,765,108
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP							
067	01	FAMILY PRACTICE	207,527	1,987,538	93	114	122,445		
067	02	GERIATRIC CLINIC	4,915	509,740	21	24	47,229		
068		KOKOMO DIALYSIS							
068	01	PSYCH SERVICES			1				145,826
068	02	DIABETIC THERAPY	499	529,833	11	9	12,716		508,990
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY	99,457	4,737,529	75	121	137,529		7,689,319
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION	9,696	139,859	4	2	160,179		758,666
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITI							
092		AMBULATORY SURGICAL C							
093		HOSPICE	93,018	4,768,230	63	65	659,991	4,912	21,080,785
095		SUBTOTALS	14,266,721	250,840,343	2,857	3,668	104,243,024	209,684	1789,981,350
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE	3,791	421,903	10	3	186,311		
097		RESEARCH	2,562	735,979	26	27	34,922		
098		PHYSICIANS' PRIVATE O	687,013	8,952,022	141	301	483,267		
099		NONPAID WORKERS							
100		O'CONNORS				1			
100	01	WELLNESS	2,824	455,071	7	12	49,877		
100	02	OCC HEALTH		36,125	19	3	803		
100	03	CMO			3	6			
100	04	OTHER NONREIMBURSABLE							
100	05	OTHER NONREIMBURSABLE							
100	06	SETON BOARD							
100	07	MARTEN HOUSE							
100	08	FOUNDATION	29,055	563,291	15	12	33,260		
100	09	NETWORK DEVELOPMENT		354,215		10			
100	10	EAP		308,076	5	8	10,826		
100	11	MISSION EFFECTIVENESS	2,358	476,872	11	27	86,146		
100	12	OTHER NONREIMBURSABLE				7			
100	13	MARKETING		659,918	13	30	26,593		
100	14	NEW HOPE							
100	15	JOINT VENTURES	14,457	136,791		1	104,524		
100	16	OTHER NONREIMBURSABLE			4				
100	17	VACANT SPACE							
100	18	HEART CENTER OF INDIA							
100	19	MISSION SERVICES		228,703		16	24,191		
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	19,729,150	78,242,866	2,715,631	26,838,607	2,100,711	5,267,879	6,378,529
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.314507	.296185	872.912568	6,495.306631	.019953	25.122942	.003563
105		COST TO BE ALLOCATED (WRKSHT B, PART II)							
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107		COST TO BE ALLOCATED (WRKSHT B, PART III		312,968	363,438	205,156	132,465	203,058	35,614
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)		.001185	116.823529	49.650532	.001258	.968400	.000020

	COST CENTER DESCRIPTION	OP REGISTRATION (OP EVENUE)	R RECONCIL-IATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS	HOUSEKEEPING (SQUARE)OOTAGE	DIETARY F(MEALS SERVED)
		6.06	6a.07	6.07	8	9	10	11
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HO							
003 03	NEW CAPITAL-WOMEN'S B							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS R							
006 06	OP REGISTRATION	615,423,616						
006 07	OTHER ADMINISTRATIVE		-47,997,726	602,458,712				
008	OPERATION OF PLANT			26,014,024	1,106,706			
009	LAUNDRY & LINEN SERVI			2,710,516		3,082,406		
010	HOUSEKEEPING			8,829,496	13,198		1,093,513	
011	DIETARY			4,098,516	18,234		18,234	383,129
012	CAFETERIA			2,019,092	12,744		12,744	
014	NURSING ADMINISTRATIO			12,998,966	18,519		18,519	
015	CENTRAL SERVICES & SU			3,097,926	28,956	8,684	28,956	
016	PHARMACY			19,006,083	18,383		18,383	
017	MEDICAL RECORDS & LIB			8,457,739	12,877		12,877	
018	SOCIAL SERVICE			6,374,136	2,003		2,003	
022	I&R SERVICES-SALARY &			8,189,875				
023	I&R SERVICES-OTHER PR			4,908,626	19,336		19,336	
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE			287,067	1,724		1,724	
024 02	PARAMED ED PRGM-PHARM			241,809				
024 03	PARAMED ED PRGM-RADIO			268,329				
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS			79,023,577	292,137	1,479,320	292,137	309,498
026	INTENSIVE CARE UNIT			10,304,104	23,183	255,952	23,183	15,089
027	CORONARY CARE UNIT			6,440,550	19,177	47,020	19,177	
027 01	CARDIAC RECOVERY			4,506,084	12,950	24,922	12,950	3,383
029	SURGICAL INTENSIVE CA							
029 01	PEDIATRIC INTENSIVE C			4,725,776	18,491	36,830	18,491	1,407
030	NEONATAL INTENSIVE CA			19,787,617	28,778	77,902	28,778	
031	SUBPROVIDER			5,275,726	24,189	52,221	24,189	4,852
033	NURSERY			3,648,489	263	33,020	263	
034	SKILLED NURSING FACIL			1,692,409	12,251		12,251	
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	144,361,306		80,619,761	111,717	372,883	111,717	
037 01	AMBULATORY SURGERY	8,628,695		3,282,533	23,019	31,533	23,019	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR	2,689,171		7,277,833	21,099	117,328	21,099	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	173,089,085		35,455,023	54,754	131,948	54,754	
041 01	CARDIAC CATHETERIZATI	44,324,413		22,964,347	25,849	19,945	25,849	
041 02	ULTRA SOUND	10,015,872		2,057,679	1,962		1,962	
041 03	SATELLITE CATH LABS							
041 04	EP LAB			33,147	2,327		2,327	
041 05	CATH HOLDING	3,776,396		1,494,502	5,425		5,425	1,879
041 06	ECHOCARDIOGRAPHY	3,954,016		840,313	227		227	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	42,081,422		34,050,355	17,876		17,876	
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	7,156,055		11,574,295	7,782	17,762	7,782	
049 01	SLEEP LAB	7,417,138		1,912,101	8,598		8,598	
050	PHYSICAL THERAPY	25,241,072		13,811,186	9,920	2,138	9,920	
050 01	CARDIAC REHAB	373,030		703,046				
050 02	SPORTS MEDICINE	874,652		2,974,034				
051	OCCUPATIONAL THERAPY	396,264		896,063	530		530	
052	SPEECH PATHOLOGY	1,327,918		1,033,498	1,585		1,585	
053	ELECTROCARDIOLOGY	1,173,112		1,937,735	3,884	9,987	3,884	
054	ELECTROENCEPHALOGRAPH	2,203,893		1,100,061	690	2,477	690	
055	MEDICAL SUPPLIES CHAR	208,242		2,269,191		5		
056	DRUGS CHARGED TO PATI	30,481,959		26,120,795				
057	RENAL DIALYSIS	685,938		1,612,121	3,496		3,496	
058	ASC (NON-DISTINCT PAR							
059	ENDOSCOPY	14,945,806		3,683,169	11,788	23,204	11,788	
	OUTPAT SERVICE COST C							
060	CLINIC	9,884,097		6,191,792				

		COST CENTER DESCRIPTION	OP REGISTRATION (OP EVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LIN (LBS)	HOUSEKEEPING (SQUARE OOTAGE)	DIETARY (MEALS SERVED)
			6.06	6a.07	6.07	8	9	10	11
		OUTPAT SERVICE COST C							
060	01	PARTIAL HOSPITALIZATI	5,206,040		1,175,489	7,802		7,807	
061		EMERGENCY	47,642,583		14,484,422	35,927	331,928	35,927	1,787
061	01	PATIENT SERVICES	3,206,861		3,070,673	6,098	5,397	6,098	1,107
061	03	LAFAYETTE RD CLIINIC			291,908				
061	04	ZIONSVILLE CLINIC			1,801,259				
061	05	BROWNSBURG CLINIC			10,109				
061	07	WOUND CENTER			1,376,383	3,436		3,436	
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP		214					
067	01	FAMILY PRACTICE			4,465,808				5
067	02	GERIATRIC CLINIC			838,207				
068		KOKOMO DIALYSIS							
068	01	PSYCH SERVICES			48,058				
068	02	DIABETIC THERAPY	508,366		810,948				
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY	7,689,319		7,801,255	5,491		5,491	
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION	181		652,241				
085	01	PANCREAS ACQUISITION							
086		OTHER ORGAN ACQUISITI							
092		AMBULATORY SURGICAL C							
093		HOSPICE	15,880,714		9,148,121	22,138		22,138	11,276
095		SUBTOTALS	615,423,616	-47,997,512	552,775,993	970,813	3,082,406	957,620	350,283
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE			1,819,081	4,723		4,723	
097		RESEARCH			1,555,223				
098		PHYSICIANS' PRIVATE O			19,207,606	8,301		8,301	
099		NONPAID WORKERS							
100		O'CONNORS			8,619	137		137	
100	01	WELLNESS			953,661				
100	02	OCC HEALTH			89,991				
100	03	CMO			42,110				
100	04	OTHER NONREIMBURSABLE							
100	05	OTHER NONREIMBURSABLE							
100	06	SETON BOARD			3,427	221		221	32,846
100	07	MARTEN HOUSE			3,512,774				
100	08	FOUNDATION			2,505,327				
100	09	NETWORK DEVELOPMENT			1,059,889				
100	10	EAP			548,092	1,559		1,559	
100	11	MISSION EFFECTIVENESS			1,390,171				
100	12	OTHER NONREIMBURSABLE			45,467				
100	13	MARKETING			10,176,196				
100	14	NEW HOPE			657,955	42,429		42,429	
100	15	JOINT VENTURES			3,664,779				
100	16	OTHER NONREIMBURSABLE			3,492				
100	17	VACANT SPACE			1,179,911	76,088		76,088	
100	18	HEART CENTER OF INDIA			3,481	134		134	
100	19	MISSION SERVICES			1,255,467	2,301		2,301	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	3,928,293		47,997,726	28,086,561	2,926,463	9,867,888	5,052,341
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.006383		.079670	25.378521	.949409	9.024024	13.187049
105		COST TO BE ALLOCATED (WRKSHT B, PART II)							
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107		COST TO BE ALLOCATED (WRKSHT B, PART III	7,253		1,297,711	4,373,013	6,160	278,914	505,733
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000012		.002154	3.951377	.001998	.255062	1.320007

	COST CENTER DESCRIPTION	CAFETERIA (EMPLOYEE HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
		12	14	15	16	17	18	22
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAPITAL-STRESS							
003 02	NEW CAPITAL-MARTEN HO							
003 03	NEW CAPITAL-WOMEN'S B							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS R							
006 06	OP REGISTRATION							
006 07	OTHER ADMINISTRATIVE							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	6,777,722						
014	NURSING ADMINISTRATIO	284,642	3,114,376					
015	CENTRAL SERVICES & SU	84,092	13	31,216,212				
016	PHARMACY	300,965	2,107	476,387	3,525,512			
017	MEDICAL RECORDS & LIB	26,003				242,094		
018	SOCIAL SERVICE	128,371	49,084	531			18,781	
022	I&R SERVICES-SALARY &	253,239						1,494
023	I&R SERVICES-OTHER PR	136,678	9,311	20,335	57,260			
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-CPE	7,803		252				
024 02	PARAMED ED PRGM-PHARM	6,178						
024 03	PARAMED ED PRGM-RADIO	10,096	2,090					
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1,464,181	1,164,520	2,789,188	91,866	39,484	6,671	730
026	INTENSIVE CARE UNIT	194,701	179,429	731,451	48,838	507	442	86
027	CORONARY CARE UNIT	91,828	84,290	289,819	15,301	2,628	149	206
027 01	CARDIAC RECOVERY	68,515	63,406	188,406	127,439		57	
029	SURGICAL INTENSIVE CA							
029 01	PEDIATRIC INTENSIVE C	89,770	62,438	185,448	5,114	453	1,297	25
030	NEONATAL INTENSIVE CA	358,332	265,527	561,043	22,837	901	2,969	27
031	SUBPROVIDER	137,853	53,969	16,901	1,436	2,436		
033	NURSERY	140,304	53,330	88,860	244	3,400	881	5
034	SKILLED NURSING FACIL	47,459	22,213	33,838	659			
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	599,106	297,708	16,765,924	874,077	9,099	15	70
037 01	AMBULATORY SURGERY	67,350	35,606	237,574	11,742		280	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR	146,489	116,065	96,547	3,265	665	644	59
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	475,953	47,676	632,023	16,116	82,092		
041 01	CARDIAC CATHETERIZATI	83,987	38,160	4,824,624	30,119	2,722		
041 02	ULTRA SOUND	32,294		53,006	429			
041 03	SATELLITE CATH LABS							
041 04	EP LAB	43	43		21			
041 05	CATH HOLDING	24,586	18,677	75,208	7,423			
041 06	ECHOCARDIOGRAPHY	12,352	2,601	8,492	50			
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	2,082		20,800	177,097	14,863		1
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	208,145	17,171	198,426	1,150,402	3,217		
049 01	SLEEP LAB	37,731		75,055	372	2,186		
050	PHYSICAL THERAPY	287,161	19	309,147	2,834	1,218		23
050 01	CARDIAC REHAB	13,336	10,392	940		2		
050 02	SPORTS MEDICINE	68,614		4,022				
051	OCCUPATIONAL THERAPY	21,479		7,680				
052	SPEECH PATHOLOGY	21,262		5,676				
053	ELECTROCARDIOLOGY	36,264	8,598	29,877	1,050			
054	ELECTROENCEPHALOGRAPH	21,046		62,227	38			
055	MEDICAL SUPPLIES CHAR	6	4	8				
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS			219,397	18,567			4
058	ASC (NON-DISTINCT PAR							
059	ENDOSCOPY	52,873	41,321	833,860	7,333	6,238	6	14
	OUTPAT SERVICE COST C							
060	CLINIC	144,696	51,038	78,528	84,109		254	35

	COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
		(EMPLOYEE HOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME PENT)	(TIME SPENT)	(ASSIGNED TIME)
		12	14	15	16	17	18	22
	OUTPAT SERVICE COST C							
060 01	PARTIAL HOSPITALIZATI	29,674		98				
061	EMERGENCY	341,590	166,247	776,220	61,238	54,418	4,268	46
061 01	PATIENT SERVICES	41,042	15,501	65,649	16,483	4,047	32	17
061 03	LAFAYETTE RD CLIINIC		12	155				
061 04	ZIONSVILLE CLINIC		434	4,081	230	5,608		
061 05	BROWNSBURG CLINIC					12		
061 07	WOUND CENTER			867	51			
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
067 01	FAMILY PRACTICE		8,088	21,218	599		734	72
067 02	GERIATRIC CLINIC	28,857	8,235	8,390	7,669			16
068	KOKOMO DIALYSIS							
068 01	PSYCH SERVICES							
068 02	DIABETIC THERAPY	16,521	8,375	1,918	75	744		
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY		70,544	86,542	1,447			
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	4,418	2,631	155,672	258			
085 01	PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITI							
092	AMBULATORY SURGICAL C							
093	HOSPICE		79,332	100,812	414,549			10
095	SUBTOTALS	6,649,967	3,056,205	31,143,122	3,258,637	236,940	18,699	1,446
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	32,548	3	9				
097	RESEARCH	24,694	63	433				8
098	PHYSICIANS' PRIVATE O		48,611	42,181	265,823	5,154	82	
099	NONPAID WORKERS							
100	O'CONNORS							
100 01	WELLNESS	18,875	9,311	2,038	132			
100 02	OCC HEALTH							
100 03	CMO							
100 04	OTHER NONREIMBURSABLE							
100 05	OTHER NONREIMBURSABLE							
100 06	SETON BOARD							
100 07	MARTEN HOUSE							
100 08	FOUNDATION	18,741						
100 09	NETWORK DEVELOPMENT							
100 10	EAP							
100 11	MISSION EFFECTIVENESS	21,923	118	1,832				
100 12	OTHER NONREIMBURSABLE							
100 13	MARKETING		32		85			
100 14	NEW HOPE							
100 15	JOINT VENTURES	6,786	3	26,597	835			
100 16	OTHER NONREIMBURSABLE							40
100 17	VACANT SPACE							
100 18	HEART CENTER OF INDIA		22					
100 19	MISSION SERVICES	4,188	8					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,618,379	14,781,658	4,381,692	21,345,858	9,584,614	7,233,504	8,940,194
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.386321	4.746266	.140366	6.054683	39.590465	385.150099	5,984.065596
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	258,960	992,048	640,886	578,070	278,957	90,088	34,804
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.038208	.318538	.020531	.163968	1.152267	4.796763	23.295850

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED PR GM-CPE (ASSIGNED TIME)	PARAMED ED PR GM-PHARMACY (ASSIGNED TIME)	PARAMED ED PR GM-RADIOLOGY (ASSIGNED TIME)
		23	24	24.01	24.02	24.03
	GENERAL SERVICE COST					
001	OLD CAP REL COSTS-BLD					
002	OLD CAP REL COSTS-MVB					
003	NEW CAP REL COSTS-BLD					
003 01	NEW CAPITAL-STRESS					
003 02	NEW CAPITAL-MARTEN HO					
003 03	NEW CAPITAL-WOMEN'S B					
004	NEW CAP REL COSTS-MVB					
005	EMPLOYEE BENEFITS					
006 01	NONPATIENT TELEPHONES					
006 02	DATA PROCESSING					
006 03	PURCHASING, RECEIVING					
006 04	ADMITTING					
006 05	CASHIERING/ACCOUNTS R					
006 06	OP REGISTRATION					
006 07	OTHER ADMINISTRATIVE					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVI					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATIO					
015	CENTRAL SERVICES & SU					
016	PHARMACY					
017	MEDICAL RECORDS & LIB					
018	SOCIAL SERVICE					
022	I&R SERVICES-SALARY &					
023	I&R SERVICES-OTHER PR	1,494				
024	PARAMED ED PRGM					
024 01	PARAMED ED PRGM-CPE			1,522		
024 02	PARAMED ED PRGM-PHARM				100	
024 03	PARAMED ED PRGM-RADIO					100
	INPAT ROUTINE SRVC CN					
025	ADULTS & PEDIATRICS	730		953		
026	INTENSIVE CARE UNIT	86		291		
027	CORONARY CARE UNIT	206		5		
027 01	CARDIAC RECOVERY					
029	SURGICAL INTENSIVE CA					
029 01	PEDIATRIC INTENSIVE C	25		1		
030	NEONATAL INTENSIVE CA	27				
031	SUBPROVIDER			152		
033	NURSERY	5				
034	SKILLED NURSING FACIL					
035	NURSING FACILITY					
035 01	ICF/MR					
036	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST C					
037	OPERATING ROOM	70				
037 01	AMBULATORY SURGERY					
038	RECOVERY ROOM					
039	DELIVERY ROOM & LABOR	59				
040	ANESTHESIOLOGY					
041	RADIOLOGY-DIAGNOSTIC					100
041 01	CARDIAC CATHETERIZATI					
041 02	ULTRA SOUND					
041 03	SATELLITE CATH LABS					
041 04	EP LAB					
041 05	CATH HOLDING					
041 06	ECHOCARDIOGRAPHY					
042	RADIOLOGY-THERAPEUTIC					
043	RADIOISOTOPE					
044	LABORATORY	1				
045	PBP CLINICAL LAB SERV					
046	WHOLE BLOOD & PACKED					
047	BLOOD STORING, PROCES					
048	INTRAVENOUS THERAPY					
049	RESPIRATORY THERAPY					
049 01	SLEEP LAB					
050	PHYSICAL THERAPY	23				
050 01	CARDIAC REHAB					
050 02	SPORTS MEDICINE					
051	OCCUPATIONAL THERAPY					
052	SPEECH PATHOLOGY					
053	ELECTROCARDIOLOGY					
054	ELECTROENCEPHALOGRAPH					
055	MEDICAL SUPPLIES CHAR					
056	DRUGS CHARGED TO PATI				100	
057	RENAL DIALYSIS	4				
058	ASC (NON-DISTINCT PAR					
059	ENDOSCOPY	14				
	OUTPAT SERVICE COST C					
060	CLINIC	35				

