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).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0056	PERIOD FROM 1/ 1/2007 TO 12/31/2007	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/29/2008 TIME 16:28

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
CLARIAN HEALTH PARTNERS, INC. 15-0056
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 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		TITLE XIX
			A	B	
		1	2	3	4
1	HOSPITAL	0	10,678,993	694,684	0
2	SUBPROVIDER	0	205,778	-1,420	0
7	HOSPITAL-BASED HHA	0	-28,840	-19,634	0
9 .10	FQHC	0	0	6,871	0
9 .11	FQHC II	0	0	0	0
9 .12	FQHC III	0	0	0	0
100	TOTAL	0	10,855,931	680,501	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: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: I-65 AT 21ST STREET P.O. BOX: 7010
1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46202- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007

		1	2
18	TYPE OF CONTROL	2	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER	4	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.			
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?	Y		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).			
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N 26900
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1		
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1		
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	Y		
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	Y		
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		10/17/1996	
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		10/17/1996	
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		3/11/1993	
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		2/ 2/1995	
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE		7/ 1/1999	
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		/ /	
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		/ /	
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.			
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

		1	2	3	4
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)	0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		

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

		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		
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).		
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		
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).		
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		

MISCELLANEOUS COST REPORT INFORMATION

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

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

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 15H059
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS TITLE V 3	O/P VISITS TITLE XVIII 4	TRIPS NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	1,064	388,360			79,805		25,602
2	HMO							77,922
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	1,064	388,360			79,805		25,602
6	INTENSIVE CARE UNIT	69	25,185			6,232		1,908
7	CORONARY CARE UNIT	84	30,660			6,464		1,295
7 01	NEONATAL INTENSIVE CARE UNIT	35	12,775					864
8	BURN INTENSIVE CARE UNIT	7	2,555					162
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC	18	6,570			2,352		602
9 03	UH NS 3IC	9	3,285			1,051		263
9 04	RH PED IC	36	13,140			89		950
9 07	PEDIATRIC CANCER CENTER	6	2,190					188
11	NURSERY							775
12	TOTAL	1,328	484,720			95,993		32,609
13	RPCH VISITS							
14	SUBPROVIDER	45	16,425			2,802		1,351
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C					5,101		
25	TOTAL	1,373						
26	OBSERVATION BED DAYS							4,428
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS					270		
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I/P DAYS TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS TITLE XIX OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	INTERNS & RES. FTES LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			248,661				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			248,661				
6	INTENSIVE CARE UNIT			18,531				
7	CORONARY CARE UNIT			12,575				
7 01	NEONATAL INTENSIVE CARE UNIT			8,396				
8	BURN INTENSIVE CARE UNIT			1,569				
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC			5,849				
9 03	UH NS 3IC			2,552				
9 04	RH PED IC			9,227				
9 07	PEDIATRIC CANCER CENTER			1,828				
11	NURSERY			7,529				
12	TOTAL			316,717			597.30	
13	RPCH VISITS							
14	SUBPROVIDER			6,944			3.17	
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY			39,336				
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C			97,125				
25	TOTAL						600.47	
26	OBSERVATION BED DAYS	720	3,708	16,192	2,805	13,387		
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 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	FULL TIME EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	DISCHARGES TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					14,490	11,969	50,073
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
7 01	NEONATAL INTENSIVE CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC							

		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	03 UH NS 3IC							
9	04 RH PED IC							
9	07 PEDIATRIC CANCER CENTER							
11	NURSERY							
12	TOTAL	597.30	10,447.23			14,490	11,969	50,073
13	RPCH VISITS							
14	SUBPROVIDER	3.17	65.30			272	198	944
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16	01 ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY		211.59					
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE							
23	CORF							
24	10 FEDERALLY QUALIFIED HEALTH C		375.94					
25	TOTAL	600.47	11,100.06					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET S-3 PARTS II & III