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED PR GM-CPE (ASSIGNED TIME)	PARAMED ED PR GM-PHARMACY (ASSIGNED TIME)	PARAMED ED PR GM-RADIOLOGY (ASSIGNED TIME)
		23	24	24.01	24.02	24.03
	OUTPAT SERVICE COST C					
060 01	PARTIAL HOSPITALIZATI					
061	EMERGENCY	46		12		
061 01	PATIENT SERVICES	17				
061 03	LAFAYETTE RD CLIINIC					
061 04	ZIONSVILLE CLINIC					
061 05	BROWNSBURG CLINIC					
061 07	WOUND CENTER					
062	OBSERVATION BEDS (NON					
	OTHER REIMBURS COST C					
064	HOME PROGRAM DIALYSIS					
065	AMBULANCE SERVICES					
066	DURABLE MEDICAL EQUIP					
067	DURABLE MEDICAL EQUIP					
067 01	FAMILY PRACTICE	72				
067 02	GERIATRIC CLINIC	16				
068	KOKOMO DIALYSIS					
068 01	PSYCH SERVICES					
068 02	DIABETIC THERAPY					
069	CORF					
070	I&R SERVICES-NOT APPR					
071	HOME HEALTH AGENCY					
082	LUNG ACQUISITION					
	SPEC PURPOSE COST CEN					
083	KIDNEY ACQUISITION					
084	LIVER ACQUISITION					
085	HEART ACQUISITION					
085 01	PANCREAS ACQUISITION					
086	OTHER ORGAN ACQUISITI					
092	AMBULATORY SURGICAL C					
093	HOSPICE	10		108		
095	SUBTOTALS	1,446		1,522	100	100
	NONREIMBURS COST CENT					
096	GIFT, FLOWER, COFFEE					
097	RESEARCH	8				
098	PHYSICIANS' PRIVATE O					
099	NONPAID WORKERS					
100	O'CONNORS					
100 01	WELLNESS					
100 02	OCC HEALTH					
100 03	CMO					
100 04	OTHER NONREIMBURSABLE					
100 05	OTHER NONREIMBURSABLE					
100 06	SETON BOARD					
100 07	MARTEN HOUSE					
100 08	FOUNDATION					
100 09	NETWORK DEVELOPMENT					
100 10	EAP					
100 11	MISSION EFFECTIVENESS					
100 12	OTHER NONREIMBURSABLE					
100 13	MARKETING					
100 14	NEW HOPE					
100 15	JOINT VENTURES					
100 16	OTHER NONREIMBURSABLE	40				
100 17	VACANT SPACE					
100 18	HEART CENTER OF INDIA					
100 19	MISSION SERVICES					
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	COST TO BE ALLOCATED (PER WRKSHT B, PART	6,411,443		372,297	263,461	303,527
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	4,291.461178		244.610381	2,634.610000	3,035.270000
105	COST TO BE ALLOCATED (PER WRKSHT B, PART					
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	471,676		35,803	972	5,627
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	315.713521		23.523653	9.720000	56.270000

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	112,261,626		112,261,626		112,261,626
26		INTENSIVE CARE UNIT	13,951,263		13,951,263		13,951,263
27		CORONARY CARE UNIT	8,389,564		8,389,564		8,389,564
27	01	CARDIAC RECOVERY	6,526,284		6,526,284		6,526,284
29		SURGICAL INTENSIVE CARE U					
29	01	PEDIATRIC INTENSIVE CARE	6,697,678		6,697,678		6,697,678
30		NEONATAL INTENSIVE CARE U	25,222,990		25,222,990		25,222,990
31		SUBPROVIDER	7,095,866		7,095,866		7,095,866
33		NURSERY	4,774,756		4,774,756		4,774,756
34		SKILLED NURSING FACILITY	2,381,211		2,381,211		2,381,211
35		NURSING FACILITY					
35	01	ICF/MR					
36		OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	100,896,021		100,896,021		100,896,021
37	01	AMBULATORY SURGERY	4,773,200		4,773,200		4,773,200
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROO	9,610,062		9,610,062		9,610,062
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC	44,438,709		44,438,709		44,438,709
41	01	CARDIAC CATHETERIZATION L	26,883,027		26,883,027		26,883,027
41	02	ULTRA SOUND	2,311,625		2,311,625		2,311,625
41	03	SATELLITE CATH LABS					
41	04	EP LAB	116,191		116,191		116,191
41	05	CATH HOLDING	1,978,625		1,978,625		1,978,625
41	06	ECHOCARDIOGRAPHY	933,682		933,682		933,682
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE					
44		LABORATORY	39,042,549		39,042,549		39,042,549
45		PBP CLINICAL LAB SERVICES					
46		WHOLE BLOOD & PACKED RED					
47		BLOOD STORING, PROCESSING					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	20,063,446		20,063,446		20,063,446
49	01	SLEEP LAB	2,474,140		2,474,140		2,474,140
50		PHYSICAL THERAPY	15,474,626		15,474,626		15,474,626
50	01	CARDIAC REHAB	813,744		813,744		813,744
50	02	SPORTS MEDICINE	3,238,047		3,238,047		3,238,047
51		OCCUPATIONAL THERAPY	995,062		995,062		995,062
52		SPEECH PATHOLOGY	1,179,376		1,179,376		1,179,376
53		ELECTROCARDIOLOGY	2,300,584		2,300,584		2,300,584
54		ELECTROENCEPHALOGRAPHY	1,230,889		1,230,889		1,230,889
55		MEDICAL SUPPLIES CHARGED	2,450,004		2,450,004		2,450,004
56		DRUGS CHARGED TO PATIENTS	28,465,300		28,465,300		28,465,300
57		RENAL DIALYSIS	2,004,043		2,004,043		2,004,043
58		ASC (NON-DISTINCT PART)					
59		ENDOSCOPY	5,031,441		5,031,441		5,031,441
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	7,601,335		7,601,335		7,601,335
60	01	PARTIAL HOSPITALIZATION	1,549,072		1,549,072		1,549,072
61		EMERGENCY	22,415,013		22,415,013		22,415,013
61	01	PATIENT SERVICES	3,915,811		3,915,811		3,915,811
61	03	LAFAYETTE RD CLIINIC	315,243		315,243		315,243
61	04	ZIONSVILLE CLINIC	2,170,814		2,170,814		2,170,814
61	05	BROWNSBURG CLINIC	11,389		11,389		11,389
61	07	WOUND CENTER	1,604,678		1,604,678		1,604,678
62		OBSERVATION BEDS (NON-DIS	6,781,148		6,781,148		6,781,148
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
67	01	FAMILY PRACTICE	5,149,358		5,149,358		5,149,358
67	02	GERIATRIC CLINIC	1,002,832		1,002,832		1,002,832
68		KOKOMO DIALYSIS					
68	01	PSYCH SERVICES	51,887		51,887		51,887
68	02	DIABETIC THERAPY	951,866		951,866		951,866
101		SUBTOTAL	557,526,077		557,526,077		557,526,077
102		LESS OBSERVATION BEDS	6,781,148		6,781,148		6,781,148
103		TOTAL	550,744,929		550,744,929		550,744,929

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	157,228,420		157,228,420			
26	INTENSIVE CARE UNIT	30,035,127		30,035,127			
27	CORONARY CARE UNIT	11,440,843		11,440,843			
27 01	CARDIAC RECOVERY	11,400,990		11,400,990			
29	SURGICAL INTENSIVE CARE U						
29 01	PEDIATRIC INTENSIVE CARE	13,171,905		13,171,905			
30	NEONATAL INTENSIVE CARE U	78,928,771		78,928,771			
31	SUBPROVIDER	13,603,391		13,603,391			
33	NURSERY	9,737,817		9,737,817			
34	SKILLED NURSING FACILITY	2,101,494		2,101,494			
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	246,578,332	144,361,306	390,939,638	.258086	.258086	.258086
37 01	AMBULATORY SURGERY	101,671	8,628,695	8,730,366	.546735	.546735	.546735
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	30,144,710	2,689,171	32,833,881	.292687	.292687	.292687
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	60,685,264	173,089,085	233,774,349	.190092	.190092	.190092
41 01	CARDIAC CATHETERIZATION L	73,403,783	44,324,413	117,728,196	.228348	.228348	.228348
41 02	ULTRA SOUND	6,094,044	10,015,872	16,109,916	.143491	.143491	.143491
41 03	SATELLITE CATH LABS						
41 04	EP LAB						
41 05	CATH HOLDING	1,845,979	3,776,396	5,622,375	.351920	.351920	.351920
41 06	ECHOCARDIOGRAPHY	8,845,077	3,954,016	12,799,093	.072949	.072949	.072949
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	150,614,320	42,081,422	192,695,742	.202612	.202612	.202612
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	60,319,224	7,156,055	67,475,279	.297345	.297345	.297345
49 01	SLEEP LAB	178,864	7,417,138	7,596,002	.325716	.325716	.325716
50	PHYSICAL THERAPY	12,213,525	25,241,072	37,454,597	.413157	.413157	.413157
50 01	CARDIAC REHAB	368,975	373,030	742,005	1.096683	1.096683	1.096683
50 02	SPORTS MEDICINE		874,652	874,652	3.702098	3.702098	3.702098
51	OCCUPATIONAL THERAPY	2,972,704	396,264	3,368,968	.295361	.295361	.295361
52	SPEECH PATHOLOGY	1,535,448	1,327,918	2,863,366	.411884	.411884	.411884
53	ELECTROCARDIOLOGY	1,820,960	1,173,112	2,994,072	.768380	.768380	.768380
54	ELECTROENCEPHALOGRAPHY	5,738,803	2,203,893	7,942,696	.154971	.154971	.154971
55	MEDICAL SUPPLIES CHARGED	5,884,938	208,242	6,093,180	.402090	.402090	.402090
56	DRUGS CHARGED TO PATIENTS	114,374,771	30,481,959	144,856,730	.196507	.196507	.196507
57	RENAL DIALYSIS	4,107,456	685,938	4,793,394	.418084	.418084	.418084
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	6,912,141	14,945,806	21,857,947	.230188	.230188	.230188
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		9,884,097	9,884,097	.769047	.769047	.769047
60 01	PARTIAL HOSPITALIZATION	10,387	5,206,040	5,216,427	.296960	.296960	.296960
61	EMERGENCY	22,575,101	47,642,583	70,217,684	.319222	.319222	.319222
61 01	PATIENT SERVICES	206,654	3,206,861	3,413,515	1.147149	1.147149	1.147149
61 03	LAFAYETTE RD CLIINIC	2,698	588,011	590,709	.533669	.533669	.533669
61 04	ZIONSVILLE CLINIC	18,235	5,657,219	5,675,454	.382492	.382492	.382492
61 05	BROWNSBURG CLINIC						
61 07	WOUND CENTER	194,453	4,570,655	4,765,108	.336756	.336756	.336756
62	OBSERVATION BEDS (NON-DIS	3,673,512	11,553,833	15,227,345	.445327	.445327	.445327
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE	468,958	12,677,875	13,146,833	.391680	.391680	.391680
67 02	GERIATRIC CLINIC		2,234,286	2,234,286	.448838	.448838	.448838
68	KOKOMO DIALYSIS						
68 01	PSYCH SERVICES	145,826		145,826	.355814	.355814	.355814
68 02	DIABETIC THERAPY	624	508,366	508,990	1.870107	1.870107	1.870107
101	SUBTOTAL	1149,686,195	629,135,281	1778,821,476			
102	LESS OBSERVATION BEDS						
103	TOTAL	1149,686,195	629,135,281	1778,821,476			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	119,762,759		119,762,759		119,762,759
26	INTENSIVE CARE UNIT	14,834,959		14,834,959		14,834,959
27	CORONARY CARE UNIT	10,506,323		10,506,323		10,506,323
27 01	CARDIAC RECOVERY	6,526,284		6,526,284		6,526,284
29	SURGICAL INTENSIVE CARE U					
29 01	PEDIATRIC INTENSIVE CARE	6,954,567		6,954,567		6,954,567
30	NEONATAL INTENSIVE CARE U	25,500,429		25,500,429		25,500,429
31	SUBPROVIDER	7,095,866		7,095,866		7,095,866
33	NURSERY	4,826,133		4,826,133		4,826,133
34	SKILLED NURSING FACILITY	2,381,211		2,381,211		2,381,211
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	101,615,308		101,615,308		101,615,308
37 01	AMBULATORY SURGERY	4,773,200		4,773,200		4,773,200
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	10,216,318		10,216,318		10,216,318
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	44,438,709		44,438,709		44,438,709
41 01	CARDIAC CATHETERIZATION L	26,883,027		26,883,027		26,883,027
41 02	ULTRA SOUND	2,311,625		2,311,625		2,311,625
41 03	SATELLITE CATH LABS					
41 04	EP LAB	116,191		116,191		116,191
41 05	CATH HOLDING	1,978,625		1,978,625		1,978,625
41 06	ECHOCARDIOGRAPHY	933,682		933,682		933,682
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	39,052,824		39,052,824		39,052,824
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	20,063,446		20,063,446		20,063,446
49 01	SLEEP LAB	2,474,140		2,474,140		2,474,140
50	PHYSICAL THERAPY	15,710,964		15,710,964		15,710,964
50 01	CARDIAC REHAB	813,744		813,744		813,744
50 02	SPORTS MEDICINE	3,238,047		3,238,047		3,238,047
51	OCCUPATIONAL THERAPY	995,062		995,062		995,062
52	SPEECH PATHOLOGY	1,179,376		1,179,376		1,179,376
53	ELECTROCARDIOLOGY	2,300,584		2,300,584		2,300,584
54	ELECTROENCEPHALOGRAPHY	1,230,889		1,230,889		1,230,889
55	MEDICAL SUPPLIES CHARGED	2,450,004		2,450,004		2,450,004
56	DRUGS CHARGED TO PATIENTS	28,465,300		28,465,300		28,465,300
57	RENAL DIALYSIS	2,045,145		2,045,145		2,045,145
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY	5,175,298		5,175,298		5,175,298
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	7,960,978		7,960,978		7,960,978
60 01	PARTIAL HOSPITALIZATION	1,549,072		1,549,072		1,549,072
61	EMERGENCY	22,887,687		22,887,687		22,887,687
61 01	PATIENT SERVICES	4,090,495		4,090,495		4,090,495
61 03	LAFAYETTE RD CLIINIC	315,243		315,243		315,243
61 04	ZIONSVILLE CLINIC	2,170,814		2,170,814		2,170,814
61 05	BROWNSBURG CLINIC	11,389		11,389		11,389
61 07	WOUND CENTER	1,604,678		1,604,678		1,604,678
62	OBSERVATION BEDS (NON-DIS	6,781,148		6,781,148		6,781,148
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
67 01	FAMILY PRACTICE	5,889,196		5,889,196		5,889,196
67 02	GERIATRIC CLINIC	1,167,240		1,167,240		1,167,240
68	KOKOMO DIALYSIS					
68 01	PSYCH SERVICES	51,887		51,887		51,887
68 02	DIABETIC THERAPY	951,866		951,866		951,866
101	SUBTOTAL	572,281,732		572,281,732		572,281,732
102	LESS OBSERVATION BEDS	6,781,148		6,781,148		6,781,148
103	TOTAL	565,500,584		565,500,584		565,500,584

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	157,228,420		157,228,420			
26	INTENSIVE CARE UNIT	30,035,127		30,035,127			
27	CORONARY CARE UNIT	11,440,843		11,440,843			
27 01	CARDIAC RECOVERY	11,400,990		11,400,990			
29	SURGICAL INTENSIVE CARE U						
29 01	PEDIATRIC INTENSIVE CARE	13,171,905		13,171,905			
30	NEONATAL INTENSIVE CARE U	78,928,771		78,928,771			
31	SUBPROVIDER	13,603,391		13,603,391			
33	NURSERY	9,737,817		9,737,817			
34	SKILLED NURSING FACILITY	2,101,494		2,101,494			
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	246,578,332	144,361,306	390,939,638	.259926	.259926	.259926
37 01	AMBULATORY SURGERY	101,671	8,628,695	8,730,366	.546735	.546735	.546735
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	30,144,710	2,689,171	32,833,881	.311152	.311152	.311152
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	60,685,264	173,089,085	233,774,349	.190092	.190092	.190092
41 01	CARDIAC CATHETERIZATION L	73,403,783	44,324,413	117,728,196	.228348	.228348	.228348
41 02	ULTRA SOUND	6,094,044	10,015,872	16,109,916	.143491	.143491	.143491
41 03	SATELLITE CATH LABS						
41 04	EP LAB						
41 05	CATH HOLDING	1,845,979	3,776,396	5,622,375	.351920	.351920	.351920
41 06	ECHOCARDIOGRAPHY	8,845,077	3,954,016	12,799,093	.072949	.072949	.072949
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	150,614,320	42,081,422	192,695,742	.202666	.202666	.202666
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	60,319,224	7,156,055	67,475,279	.297345	.297345	.297345
49 01	SLEEP LAB	178,864	7,417,138	7,596,002	.325716	.325716	.325716
50	PHYSICAL THERAPY	12,213,525	25,241,072	37,454,597	.419467	.419467	.419467
50 01	CARDIAC REHAB	368,975	373,030	742,005	1.096683	1.096683	1.096683
50 02	SPORTS MEDICINE		874,652	874,652	3.702098	3.702098	3.702098
51	OCCUPATIONAL THERAPY	2,972,704	396,264	3,368,968	.295361	.295361	.295361
52	SPEECH PATHOLOGY	1,535,448	1,327,918	2,863,366	.411884	.411884	.411884
53	ELECTROCARDIOLOGY	1,820,960	1,173,112	2,994,072	.768380	.768380	.768380
54	ELECTROENCEPHALOGRAPHY	5,738,803	2,203,893	7,942,696	.154971	.154971	.154971
55	MEDICAL SUPPLIES CHARGED	5,884,938	208,242	6,093,180	.402090	.402090	.402090
56	DRUGS CHARGED TO PATIENTS	114,374,771	30,481,959	144,856,730	.196507	.196507	.196507
57	RENAL DIALYSIS	4,107,456	685,938	4,793,394	.426659	.426659	.426659
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	6,912,141	14,945,806	21,857,947	.236770	.236770	.236770
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		9,884,097	9,884,097	.805433	.805433	.805433
60 01	PARTIAL HOSPITALIZATION	10,387	5,206,040	5,216,427	.296960	.296960	.296960
61	EMERGENCY	22,575,101	47,642,583	70,217,684	.325953	.325953	.325953
61 01	PATIENT SERVICES	206,654	3,206,861	3,413,515	1.198323	1.198323	1.198323
61 03	LAFAYETTE RD CLIINIC	2,698	588,011	590,709	.533669	.533669	.533669
61 04	ZIONSVILLE CLINIC	18,235	5,657,219	5,675,454	.382492	.382492	.382492
61 05	BROWNSBURG CLINIC						
61 07	WOUND CENTER	194,453	4,570,655	4,765,108	.336756	.336756	.336756
62	OBSERVATION BEDS (NON-DIS	3,673,512	11,553,833	15,227,345	.445327	.445327	.445327
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE	468,958	12,677,875	13,146,833	.447955	.447955	.447955
67 02	GERIATRIC CLINIC		2,234,286	2,234,286	.522422	.522422	.522422
68	KOKOMO DIALYSIS						
68 01	PSYCH SERVICES	145,826		145,826	.355814	.355814	.355814
68 02	DIABETIC THERAPY	624	508,366	508,990	1.870107	1.870107	1.870107
101	SUBTOTAL	1149,686,195	629,135,281	1778,821,476			
102	LESS OBSERVATION BEDS						
103	TOTAL	1149,686,195	629,135,281	1778,821,476			