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	499,118,517	-12,028,220	487,090,297	18,138,327.98	26.85	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	658,261		658,261	5,336.31	123.36	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	68,141		68,141	1,042.86	65.34	
5 PHYSICIAN - PART B	7,262,728		7,262,728	129,253.94	56.19	
5.01 NON-PHYSICIAN - PART B	2,220,645		2,220,645	86,340.82	25.72	
6 INTERNS & RESIDENTS (APPRVD)	25,101,103	-19,837	25,081,266	1,080,673.88	23.21	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	51,012,215	1,395,068	52,407,283	1,499,115.96	34.96	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:		12,330,226	12,330,226	193,486.26	63.73	
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	112,443,254		112,443,254	4,397,635.98	25.57	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	124,551,763		124,551,763			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	14,256,263		14,256,263			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	157,099		157,099			CMS 339
18.01 PART A TEACHING PHYSICIANS	15,304		15,304			CMS 339
19 PHYSICIAN PART B	1,804,552		1,804,552			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)	595,727		595,727			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	6,511,538		6,511,538			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	11,460,847	-1,577,782	9,883,065	478,963.50	20.63	
22.01 A & G UNDER CONTRACT	5,887,769		5,887,769	38,785.06	151.81	
23 MAINTENANCE & REPAIRS	2,525		2,525	50.30	50.20	
24 OPERATION OF PLANT	1,708,552		1,708,552	146,356.19	11.67	
25 LAUNDRY & LINEN SERVICE	611,122		611,122	46,370.83	13.18	
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	6,463,098	-110,915	6,352,183	377,428.57	16.83	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	14,092,641	-379	14,092,262	419,726.64	33.57	
31 CENTRAL SERVICE AND SUPPLY	2,895,448		2,895,448	156,322.48	18.52	
32 PHARMACY	16,462,169	-128,799	16,333,370	523,671.24	31.19	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	198,206		198,206	11,262.27	17.60	
34 SOCIAL SERVICE	2,853,997	-37,525	2,816,472	103,679.55	27.17	
35 OTHER GENERAL SERVICE	1,931,986		1,931,986	142,578.02	13.55	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	464,465,900	-12,008,383	452,457,517	16,841,016.48	26.87	
2 EXCLUDED AREA SALARIES	51,012,215	1,395,068	52,407,283	1,499,115.96	34.96	
3 SUBTOTAL SALARIES	413,453,685	-13,403,451	400,050,234	15,341,900.52	26.08	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	112,443,254	12,330,226	124,773,480	4,591,122.24	27.18	
5 SUBTOTAL WAGE-RELATED COSTS	124,708,862		124,708,862		31.17	
6 TOTAL	650,605,801	-1,073,225	649,532,576	19,933,022.76	32.59	
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	64,568,360	-1,855,400	62,712,960	2,445,194.65	25.65	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET S-4
HHA NO:	TO 12/31/2007	
15-7158		
COUNTY:		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	13,351	7,713	757
2	UNDUPLICATED CENSUS COUNT				

		TOTAL 5
1	HOME HEALTH AIDE HOURS	21,821
2	UNDUPLICATED CENSUS COUNT	

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)			
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5	OTHER ADMINISTRATIVE PERSONEL	99.36		99.36
6	DIRECTING NURSING SERVICE	22.75		22.75
7	NURSING SUPERVISOR			
8	PHYSICAL THERAPY SERVICE	7.88		7.88
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE	2.58		2.58
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE			
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE	1.00		1.00
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	10.49		10.49
17	HOME HEALTH AIDE SUPERVISOR			
18		55.15		55.15

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

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	7,280	752	406	129
22	SKILLED NURSING VISIT CHARGES	1,189,175	120,475	75,675	22,575
23	PHYSICAL THERAPY VISITS	5,047	109	99	92
24	PHYSICAL THERAPY VISIT CHARGES	901,535	19,250	19,225	17,150
25	OCCUPATIONAL THERAPY VISITS	1,642	73	13	27
26	OCCUPATIONAL THERAPY VISIT CHARGES	289,335	12,775	2,275	4,725
27	SPEECH PATHOLOGY VISITS	203	9	1	1
28	SPEECH PATHOLOGY VISIT CHARGES	36,575	1,575	175	175
29	MEDICAL SOCIAL SERVICE VISITS	320	19	4	8
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	68,775	3,500	875	1,575
31	HOME HEALTH AIDE VISITS	2,958	188	5	23
32	HOME HEALTH AIDE VISIT CHARGES	186,961	12,060	300	1,380
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	17,450	1,150	528	280
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	2,672,356	169,635	98,525	47,580
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	944	0	198	28
37	TOTAL NUMBER OF OUTLIER EPISODES	0	23	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	116,269	8,725	4,252	1,586

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

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

PERIOD:
FROM 1/ 1/2007
TO 12/31/2007

PREPARED 5/29/2008
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	230	109	8,906
22	SKILLED NURSING VISIT CHARGES	38,100	16,500	1,462,500
23	PHYSICAL THERAPY VISITS	135	27	5,509
24	PHYSICAL THERAPY VISIT CHARGES	23,975	4,725	985,860
25	OCCUPATIONAL THERAPY VISITS	46	8	1,809
26	OCCUPATIONAL THERAPY VISIT CHARGES	8,050	1,400	318,560
27	SPEECH PATHOLOGY VISITS	9	0	223
28	SPEECH PATHOLOGY VISIT CHARGES	1,575	0	40,075
29	MEDICAL SOCIAL SERVICE VISITS	5	7	363
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	875	1,925	77,525
31	HOME HEALTH AIDE VISITS	54	13	3,241
32	HOME HEALTH AIDE VISIT CHARGES	3,720	780	205,201
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	479	164	20,051
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	76,295	25,330	3,089,721
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	22	0	1,192
37	TOTAL NUMBER OF OUTLIER EPISODES	0	4	27
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	1,754	723	133,309

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET S-5

	DESCRIPTION	OUTPATIENT REGULAR 1	OUTPATIENT HIGH FLUX 2	TRAINING HEMO-DIALYSIS 3	TRAINING CAPD CCPD 4	HOME HEMO-DIALYSIS 5	HOME CAPD CCPD 6
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	1	283	4	7	57	68
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00	3.00		7.00	6.00	7.00
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.50	5.00		11.00		
4	CAPD EXCHANGES PER DAY				4.00		4.00
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	156	313				
6	NUMBER OF STATIONS	8	79				
7	TREATMENT CAPACITY PER DAY PER STATION	125	575				
8	UTILIZATION (SEE INSTRUCTIONS)	24.74	73.91				
9	AVERAGE TIMES DIALYZERS RE-USED						
10	PERCENTAGE OF PATIENTS RE-USING DIALYSIZERS						
	TRANSPLANT INFORMATION						
11	NUMBER OF PATIENTS ON TRANSPLANT LIST						
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
	EPOIETIN						
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
	PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15	MCP [X] INITIAL METHOD [ ]						

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

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET S-8
COMPONENT NO:	TO 12/31/2007	
15-1804		

FQHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 3401 E. RAYMOND ST.

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

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

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

		PHYSICIAN NAME	BILLING NUMBER
9	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ABATE, GEORGE	264420AAAA
9.01	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ABATE, LISA	264420DDDD
9.02	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ANDERSON, CHRYSTAL	264420GGG
9.03	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ANKNEY, JENNIFER	264420CCCC
9.04	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	CHEGWIDDEN, HEATHER	264420QQQQ
9.05	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	COHENOUR, KATHLEEN	264420I
9.06	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DAUGHERTY, RUSSELL	264420VV
9.07	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DELLINGER, CAROL	264420RRR
9.08	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	FAKHOURY, MARK	264420V
9.09	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	FEHD, KARLA	264420BBBB
9.10	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	FRAZIER, MARY	264420MMM
9.11	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	HEM, KRISTEN	264420JJJ
9.12	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	HOOVER, KIM	264420III
9.13	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JOHNSTON, PHIL	264420D
9.14	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KARNER, KENNDRA	264420EEE
9.15	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KELTNER, MARSHALL	264420CC
9.16	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KIM, PETER	264420UU
9.17	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MENDEZ, TAMARA	264420OOO
9.18	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	OSBORN, LEEANN	264420W
9.19	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	PENNAL, STEVEN	264420YYY
9.20	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	PRASAD, ARUNDATHI	264420ZZZ
9.21	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	REIFENBERG, RICK	264420MM
9.22	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	RENSHAW, SCOTT	264420DDD
9.23	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ROBINSON, JUDY	264420SSS
9.24	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SEVILLA, JAVIER	264420YY
9.25	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	STINE, MARY JO	264420NN
9.26	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	TRAINOR, DON	264420K
9.27	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	VANOSDOL, WILLIAM	264420L
9.28	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	VAROL, PNINIT	264420HHH
9.29	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	WILSON, MICHAEL	264420WWW
9.30	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	WRIGHT, ASHLEY	264420UUU
9.31	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	YODER, MARTHA	264420U
9.32	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KRAMER, ROBERT	264420NNN
9.33	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	LEMMONS, MARK	264420TTT

		PHYSICIAN NAME	HOURS OF SUPERVISION
10	SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	TRAINOR	1,879.16

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

FACILITY HOURS OF OPERATIONS (1)

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

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER:

		TITLE V	TITLE XVIII	TITLE XIX
16	HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.			
17	HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR SERVICES RENDERED ON OR AFTER 7/1/2001? IF YES, SEE INSTRUCTIONS.			

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET S-9
HOSPICE NO:	TO 12/31/2007	
15-1511		

HOSPICE 1

PART I - ENROLLMENT DAYS

		TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1	CONTINUOUS HOME CARE				
2	ROUTINE HOME CARE	23,146	1,998	4,847	33
3	INPATIENT RESPITE CARE	338	9	1	
4	GENERAL INPATIENT CARE	2,047	302	3	
5	TOTAL HOSPICE DAYS	25,531	2,309	4,851	33

PART I - ENROLLMENT DAYS (CONTINUED)

		OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE		
2	ROUTINE HOME CARE	2,611	27,755
3	INPATIENT RESPITE CARE	14	361
4	GENERAL INPATIENT CARE	663	3,012
5	TOTAL HOSPICE DAYS	3,288	31,128

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	628	70	60	2
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	40.65	32.99	80.85	16.50
9	UNDUPLICATED CENSUS COUNT	557	60	73	3

PART II - CENSUS DATA (CONTINUED)

		OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	145	843
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	22.68	36.93
9	UNDUPLICATED CENSUS COUNT	132	749