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET C PART II

WKST A LINE	NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	100,896,021	6,035,440	94,860,581			100,896,021
37	01	AMBULATORY SURGERY	4,773,200	571,710	4,201,490			4,773,200
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO	9,610,062	636,679	8,973,383			9,610,062
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC	44,438,709	5,860,507	38,578,202			44,438,709
41	01	CARDIAC CATHETERIZATION L	26,883,027	2,325,306	24,557,721			26,883,027
41	02	ULTRA SOUND	2,311,625	228,190	2,083,435			2,311,625
41	03	SATELLITE CATH LABS						
41	04	EP LAB	116,191	47,885	68,306			116,191
41	05	CATH HOLDING	1,978,625	310,263	1,668,362			1,978,625
41	06	ECHOCARDIOGRAPHY	933,682	55,842	877,840			933,682
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY	39,042,549	517,187	38,525,362			39,042,549
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	20,063,446	878,057	19,185,389			20,063,446
49	01	SLEEP LAB	2,474,140	97,456	2,376,684			2,474,140
50		PHYSICAL THERAPY	15,474,626	457,469	15,017,157			15,474,626
50	01	CARDIAC REHAB	813,744	11,475	802,269			813,744
50	02	SPORTS MEDICINE	3,238,047	71,563	3,166,484			3,238,047
51		OCCUPATIONAL THERAPY	995,062	13,415	981,647			995,062
52		SPEECH PATHOLOGY	1,179,376	40,648	1,138,728			1,179,376
53		ELECTROCARDIOLOGY	2,300,584	340,706	1,959,878			2,300,584
54		ELECTROENCEPHALOGRAPHY	1,230,889	80,868	1,150,021			1,230,889
55		MEDICAL SUPPLIES CHARGED	2,450,004	5,013	2,444,991			2,450,004
56		DRUGS CHARGED TO PATIENTS	28,465,300	59,527	28,405,773			28,465,300
57		RENAL DIALYSIS	2,004,043	95,136	1,908,907			2,004,043
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY	5,031,441	568,035	4,463,406			5,031,441
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	7,601,335	148,317	7,453,018			7,601,335
60	01	PARTIAL HOSPITALIZATION	1,549,072	76,767	1,472,305			1,549,072
61		EMERGENCY	22,415,013	1,242,320	21,172,693			22,415,013
61	01	PATIENT SERVICES	3,915,811	161,464	3,754,347			3,915,811
61	03	LAFAYETTE RD CLIINIC	315,243	36,119	279,124			315,243
61	04	ZIONSVILLE CLINIC	2,170,814	476,809	1,694,005			2,170,814
61	05	BROWNSBURG CLINIC	11,389	86	11,303			11,389
61	07	WOUND CENTER	1,604,678	74,833	1,529,845			1,604,678
62		OBSERVATION BEDS (NON-DIS	6,781,148	520,833	6,260,315			6,781,148
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE	5,149,358	308,087	4,841,271			5,149,358
67	02	GERIATRIC CLINIC	1,002,832	17,729	985,103			1,002,832
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES	51,887	224	51,663			51,887
68	02	DIABETIC THERAPY	951,866	9,002	942,864			951,866
101		SUBTOTAL	370,224,839	22,380,967	347,843,872			370,224,839
102		LESS OBSERVATION BEDS	6,781,148	520,833	6,260,315			6,781,148
103		TOTAL	363,443,691	21,860,134	341,583,557			363,443,691

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET C PART II

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	390,939,638	.258086	.258086
37	01	AMBULATORY SURGERY	8,730,366	.546735	.546735
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROO	32,833,881	.292687	.292687
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC	233,774,349	.190092	.190092
41	01	CARDIAC CATHETERIZATION L	117,728,196	.228348	.228348
41	02	ULTRA SOUND	16,109,916	.143491	.143491
41	03	SATELLITE CATH LABS			
41	04	EP LAB			
41	05	CATH HOLDING	5,622,375	.351920	.351920
41	06	ECHOCARDIOGRAPHY	12,799,093	.072949	.072949
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE			
44		LABORATORY	192,695,742	.202612	.202612
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	67,475,279	.297345	.297345
49	01	SLEEP LAB	7,596,002	.325716	.325716
50		PHYSICAL THERAPY	37,454,597	.413157	.413157
50	01	CARDIAC REHAB	742,005	1.096683	1.096683
50	02	SPORTS MEDICINE	874,652	3.702098	3.702098
51		OCCUPATIONAL THERAPY	3,368,968	.295361	.295361
52		SPEECH PATHOLOGY	2,863,366	.411884	.411884
53		ELECTROCARDIOLOGY	2,994,072	.768380	.768380
54		ELECTROENCEPHALOGRAPHY	7,942,696	.154971	.154971
55		MEDICAL SUPPLIES CHARGED	6,093,180	.402090	.402090
56		DRUGS CHARGED TO PATIENTS	144,856,730	.196507	.196507
57		RENAL DIALYSIS	4,793,394	.418084	.418084
58		ASC (NON-DISTINCT PART)			
59		ENDOSCOPY	21,857,947	.230188	.230188
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	9,884,097	.769047	.769047
60	01	PARTIAL HOSPITALIZATION	5,216,427	.296960	.296960
61		EMERGENCY	70,217,684	.319222	.319222
61	01	PATIENT SERVICES	3,413,515	1.147149	1.147149
61	03	LAFAYETTE RD CLIINIC	590,709	.533669	.533669
61	04	ZIONSVILLE CLINIC	5,675,454	.382492	.382492
61	05	BROWNSBURG CLINIC			
61	07	WOUND CENTER	4,765,108	.336756	.336756
62		OBSERVATION BEDS (NON-DIS	15,227,345	.445327	.445327
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
67	01	FAMILY PRACTICE	13,146,833	.391680	.391680
67	02	GERIATRIC CLINIC	2,234,286	.448838	.448838
68		KOKOMO DIALYSIS			
68	01	PSYCH SERVICES	145,826	.355814	.355814
68	02	DIABETIC THERAPY	508,990	1.870107	1.870107
101		SUBTOTAL	1451,172,718		
102		LESS OBSERVATION BEDS	15,227,345		
103		TOTAL	1435,945,373		

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET C
PART II

WKST A LINE	NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	101,615,308	6,035,440	95,579,868	603,544	5,543,632	95,468,132
37	01	AMBULATORY SURGERY	4,773,200	571,710	4,201,490	57,171	243,686	4,472,343
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO	10,216,318	636,679	9,579,639	63,668	555,619	9,597,031
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC	44,438,709	5,860,507	38,578,202	586,051	2,237,536	41,615,122
41	01	CARDIAC CATHETERIZATION L	26,883,027	2,325,306	24,557,721	232,531	1,424,348	25,226,148
41	02	ULTRA SOUND	2,311,625	228,190	2,083,435	22,819	120,839	2,167,967
41	03	SATELLITE CATH LABS						
41	04	EP LAB	116,191	47,885	68,306	4,789	3,962	107,440
41	05	CATH HOLDING	1,978,625	310,263	1,668,362	31,026	96,765	1,850,834
41	06	ECHOCARDIOGRAPHY	933,682	55,842	877,840	5,584	50,915	877,183
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY	39,052,824	517,187	38,535,637	51,719	2,235,067	36,766,038
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	20,063,446	878,057	19,185,389	87,806	1,112,753	18,862,887
49	01	SLEEP LAB	2,474,140	97,456	2,376,684	9,746	137,848	2,326,546
50		PHYSICAL THERAPY	15,710,964	457,469	15,253,495	45,747	884,703	14,780,514
50	01	CARDIAC REHAB	813,744	11,475	802,269	1,148	46,532	766,064
50	02	SPORTS MEDICINE	3,238,047	71,563	3,166,484	7,156	183,656	3,047,235
51		OCCUPATIONAL THERAPY	995,062	13,415	981,647	1,342	56,936	936,784
52		SPEECH PATHOLOGY	1,179,376	40,648	1,138,728	4,065	66,046	1,109,265
53		ELECTROCARDIOLOGY	2,300,584	340,706	1,959,878	34,071	113,673	2,152,840
54		ELECTROENCEPHALOGRAPHY	1,230,889	80,868	1,150,021	8,087	66,701	1,156,101
55		MEDICAL SUPPLIES CHARGED	2,450,004	5,013	2,444,991	501	141,809	2,307,694
56		DRUGS CHARGED TO PATIENTS	28,465,300	59,527	28,405,773	5,953	1,647,535	26,811,812
57		RENAL DIALYSIS	2,045,145	95,136	1,950,009	9,514	113,101	1,922,530
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY	5,175,298	568,035	4,607,263	56,804	267,221	4,851,273
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	7,960,978	148,317	7,812,661	14,832	453,134	7,493,012
60	01	PARTIAL HOSPITALIZATION	1,549,072	76,767	1,472,305	7,677	85,394	1,456,001
61		EMERGENCY	22,887,687	1,242,320	21,645,367	124,232	1,255,431	21,508,024
61	01	PATIENT SERVICES	4,090,495	161,464	3,929,031	16,146	227,884	3,846,465
61	03	LAFAYETTE RD CLIINIC	315,243	36,119	279,124	3,612	16,189	295,442
61	04	ZIONSVILLE CLINIC	2,170,814	476,809	1,694,005	47,681	98,252	2,024,881
61	05	BROWNSBURG CLINIC	11,389	86	11,303	9	656	10,724
61	07	WOUND CENTER	1,604,678	74,833	1,529,845	7,483	88,731	1,508,464
62		OBSERVATION BEDS (NON-DIS	6,781,148	520,833	6,260,315	52,083	363,098	6,365,967
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE	5,889,196	308,087	5,581,109	30,809	323,704	5,534,683
67	02	GERIATRIC CLINIC	1,167,240	17,729	1,149,511	1,773	66,672	1,098,795
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES	51,887	224	51,663	22	2,996	48,869
68	02	DIABETIC THERAPY	951,866	9,002	942,864	900	54,686	896,280
101		SUBTOTAL	373,893,201	22,380,967	351,512,234	2,238,101	20,387,710	351,267,390
102		LESS OBSERVATION BEDS	6,781,148	520,833	6,260,315	52,083	363,098	6,365,967
103		TOTAL	367,112,053	21,860,134	345,251,919	2,186,018	20,024,612	344,901,423

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET C
PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	390,939,638	.244202	.258382
37	01	AMBULATORY SURGERY	8,730,366	.512274	.540187
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROO	32,833,881	.292290	.309213
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC	233,774,349	.178014	.187585
41	01	CARDIAC CATHETERIZATION L	117,728,196	.214274	.226373
41	02	ULTRA SOUND	16,109,916	.134573	.142074
41	03	SATELLITE CATH LABS			
41	04	EP LAB			
41	05	CATH HOLDING	5,622,375	.329191	.346401
41	06	ECHOCARDIOGRAPHY	12,799,093	.068535	.072513
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE			
44		LABORATORY	192,695,742	.190798	.202397
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	67,475,279	.279553	.296044
49	01	SLEEP LAB	7,596,002	.306286	.324433
50		PHYSICAL THERAPY	37,454,597	.394625	.418246
50	01	CARDIAC REHAB	742,005	1.032424	1.095135
50	02	SPORTS MEDICINE	874,652	3.483940	3.693916
51		OCCUPATIONAL THERAPY	3,368,968	.278063	.294963
52		SPEECH PATHOLOGY	2,863,366	.387399	.410465
53		ELECTROCARDIOLOGY	2,994,072	.719034	.757000
54		ELECTROENCEPHALOGRAPHY	7,942,696	.145555	.153953
55		MEDICAL SUPPLIES CHARGED	6,093,180	.378734	.402007
56		DRUGS CHARGED TO PATIENTS	144,856,730	.185092	.196465
57		RENAL DIALYSIS	4,793,394	.401079	.424674
58		ASC (NON-DISTINCT PART)			
59		ENDOSCOPY	21,857,947	.221946	.234171
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	9,884,097	.758088	.803932
60	01	PARTIAL HOSPITALIZATION	5,216,427	.279118	.295489
61		EMERGENCY	70,217,684	.306305	.324184
61	01	PATIENT SERVICES	3,413,515	1.126834	1.193593
61	03	LAFAYETTE RD CLIINIC	590,709	.500148	.527554
61	04	ZIONSVILLE CLINIC	5,675,454	.356779	.374090
61	05	BROWNSBURG CLINIC			
61	07	WOUND CENTER	4,765,108	.316564	.335185
62		OBSERVATION BEDS (NON-DIS	15,227,345	.418062	.441907
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
67	01	FAMILY PRACTICE	13,146,833	.420990	.445612
67	02	GERIATRIC CLINIC	2,234,286	.491788	.521628
68		KOKOMO DIALYSIS			
68	01	PSYCH SERVICES	145,826	.335119	.355664
68	02	DIABETIC THERAPY	508,990	1.760899	1.868339
101		SUBTOTAL	1451,172,718		
102		LESS OBSERVATION BEDS	15,227,345		
103		TOTAL	1435,945,373		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I PREPARED 12/ 8/2008 I WORKSHEET D I PART I

TITLE XVIII, PART A PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS				8,622,337		8,622,337
26		INTENSIVE CARE UNIT				746,692		746,692
27		CORONARY CARE UNIT				458,693		458,693
27	01	CARDIAC RECOVERY				382,606		382,606
29		SURGICAL INTENSIVE CARE U						
29	01	PEDIATRIC INTENSIVE CARE				563,038		563,038
30		NEONATAL INTENSIVE CARE U				1,387,928		1,387,928
31		SUBPROVIDER				280,303		280,303
33		NURSERY				218,094		218,094
101		TOTAL				12,659,691		12,659,691

I PROVIDER NO: I PERIOD: I PREPARED 12/ 8/2008
I 15-0084 I FROM 7/ 1/2007 I WORKSHEET D
I I TO 6/30/2008 I PART I

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	133,946	55,213			64.37	3,554,061
26		INTENSIVE CARE UNIT	10,639	5,446			70.18	382,200
27		CORONARY CARE UNIT	4,801	3,060			95.54	292,352
27	01	CARDIAC RECOVERY	3,181	1,466			120.28	176,330
29		SURGICAL INTENSIVE CARE U						
29	01	PEDIATRIC INTENSIVE CARE	3,102				181.51	
30		NEONATAL INTENSIVE CARE U	22,751				61.01	
31		SUBPROVIDER	11,773	2,723			23.81	64,835
33		NURSERY	8,035				27.14	
101		TOTAL	198,228	67,908				4,469,778

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0084 I PREPARED 12/ 8/2008 I WORKSHEET D I PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		6,035,440	390,939,638	99,155,562		
37	01	AMBULATORY SURGERY		571,710	8,730,366	29,637		
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO		636,679	32,833,881	46,345		
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC		5,860,507	233,774,349	29,030,274		
41	01	CARDIAC CATHETERIZATION L		2,325,306	117,728,196	36,601,983		
41	02	ULTRA SOUND		228,190	16,109,916	2,782,979		
41	03	SATELLITE CATH LABS						
41	04	EP LAB		47,885				
41	05	CATH HOLDING		310,263	5,622,375	503,373		
41	06	ECHOCARDIOGRAPHY		55,842	12,799,093	4,474,326		
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY		517,187	192,695,742	49,328,856		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		878,057	67,475,279	24,324,039		
49	01	SLEEP LAB		97,456	7,596,002	37,656		
50		PHYSICAL THERAPY		457,469	37,454,597	4,625,151		
50	01	CARDIAC REHAB		11,475	742,005	197,785		
50	02	SPORTS MEDICINE		71,563	874,652			
51		OCCUPATIONAL THERAPY		13,415	3,368,968	968,046		
52		SPEECH PATHOLOGY		40,648	2,863,366	860,370		
53		ELECTROCARDIOLOGY		340,706	2,994,072	343,455		
54		ELECTROENCEPHALOGRAPHY		80,868	7,942,696	1,811,894		
55		MEDICAL SUPPLIES CHARGED		5,013	6,093,180	563,293		
56		DRUGS CHARGED TO PATIENTS		59,527	144,856,730	45,059,614		
57		RENAL DIALYSIS		95,136	4,793,394	2,416,135		
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY		568,035	21,857,947	3,598,951		
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		148,317	9,884,097			
60	01	PARTIAL HOSPITALIZATION		76,767	5,216,427			
61		EMERGENCY		1,242,320	70,217,684	11,774,567		
61	01	PATIENT SERVICES		161,464	3,413,515	84,949		
61	03	LAFAYETTE RD CLIINIC		36,119	590,709	1,922		
61	04	ZIONSVILLE CLINIC		476,809	5,675,454	17,758		
61	05	BROWNSBURG CLINIC		86				
61	07	WOUND CENTER		74,833	4,765,108	100,422		
62		OBSERVATION BEDS (NON-DIS		520,833	15,227,345			
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE		308,087	13,146,833	1,691		
67	02	GERIATRIC CLINIC		17,729	2,234,286			
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES		224	145,826			
68	02	DIABETIC THERAPY		9,002	508,990	312		
101		TOTAL		22,380,967	1451,172,718	318,741,345		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
15-0084		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.015438	1,530,764
37	01	AMBULATORY SURGERY	.065485	1,941
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO	.019391	899
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC	.025069	727,760
41	01	CARDIAC CATHETERIZATION L	.019751	722,926
41	02	ULTRA SOUND	.014165	39,421
41	03	SATELLITE CATH LABS		
41	04	EP LAB		
41	05	CATH HOLDING	.055184	27,778
41	06	ECHOCARDIOGRAPHY	.004363	19,521
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE		
44		LABORATORY	.002684	132,399
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.013013	316,529
49	01	SLEEP LAB	.012830	483
50		PHYSICAL THERAPY	.012214	56,492
50	01	CARDIAC REHAB	.015465	3,059
50	02	SPORTS MEDICINE	.081819	
51		OCCUPATIONAL THERAPY	.003982	3,855
52		SPEECH PATHOLOGY	.014196	12,214
53		ELECTROCARDIOLOGY	.113794	39,083
54		ELECTROENCEPHALOGRAPHY	.010181	18,447
55		MEDICAL SUPPLIES CHARGED	.000823	464
56		DRUGS CHARGED TO PATIENTS	.000411	18,520
57		RENAL DIALYSIS	.019847	47,953
58		ASC (NON-DISTINCT PART)		
59		ENDOSCOPY	.025988	93,530
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.015006	
60	01	PARTIAL HOSPITALIZATION	.014716	
61		EMERGENCY	.017692	208,316
61	01	PATIENT SERVICES	.047301	4,018
61	03	LAFAYETTE RD CLIINIC	.061145	118
61	04	ZIONSVILLE CLINIC	.084012	1,492
61	05	BROWNSBURG CLINIC		
61	07	WOUND CENTER	.015704	1,577
62		OBSERVATION BEDS (NON-DIS	.034204	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
67	01	FAMILY PRACTICE	.023434	40
67	02	GERIATRIC CLINIC	.007935	
68		KOKOMO DIALYSIS		
68	01	PSYCH SERVICES	.001536	
68	02	DIABETIC THERAPY	.017686	6
101		TOTAL		4,029,605