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET S-10
	TO 12/31/2007	

DESCRIPTION

	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.388357
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	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS-IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 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		46,278	46,278	-6,762	39,516
3.01	0301	NEW CAP REL COSTS-INTEREST					
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1,001,959	1,001,959
5	0500	EMPLOYEE BENEFITS				74,130,942	74,130,942
6.01	0610	NONPATIENT TELEPHONES				4,286,423	4,286,423
6.02	0611	DATA PROCESSING				-307,453	-307,453
6.03	0612	PURCHASING, RECEIVING, & STORES	223,317	399,730	623,047	-61,094	561,953
6.04	0613	ADMITTING				-56,986	-56,986
6.05	0614	CASHIERING				-212,968	-212,968
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	11,237,530	287,009,269	298,246,799	-2,594,157	295,652,642
7	0700	MAINTENANCE & REPAIRS	2,525	804	3,329	-34,182	-30,853
8	0800	OPERATION OF PLANT	1,708,552	533,666	2,242,218	-366,472	1,875,746
8.01	0801	IU LEASED SPACE					
9	0900	LAUNDRY & LINEN SERVICE	611,122	3,415,660	4,026,782	-109,729	3,917,053
10	1000	HOUSEKEEPING					
10.01	1001	HOUSEKEEPING - UNIVERSITY				-11,660	-11,660
10.02	1002	HOUSEKEEPING - RILEY				-3,375	-3,375
10.03	1003	HOUSEKEEPING - METHODIST				-13,312	-13,312
11	1100	DIETARY	6,463,098	3,644,528	10,107,626	-1,258,862	8,848,764
12	1200	CAFETERIA				-12,888	-12,888
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	14,092,641	5,882,843	19,975,484	-2,029,207	17,946,277
15	1500	CENTRAL SERVICES & SUPPLY	2,895,448	6,752,477	9,647,925	-524,345	9,123,580
16	1600	PHARMACY	16,462,169	68,202,222	84,664,391	-2,907,361	81,757,030
17	1700	MEDICAL RECORDS & LIBRARY	198,206	280,438	478,644	-121,935	356,709
18	1800	SOCIAL SERVICE	2,853,997	1,931,028	4,785,025	-559,175	4,225,850
19	1950	PATIENT TRANSPORTATION	1,931,986	535,806	2,467,792	-342,332	2,125,460
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	25,101,103	11,269,571	36,370,674	-395,097	35,975,577
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	79,039	632,100	711,139	-24,776	686,363
24	2400	PARAMED ED PRGM	1,087	7,640	8,727	-1,717	7,010
24.01	2401	PARAMED ED CLINIC LAB	1,003,771	389,217	1,392,988	-179,853	1,213,135
24.02	2402	PARAMED RADIOLOGY-METHODIST	328,415	104,323	432,738	-58,291	374,447
24.03	2403	PARAMED RESPIRATORY THERAPY	216,682	125,770	342,452	160,217	502,669
24.04	2404	DIETARY INTERNSHIP PROG				71,995	71,995
24.05	2405	PARAMED EMERGENCY METHODIST	397,472	114,192	511,664	-70,449	441,215
24.06	2406	PARAMED PASTORAL ED	484,937	138,322	623,259	-86,925	536,334
24.07	2407	PARAMED PHYSICAL THERAPY				201,749	201,749
24.08	2408	PARAMED OCCUP THERAPY				196,664	196,664
24.09	2409	PARAMED PERFUSION					
24.10	2410	PARAMED PHARMACY					
24.11	2411	PARAMED NEUROPHYSIOLOGY					
24.12	2412	RADIATION THERAPY ED-IUMC				661,441	661,441
24.13	2413	NUCLEAR MED ED-IUMC				91,101	91,101
24.14	2414	MEDICAL ASSISTING PROGRAM	139,623	68,632	208,255	-24,459	183,796
24.15	2415	SURGICAL TECHNOLOGY PROGRAM	129,089	39,948	169,037	-22,775	146,262
24.16	2416	PARAMED SPEECH				24,810	24,810
24.17	2417	PARAMED ED PRGM					
24.18	2418	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	114,246,956	43,463,022	157,709,978	-19,546,048	138,163,930
26	2600	INTENSIVE CARE UNIT	13,542,642	4,933,309	18,475,951	-2,367,400	16,108,551
27	2700	CORONARY CARE UNIT	10,259,558	4,051,926	14,311,484	-1,789,857	12,521,627
27.01	2701	NEONATAL INTENSIVE CARE UNIT	4,090,127	1,480,957	5,571,084	-748,831	4,822,253
28	2800	BURN INTENSIVE CARE UNIT	1,270,355	359,735	1,630,090	-216,680	1,413,410
29	2900	SURGICAL INTENSIVE CARE UNIT					
29.02	2902	UH SURG 6IC	4,467,271	2,191,315	6,658,586	-783,725	5,874,861
29.03	2903	UH NS 3IC	2,057,442	803,606	2,861,048	-360,253	2,500,795
29.04	2904	RH PED IC	8,001,503	3,085,701	11,087,204	-1,373,599	9,713,605
29.07	2907	PEDIATRIC CANCER CENTER	1,211,300	437,828	1,649,128	-202,739	1,446,389
31	3100	SUBPROVIDER	4,025,564	1,979,098	6,004,662	-687,573	5,317,089
33	3300	NURSERY	2,667,921	939,594	3,607,515	-457,665	3,149,850
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	29,311,209	78,340,101	107,651,310	-5,385,669	102,265,641
37.01	3701	ENDOSCOPY	1,080,813	1,399,072	2,479,885	-176,098	2,303,787
38	3800	RECOVERY ROOM	8,043,491	2,590,535	10,634,026	-1,423,873	9,210,153
39	3900	DELIVERY ROOM & LABOR ROOM	6,458,689	2,585,882	9,044,571	-1,160,851	7,883,720
40	4000	ANESTHESIOLOGY	2,398,172	10,585,732	12,983,904	-416,464	12,567,440
40.01	4001	PULMONARY FUNCTION TESTING	2,418,042	1,032,495	3,450,537	-431,543	3,018,994
41	4100	RADIOLOGY-DIAGNOSTIC	21,792,870	22,911,827	44,704,697	-4,616,167	40,088,530
42	4200	RADIOLOGY-THERAPEUTIC	4,540,126	2,267,006	6,807,132	-1,380,023	5,427,109
43	4300	RADIOISOTOPE	1,217,817	2,627,756	3,845,573	-317,735	3,527,838
44	4400	LABORATORY	20,721,901	36,958,788	57,680,689	-4,135,968	53,544,721
44.01	4401	TRANSPLANT IMMUNOLOGY	837,017	2,675,218	3,512,235	-146,645	3,365,590
44.02	4402	BONE MARROW TRANSPLANT LAB	791,062	951,051	1,742,113	-145,981	1,596,132
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.	3,083,514	17,748,271	20,831,785	-541,707	20,290,078
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	18,240,423	8,151,362	26,391,785	-3,103,376	23,288,409
50	5000	PHYSICAL THERAPY	5,359,731	2,025,429	7,385,160	-1,168,181	6,216,979
51	5100	OCCUPATIONAL THERAPY	2,039,853	668,270	2,708,123	-853,908	1,854,215
52	5200	SPEECH PATHOLOGY	2,520,031	2,593,957	5,113,988	-459,809	4,654,179
53	5300	ELECTROCARDIOLOGY	2,495,316	2,172,714	4,668,030	-449,350	4,218,680
54	5400	ELECTROENCEPHALOGRAPHY	1,619,180	1,409,319	3,028,499	-285,673	2,742,826
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	219,449	236,151	455,600	-40,014	415,586
56	5600	DRUGS CHARGED TO PATIENTS					
56.01	5601	RENAL-RILEY					
56.02	5602	RENAL-ADULT					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS-IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		ANCILLARY SRVC COST CNTRS					
57	5700	RENAL DIALYSIS	6,265,126	7,694,307	13,959,433	-1,030,133	12,929,300
58	5800	ASC (NON-DISTINCT PART)					
58.04	5804	BMTU OUTPATIENT					
59	3020	RH NBN ECMO IC	529,798	236,581	766,379	-89,896	676,483
59.01	3021	CARDIOLOGY	1,869,877	11,738,108	13,607,985	-304,954	13,303,031
59.02	3022	PSYCH OTHER ANCILLARY	587,164	581,214	1,168,378	-110,320	1,058,058
59.03	3023	CARDIAC CATHERIZATION	2,810,776	9,794,858	12,605,634	-530,108	12,075,526
59.04	3024	DAY SURGERY	4,013,026	1,419,604	5,432,630	-716,262	4,716,368
59.05	3025	ONCOLOGY	567,561	521,954	1,089,515	-111,728	977,787
59.06	3026	DAY SURGERY-RILEY					
59.07	3027	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	6001	AMB SVC-OB & GYN	1,031,405	350,752	1,382,157	-149,908	1,232,249
60.02	6002	MEDICINE/DIAGNOSTIC	2,313,478	1,312,250	3,625,728	-429,044	3,196,684
60.03	6003	AMB SVC-OPTHALMOLOGY	243,050	142,666	385,716	-46,344	339,372
60.04	6004	AMB SVC-PSYCH ADULT	486,191	157,211	643,402	-76,557	566,845
60.06	6006	OUTPATIENT SURGERY	1,128,692	269,913	1,398,605	-137,841	1,260,764
60.07	6007	AMB SVC-RILEY CLINICS	4,135,373	2,444,079	6,579,452	-687,754	5,891,698