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

PROVIDER NO: 15-0084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D PART III
PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS		233,113		233,113	133,946	1.74
26		INTENSIVE CARE UNIT		71,182		71,182	10,639	6.69
27		CORONARY CARE UNIT		1,223		1,223	4,801	.25
27	01	CARDIAC RECOVERY					3,181	
29		SURGICAL INTENSIVE CARE U						
29	01	PEDIATRIC INTENSIVE CARE		245		245	3,102	.08
30		NEONATAL INTENSIVE CARE U					22,751	
31		SUBPROVIDER		37,181		37,181	11,773	3.16
33		NURSERY					8,035	
34		SKILLED NURSING FACILITY					4,615	
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL		342,944		342,944	202,843	

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

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET D PART III

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25		ADULTS & PEDIATRICS	55,213	96,071
26		INTENSIVE CARE UNIT	5,446	36,434
27		CORONARY CARE UNIT	3,060	765
27	01	CARDIAC RECOVERY	1,466	
29		SURGICAL INTENSIVE CARE U		
29	01	PEDIATRIC INTENSIVE CARE		
30		NEONATAL INTENSIVE CARE U		
31		SUBPROVIDER	2,723	8,605
33		NURSERY		
34		SKILLED NURSING FACILITY	3,382	
35		NURSING FACILITY		
35	01	ICF/MR		
101		TOTAL	71,290	141,875

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0084 I COMPONENT NO: 15-0084
I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008
I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	AMBULATORY SURGERY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC			303,527			
41	01	CARDIAC CATHETERIZATION L						
41	02	ULTRA SOUND						
41	03	SATELLITE CATH LABS						
41	04	EP LAB						
41	05	CATH HOLDING						
41	06	ECHOCARDIOGRAPHY						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
49	01	SLEEP LAB						
50		PHYSICAL THERAPY						
50	01	CARDIAC REHAB						
50	02	SPORTS MEDICINE						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS			263,461			
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSPITALIZATION						
61		EMERGENCY			2,935			
61	01	PATIENT SERVICES						
61	03	LAFAYETTE RD CLIINIC						
61	04	ZIONSVILLE CLINIC						
61	05	BROWNSBURG CLINIC						
61	07	WOUND CENTER						
62		OBSERVATION BEDS (NON-DIS			14,084			
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE						
67	02	GERIATRIC CLINIC						
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES						
68	02	DIABETIC THERAPY						
101		TOTAL			584,007			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0084
COMPONENT NO: 15-0084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			390,939,638			99,155,562	
37 01	AMBULATORY SURGERY			8,730,366			29,637	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			32,833,881			46,345	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	303,527	303,527	233,774,349	.001298	.001298	29,030,274	37,681
41 01	CARDIAC CATHETERIZATION L			117,728,196			36,601,983	
41 02	ULTRA SOUND			16,109,916			2,782,979	
41 03	SATELLITE CATH LABS							
41 04	EP LAB							
41 05	CATH HOLDING			5,622,375			503,373	
41 06	ECHOCARDIOGRAPHY			12,799,093			4,474,326	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			192,695,742			49,328,856	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			67,475,279			24,324,039	
49 01	SLEEP LAB			7,596,002			37,656	
50	PHYSICAL THERAPY			37,454,597			4,625,151	
50 01	CARDIAC REHAB			742,005			197,785	
50 02	SPORTS MEDICINE			874,652				
51	OCCUPATIONAL THERAPY			3,368,968			968,046	
52	SPEECH PATHOLOGY			2,863,366			860,370	
53	ELECTROCARDIOLOGY			2,994,072			343,455	
54	ELECTROENCEPHALOGRAPHY			7,942,696			1,811,894	
55	MEDICAL SUPPLIES CHARGED			6,093,180			563,293	
56	DRUGS CHARGED TO PATIENTS	263,461	263,461	144,856,730	.001819	.001819	45,059,614	81,963
57	RENAL DIALYSIS			4,793,394			2,416,135	
58	ASC (NON-DISTINCT PART)							
59	ENDOSCOPY			21,857,947			3,598,951	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			9,884,097				
60 01	PARTIAL HOSPITALIZATION			5,216,427				
61	EMERGENCY	2,935	2,935	70,217,684	.000042	.000042	11,774,567	495
61 01	PATIENT SERVICES			3,413,515			84,949	
61 03	LAFAYETTE RD CLIINIC			590,709			1,922	
61 04	ZIONSVILLE CLINIC			5,675,454			17,758	
61 05	BROWNSBURG CLINIC							
61 07	WOUND CENTER			4,765,108			100,422	
62	OBSERVATION BEDS (NON-DIS	14,084	14,084	15,227,345	.000925	.000925		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
67 01	FAMILY PRACTICE			13,146,833			1,691	
67 02	GERIATRIC CLINIC			2,234,286				
68	KOKOMO DIALYSIS							
68 01	PSYCH SERVICES			145,826				
68 02	DIABETIC THERAPY			508,990			312	
101	TOTAL	584,007	584,007	1451,172,718			318,741,345	120,139

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0084 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	27,485,895					
37	01	AMBULATORY SURGERY	195,717					
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO	3,324					
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC	49,654,965			64,452		
41	01	CARDIAC CATHETERIZATION L	16,127,430					
41	02	ULTRA SOUND	2,018,225					
41	03	SATELLITE CATH LABS						
41	04	EP LAB						
41	05	CATH HOLDING	251,078					
41	06	ECHOCARDIOGRAPHY	934,264					
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY	8,512,809					
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	1,680,721					
49	01	SLEEP LAB	936,254					
50		PHYSICAL THERAPY	127,419					
50	01	CARDIAC REHAB	204,571					
50	02	SPORTS MEDICINE						
51		OCCUPATIONAL THERAPY	762					
52		SPEECH PATHOLOGY	246,722					
53		ELECTROCARDIOLOGY	151,570					
54		ELECTROENCEPHALOGRAPHY	481,517					
55		MEDICAL SUPPLIES CHARGED	40,185					
56		DRUGS CHARGED TO PATIENTS	1,792,222			3,260		
57		RENAL DIALYSIS	240,051					
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY	3,502,659					
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSPITALIZATION	600					
61		EMERGENCY	8,106,650			340		
61	01	PATIENT SERVICES	1,218,801					
61	03	LAFAYETTE RD CLIINIC	155,597					
61	04	ZIONSVILLE CLINIC	1,538,645					
61	05	BROWNSBURG CLINIC						
61	07	WOUND CENTER	3,038,860					
62		OBSERVATION BEDS (NON-DIS	2,599,180			2,404		
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE	65,994					
67	02	GERIATRIC CLINIC						
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES						
68	02	DIABETIC THERAPY						
101		TOTAL	131,312,687			70,456		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0084
COMPONENT NO: 15-0084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D
PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Cost/Charge Ratio (C, Pt II, col. 9) 1.02	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radiology 3	Other Outpatient Diagnostic 4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.258086	.258086			
37	01	AMBULATORY SURGERY	.546735	.546735			
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM	.292687	.292687			
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC	.190092	.190092			
41	01	CARDIAC CATHETERIZATION LABORATORY	.228348	.228348			
41	02	ULTRA SOUND	.143491	.143491			
41	03	SATELLITE CATH LABS					
41	04	EP LAB					
41	05	CATH HOLDING	.351920	.351920			
41	06	ECHOCARDIOGRAPHY	.072949	.072949			
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE					
44		LABORATORY	.202612	.202612			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.297345	.297345			
49	01	SLEEP LAB	.325716	.325716			
50		PHYSICAL THERAPY	.413157	.413157			
50	01	CARDIAC REHAB	1.096683	1.096683			
50	02	SPORTS MEDICINE	3.702098	3.702098			
51		OCCUPATIONAL THERAPY	.295361	.295361			
52		SPEECH PATHOLOGY	.411884	.411884			
53		ELECTROCARDIOLOGY	.768380	.768380			
54		ELECTROENCEPHALOGRAPHY	.154971	.154971			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.402090	.402090			
56		DRUGS CHARGED TO PATIENTS	.196507	.196507			
57		RENAL DIALYSIS	.418084	.418084			
58		ASC (NON-DISTINCT PART)					
59		ENDOSCOPY	.230188	.230188			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	.769047	.769047			
60	01	PARTIAL HOSPITALIZATION	.296960	.296960			
61		EMERGENCY	.319222	.319222			
61	01	PATIENT SERVICES	1.147149	1.147149			
61	03	LAFAYETTE RD CLIINIC	.533669	.533669			
61	04	ZIONSVILLE CLINIC	.382492	.382492			
61	05	BROWNSBURG CLINIC					
61	07	WOUND CENTER	.336756	.336756			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.445327	.445327			
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
67	01	FAMILY PRACTICE	.391680	.391680			
67	02	GERIATRIC CLINIC	.448838	.448838			
68		KOKOMO DIALYSIS					
68	01	PSYCH SERVICES	.355814	.355814			
68	02	DIABETIC THERAPY	1.870107	1.870107			
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008
COMPONENT NO: 15-0084 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		27,485,895	18		
37 01	AMBULATORY SURGERY		195,717			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM		3,324			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		49,654,965	7		
41 01	CARDIAC CATHETERIZATION LABORATORY		16,127,430			
41 02	ULTRA SOUND		2,018,225			
41 03	SATELLITE CATH LABS					
41 04	EP LAB					
41 05	CATH HOLDING		251,078			
41 06	ECHOCARDIOGRAPHY		934,264			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY		8,512,809	63		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		1,680,721			
49 01	SLEEP LAB		936,254			
50	PHYSICAL THERAPY		127,419	307		
50 01	CARDIAC REHAB		204,571			
50 02	SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY		762	11		
52	SPEECH PATHOLOGY		246,722	240		
53	ELECTROCARDIOLOGY		151,570			
54	ELECTROENCEPHALOGRAPHY		481,517			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		40,185			
56	DRUGS CHARGED TO PATIENTS		1,792,222			
57	RENAL DIALYSIS		240,051			
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY		3,502,659			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	PARTIAL HOSPITALIZATION		600			
61	EMERGENCY		8,106,650			
61 01	PATIENT SERVICES		1,218,801			
61 03	LAFAYETTE RD CLIINIC		155,597			
61 04	ZIONSVILLE CLINIC		1,538,645			
61 05	BROWNSBURG CLINIC					
61 07	WOUND CENTER		3,038,860			
62	OBSERVATION BEDS (NON-DISTINCT PART)		2,599,180			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
67 01	FAMILY PRACTICE		65,994			
67 02	GERIATRIC CLINIC					
68	KOKOMO DIALYSIS					
68 01	PSYCH SERVICES					
68 02	DIABETIC THERAPY					
101	SUBTOTAL		131,312,687	646		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		131,312,687	646		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0084 I PREPARED 12/ 8/2008 I WORKSHEET D I PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
			7	8	9	9.01	9.02
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM				7,093,725	5
37	01	AMBULATORY SURGERY				107,005	
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM				973	
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC				9,439,012	1
41	01	CARDIAC CATHETERIZATION LABORATORY				3,682,666	
41	02	ULTRA SOUND				289,597	
41	03	SATELLITE CATH LABS					
41	04	EP LAB					
41	05	CATH HOLDING				88,359	
41	06	ECHOCARDIOGRAPHY				68,154	
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE					
44		LABORATORY				1,724,797	13
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY				499,754	
49	01	SLEEP LAB				304,953	
50		PHYSICAL THERAPY				52,644	127
50	01	CARDIAC REHAB				224,350	
50	02	SPORTS MEDICINE					
51		OCCUPATIONAL THERAPY				225	3
52		SPEECH PATHOLOGY				101,621	99
53		ELECTROCARDIOLOGY				116,463	
54		ELECTROENCEPHALOGRAPHY				74,621	
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				16,158	
56		DRUGS CHARGED TO PATIENTS				352,184	
57		RENAL DIALYSIS				100,361	
58		ASC (NON-DISTINCT PART)					
59		ENDOSCOPY				806,270	
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	PARTIAL HOSPITALIZATION				178	
61		EMERGENCY				2,587,821	
61	01	PATIENT SERVICES				1,398,146	
61	03	LAFAYETTE RD CLIINIC				83,037	
61	04	ZIONSVILLE CLINIC				588,519	
61	05	BROWNSBURG CLINIC					
61	07	WOUND CENTER				1,023,354	
62		OBSERVATION BEDS (NON-DISTINCT PART)				1,157,485	
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
67	01	FAMILY PRACTICE				25,849	
67	02	GERIATRIC CLINIC					
68		KOKOMO DIALYSIS					
68	01	PSYCH SERVICES					
68	02	DIABETIC THERAPY					
101		SUBTOTAL				32,008,281	248
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES				32,008,281	248

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART V
15-0084		

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	AMBULATORY SURGERY			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41 01	CARDIAC CATHETERIZATION LABORATORY			
41 02	ULTRA SOUND			
41 03	SATELLITE CATH LABS			
41 04	EP LAB			
41 05	CATH HOLDING			
41 06	ECHOCARDIOGRAPHY			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
49 01	SLEEP LAB			
50	PHYSICAL THERAPY			
50 01	CARDIAC REHAB			
50 02	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	PARTIAL HOSPITALIZATION			
61	EMERGENCY			
61 01	PATIENT SERVICES			
61 03	LAFAYETTE RD CLIINIC			
61 04	ZIONSVILLE CLINIC			
61 05	BROWNSBURG CLINIC			
61 07	WOUND CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE			
67 02	GERIATRIC CLINIC			
68	KOKOMO DIALYSIS			
68 01	PSYCH SERVICES			
68 02	DIABETIC THERAPY			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 15-0084	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008
COMPONENT NO: 15-0084		WORKSHEET D PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.196507
2	PROGRAM VACCINE CHARGES	13,415
3	PROGRAM COSTS	2,636

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S084 I PREPARED 12/ 8/2008 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		6,035,440	390,939,638	6,284		
37	01	AMBULATORY SURGERY		571,710	8,730,366			
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO		636,679	32,833,881			
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC		5,860,507	233,774,349	132,009		
41	01	CARDIAC CATHETERIZATION L		2,325,306	117,728,196			
41	02	ULTRA SOUND		228,190	16,109,916	4,289		
41	03	SATELLITE CATH LABS						
41	04	EP LAB		47,885				
41	05	CATH HOLDING		310,263	5,622,375			
41	06	ECHOCARDIOGRAPHY		55,842	12,799,093			
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY		517,187	192,695,742	379,469		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		878,057	67,475,279	20,390		
49	01	SLEEP LAB		97,456	7,596,002			
50		PHYSICAL THERAPY		457,469	37,454,597	58,568		
50	01	CARDIAC REHAB		11,475	742,005			
50	02	SPORTS MEDICINE		71,563	874,652			
51		OCCUPATIONAL THERAPY		13,415	3,368,968	18,399		
52		SPEECH PATHOLOGY		40,648	2,863,366	6,286		
53		ELECTROCARDIOLOGY		340,706	2,994,072	4,836		
54		ELECTROENCEPHALOGRAPHY		80,868	7,942,696	8,286		
55		MEDICAL SUPPLIES CHARGED		5,013	6,093,180	7,349		
56		DRUGS CHARGED TO PATIENTS		59,527	144,856,730	365,375		
57		RENAL DIALYSIS		95,136	4,793,394			
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY		568,035	21,857,947			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		148,317	9,884,097			
60	01	PARTIAL HOSPITALIZATION		76,767	5,216,427			
61		EMERGENCY		1,242,320	70,217,684	119,951		
61	01	PATIENT SERVICES		161,464	3,413,515	9,807		
61	03	LAFAYETTE RD CLIINIC		36,119	590,709			
61	04	ZIONSVILLE CLINIC		476,809	5,675,454			
61	05	BROWNSBURG CLINIC		86				
61	07	WOUND CENTER		74,833	4,765,108			
62		OBSERVATION BEDS (NON-DIS		520,833	15,227,345			
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE		308,087	13,146,833			
67	02	GERIATRIC CLINIC		17,729	2,234,286			
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES		224	145,826	87,293		
68	02	DIABETIC THERAPY		9,002	508,990			
101		TOTAL		22,380,967	1451,172,718	1,228,591		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
15-S084		

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.015438	97
37	01	AMBULATORY SURGERY	.065485	
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO	.019391	
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC	.025069	3,309
41	01	CARDIAC CATHETERIZATION L	.019751	
41	02	ULTRA SOUND	.014165	61
41	03	SATELLITE CATH LABS		
41	04	EP LAB		
41	05	CATH HOLDING	.055184	
41	06	ECHOCARDIOGRAPHY	.004363	
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE		
44		LABORATORY	.002684	1,018
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.013013	265
49	01	SLEEP LAB	.012830	
50		PHYSICAL THERAPY	.012214	715
50	01	CARDIAC REHAB	.015465	
50	02	SPORTS MEDICINE	.081819	
51		OCCUPATIONAL THERAPY	.003982	73
52		SPEECH PATHOLOGY	.014196	89
53		ELECTROCARDIOLOGY	.113794	550
54		ELECTROENCEPHALOGRAPHY	.010181	84
55		MEDICAL SUPPLIES CHARGED	.000823	6
56		DRUGS CHARGED TO PATIENTS	.000411	150
57		RENAL DIALYSIS	.019847	
58		ASC (NON-DISTINCT PART)		
59		ENDOSCOPY	.025988	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.015006	
60	01	PARTIAL HOSPITALIZATION	.014716	
61		EMERGENCY	.017692	2,122
61	01	PATIENT SERVICES	.047301	464
61	03	LAFAYETTE RD CLIINIC	.061145	
61	04	ZIONSVILLE CLINIC	.084012	
61	05	BROWNSBURG CLINIC		
61	07	WOUND CENTER	.015704	
62		OBSERVATION BEDS (NON-DIS	.034204	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
67	01	FAMILY PRACTICE	.023434	
67	02	GERIATRIC CLINIC	.007935	
68		KOKOMO DIALYSIS		
68	01	PSYCH SERVICES	.001536	134
68	02	DIABETIC THERAPY	.017686	
101		TOTAL		9,137

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S084 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	AMBULATORY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			303,527			
41 01	CARDIAC CATHETERIZATION L						
41 02	ULTRA SOUND						
41 03	SATELLITE CATH LABS						
41 04	EP LAB						
41 05	CATH HOLDING						
41 06	ECHOCARDIOGRAPHY						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
50 01	CARDIAC REHAB						
50 02	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS			263,461			
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSPITALIZATION						
61	EMERGENCY			2,935			
61 01	PATIENT SERVICES						
61 03	LAFAYETTE RD CLIINIC						
61 04	ZIONSVILLE CLINIC						
61 05	BROWNSBURG CLINIC						
61 07	WOUND CENTER						
62	OBSERVATION BEDS (NON-DIS			14,084			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE						
67 02	GERIATRIC CLINIC						
68	KOKOMO DIALYSIS						
68 01	PSYCH SERVICES						
68 02	DIABETIC THERAPY						
101	TOTAL			584,007			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0084
COMPONENT NO: 15-S084
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			390,939,638			6,284	
37 01	AMBULATORY SURGERY			8,730,366				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			32,833,881				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	303,527	303,527	233,774,349	.001298	.001298	132,009	171
41 01	CARDIAC CATHETERIZATION L			117,728,196				
41 02	ULTRA SOUND			16,109,916			4,289	
41 03	SATELLITE CATH LABS							
41 04	EP LAB							
41 05	CATH HOLDING			5,622,375				
41 06	ECHOCARDIOGRAPHY			12,799,093				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			192,695,742			379,469	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			67,475,279			20,390	
49 01	SLEEP LAB			7,596,002				
50	PHYSICAL THERAPY			37,454,597			58,568	
50 01	CARDIAC REHAB			742,005				
50 02	SPORTS MEDICINE			874,652				
51	OCCUPATIONAL THERAPY			3,368,968			18,399	
52	SPEECH PATHOLOGY			2,863,366			6,286	
53	ELECTROCARDIOLOGY			2,994,072			4,836	
54	ELECTROENCEPHALOGRAPHY			7,942,696			8,286	
55	MEDICAL SUPPLIES CHARGED			6,093,180			7,349	
56	DRUGS CHARGED TO PATIENTS	263,461	263,461	144,856,730	.001819	.001819	365,375	665
57	RENAL DIALYSIS			4,793,394				
58	ASC (NON-DISTINCT PART)							
59	ENDOSCOPY			21,857,947				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			9,884,097				
60 01	PARTIAL HOSPITALIZATION			5,216,427				
61	EMERGENCY	2,935	2,935	70,217,684	.000042	.000042	119,951	5
61 01	PATIENT SERVICES			3,413,515			9,807	
61 03	LAFAYETTE RD CLIINIC			590,709				
61 04	ZIONSVILLE CLINIC			5,675,454				
61 05	BROWNSBURG CLINIC							
61 07	WOUND CENTER			4,765,108				
62	OBSERVATION BEDS (NON-DIS	14,084	14,084	15,227,345	.000925	.000925		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
67 01	FAMILY PRACTICE			13,146,833				
67 02	GERIATRIC CLINIC			2,234,286				
68	KOKOMO DIALYSIS							
68 01	PSYCH SERVICES			145,826			87,293	
68 02	DIABETIC THERAPY			508,990				
101	TOTAL	584,007	584,007	1451,172,718			1,228,591	841