60.08	6008	DENTAL CLINIC					
60.09	6009	MOTILITY LAB	61,916	78,909	140,825	-14,239	126,586
60.10	6010	AMB SVC-PSYCH CHILD	260,881	123,213	384,094	-46,584	337,510
60.13	6013	ARTHRITIS CENTER					
60.14	6014	GERIATRICS CLINIC	496,562	462,381	958,943	-99,158	859,785
60.15	6015	SLEEP DISORDER CENTER	1,555,749	694,489	2,250,238	-286,631	1,963,607
60.16	6016	O/P CLINIC-ADULT	279,649	130,496	410,145	-54,916	355,229
60.17	6017	O/P CLINIC-PEDIATRIC	621,619	228,664	850,283	184,306	1,034,589
60.19	6019	NEUROLOGY UH	652,957	194,342	847,299	-111,588	735,711
60.20	6020	ORTHOPEDICS UH	342,290	83,712	426,002	-51,128	374,874
60.21	6021	AMB SVC-UH PHYSICAL MEDICINE	23,898	446	24,344	-399	23,945
60.22	6022	AMB SVC-DERMATOLOGY CLINIC	284,648	150,932	435,580	-42,279	393,301
60.24	6024	IU CANCER PAVILLION	604,309	129,607	733,916	-72,099	661,817
60.25	6025	CARDIO CLINIC	182,937	63,589	246,526	-32,714	213,812
61	6100	EMERGENCY	16,083,334	8,373,832	24,457,166	-2,884,116	21,573,050
61.01	6101	EMERGENCY-RILEY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	FAMILY PRACTICE					
63.60	6320	FEDERALLY QUALIFIED HEALTH CTR	19,809,522	11,110,100	30,919,622		30,919,622
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS	37,594	1,195,529	1,233,123	51,809	1,284,932
65	6500	AMBULANCE SERVICES	5,175,448	7,939,959	13,115,407	-959,916	12,155,491
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY	11,325,275	18,492,917	29,818,192	-9,392	29,808,800
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION	548,310	1,516,383	2,064,693	-432,353	1,632,340
83	8300	KIDNEY ACQUISITION	2,969,745	9,802,122	12,771,867	-5,467,633	7,304,234
84	8400	LIVER ACQUISITION	813,252	7,373,000	8,186,252	-294,141	7,892,111
85	8500	HEART ACQUISITION	413,760	948,684	1,362,444	-336,775	1,025,669
85.01	8510	PANCREAS ACQUISITION		2,710,060	2,710,060	105,320	2,815,380
85.02	8520	INTESTINE ACQUISITION	169,481	920,114	1,089,595	-123,762	965,833
86	8600	OTHER ORGAN ACQUISITION	201,619	323,669	525,288	3,181,193	3,706,481
86.01	8601	POST TRANSPLANT EXPENSES					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE	1,595,089	2,498,367	4,093,456	-290,556	3,802,900
95		SUBTOTALS	478,082,515	767,390,504	1,245,473,019	746,699	1,246,219,718
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,888	-7,451	437		437
97	9700	RESEARCH	6,347,593	5,499,070	11,846,663	-1,153,292	10,693,371
97.01	9701	RESEARCH-GCRC	257	229,387	229,644	-7,602	222,042
98	9800	PHYSICIANS' PRIVATE OFFICES		415,288	415,288	2,762,691	3,177,979
98.01	9801	OTHER NONREIMBURSABLE-METHODIST	10,075,324	31,648,997	41,724,321	-3,777,066	37,947,255
98.02	9802	CAFETERIA-IUMC					
98.03	9803	ORGAN PROC ORG	279,136	-140,690	138,446	-317,394	-178,948
98.04	9804	OTHER NONREIMBURSABLE-IUMC	141,925	1,349,786	1,491,711	-15,198	1,476,513
98.05	9805	AOC-PRIVATE PHYSICIANS	215	656,266	656,481	-396	656,085
98.06	9806	NONALLOWABLE ADVERTISING					
98.07	9807	PHYSICIANS' PRIVATE OFFICES					
98.08	9808	MHH NON-REIMBURSABLE RADIOLOGY	333,603	250,701	584,304	-97,447	486,857
98.09	9809	MHH NON-REIMBURSABLE LABORATORY	330,826	288,066	618,892	-61,930	556,962
98.10	9810	SURGERY CENTER					
98.11	9811	UNUSED SPACE					
98.12	9812	RHI LAB		-8,947	-8,947	408,908	399,961
98.13	9813	NONALLOWABLE FQHC				2,121,659	2,121,659
98.14	9814	NONALLOWABLE ADVERTISING					
98.15	9815	ARTHRITIS CLINIC - NR	2,901,256	4,745,820	7,647,076	-492,085	7,154,991
98.16	9816	CARDIO PHYSICIANS	617,979	378,873	996,852	-117,547	879,305
99	9900	NONPAID WORKERS					
101		TOTAL	499,118,517	812,695,670	1,311,814,187	-0-	1,311,814,187

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 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	26,876,992	26,916,508
3.01	0301	NEW CAP REL COSTS-INTEREST	28,188,266	28,188,266
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	76,037,294	77,039,253
5	0500	EMPLOYEE BENEFITS	-36,519,474	37,611,468
6.01	0610	NONPATIENT TELEPHONES	-1,354,177	2,932,246
6.02	0611	DATA PROCESSING	58,156,544	57,849,091
6.03	0612	PURCHASING, RECEIVING, & STORES	4,422,724	4,984,677
6.04	0613	ADMITTING	8,482,538	8,425,552
6.05	0614	CASHIERING	26,800,908	26,587,940
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-108,320,114	187,332,528
7	0700	MAINTENANCE & REPAIRS	18,772,183	18,741,330
8	0800	OPERATION OF PLANT	42,538,434	44,414,180
8.01	0801	IU LEASED SPACE	122,988	122,988
9	0900	LAUNDRY & LINEN SERVICE	-41,792	3,875,261
10	1000	HOUSEKEEPING		
10.01	1001	HOUSEKEEPING - UNIVERSITY	3,773,985	3,762,325
10.02	1002	HOUSEKEEPING - RILEY	3,149,784	3,146,409
10.03	1003	HOUSEKEEPING - METHODIST	8,385,034	8,371,722
11	1100	DIETARY	-255,316	8,593,448
12	1200	CAFETERIA	1,524,588	1,511,700
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION	4,511,007	22,457,284
15	1500	CENTRAL SERVICES & SUPPLY	5,366,912	14,490,492
16	1600	PHARMACY	-277,438	81,479,592
17	1700	MEDICAL RECORDS & LIBRARY	9,458,397	9,815,106
18	1800	SOCIAL SERVICE	-52,636	4,173,214
19	1950	PATIENT TRANSPORTATION		2,125,460
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	-3,075,491	32,900,086
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,588,346	10,274,709
24	2400	PARAMED ED PRGM		7,010
24.01	2401	PARAMED ED CLINIC LAB	-83,561	1,129,574
24.02	2402	PARAMED RADIOLOGY-METHODIST	-185,162	189,285
24.03	2403	PARAMED RESPIRATORY THERAPY	-252,122	250,547
24.04	2404	DIETARY INTERNSHIP PROG		71,995
24.05	2405	PARAMED EMERGENCY METHODIST	-86,452	354,763
24.06	2406	PARAMED PASTORAL ED		536,334
24.07	2407	PARAMED PHYSICAL THERAPY		201,749
24.08	2408	PARAMED OCCUP THERAPY		196,664
24.09	2409	PARAMED PERFUSION		
24.10	2410	PARAMED PHARMACY		
24.11	2411	PARAMED NEUROPHYSIOLOGY		
24.12	2412	RADIATION THERAPY ED-IUMC		661,441
24.13	2413	NUCLEAR MED ED-IUMC		91,101
24.14	2414	MEDICAL ASSISTING PROGRAM	36,457	220,253
24.15	2415	SURGICAL TECHNOLOGY PROGRAM	-93,849	52,413
24.16	2416	PARAMED SPEECH		24,810
24.17	2417	PARAMED ED PRGM		
24.18	2418	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-3,020,501	135,143,429
26	2600	INTENSIVE CARE UNIT		16,108,551
27	2700	CORONARY CARE UNIT		12,521,627
27.01	2701	NEONATAL INTENSIVE CARE UNIT	-356,117	4,466,136
28	2800	BURN INTENSIVE CARE UNIT		1,413,410
29	2900	SURGICAL INTENSIVE CARE UNIT		
29.02	2902	UH SURG 6IC		5,874,861
29.03	2903	UH NS 3IC		2,500,795
29.04	2904	RH PED IC		9,713,605
29.07	2907	PEDIATRIC CANCER CENTER		1,446,389
31	3100	SUBPROVIDER	-222,407	5,094,682
33	3300	NURSERY		3,149,850
34	3400	SKILLED NURSING FACILITY		
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-1,026,504	101,239,137
37.01	3701	ENDOSCOPY		2,303,787
38	3800	RECOVERY ROOM		9,210,153
39	3900	DELIVERY ROOM & LABOR ROOM		7,883,720
40	4000	ANESTHESIOLOGY	-2,908,104	9,659,336
40.01	4001	PULMONARY FUNCTION TESTING	-4,455	3,014,539
41	4100	RADIOLOGY-DIAGNOSTIC	-306,113	39,782,417
42	4200	RADIOLOGY-THERAPEUTIC	-1,200	5,425,909
43	4300	RADIOISOTOPE		3,527,838
44	4400	LABORATORY	-7,169,454	46,375,267
44.01	4401	TRANSPLANT IMMUNOLOGY		3,365,590
44.02	4402	BONE MARROW TRANSPLANT LAB	125	1,596,257
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.	-14,378	20,275,700
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY		23,288,409
50	5000	PHYSICAL THERAPY		6,216,979
51	5100	OCCUPATIONAL THERAPY		1,854,215
52	5200	SPEECH PATHOLOGY	-25	4,654,154
53	5300	ELECTROCARDIOLOGY	-741,988	3,476,692
54	5400	ELECTROENCEPHALOGRAPHY	-18,041	2,724,785
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		415,586
56	5600	DRUGS CHARGED TO PATIENTS		
56.01	5601	RENAL-RILEY		