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0084	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008
COMPONENT NO: 15-S084		WORKSHEET D PART IV

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	AMBULATORY SURGERY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CARDIAC CATHETERIZATION L						
41	02	ULTRA SOUND						
41	03	SATELLITE CATH LABS						
41	04	EP LAB						
41	05	CATH HOLDING						
41	06	ECHOCARDIOGRAPHY						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
49	01	SLEEP LAB						
50		PHYSICAL THERAPY						
50	01	CARDIAC REHAB						
50	02	SPORTS MEDICINE						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSPITALIZATION						
61		EMERGENCY						
61	01	PATIENT SERVICES						
61	03	LAFAYETTE RD CLIINIC						
61	04	ZIONSVILLE CLINIC						
61	05	BROWNSBURG CLINIC						
61	07	WOUND CENTER						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE						
67	02	GERIATRIC CLINIC						
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES						
68	02	DIABETIC THERAPY						
101		TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008
COMPONENT NO: 15-S084 | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.258086	.258086			
37	01	AMBULATORY SURGERY	.546735	.546735			
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM	.292687	.292687			
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC	.190092	.190092			
41	01	CARDIAC CATHETERIZATION LABORATORY	.228348	.228348			
41	02	ULTRA SOUND	.143491	.143491			
41	03	SATELLITE CATH LABS					
41	04	EP LAB					
41	05	CATH HOLDING	.351920	.351920			
41	06	ECHOCARDIOGRAPHY	.072949	.072949			
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE					
44		LABORATORY	.202612	.202612			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.297345	.297345			
49	01	SLEEP LAB	.325716	.325716			
50		PHYSICAL THERAPY	.413157	.413157			
50	01	CARDIAC REHAB	1.096683	1.096683			
50	02	SPORTS MEDICINE	3.702098	3.702098			
51		OCCUPATIONAL THERAPY	.295361	.295361			
52		SPEECH PATHOLOGY	.411884	.411884			
53		ELECTROCARDIOLOGY	.768380	.768380			
54		ELECTROENCEPHALOGRAPHY	.154971	.154971			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.402090	.402090			
56		DRUGS CHARGED TO PATIENTS	.196507	.196507			
57		RENAL DIALYSIS	.418084	.418084			
58		ASC (NON-DISTINCT PART)					
59		ENDOSCOPY	.230188	.230188			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	.769047	.769047			
60	01	PARTIAL HOSPITALIZATION	.296960	.296960			
61		EMERGENCY	.319222	.319222			
61	01	PATIENT SERVICES	1.147149	1.147149			
61	03	LAFAYETTE RD CLIINIC	.533669	.533669			
61	04	ZIONSVILLE CLINIC	.382492	.382492			
61	05	BROWNSBURG CLINIC					
61	07	WOUND CENTER	.336756	.336756			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.445327	.445327			
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
67	01	FAMILY PRACTICE	.391680	.391680			
67	02	GERIATRIC CLINIC	.448838	.448838			
68		KOKOMO DIALYSIS					
68	01	PSYCH SERVICES	.355814	.355814			
68	02	DIABETIC THERAPY	1.870107	1.870107			
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008
COMPONENT NO: 15-S084 | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

		Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
37	01	AMBULATORY SURGERY					
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC					
41	01	CARDIAC CATHETERIZATION LABORATORY					
41	02	ULTRA SOUND					
41	03	SATELLITE CATH LABS					
41	04	EP LAB					
41	05	CATH HOLDING					
41	06	ECHOCARDIOGRAPHY					
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE					
44		LABORATORY					
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY					
49	01	SLEEP LAB					
50		PHYSICAL THERAPY					
50	01	CARDIAC REHAB					
50	02	SPORTS MEDICINE					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS					
56		DRUGS CHARGED TO PATIENTS					
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
59		ENDOSCOPY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	PARTIAL HOSPITALIZATION					
61		EMERGENCY					
61	01	PATIENT SERVICES					
61	03	LAFAYETTE RD CLIINIC					
61	04	ZIONSVILLE CLINIC					
61	05	BROWNSBURG CLINIC					
61	07	WOUND CENTER					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
67	01	FAMILY PRACTICE					
67	02	GERIATRIC CLINIC					
68		KOKOMO DIALYSIS					
68	01	PSYCH SERVICES					
68	02	DIABETIC THERAPY					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0084	FROM 7/ 1/2007	12/ 8/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET D
15-S084		PART V

TITLE XVIII, PART B SUBPROVIDER 1

		Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
			7	8	9	9.01	9.02
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
37	01	AMBULATORY SURGERY					
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC					
41	01	CARDIAC CATHETERIZATION LABORATORY					
41	02	ULTRA SOUND					
41	03	SATELLITE CATH LABS					
41	04	EP LAB					
41	05	CATH HOLDING					
41	06	ECHOCARDIOGRAPHY					
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE					
44		LABORATORY					
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY					
49	01	SLEEP LAB					
50		PHYSICAL THERAPY					
50	01	CARDIAC REHAB					
50	02	SPORTS MEDICINE					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS					
56		DRUGS CHARGED TO PATIENTS					
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
59		ENDOSCOPY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	PARTIAL HOSPITALIZATION					
61		EMERGENCY					
61	01	PATIENT SERVICES					
61	03	LAFAYETTE RD CLIINIC					
61	04	ZIONSVILLE CLINIC					
61	05	BROWNSBURG CLINIC					
61	07	WOUND CENTER					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
67	01	FAMILY PRACTICE					
67	02	GERIATRIC CLINIC					
68		KOKOMO DIALYSIS					
68	01	PSYCH SERVICES					
68	02	DIABETIC THERAPY					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART V
15-S084		

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	AMBULATORY SURGERY			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41 01	CARDIAC CATHETERIZATION LABORATORY			
41 02	ULTRA SOUND			
41 03	SATELLITE CATH LABS			
41 04	EP LAB			
41 05	CATH HOLDING			
41 06	ECHOCARDIOGRAPHY			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
49 01	SLEEP LAB			
50	PHYSICAL THERAPY			
50 01	CARDIAC REHAB			
50 02	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	PARTIAL HOSPITALIZATION			
61	EMERGENCY			
61 01	PATIENT SERVICES			
61 03	LAFAYETTE RD CLIINIC			
61 04	ZIONSVILLE CLINIC			
61 05	BROWNSBURG CLINIC			
61 07	WOUND CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE			
67 02	GERIATRIC CLINIC			
68	KOKOMO DIALYSIS			
68 01	PSYCH SERVICES			
68 02	DIABETIC THERAPY			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-5748 I PREPARED 12/ 8/2008 I WORKSHEET D I PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	AMBULATORY SURGERY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CARDIAC CATHETERIZATION L						
41	02	ULTRA SOUND						
41	03	SATELLITE CATH LABS						
41	04	EP LAB						
41	05	CATH HOLDING						
41	06	ECHOCARDIOGRAPHY						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
49	01	SLEEP LAB						
50		PHYSICAL THERAPY						
50	01	CARDIAC REHAB						
50	02	SPORTS MEDICINE						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSPITALIZATION						
61		EMERGENCY						
61	01	PATIENT SERVICES						
61	03	LAFAYETTE RD CLIINIC						
61	04	ZIONSVILLE CLINIC						
61	05	BROWNSBURG CLINIC						
61	07	WOUND CENTER						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE						
67	02	GERIATRIC CLINIC						
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES						
68	02	DIABETIC THERAPY						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0084	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008
COMPONENT NO: 15-5748		WORKSHEET D PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM		
37	01	AMBULATORY SURGERY		
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC		
41	01	CARDIAC CATHETERIZATION L		
41	02	ULTRA SOUND		
41	03	SATELLITE CATH LABS		
41	04	EP LAB		
41	05	CATH HOLDING		
41	06	ECHOCARDIOGRAPHY		
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE		
44		LABORATORY		
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY		
49	01	SLEEP LAB		
50		PHYSICAL THERAPY		
50	01	CARDIAC REHAB		
50	02	SPORTS MEDICINE		
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY		
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED		
56		DRUGS CHARGED TO PATIENTS		
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
59		ENDOSCOPY		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	PARTIAL HOSPITALIZATION		
61		EMERGENCY		
61	01	PATIENT SERVICES		
61	03	LAFAYETTE RD CLIINIC		
61	04	ZIONSVILLE CLINIC		
61	05	BROWNSBURG CLINIC		
61	07	WOUND CENTER		
62		OBSERVATION BEDS (NON-DIS		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
67	01	FAMILY PRACTICE		
67	02	GERIATRIC CLINIC		
68		KOKOMO DIALYSIS		
68	01	PSYCH SERVICES		
68	02	DIABETIC THERAPY		
101		TOTAL		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-5748 I PREPARED 12/ 8/2008 I WORKSHEET D I PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	AMBULATORY SURGERY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC			303,527			
41	01	CARDIAC CATHETERIZATION L						
41	02	ULTRA SOUND						
41	03	SATELLITE CATH LABS						
41	04	EP LAB						
41	05	CATH HOLDING						
41	06	ECHOCARDIOGRAPHY						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
49	01	SLEEP LAB						
50		PHYSICAL THERAPY						
50	01	CARDIAC REHAB						
50	02	SPORTS MEDICINE						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS			263,461			
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSPITALIZATION						
61		EMERGENCY			2,935			
61	01	PATIENT SERVICES						
61	03	LAFAYETTE RD CLIINIC						
61	04	ZIONSVILLE CLINIC						
61	05	BROWNSBURG CLINIC						
61	07	WOUND CENTER						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE						
67	02	GERIATRIC CLINIC						
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES						
68	02	DIABETIC THERAPY						
101		TOTAL			569,923			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0084
COMPONENT NO: 15-5748
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET D
PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			390,939,638			267	
37 01	AMBULATORY SURGERY			8,730,366				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			32,833,881				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	303,527	303,527	233,774,349	.001298	.001298	101,490	132
41 01	CARDIAC CATHETERIZATION L			117,728,196			3,538	
41 02	ULTRA SOUND			16,109,916			591	
41 03	SATELLITE CATH LABS							
41 04	EP LAB							
41 05	CATH HOLDING			5,622,375				
41 06	ECHOCARDIOGRAPHY			12,799,093				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			192,695,742			269,190	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			67,475,279			37,342	
49 01	SLEEP LAB			7,596,002				
50	PHYSICAL THERAPY			37,454,597			1,162,926	
50 01	CARDIAC REHAB			742,005			44	
50 02	SPORTS MEDICINE			874,652				
51	OCCUPATIONAL THERAPY			3,368,968			488,085	
52	SPEECH PATHOLOGY			2,863,366			4,806	
53	ELECTROCARDIOLOGY			2,994,072			936	
54	ELECTROENCEPHALOGRAPHY			7,942,696				
55	MEDICAL SUPPLIES CHARGED			6,093,180			36,434	
56	DRUGS CHARGED TO PATIENTS	263,461	263,461	144,856,730	.001819	.001819	563,225	1,025
57	RENAL DIALYSIS			4,793,394				
58	ASC (NON-DISTINCT PART)							
59	ENDOSCOPY			21,857,947			2,817	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			9,884,097				
60 01	PARTIAL HOSPITALIZATION			5,216,427				
61	EMERGENCY	2,935	2,935	70,217,684	.000042	.000042	6,712	
61 01	PATIENT SERVICES			3,413,515				
61 03	LAFAYETTE RD CLIINIC			590,709				
61 04	ZIONSVILLE CLINIC			5,675,454				
61 05	BROWNSBURG CLINIC							
61 07	WOUND CENTER			4,765,108				
62	OBSERVATION BEDS (NON-DIS			15,227,345				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
67 01	FAMILY PRACTICE			13,146,833				
67 02	GERIATRIC CLINIC			2,234,286				
68	KOKOMO DIALYSIS							
68 01	PSYCH SERVICES			145,826				
68 02	DIABETIC THERAPY			508,990				
101	TOTAL	569,923	569,923	1451,172,718			2,678,403	1,157

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0084	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008
COMPONENT NO: 15-5748		WORKSHEET D PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	AMBULATORY SURGERY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CARDIAC CATHETERIZATION L						
41	02	ULTRA SOUND						
41	03	SATELLITE CATH LABS						
41	04	EP LAB						
41	05	CATH HOLDING						
41	06	ECHOCARDIOGRAPHY						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
49	01	SLEEP LAB						
50		PHYSICAL THERAPY						
50	01	CARDIAC REHAB						
50	02	SPORTS MEDICINE						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSPITALIZATION						
61		EMERGENCY						
61	01	PATIENT SERVICES						
61	03	LAFAYETTE RD CLIINIC						
61	04	ZIONSVILLE CLINIC						
61	05	BROWNSBURG CLINIC						
61	07	WOUND CENTER						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE						
67	02	GERIATRIC CLINIC						
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES						
68	02	DIABETIC THERAPY						
101		TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
15-0084		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	133,946
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	133,946
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	133,946
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	55,213
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	112,261,626
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	112,261,626
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	157,228,420
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	157,228,420
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.714003
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,173.82
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	112,261,626

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	838.11
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	46,274,567
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	46,274,567

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	13,951,263	10,639	1,311.33	5,446	7,141,503
44	CORONARY CARE UNIT	8,389,564	4,801	1,747.46	3,060	5,347,228
44.01	CARDIAC RECOVERY	6,526,284	3,181	2,051.65	1,466	3,007,719
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
46.01	PEDIATRIC INTENSIVE CARE UNIT	6,697,678	3,102	2,159.15		
47	NEONATAL INTENSIVE CARE UNIT	25,222,990	22,751	1,108.65		

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	75,770,684
49	TOTAL PROGRAM INPATIENT COSTS	137,541,701
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4,538,213
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4,149,744
52	TOTAL PROGRAM EXCLUDABLE COST	8,687,957
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	128,853,744
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	8,091
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	838.11
85	OBSERVATION BED COST	6,781,148

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		112,261,626		6,781,148	
87	NEW CAPITAL-RELATED COST	8,622,337	112,261,626	.076806	6,781,148	520,833
88	NON PHYSICIAN ANESTHETIST		112,261,626		6,781,148	
89	MEDICAL EDUCATION	233,113	112,261,626	.002077	6,781,148	14,084
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
15-S084		

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,773
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,773
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,773
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,723
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,095,866
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,095,866
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,603,391
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,603,391
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.521625
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,155.47
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,095,866

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	602.72
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,641,207
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,641,207

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

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	302,855
49	TOTAL PROGRAM INPATIENT COSTS	1,944,062
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	73,440
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	9,978
52	TOTAL PROGRAM EXCLUDABLE COST	83,418
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,860,644
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	356
55	TARGET AMOUNT PER DISCHARGE	8,641.26
56	TARGET AMOUNT	3,076,289
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	1,215,645
58	BONUS PAYMENT	61,526
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	9,696.25
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	5,678.69
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	30,763
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	2,036,351
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A SUBPROVIDER I TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	602.72
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		7,095,866			
87	NEW CAPITAL-RELATED COST	280,303	7,095,866	.039502		
88	NON PHYSICIAN ANESTHETIST		7,095,866			
89	MEDICAL EDUCATION	37,181	7,095,866	.005240		
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
15-5748		

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,615
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,615
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,615
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,382
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,381,211
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,381,211
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,101,494
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,101,494
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.133104
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	455.36
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,381,211

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,381,211
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	515.97
68	PROGRAM ROUTINE SERVICE COST	1,745,011
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,745,011
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	265,988
72	PER DIEM CAPITAL-RELATED COSTS	57.64
73	PROGRAM CAPITAL-RELATED COSTS	194,938
74	INPATIENT ROUTINE SERVICE COST	1,550,073
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,550,073
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,745,011
80	PROGRAM INPATIENT ANCILLARY SERVICES	841,396
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,586,407

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0084 I PREPARED 12/ 8/2008 I WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		68,917,731	
26	INTENSIVE CARE UNIT		15,385,455	
27	CORONARY CARE UNIT		7,422,186	
27 01	CARDIAC RECOVERY		6,582,708	
29	SURGICAL INTENSIVE CARE UNIT			
29 01	PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.258086	99,155,562	25,590,662
37 01	AMBULATORY SURGERY	.546735	29,637	16,204
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.292687	46,345	13,565
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.190092	29,030,274	5,518,423
41 01	CARDIAC CATHETERIZATION LABORATORY	.228348	36,601,983	8,357,990
41 02	ULTRA SOUND	.143491	2,782,979	399,332
41 03	SATELLITE CATH LABS			
41 04	EP LAB			
41 05	CATH HOLDING	.351920	503,373	177,147
41 06	ECHOCARDIOGRAPHY	.072949	4,474,326	326,398
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.202612	49,328,856	9,994,618
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.297345	24,324,039	7,232,631
49 01	SLEEP LAB	.325716	37,656	12,265
50	PHYSICAL THERAPY	.413157	4,625,151	1,910,914
50 01	CARDIAC REHAB	1.096683	197,785	216,907
50 02	SPORTS MEDICINE	3.702098		
51	OCCUPATIONAL THERAPY	.295361	968,046	285,923
52	SPEECH PATHOLOGY	.411884	860,370	354,373
53	ELECTROCARDIOLOGY	.768380	343,455	263,904
54	ELECTROENCEPHALOGRAPHY	.154971	1,811,894	280,791
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402090	563,293	226,494
56	DRUGS CHARGED TO PATIENTS	.196507	45,059,614	8,854,530
57	RENAL DIALYSIS	.418084	2,416,135	1,010,147
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.230188	3,598,951	828,435
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.769047		
60 01	PARTIAL HOSPITALIZATION	.296960		
61	EMERGENCY	.319222	11,774,567	3,758,701
61 01	PATIENT SERVICES	1.147149	84,949	97,449
61 03	LAFAYETTE RD CLIINIC	.533669	1,922	1,026
61 04	ZIONSVILLE CLINIC	.382492	17,758	6,792
61 05	BROWNSBURG CLINIC			
61 07	WOUND CENTER	.336756	100,422	33,818
62	OBSERVATION BEDS (NON-DISTINCT PART)	.445327		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE	.391680	1,691	662
67 02	GERIATRIC CLINIC	.448838		
68	KOKOMO DIALYSIS			
68 01	PSYCH SERVICES	.355814		
68 02	DIABETIC THERAPY	1.870107	312	583
101	TOTAL		318,741,345	75,770,684
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		318,741,345	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S084 I PREPARED 12/ 8/2008 I WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27 01	CARDIAC RECOVERY			
29	SURGICAL INTENSIVE CARE UNIT			
29 01	PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,167,237	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.258086	6,284	1,622
37 01	AMBULATORY SURGERY	.546735		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.292687		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.190092	132,009	25,094
41 01	CARDIAC CATHETERIZATION LABORATORY	.228348		
41 02	ULTRA SOUND	.143491	4,289	615
41 03	SATELLITE CATH LABS			
41 04	EP LAB			
41 05	CATH HOLDING	.351920		
41 06	ECHOCARDIOGRAPHY	.072949		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.202612	379,469	76,885
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.297345	20,390	6,063
49 01	SLEEP LAB	.325716		
50	PHYSICAL THERAPY	.413157	58,568	24,198
50 01	CARDIAC REHAB	1.096683		
50 02	SPORTS MEDICINE	3.702098		
51	OCCUPATIONAL THERAPY	.295361	18,399	5,434
52	SPEECH PATHOLOGY	.411884	6,286	2,589
53	ELECTROCARDIOLOGY	.768380	4,836	3,716
54	ELECTROENCEPHALOGRAPHY	.154971	8,286	1,284
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402090	7,349	2,955
56	DRUGS CHARGED TO PATIENTS	.196507	365,375	71,799
57	RENAL DIALYSIS	.418084		
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.230188		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.769047		
60 01	PARTIAL HOSPITALIZATION	.296960		
61	EMERGENCY	.319222	119,951	38,291
61 01	PATIENT SERVICES	1.147149	9,807	11,250
61 03	LAFAYETTE RD CLIINIC	.533669		
61 04	ZIONSVILLE CLINIC	.382492		
61 05	BROWNSBURG CLINIC			
61 07	WOUND CENTER	.336756		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.445327		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE	.391680		
67 02	GERIATRIC CLINIC	.448838		
68	KOKOMO DIALYSIS			
68 01	PSYCH SERVICES	.355814	87,293	31,060
68 02	DIABETIC THERAPY	1.870107		
101	TOTAL		1,228,591	302,855
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,228,591	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-5748 I PREPARED 12/ 8/2008 I WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27 01	CARDIAC RECOVERY			
29	SURGICAL INTENSIVE CARE UNIT			
29 01	PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.258086	267	69
37 01	AMBULATORY SURGERY	.546735		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.292687		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.190092	101,490	19,292
41 01	CARDIAC CATHETERIZATION LABORATORY	.228348	3,538	808
41 02	ULTRA SOUND	.143491	591	85
41 03	SATELLITE CATH LABS			
41 04	EP LAB			
41 05	CATH HOLDING	.351920		
41 06	ECHOCARDIOGRAPHY	.072949		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.202612	269,190	54,541
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.297345	37,342	11,103
49 01	SLEEP LAB	.325716		
50	PHYSICAL THERAPY	.413157	1,162,926	480,471
50 01	CARDIAC REHAB	1.096683	44	48
50 02	SPORTS MEDICINE	3.702098		
51	OCCUPATIONAL THERAPY	.295361	488,085	144,161
52	SPEECH PATHOLOGY	.411884	4,806	1,980
53	ELECTROCARDIOLOGY	.768380	936	719
54	ELECTROENCEPHALOGRAPHY	.154971		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402090	36,434	14,650
56	DRUGS CHARGED TO PATIENTS	.196507	563,225	110,678
57	RENAL DIALYSIS	.418084		
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.230188	2,817	648
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.769047		
60 01	PARTIAL HOSPITALIZATION	.296960		
61	EMERGENCY	.319222	6,712	2,143
61 01	PATIENT SERVICES	1.147149		
61 03	LAFAYETTE RD CLIINIC	.533669		
61 04	ZIONSVILLE CLINIC	.382492		
61 05	BROWNSBURG CLINIC			
61 07	WOUND CENTER	.336756		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.445327		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE	.391680		
67 02	GERIATRIC CLINIC	.448838		
68	KOKOMO DIALYSIS			
68 01	PSYCH SERVICES	.355814		
68 02	DIABETIC THERAPY	1.870107		
101	TOTAL		2,678,403	841,396
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,678,403	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-0084 I PREPARED 12/ 8/2008 I WORKSHEET D-4

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		24,830,161	
26		INTENSIVE CARE UNIT		3,464,835	
27		CORONARY CARE UNIT		882,080	
27	01	CARDIAC RECOVERY		1,271,958	
29		SURGICAL INTENSIVE CARE UNIT			
29	01	PEDIATRIC INTENSIVE CARE UNIT		5,305,269	
30		NEONATAL INTENSIVE CARE UNIT		43,988,269	
31		SUBPROVIDER			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.259926	16,104,141	4,185,885
37	01	AMBULATORY SURGERY	.546735	8,095	4,426
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM	.311152	11,799,732	3,671,510
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC	.190092	6,410,325	1,218,551
41	01	CARDIAC CATHETERIZATION LABORATORY	.228348	4,905,327	1,120,122
41	02	ULTRA SOUND	.143491	903,085	129,585
41	03	SATELLITE CATH LABS			
41	04	EP LAB			
41	05	CATH HOLDING	.351920	136,746	48,124
41	06	ECHOCARDIOGRAPHY	.072949	1,269,769	92,628
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE			
44		LABORATORY	.202666	22,897,596	4,640,564
45		PBP CLINICAL LAB SERVICES-PRGM ONLY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
47		BLOOD STORING, PROCESSING & TRANS.			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	.297345	12,067,929	3,588,338
49	01	SLEEP LAB	.325716	67,903	22,117
50		PHYSICAL THERAPY	.419467	1,494,986	627,097
50	01	CARDIAC REHAB	1.096683	17,833	19,557
50	02	SPORTS MEDICINE	3.702098		
51		OCCUPATIONAL THERAPY	.295361	375,282	110,844
52		SPEECH PATHOLOGY	.411884	218,789	90,116
53		ELECTROCARDIOLOGY	.768380	73,023	56,109
54		ELECTROENCEPHALOGRAPHY	.154971	568,978	88,175
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.402090	2,287,353	919,722
56		DRUGS CHARGED TO PATIENTS	.196507	18,854,903	3,705,120
57		RENAL DIALYSIS	.426659	372,306	158,848
58		ASC (NON-DISTINCT PART)			
59		ENDOSCOPY	.236770	543,553	128,697
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.805433		
60	01	PARTIAL HOSPITALIZATION	.296960		
61		EMERGENCY	.325953	1,981,793	645,971
61	01	PATIENT SERVICES	1.198323	12,250	14,679
61	03	LAFAYETTE RD CLIINIC	.533669	227	121
61	04	ZIONSVILLE CLINIC	.382492		
61	05	BROWNSBURG CLINIC			
61	07	WOUND CENTER	.336756	55,462	18,677
62		OBSERVATION BEDS (NON-DISTINCT PART)	.445327		
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-RENTED			
67		DURABLE MEDICAL EQUIP-SOLD			
67	01	FAMILY PRACTICE	.447955	268,879	120,446
67	02	GERIATRIC CLINIC	.522422		
68		KOKOMO DIALYSIS			
68	01	PSYCH SERVICES	.355814		
68	02	DIABETIC THERAPY	1.870107	208	389
101		TOTAL		103,696,473	25,426,418
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		103,696,473	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I COMPONENT NO: 15-S084 I PREPARED 12/ 8/2008 I WORKSHEET D-4

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27 01	CARDIAC RECOVERY			
29	SURGICAL INTENSIVE CARE UNIT			
29 01	PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,605,852	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.259926		
37 01	AMBULATORY SURGERY	.546735		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.311152		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.190092	15,092	2,869
41 01	CARDIAC CATHETERIZATION LABORATORY	.228348		
41 02	ULTRA SOUND	.143491		
41 03	SATELLITE CATH LABS			
41 04	EP LAB			
41 05	CATH HOLDING	.351920		
41 06	ECHOCARDIOGRAPHY	.072949		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.202666	285,406	57,842
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.297345	12,094	3,596
49 01	SLEEP LAB	.325716		
50	PHYSICAL THERAPY	.419467	8,682	3,642
50 01	CARDIAC REHAB	1.096683		
50 02	SPORTS MEDICINE	3.702098		
51	OCCUPATIONAL THERAPY	.295361	697	206
52	SPEECH PATHOLOGY	.411884	241	99
53	ELECTROCARDIOLOGY	.768380		
54	ELECTROENCEPHALOGRAPHY	.154971		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402090		
56	DRUGS CHARGED TO PATIENTS	.196507	231,725	45,536
57	RENAL DIALYSIS	.426659		
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.236770		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.805433		
60 01	PARTIAL HOSPITALIZATION	.296960	56	17
61	EMERGENCY	.325953		
61 01	PATIENT SERVICES	1.198323		
61 03	LAFAYETTE RD CLIINIC	.533669		
61 04	ZIONSVILLE CLINIC	.382492		
61 05	BROWNSBURG CLINIC			
61 07	WOUND CENTER	.336756		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.445327		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE	.447955		
67 02	GERIATRIC CLINIC	.522422		
68	KOKOMO DIALYSIS			
68 01	PSYCH SERVICES	.355814	11,505	4,094
68 02	DIABETIC THERAPY	1.870107		
101	TOTAL		565,498	117,901
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		565,498	

HEART

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1 D	2	3	4
1	ADULTS & PEDIATRICS	38	838.11	5	4,191
2	INTENSIVE CARE UNIT	43	1,311.33		
3	CORONARY CARE UNIT	44	1,747.46		
3.01	CARDIAC RECOVERY	44.01	2,051.65		
5	SURGICAL INTENSIVE CARE UNIT	46			
5.01	PEDIATRIC INTENSIVE CARE UNIT	46.01	2,159.15		
6	NEONATAL INTENSIVE CARE UNIT	47	1,108.65		
7	TOTAL (SUM OF LINES 1-6)			5	4,191

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		C	1	2	3
8	OPERATING ROOM	37	.258086	69,056	17,822
8.01	AMBULATORY SURGERY	37.01	.546735		
9	RECOVERY ROOM	38			
10	DELIVERY ROOM & LABOR ROO	39	.292687		
11	ANESTHESIOLOGY	40			
12	RADIOLOGY-DIAGNOSTIC	41	.190092	1,317	250
12.01	CARDIAC CATHETERIZATION L	41.01	.228348	8,623	1,969
12.02	ULTRA SOUND	41.02	.143491		
12.03	SATELLITE CATH LABS	41.03			
12.04	EP LAB	41.04			
12.05	CATH HOLDING	41.05	.351920		
12.06	ECHOCARDIOGRAPHY	41.06	.072949		
13	RADIOLOGY-THERAPEUTIC	42			
14	RADIOISOTOPE	43			
15	LABORATORY	44	.202612	13,645	2,765
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47			
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.297345	1,588	472
20.01	SLEEP LAB	49.01	.325716		
21	PHYSICAL THERAPY	50	.413157		
21.01	CARDIAC REHAB	50.01	1.096683		
21.02	SPORTS MEDICINE	50.02	3.702098		
22	OCCUPATIONAL THERAPY	51	.295361		
23	SPEECH PATHOLOGY	52	.411884		
24	ELECTROCARDIOLOGY	53	.768380	4,957	3,809
25	ELECTROENCEPHALOGRAPHY	54	.154971		
26	MEDICAL SUPPLIES CHARGED	55	.402090	5,118	2,058
27	DRUGS CHARGED TO PATIENTS	56	.196507	4,192	824
28	RENAL DIALYSIS	57	.418084		
29	ASC (NON-DISTINCT PART)	58			
30	ENDOSCOPY	59	.230188		
31	CLINIC	60	.769047		
31.01	PARTIAL HOSPITALIZATION	60.01	.296960		
32	EMERGENCY	61	.319222		
32.01	PATIENT SERVICES	61.01	1.147149		
32.03	LAFAYETTE RD CLIINIC	61.03	.533669		
32.04	ZIONSVILLE CLINIC	61.04	.382492		
32.05	BROWNSBURG CLINIC	61.05			
32.07	WOUND CENTER	61.07	.336756		
33	OBSERVATION BEDS (NON-DIS	62	.445327		
35	TOTAL (SUM OF LINES 8-34)			108,496	29,969

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0084 I PERIOD: I FROM 7/ 1/2007 I TO 6/30/2008 I OPO NO.: - I PREPARED 12/ 8/2008 I WORKSHEET D-6 I PART II

HEART

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		5	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	CARDIAC RECOVERY	4.01			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.01	PEDIATRIC INTENSIVE CARE UNIT	6.01			
41	NEONATAL INTENSIVE CARE UNIT	7			
42	TOTAL (SUM OF LINES 36-41			5	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	PARTIAL HOSPITALIZATION		20.01		
44	EMERGENCY		21		
44.01	PATIENT SERVICES		21.01		
44.03	LAFAYETTE RD CLIINIC		21.03		
44.04	ZIONSVILLE CLINIC		21.04		
44.05	BROWNSBURG CLINIC		21.05		
44.07	WOUND CENTER		21.07		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
47	TOTAL (SUM OF LINES 43-46)				

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	34,160		108,496	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	741,812		758,122	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	775,972		866,618	
54	TOTAL USABLE ORGANS		16		
55	MEDICARE USABLE ORGANS		10		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.625000		
57	MEDICARE COST/CHARGES	484,983		541,636	
58	REVENUE FOR ORGANS SOLD	37,069		37,069	
59	SUBTOTAL (LN 57 MINUS LN 58)	447,914		504,567	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	447,914		504,567	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		5	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		11	
66	TOTAL (SUM OF LINES 62-65)		16	
67	ORGANS TRANSPLANTED		11	758,122
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		2	37,069
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS		3	
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		16	

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION			1	1.01
	DRG AMOUNT				
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1			24,613,093	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			25,796,092	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1			51,724,668	
	MANAGED CARE PATIENTS				
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST			1,836,978	
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1			697,593	
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1			547,011	
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)				
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.				
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.				
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97				
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)			5,142,807	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD			658.89	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I				
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)				
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.			92.11	
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)			4.00	
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)				
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005			
		E-3 PT 6 LN 15	PLUS LN 3.06		
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)			96.11	
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			121.12	
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.				
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1				
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09				
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10				
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.				
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			96.11	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			92.11	
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			92.11	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).			93.44	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)			.141814	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			.143565	
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19			.141814	
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			1,926,517	
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			1,973,568	
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1			3,893,822	
		SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	7,793,907	842	7,794,749	
	DISPROPORTIONATE SHARE ADJUSTMENT				
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)			3.46	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I			23.87	
4.02	SUM OF LINES 4 AND 4.01			27.33	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)			11.77	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)			12,021,154	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.				
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317				
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 6/30/2008	PART A
15-0084		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	127,092,563	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	127,092,563	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	9,965,191	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2,374,839	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST	447,914	
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	133,270	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	120,139	
16	TOTAL	140,133,916	
17	PRIMARY PAYER PAYMENTS	120,011	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	140,013,905	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8,143,195	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	510,080	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,065,620	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	745,934	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	752,149	
22	SUBTOTAL	132,106,564	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	0		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	132,106,564	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	127,237,671	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	4,868,893	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,264,683	

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

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 6/30/2008	PART B
15-0084		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,884
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	31,937,825
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	28,067,618
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.867
1.04	LINE 1.01 TIMES LINE 1.03.	27,690,094
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	70,456
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,884
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	14,061
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	14,061
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	14,061
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11,177
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,884
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	28,138,074
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	115
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	6,730,161
19	SUBTOTAL (SEE INSTRUCTIONS)	21,410,682
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	536,556
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	21,947,238
24	PRIMARY PAYER PAYMENTS	29,891
25	SUBTOTAL	21,917,347
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	594,394
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	416,076
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	451,625
28	SUBTOTAL	22,333,423
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	22,333,423
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	21,917,459
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	415,964
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 6/30/2008	PART B
15-S084		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
1.04 LINE 1.01 TIMES LINE 1.03.
1.05 LINE 1.02 DIVIDED BY LINE 1.04.
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.
2 INTERNS AND RESIDENTS
3 ORGAN ACQUISITIONS
4 COST OF TEACHING PHYSICIANS
5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
6 ANCILLARY SERVICE CHARGES
7 INTERNS AND RESIDENTS SERVICE CHARGES
8 ORGAN ACQUISITION CHARGES
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
10 TOTAL REASONABLE CHARGES

CUSTOMARY CHARGES
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
13 RATIO OF LINE 11 TO LINE 12
14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT
18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
19 SUBTOTAL (SEE INSTRUCTIONS)
20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
22 ESRD DIRECT MEDICAL EDUCATION COSTS
23 SUBTOTAL
24 PRIMARY PAYER PAYMENTS
25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
26 COMPOSITE RATE ESRD
27 BAD DEBTS (SEE INSTRUCTIONS)
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
28 SUBTOTAL
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
30 OTHER ADJUSTMENTS (SPECIFY)
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
32 SUBTOTAL
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
34 INTERIM PAYMENTS
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
35 BALANCE DUE PROVIDER/PROGRAM
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 6/30/2008	
15-0084		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			127,045,479		21,905,768
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01	2/15/2008	192,192	2/15/2008	11,691
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		192,192		11,691
4	TOTAL INTERIM PAYMENTS			127,237,671		21,917,459
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 6/30/2008	
15-S084		

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,891,708		
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50	2/15/2008	79,357		
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		-79,357		NONE
4	TOTAL INTERIM PAYMENTS			1,812,351		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 6/30/2008	
15-5748		

TITLE XVIII SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,365,539		
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		ADJUSTMENTS TO PROVIDER .01				
		ADJUSTMENTS TO PROVIDER .02				
		ADJUSTMENTS TO PROVIDER .03				
		ADJUSTMENTS TO PROVIDER .04				
		ADJUSTMENTS TO PROVIDER .05				
		ADJUSTMENTS TO PROGRAM .50				
		ADJUSTMENTS TO PROGRAM .51				
		ADJUSTMENTS TO PROGRAM .52				
		ADJUSTMENTS TO PROGRAM .53				
		ADJUSTMENTS TO PROGRAM .54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			1,365,539		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART I
15-S084		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	2,036,351
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	509,088
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,468,213
1.09	NET IPF PPS OUTLIER PAYMENTS	7,160
1.10	NET IPF PPS ECT PAYMENTS	22,654
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	32.166667
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,498,027
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1,425,446
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	1,069,085
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,007,115
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,007,115
5	PRIMARY PAYER PAYMENTS	5,911
6	SUBTOTAL	2,001,204
7	DEDUCTIBLES	213,003
8	SUBTOTAL	1,788,201
9	COINSURANCE	4,216
10	SUBTOTAL	1,783,985
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	84,883
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	59,418
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	68,761
12	SUBTOTAL	1,843,403
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	7,085
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART I
15-S084		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,850,488
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,812,351
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	38,137
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
15-5748		

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

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		1,411,235
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		1,157
30	SUBTOTAL		1,412,392
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,412,392
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		1,412,392
36	COINSURANCE		45,696
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		2,640
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		2,640
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		2,640
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		1,369,336
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		1,369,336
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,369,336
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		1,365,539
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		3,797

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
15-5748		

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

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE				
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)				
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY				
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)				
3	AGGREGATE APPROVED AMOUNT				
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96				98.92
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)				4.00
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03				
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)				102.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS				124.71
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.				102.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.				85.34
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.				35.37
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.				120.71
3.10	SEE INSTRUCTIONS				99.62
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.				
3.12	SEE INSTRUCTIONS				29.19
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)				25.65
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)				27.57
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)			RES INIT YEARS	27.47
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)				27.47
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.				69,504.00
3.18	SEE INSTRUCTIONS				1,909,275
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)				67.23
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)				65.17
3.21	SEE INSTRUCTIONS			RES INIT YEARS	67.61
3.22	SEE INSTRUCTIONS				67.61
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001				69,504.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001				4,699,165
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001				6,608,440

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS				67,908
5	TOTAL INPATIENT DAYS				182,102
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11			.372912
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,464,367	380,511		2,844,878
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)				1,849
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.				182,102
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)				100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.				57,620
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)				
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12			100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		8,897		8,897

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	4,793,394
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	

	TITLE XVIII	
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY	
	PART A REASONABLE COST	
12	REASONABLE COST (SEE INSTRUCTIONS)	141,230,774
13	ORGAN ACQUISITION COSTS	447,914
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	126,981
16	TOTAL PART A REASONABLE COST	141,551,707
	PART B REASONABLE COST	
17	REASONABLE COST	32,011,165
18	PRIMARY PAYER PAYMENTS	29,891
19	TOTAL PART B REASONABLE COST	31,981,274
20	TOTAL REASONABLE COST	173,532,981
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.815705
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.184295
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	2,911,395
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,374,839
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	536,556

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	12.89	
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	21.09	
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	12.48	
8	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	81,761.00	
9	MULTIPLY LINE 7 TIMES LINE 8	1,020,377	
10	MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.372912	
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	380,511	
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	8,897	

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(l)(iv)(C).	.02	
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	25.01	
18	IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	.02	
19	RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.000030	
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000008	
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	102,133,853	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	3,081,582	
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	842	

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	18,128,730			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	263,705,474			
5	OTHER RECEIVABLES	859,293			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-130,112,928			
7	INVENTORY	11,450,165			
8	PREPAID EXPENSES	5,301,297			
9	OTHER CURRENT ASSETS	5,138,718			
10	DUE FROM OTHER FUNDS	5,761,544			
11	TOTAL CURRENT ASSETS	180,232,293			
	FIXED ASSETS				
12	LAND	9,081,481			
12.01					
13	LAND IMPROVEMENTS	10,655,430			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	408,960,962			
14.01	LESS ACCUMULATED DEPRECIATION	-411,298,717			
15	LEASEHOLD IMPROVEMENTS	22,637,376			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	237,419,523			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	277,456,055			
	OTHER ASSETS				
22	INVESTMENTS	718,429,613			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	4,939,986			
26	TOTAL OTHER ASSETS	723,369,599			
27	TOTAL ASSETS	1181,057,947			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	26,852,106			
29	SALARIES, WAGES & FEES PAYABLE	41,245,277			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	2,335,182			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	22,299,132			
36	TOTAL CURRENT LIABILITIES	92,731,697			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE				
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66	185,940,381			
41	OTHER LONG TERM LIABILITIES	38,310,354			
42	TOTAL LONG-TERM LIABILITIES	224,250,735			
43	TOTAL LIABILITIES	316,982,432			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	864,075,515			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	864,075,515			
52	TOTAL LIABILITIES AND FUND BALANCES	1181,057,947			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		758,053,163		
2	NET INCOME (LOSS)		85,413,251		
3	TOTAL		843,466,414		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	RESTRICTED CONTRIBUTION F	5,354,193			
5	DEFERRED PENSION COSTS	26,436,905			
6	CONTRIBUTIONS	2,291			
7	RESTRICTED INVESTMENT INC	169,843			
8	GRANT REVENUE	344,685			
9	OTHER RESTRICTED ACTIVITY	8,028,899			
10	TOTAL ADDITIONS		40,336,816		
11	SUBTOTAL		883,803,230		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	TRANSFER TO AFFILIATES	1,884,476			
13	TRANSFER TO SPONSOR	939,802			
14	OTHER UNRESTRICTED ACTIVI	8,663,166			
15	UNREALIZED LOSS - RESTRIC	164,036			
16	NET ASSETS RELEASED FROM	8,076,189			
17	ROUNDING	46			
18	TOTAL DEDUCTIONS		19,727,715		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		864,075,515		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	RESTRICTED CONTRIBUTION F				
5	DEFERRED PENSION COSTS				
6	CONTRIBUTIONS				
7	RESTRICTED INVESTMENT INC				
8	GRANT REVENUE				
9	OTHER RESTRICTED ACTIVITY				
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	TRANSFER TO AFFILIATES				
13	TRANSFER TO SPONSOR				
14	OTHER UNRESTRICTED ACTIVI				
15	UNREALIZED LOSS - RESTRIC				
16	NET ASSETS RELEASED FROM				
17	ROUNDING				
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	157,228,420		157,228,420
2	00	SUBPROVIDER	13,603,391		13,603,391
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
6	00	SKILLED NURSING FACILITY	2,101,494		2,101,494
7	00	NURSING FACILITY	9,737,817		9,737,817
7	01	ICF/MR			
8	00	OTHER LONG TERM CARE			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	182,671,122		182,671,122
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	30,035,127		30,035,127
11	00	CORONARY CARE UNIT	11,440,843		11,440,843
11	01	CARDIAC RECOVERY	11,400,990		11,400,990
13	00	SURGICAL INTENSIVE CARE UNIT			
13	01	PEDIATRIC INTENSIVE CARE UNIT	13,171,905		13,171,905
14	00	NEONATAL INTENSIVE CARE UNIT	78,928,771		78,928,771
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	144,977,636		144,977,636
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	327,648,758		327,648,758
17	00	ANCILLARY SERVICES	822,037,485	629,135,281	1451,172,766
18	00	OUTPATIENT SERVICES			
19	00	HOME HEALTH AGENCY		7,689,319	7,689,319
20	00	AMBULANCE SERVICES			
21	00	CORF			
22	00	AMBULATORY SURGICAL CENTER (D.P.)			
23	00	HOSPICE	5,200,071	15,880,714	21,080,785
24	00	OTHER NON-SCH C PATIENT REVENUE	-470,283	47,065,812	46,595,529
25	00	TOTAL PATIENT REVENUES	1154,416,031	699,771,126	1854,187,157

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		772,682,705
		ADD (SPECIFY)		
27	00	BAD DEBT-EXCLUDING COLLECTION FEES	42,359,219	
28	00			
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		42,359,219
		DEDUCT (SPECIFY)		
34	00	DEDUCT (SPECIFY)		
35	00			
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		
40	00	TOTAL OPERATING EXPENSES		815,041,924

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	1854,187,157
2	LESS: ALLOWANCES AND DISCOUNTS ON	986,445,640
3	NET PATIENT REVENUES	867,741,517
4	LESS: TOTAL OPERATING EXPENSES	815,041,924
5	NET INCOME FROM SERVICE TO PATIENT	52,699,593
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS,FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	34,888,274
24.01		
24.02		
24.03		
24.04		
25	TOTAL OTHER INCOME	34,888,274
26	TOTAL	87,587,867
	OTHER EXPENSES	
27	NONOPERATING GAINS	2,174,616
28		
29		
30	TOTAL OTHER EXPENSES	2,174,616
31	NET INCOME (OR LOSS) FOR THE PERIO	85,413,251

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET H

HHA NO: 15-7083

HHA 1

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	498,746				487,825	986,571
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	2,431,338		153,555			2,584,893
7	PHYSICAL THERAPY	1,217,281		122,250			1,339,531
8	OCCUPATIONAL THERAPY	216,551		22,398			238,949
9	SPEECH PATHOLOGY	51,754		3,667			55,421
10	MEDICAL SOCIAL SERVICES	82,884		5,167			88,051
11	HOME HEALTH AIDE	238,975		52,582			291,557
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	4,737,529		359,619		487,825	5,584,973

		RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
		7	8	9	10
	GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX				
2	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL	-115,050	871,521	-218,362	653,159
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		2,584,893		2,584,893
7	PHYSICAL THERAPY		1,339,531		1,339,531
8	OCCUPATIONAL THERAPY		238,949		238,949
9	SPEECH PATHOLOGY		55,421		55,421
10	MEDICAL SOCIAL SERVICES		88,051		88,051
11	HOME HEALTH AIDE		291,557		291,557
12	SUPPLIES				
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY				
17	PRIVATE DUTY NURSING				
18	CLINIC				
19	HEALTH PROM ACTIVITIES				
20	DAY CARE PROGRAM				
21	HOME DEL MEALS PROGRAM				
22	HOMEMAKER SERVICE				
23	ALL OTHER				
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)	-115,050	5,469,923	-218,362	5,251,561

COST ALLOCATION - HHA GENERAL SERVICE COST

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET H-4 PART I

HHA NO: 15-7083

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	653,159					653,159	653,159
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	2,584,893					2,584,893	367,160
7	PHYSICAL THERAPY	1,339,531					1,339,531	190,267
8	OCCUPATIONAL THERAPY	238,949					238,949	33,940
9	SPEECH PATHOLOGY	55,421					55,421	7,872
10	MEDICAL SOCIAL SERVICES	88,051					88,051	12,507
11	HOME HEALTH AIDE	291,557					291,557	41,413
12	SUPPLIES							
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY							
17	PRIVATE DUTY NURSING							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS							
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	5,251,561					5,251,561	

		TOTAL
		6
	GENERAL SERVICE COST CENTERS	
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	2,952,053
7	PHYSICAL THERAPY	1,529,798
8	OCCUPATIONAL THERAPY	272,889
9	SPEECH PATHOLOGY	63,293
10	MEDICAL SOCIAL SERVICES	100,558
11	HOME HEALTH AIDE	332,970
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	5,251,561

COST ALLOCATION - HHA STATISTICAL BASIS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET H-4 PART II

HHA NO: 15-7083

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-653,159	4,598,402
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						2,584,893
7	PHYSICAL THERAPY						1,339,531
8	OCCUPATIONAL THERAPY						238,949
9	SPEECH PATHOLOGY						55,421
10	MEDICAL SOCIAL SERVICES						88,051
11	HOME HEALTH AIDE						291,557
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-653,159	4,598,402
25	COST TO BE ALLOCATED						653,159
26	UNIT COST MULIPLIER						.142040

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0084	FROM 7/ 1/2007	12/ 8/2008
HHA NO:	TO 6/30/2008	WORKSHEET H-5
15-7083		PART I

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAPITAL-STRESS 3.01	NEW CAPITAL-MARTEN HOUSE 3.02
1	ADMIN & GENERAL				85,150		
2	SKILLED NURSING CARE	2,952,053					
3	PHYSICAL THERAPY	1,529,798					
4	OCCUPATIONAL THERAPY	272,889					
5	SPEECH PATHOLOGY	63,293					
6	MEDICAL SOCIAL SERVICES	100,558					
7	HOME HEALTH AIDE	332,970					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	5,251,561			85,150		
21	UNIT COST MULIPLIER						

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

	HHA COST CENTER	NEW CAPITAL-WOMEN'S BLDG 3.03	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AN 6.03
1	ADMIN & GENERAL		130,737	1,403,185	65,468	785,932	2,744
2	SKILLED NURSING CARE						
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)		130,737	1,403,185	65,468	785,932	2,744
21	UNIT COST MULIPLIER						

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET H-5 PART I

HHA NO: 15-7083

HHA 1

HHA COST CENTER	ADMITTING 6.04	CASHIERING/ACCOUNTS RECE 6.05	OP REGISTRATION 6.06	SUBTOTAL 6A.06	OTHER ADMINISTRATIVE AND 6.07	OPERATION OF PLANT 8
1 ADMIN & GENERAL		27,397	49,081	2,549,694	203,134	139,353
2 SKILLED NURSING CARE				2,952,053	235,190	
3 PHYSICAL THERAPY				1,529,798	121,879	
4 OCCUPATIONAL THERAPY				272,889	21,741	
5 SPEECH PATHOLOGY				63,293	5,043	
6 MEDICAL SOCIAL SERVICES				100,558	8,011	
7 HOME HEALTH AIDE				332,970	26,528	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		27,397	49,081	7,801,255	621,526	139,353
21 UNIT COST MULIPLIER						

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

HHA COST CENTER	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15
1 ADMIN & GENERAL		49,551			334,821	12,148
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		49,551			334,821	12,148
21 UNIT COST MULIPLIER						

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0084	FROM 7/ 1/2007	12/ 8/2008
HHA NO:	TO 6/30/2008	WORKSHEET H-5
15-7083		PART I

HHA 1

	HHA COST CENTER	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	SOCIAL SERVICE 18	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED PRGM 24
1	ADMIN & GENERAL	8,761					
2	SKILLED NURSING CARE						
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	8,761					
21	UNIT COST MULIPLIER						

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

	HHA COST CENTER	PARAMED ED PRGM-CPE 24.01	PARAMED ED PRGM-PHARMACY 24.02	PARAMED ED PRGM-RADIOLOG 24.03	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1	ADMIN & GENERAL				3,297,462		3,297,462
2	SKILLED NURSING CARE				3,187,243		3,187,243
3	PHYSICAL THERAPY				1,651,677		1,651,677
4	OCCUPATIONAL THERAPY				294,630		294,630
5	SPEECH PATHOLOGY				68,336		68,336
6	MEDICAL SOCIAL SERVICES				108,569		108,569
7	HOME HEALTH AIDE				359,498		359,498
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)				8,967,415		8,967,415
21	UNIT COST MULIPLIER						

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0084	FROM 7/ 1/2007	12/ 8/2008
HHA NO:	TO 6/30/2008	WORKSHEET H-5
15-7083		PART I

HHA 1

	HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL		
2	SKILLED NURSING CARE	1,853,598	5,040,841
3	PHYSICAL THERAPY	960,562	2,612,239
4	OCCUPATIONAL THERAPY	171,347	465,977
5	SPEECH PATHOLOGY	39,742	108,078
6	MEDICAL SOCIAL SERVICES	63,140	171,709
7	HOME HEALTH AIDE	209,073	568,571
8	SUPPLIES		
9	DRUGS		
9.20	COST ADMINISTERING DRUGS		
10	DME		
11	HOME DIALYSIS AIDE SVCS		
12	RESPIRATORY THERAPY		
13	PRIVATE DUTY NURSING		
14	CLINIC		
15	HEALTH PROM ACTIVITIES		
16	DAY CARE PROGRAM		
17	HOME DEL MEALS PROGRAM		
18	HOMEMAKER SERVICE		
19	ALL OTHER		
19.50	TELEMEDICINE		
20	TOTAL (SUM OF 1-19) (2)	3,297,462	8,967,415
21	UNIT COST MULIPLIER	0.581568	

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET H-5 PART II

HHA NO: 15-7083

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE EET) F	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE) F	NEW CAP REL COSTS-BLDG & (SQUARE EET) F	NEW CAPITAL-STRESS (STRESS SQ T) F	NEW CAPITAL-MARTEN HOUSE (MARTEN Q. FT.) S	NEW CAPITAL-WOMEN'S BLDG (WOMEN'S Q. FT.) S
	1	2	3	3.01	3.02	3.03
1 ADMIN & GENERAL			5,491			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			5,491			
21 COST TO BE ALLOCATED			85,150			
22 UNIT COST MULIPLIER			15.507194			

HHA COST CENTER	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BEN EFITS (GROSS SALARIES)	NONPATIENT T ELEPHONES (PHONE INES) L	DATA PROCESS ING (NODES)	PURCHASING, RECEIVING AN (COSTED EQUISITIONS) R	ADMITTING (PATIENT AYS) D
	4	5	6.01	6.02	6.03	6.04
1 ADMIN & GENERAL	99,457	4,737,529	75	121	137,529	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	99,457	4,737,529	75	121	137,529	
21 COST TO BE ALLOCATED	130,737	1,403,185	65,468	785,932	2,744	
22 UNIT COST MULIPLIER	1.314508	0.296185	872.906667	6495.305785	0.019952	

HHA 1

HHA COST CENTER	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE) 6.05	OP REGISTRATION (OP REVENUE) 6.06	RECONCILIATION 6A.07	OTHER ADMINISTRATIVE AND ACCUM. COST 6.07	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (LBS) 9
1 ADMIN & GENERAL	7,689,319	7,689,319		2,549,694	5,491	
2 SKILLED NURSING CARE				2,952,053		
3 PHYSICAL THERAPY				1,529,798		
4 OCCUPATIONAL THERAPY				272,889		
5 SPEECH PATHOLOGY				63,293		
6 MEDICAL SOCIAL SERVICES				100,558		
7 HOME HEALTH AIDE				332,970		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	7,689,319	7,689,319		7,801,255	5,491	
21 COST TO BE ALLOCATED	27,397	49,081		621,526	139,353	
22 UNIT COST MULIPLIER	0.003563	0.006383		0.079670	25.378437	

HHA COST CENTER	HOUSEKEEPING (SQUARE FOOTAGE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (EMPLOYEE HOURS) 12	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16
1 ADMIN & GENERAL	5,491			70,544	86,542	1,447
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,491			70,544	86,542	1,447
21 COST TO BE ALLOCATED	49,551			334,821	12,148	8,761
22 UNIT COST MULIPLIER	9.024039			4.746272	0.140371	6.054596

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0084	FROM 7/ 1/2007	12/ 8/2008
HHA NO:	TO 6/30/2008	WORKSHEET H-5
15-7083		PART II

HHA 1

HHA COST CENTER	MEDICAL RECORDS & LIBRARS (TIME PENT) 17	SOCIAL SERVICE (TIME SPENT) 18	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23	PARAMED ED P RGM (ASSIGNED TIME) 24	PARAMED ED P RGM-CPE (ASSIGNED TIME) 24.01
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULIPLIER						

HHA COST CENTER	PARAMED ED P RGM-PHARMACY (ASSIGNED TIME) 24.02	PARAMED ED P RGM-RADIOLOG (ASSIGNED TIME) 24.03
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)		
21 COST TO BE ALLOCATED		
22 UNIT COST MULIPLIER		

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

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

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	5,040,841		5,040,841	21,102	238.88	7,510
2	PHYSICAL THERAPY	3	2,612,239		2,612,239	16,800	155.49	6,832
3	OCCUPATIONAL THERAPY	4	465,977		465,977	3,078	151.39	1,261
4	SPEECH PATHOLOGY	5	108,078		108,078	504	214.44	212
5	MEDICAL SOCIAL SERVICES	6	171,709		171,709	710	241.84	225
6	HOME HEALTH AIDE SERVICE	7	568,571		568,571	7,226	78.68	1,589
7	TOTAL		8,967,415		8,967,415	49,420		17,629

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	5,036		1,793,989	1,203,000		2,996,989
2	PHYSICAL THERAPY	4,263		1,062,308	662,854		1,725,162
3	OCCUPATIONAL THERAPY	836		190,903	126,562		317,465
4	SPEECH PATHOLOGY	99		45,461	21,230		66,691
5	MEDICAL SOCIAL SERVICES	216		54,414	52,237		106,651
6	HOME HEALTH AIDE SERVICES	2,495		125,023	196,307		321,330
7	TOTAL	12,945		3,272,098	2,262,190		5,534,288

	LIMITATION COST COMPUTATION PATIENT SERVICES	PROGRAM COST LIMITS	PROGRAM VISITS PART A
		5	6
8	SKILLED NURSING		
8.01	SKILLED NURSING		
8.02	SKILLED NURSING		
8.03	SKILLED NURSING		
8.04	SKILLED NURSING		
9	PHYSICAL THERAPY		
9.01	PHYSICAL THERAPY		
9.02	PHYSICAL THERAPY		
9.03	PHYSICAL THERAPY		
9.04	PHYSICAL THERAPY		
10	OCCUPATIONAL THERAPY		
10.01	OCCUPATIONAL THERAPY		
10.02	OCCUPATIONAL THERAPY		
10.03	OCCUPATIONAL THERAPY		
10.04	OCCUPATIONAL THERAPY		
11	SPEECH PATHOLOGY		
11.01	SPEECH PATHOLOGY		
11.02	SPEECH PATHOLOGY		
11.03	SPEECH PATHOLOGY		
11.04	SPEECH PATHOLOGY		
12	MEDICAL SOCIAL SERVICES		
12.01	MEDICAL SOCIAL SERVICES		
12.02	MEDICAL SOCIAL SERVICES		
12.03	MEDICAL SOCIAL SERVICES		
12.04	MEDICAL SOCIAL SERVICES		
13	HOME HEALTH AIDE SERVICE		
13.01	HOME HEALTH AIDE SERVICE		
13.02	HOME HEALTH AIDE SERVICE		
13.03	HOME HEALTH AIDE SERVICE		
13.04	HOME HEALTH AIDE SERVICE		
14	TOTAL		

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
8	SKILLED NURSING						
8.01	SKILLED NURSING						
8.02	SKILLED NURSING						
8.03	SKILLED NURSING						
8.04	SKILLED NURSING						
9	PHYSICAL THERAPY						

APPORTIONMENT OF PATIENT SERVICE COSTS

PROVIDER NO: 15-0084	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008
HHA NO: 15-7083		WORKSHEET H-6
		PARTS I II & III
		HHA 1

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

		PROGRAM VISITS		COST OF SERVICES			
		PART B			PART B		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
9.01	PHYSICAL THERAPY						
9.02	PHYSICAL THERAPY						
9.03	PHYSICAL THERAPY						
9.04	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
10.02	OCCUPATIONAL THERAPY						
10.03	OCCUPATIONAL THERAPY						
10.04	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
11.02	SPEECH PATHOLOGY						
11.03	SPEECH PATHOLOGY						
11.04	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
12.02	MEDICAL SOCIAL SERVICES						
12.03	MEDICAL SOCIAL SERVICES						
12.04	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
13.02	HOME HEALTH AIDE SERVICE						
13.03	HOME HEALTH AIDE SERVICE						
13.04	HOME HEALTH AIDE SERVICE						
14	TOTAL						

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

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

	SUPPLIES AND EQUIPMENT COST COMPUTATION / OTHER PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
			1	2	3	4	5	6
15	COST OF MEDICAL SUPPLIES	8.00				107,639		59,685
16	COST OF DRUGS	9.00				330		
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR
		7	8	9	10	11
15	COST OF MEDICAL SUPPLIES	47,954				
16	COST OF DRUGS	330				
16.20	COST OF DRUGS					

	PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
		1	2
162	PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01	PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.02	PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.03	PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.04	PROGRAM UNDUP CENSUS FROM WRKST S-4		
17	PER BENE COST LIMITATION (FRM FI)		
17.01	PER BENE COST LIMITATION (FRM FI)		
17.02	PER BENE COST LIMITATION (FRM FI)		
17.03	PER BENE COST LIMITATION (FRM FI)		
17.04	PER BENE COST LIMITATION (FRM FI)		
18	PER BENE COST LIMITATION (LN 17*18)		

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

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
			1	2	3	4
1	PHYSICAL THERAPY	50	.413157			COL 2, LN 2
1.01	CARDIAC REHAB	50.01	1.096683			
1.02	SPORTS MEDICINE	50.02	3.702098			
2	OCCUPATIONAL THERAPY	51	.295361			COL 2, LN 3
3	SPEECH PATHOLOGY	52	.411884			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.402090			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.196507			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE: PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	155.49					
2	OCCUPATIONAL THERAPY	3	151.39					
3	SPEECH PATHOLOGY	4	214.44					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	PROVIDER NO: 15-0084	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008
	HHA NO: 15-7083		WORKSHEET H-7 PARTS I & II

TITLE XVIII HHA 1

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

		PART A 1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES			
2	TOTAL CHARGES	2,681,261	1,860,130	
	CUSTOMARY CHARGES			
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6	TOTAL CUSTOMARY CHARGES	2,681,261	1,860,130	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,681,261	1,860,130	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS	1,059		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST	-1,059	
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	3,030,595	1,961,822
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	13,171	20,728
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	28,431	20,077
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	25,248	17,106
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	8,918	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	4,491	5,827
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	3,109,795	2,025,560
13	EXCESS REASONABLE COST		
14	SUBTOTAL	3,109,795	2,025,560
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	3,109,795	2,025,560
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	3,109,795	2,025,560
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	3,109,795	2,025,560
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	3,109,795	2,025,560
25	INTERIM PAYMENTS	3,109,795	2,025,560
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

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

PROVIDER NO: 15-0084
HHA NO: 15-7083
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET H-8

TITLE XVIII HHA 1

	DESCRIPTION		PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			3,109,795		2,025,560
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			3,109,795		2,025,560
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K

HOSPICE 1

		SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	643,838			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	3,692,057			
8	INPATIENT - RESPITE CARE	16,680			
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY	4,445			
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER	236,770			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	4,593,790			

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0084 HOSPICE NO: 15-1507

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008

WORKSHEET K

HOSPICE 1

		OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL		643,838	-24,014	619,824
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	1,869,429	5,561,486		5,561,486
8	INPATIENT - RESPITE CARE		16,680		16,680
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY		4,445		4,445
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER		236,770		236,770
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	413,615	413,615		413,615
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES	113,411	113,411		113,411
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	2,396,455	6,990,245	-24,014	6,966,231

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K

HOSPICE 1

		ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
	GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.		
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3	PLANT OPERATION AND MAINTENANCE		
4	TRANSPORTATION - STAFF		
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-486,198	133,626
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		5,561,486
8	INPATIENT - RESPITE CARE		16,680
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		4,445
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		236,770
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		413,615
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		113,411
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)	-486,198	6,480,033

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-1

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE		345,309	287,534	361,259
8	INPATIENT - RESPITE CARE		1,560	1,299	1,632
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)		346,869	288,833	362,891

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-1

HOSPICE 1

		NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				643,838
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	2,452,389		245,566	
8	INPATIENT - RESPITE CARE	11,080		1,109	
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY		4,445		
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				236,770
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	2,463,469	4,445	246,675	880,608

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0084 HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-1

HOSPICE 1

		TOTAL (1)
		9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	643,838
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	3,692,057
8	INPATIENT - RESPITE CARE	16,680
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	4,445
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	236,770
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	4,593,790

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET K-4
PART I

HOSPICE 1

		NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
		0	1	2	3
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	133,626			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	5,561,486			
8	INPATIENT - RESPITE CARE	16,680			
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY	4,445			
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER	236,770			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	413,615			
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES	113,411			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	6,480,033			

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0084 HOSPICE NO: 15-1507

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008

WORKSHEET K-4 PART I

HOSPICE 1

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL			133,626	133,626
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE			5,561,486	117,099
8	INPATIENT - RESPITE CARE			16,680	351
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY			4,445	94
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER			236,770	4,985
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			413,615	8,709
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES			113,411	2,388
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)			6,346,407	133,626

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-4
PART I

HOSPICE 1

		TOTAL (COL. 5A + COL. 6)
		7
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	5,678,585
8	INPATIENT - RESPITE CARE	17,031
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	4,539
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	241,755
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	422,324
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	115,799
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	6,480,033

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET K-4
PART II

HOSPICE 1

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

COST ALLOCATION - HOSPICE STATISTICAL BASIS	PROVIDER NO: 15-0084	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008 WORKSHEET K-4 PART II
	HOSPICE NO: 15-1507		

HOSPICE 1

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL		-133,626	6,346,407
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			5,561,486
8	INPATIENT - RESPITE CARE			16,680
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			4,445
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			236,770
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			413,615
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			113,411
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30				
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			133,626
35	UNIT COST MULTIPLIER	.000000		.021055

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET K-5 PART I

HOSPICE NO: 15-1507

HOSPICE 1

	HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
			0	1	2	3
1.00	ADMINISTRATIVE AND GENERAL	6				343,298
2.00	INPATIENT - GENERAL CARE	7	5,678,585			
3.00	INPATIENT - RESPITE CARE	8	17,031			
4.00	PHYSICIAN SERVICES	9				
5.00	NURSING CARE	10				
5.20	NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00	PHYSICAL THERAPY	11	4,539			
7.00	OCCUPATIONAL THERAPY	12				
8.00	SPEECH/LANGUAGE PATHOLOGY	13				
9.00	MEDICAL SOCIAL SERVICES	14				
10.00	SPIRITUAL COUNSELING	15				
11.00	DIETARY COUNSELING	16				
12.00	COUNSELING - OTHER	17				
13.00	HOME HEALTH AIDE AND HOMEMAKER	18				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00		19	241,755			
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	20	422,324			
15.30	ANALGESICS	20.30				
15.31	SEDATIVES / HYPNOTICS	20.31				
15.32	OTHER	20.32				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00	PATIENT TRANSPORTATION	22				
18.00	IMAGING SERVICES	23				
19.00	LABS AND DIAGNOSTICS	24				
20.00	MEDICAL SUPPLIES	25	115,799			
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00	RADIATION THERAPY	27				
23.00	CHEMOTHERAPY	28				
24.00		29				
25.00	BEREAVEMENT PROGRAM COSTS	30				
26.00	VOLUNTEER PROGRAM COSTS	31				
27.00	FUNDRAISING	32				
28.00	OTHER PROGRAM COSTS	33				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		6,480,033			343,298
30.00	UNIT COST MULIPLIER					

	HOSPICE COST CENTER	NEW CAPITAL-STRESS	NEW CAPITAL-MARTEN HOUSE	NEW CAPITAL-WOMEN'S BLDG	NEW CAP REL COSTS-MVBLE EQUIP
		3.01	3.02	3.03	4
1.00	ADMINISTRATIVE AND GENERAL				122,273
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)				122,273
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET K-5 PART I

HOSPICE NO: 15-1507

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL	1,412,278	54,993	422,195	13,169
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,412,278	54,993	422,195	13,169
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OP REGISTRATION	SUBTOTAL
	6.04	6.05	6.06	6A.06
1.00 ADMINISTRATIVE AND GENERAL	123,404	75,111	101,367	2,543,025
2.00 INPATIENT - GENERAL CARE				5,678,585
3.00 INPATIENT - RESPITE CARE				17,031
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				4,539
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				241,755
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				422,324
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				115,799
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	123,404	75,111	101,367	9,023,058
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET K-5 PART I

HOSPICE NO: 15-1507

HOSPICE 1

	HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		6.07	8	9	10
1.00	ADMINISTRATIVE AND GENERAL	205,410	561,830		199,774
2.00	INPATIENT - GENERAL CARE	458,683			
3.00	INPATIENT - RESPITE CARE	1,376			
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY	367			
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		19,528			
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	34,113			
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES	9,354			
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	728,831	561,830		199,774
30.00	UNIT COST MULIPLIER				

	HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		11	12	14	15
1.00	ADMINISTRATIVE AND GENERAL	148,697		376,531	14,151
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	148,697		376,531	14,151
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET K-5 | PART I

HOSPICE NO: 15-1507

HOSPICE 1

HOSPICE COST CENTER	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRINGES APPRVD 22
1.00 ADMINISTRATIVE AND GENERAL	2,509,963			59,841
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,509,963			59,841
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	I&R SERVICES-OTHER PRGM COSTS APPRVD 23	PARAMED ED PRGM 24	PARAMED ED PRGM-CPE 24.01	PARAMED ED PRGM-PHARMACY 24.02
1.00 ADMINISTRATIVE AND GENERAL	42,915		26,418	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	42,915		26,418	
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0084 | HOSPICE NO: 15-1507 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET K-5 | PART I

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM-RADIOLOGY	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
	24.03	25	26	27
1.00 ADMINISTRATIVE AND GENERAL		6,688,555		6,688,555
2.00 INPATIENT - GENERAL CARE		6,137,268		6,137,268
3.00 INPATIENT - RESPITE CARE		18,407		18,407
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		4,906		4,906
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		261,283		261,283
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		456,437		456,437
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		125,153		125,153
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS			-102,756	-102,756
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		13,692,009	-102,756	13,589,253
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE	5,948,594	12,085,862
3.00 INPATIENT - RESPITE CARE	17,841	36,248
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY	4,755	9,661
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00	253,251	514,534
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	442,405	898,842
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES	121,306	246,459
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS	-99,597	-202,353
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		13,589,253
30.00 UNIT COST MULIPLIER	.969258	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS	PROVIDER NO: 15-0084 HOSPICE NO: 15-1507	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 8/2008 WORKSHEET K-5 PART I

HOSPICE 1

	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
HOSPICE COST CENTER	28	29

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

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

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008
HOSPICE NO: 15-1507 | WORKSHEET K-5 PART II

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAPITAL-STRESS (STRESS SQ FT)
	1	2	3	3.01
1.00 ADMINISTRATIVE AND GENERAL			22,138	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			22,138	
30.00 TOTAL COST TO BE ALLOCATED			343,298	
31.00 UNIT COST MULIPLIER	.000000	.000000	15.507182	.000000

HOSPICE COST CENTER	NEW CAPITAL-MARTEN HOUSE (MARTEN SQ. FT.)	NEW CAPITAL-WOMEN'S BLDG (WOMEN'S SQ. FT.)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	3.02	3.03	4	5
1.00 ADMINISTRATIVE AND GENERAL			93,018	4,768,230
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

PROVIDER NO: 15-0084 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008
HOSPICE NO: 15-1507 | WORKSHEET K-5 PART II

HOSPICE 1

	HOSPICE COST CENTER	NEW CAPITAL-MARTEN HOUSE	NEW CAPITAL-WOMEN'S BLDG	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		3.02	3.03	4	5
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)			93,018	4,768,230
30.00	TOTAL COST TO BE ALLOCATED			122,273	1,412,278
31.00	UNIT COST MULIPLIER	.000000	.000000	1.314509	.296185

	HOSPICE COST CENTER	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (PATIENT DAYS)
		6.01	6.02	6.03	6.04
1.00	ADMINISTRATIVE AND GENERAL	63	65	659,991	4,912
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)	63	65	659,991	4,912
30.00	TOTAL COST TO BE ALLOCATED	54,993	422,195	13,169	123,404
31.00	UNIT COST MULIPLIER	872.904762	6495.307692	.019953	25.122964

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

PROVIDER NO: 15-0084 | HOSPICE NO: 15-1507 | PERIOD: FROM 7/ 1/2007 TO 6/30/2008 | PREPARED 12/ 8/2008 | WORKSHEET K-5 PART II

HOSPICE 1

HOSPICE COST CENTER	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE) 6.05	OP REGISTRATION (OP REVENUE) 6.06	RECONCILIATION 6A.07	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST) 6.07
1.00 ADMINISTRATIVE AND GENERAL	21,080,785	15,880,714	-125,063	2,543,025
2.00 INPATIENT - GENERAL CARE				5,678,585
3.00 INPATIENT - RESPITE CARE				17,031
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				4,539
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				241,755
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				422,324
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				115,799
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	21,080,785	15,880,714	-125,063	9,023,058
30.00 TOTAL COST TO BE ALLOCATED	75,111	101,367		728,831
31.00 UNIT COST MULIPLIER	.003563	.006383		.080774

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (LBS) 9	HOUSEKEEPING (SQUARE FOOTAGE) 10	DIETARY (MEALS SERVED) 11
1.00 ADMINISTRATIVE AND GENERAL	22,138		22,138	11,276
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	8	9	10	11
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	22,138		22,138	11,276
30.00 TOTAL COST TO BE ALLOCATED	561,830		199,774	148,697
31.00 UNIT COST MULIPLIER	25.378535	.000000	9.024031	13.187034

HOSPICE COST CENTER	CAFETERIA (EMPLOYEE HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL		79,332	100,812	414,549
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		79,332	100,812	414,549
30.00 TOTAL COST TO BE ALLOCATED		376,531	14,151	2,509,963
31.00 UNIT COST MULIPLIER	.000000	4.746269	.140370	6.054684

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

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)
	17	18	22	23
1.00 ADMINISTRATIVE AND GENERAL			10	10
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			10	10
30.00 TOTAL COST TO BE ALLOCATED			59,841	42,915
31.00 UNIT COST MULIPLIER	.000000	.000000	5984.100000	4291.500000

HOSPICE COST CENTER	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-CPE (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-RADIOLOGY (ASSIGNED TIME)
	24	24.01	24.02	24.03
1.00 ADMINISTRATIVE AND GENERAL		108		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM 24	PARAMED ED PRGM-CPE 24.01	PARAMED ED PRGM-PHARMACY 24.02	PARAMED ED PRGM-RADIOLOGY 24.03
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		108		
30.00 TOTAL COST TO BE ALLOCATED		26,418		
31.00 UNIT COST MULIPLIER	.000000	244.611111	.000000	.000000

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

PROVIDER NO: 15-0084
HOSPICE NO: 15-1507
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 8/2008
WORKSHEET K-5
PART III

HOSPICE 1

		WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.413157		
1.01	CARDIAC REHAB	50.01	1.096683		
1.02	SPORTS MEDICINE	50.02	3.702098		
2	OCCUPATIONAL THERAPY	51	.295361		
3	SPEECH PATHOLOGY	52	.411884		
4	DRUGS CHARGED TO PATIENTS	56	.196507		
5	DURABLE MEDICAL EQUIP-SOLD	67			
5.01	FAMILY PRACTICE	67.01	.391680		
5.02	GERIATRIC CLINIC	67.02	.448838		
6	LABORATORY	44	.202612		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.402090		
8	EMERGENCY	61	.319222		
8.01	PATIENT SERVICES	61.01	1.147149		
8.03	LAFAYETTE RD CLIINIC	61.03	.533669		
8.04	ZIONSVILLE CLINIC	61.04	.382492		
8.05	BROWNSBURG CLINIC	61.05			
8.07	WOUND CENTER	61.07	.336756		
9	RADIOLOGY-DIAGNOSTIC	41	.190092		
9.01	CARDIAC CATHETERIZATION LABORATORY	41.01	.228348		
9.02	ULTRA SOUND	41.02	.143491		
9.03	SATELLITE CATH LABS	41.03			
9.04	EP LAB	41.04			
9.05	CATH HOLDING	41.05	.351920		
9.06	ECHOCARDIOGRAPHY	41.06	.072949		
10	ENDOSCOPY	59	.230188		
11	TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO: 15-0084 HOSPICE NO: 15-1507

PERIOD: FROM 7/ 1/2007 TO 6/30/2008

PREPARED 12/ 8/2008 WORKSHEET K-6

HOSPICE 1

COMPUTATION OF PER DIEM COST

		TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
		1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				13,791,606
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				43,033
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				320.49
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	31,128			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	9,976,213			
6	UNDUPLICATED MEDICAID DAYS		139		
7	AGGREGATE MEDICAID COST		44,548		
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10	UNDUPLICATED NF DAYS				
11	AGGREGATE NF COST				
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			11,766	
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			3,770,885	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-0084	FROM 7/ 1/2007	WORKSHEET L
COMPONENT NO:	TO 6/30/2008	PARTS I-IV
15-0084		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	8,823,790
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	124,900
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	465.38
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	93.46
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.83
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	514,427
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	3.46
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	23.87
5 .02	SUM OF 5 AND 5.01	27.33
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.69
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	502,074
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	9,965,191
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	