56.02	5602	RENAL-ADULT		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		ANCILLARY SRVC COST CNTRS		
57	5700	RENAL DIALYSIS	-206,619	12,722,681
58	5800	ASC (NON-DISTINCT PART)		
58.04	5804	BMTU OUTPATIENT		
59	3020	RH NBN ECMO IC		676,483
59.01	3021	CARDIOLOGY	-89,023	13,214,008
59.02	3022	PSYCH OTHER ANCILLARY		1,058,058
59.03	3023	CARDIAC CATHERIZATION	-2,617,770	9,457,756
59.04	3024	DAY SURGERY	8,423	4,724,791
59.05	3025	ONCOLOGY		977,787
59.06	3026	DAY SURGERY-RILEY		
59.07	3027	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
60.01	6001	AMB SVC-OB & GYN		1,232,249
60.02	6002	MEDICINE/DIAGNOSTIC		3,196,684
60.03	6003	AMB SVC-OPTHALMOLOGY	-64,839	274,533
60.04	6004	AMB SVC-PSYCH ADULT		566,845
60.06	6006	OUTPATIENT SURGERY		1,260,764
60.07	6007	AMB SVC-RILEY CLINICS	-17,391	5,874,307
60.08	6008	DENTAL CLINIC		
60.09	6009	MOTILITY LAB		126,586
60.10	6010	AMB SVC-PSYCH CHILD		337,510
60.13	6013	ARTHRITIS CENTER		
60.14	6014	GERIATRICS CLINIC	-457,775	402,010
60.15	6015	SLEEP DISORDER CENTER	-68,750	1,894,857
60.16	6016	O/P CLINIC-ADULT		355,229
60.17	6017	O/P CLINIC-PEDIATRIC	-3,100	1,031,489
60.19	6019	NEUROLOGY UH		735,711
60.20	6020	ORTHOPEDICS UH		374,874
60.21	6021	AMB SVC-UH PHYSICAL MEDICINE		23,945
60.22	6022	AMB SVC-DERMATOLOGY CLINIC		393,301
60.24	6024	IU CANCER PAVILLION		661,817
60.25	6025	CARDIO CLINIC		213,812
61	6100	EMERGENCY	-25	21,573,025
61.01	6101	EMERGENCY-RILEY		
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950	FAMILY PRACTICE		
63.60	6320	FEDERALLY QUALIFIED HEALTH CTR	-2,974,242	27,945,380
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		1,284,932
65	6500	AMBULANCE SERVICES	10,152	12,165,643
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		29,808,800
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		1,632,340
83	8300	KIDNEY ACQUISITION	-137,917	7,166,317
84	8400	LIVER ACQUISITION	-152,932	7,739,179
85	8500	HEART ACQUISITION		1,025,669
85.01	8510	PANCREAS ACQUISITION		2,815,380
85.02	8520	INTESTINE ACQUISITION		965,833
86	8600	OTHER ORGAN ACQUISITION		3,706,481
86.01	8601	POST TRANSPLANT EXPENSES		
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		3,802,900
95		SUBTOTALS	163,034,827	1,409,254,545
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		437
97	9700	RESEARCH	-5,518,263	5,175,108
97.01	9701	RESEARCH-GCRC		222,042
98	9800	PHYSICIANS' PRIVATE OFFICES		3,177,979
98.01	9801	OTHER NONREIMBURSABLE-METHODIST	-8,961,643	28,985,612
98.02	9802	CAFETERIA-IUMC		
98.03	9803	ORGAN PROC ORG	178,948	
98.04	9804	OTHER NONREIMBURSABLE-IUMC	-1,310,778	165,735
98.05	9805	AOC-PRIVATE PHYSICIANS		656,085
98.06	9806	NONALLOWABLE ADVERTISING		
98.07	9807	PHYSICIANS' PRIVATE OFFICES		
98.08	9808	MHH NON-REIMBURSABLE RADIOLOGY		486,857
98.09	9809	MHH NON-REIMBURSABLE LABORATORY		556,962
98.10	9810	SURGERY CENTER		
98.11	9811	UNUSED SPACE		
98.12	9812	RHI LAB		399,961
98.13	9813	NONALLOWABLE FQHC		2,121,659
98.14	9814	NONALLOWABLE ADVERTISING		
98.15	9815	ARTHRITIS CLINIC - NR	-1,692,921	5,462,070
98.16	9816	CARDIO PHYSICIANS	-94,829	784,476
99	9900	NONPAID WORKERS		
101		TOTAL	145,635,341	1,457,449,528

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I 15-0056 I
I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I
I PREPARED 5/29/2008 I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-INTEREST	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING, & STORES	0612	NONPATIENT TELEPHONES
6.04	ADMITTING	0613	NONPATIENT TELEPHONES
6.05	CASHIERING	0614	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	IU LEASED SPACE	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING - UNIVERSITY	1001	HOUSEKEEPING
10.02	HOUSEKEEPING - RILEY	1002	HOUSEKEEPING
10.03	HOUSEKEEPING - METHODIST	1003	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PATIENT TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED CLINIC LAB	2401	PARAMED ED PRGM
24.02	PARAMED RADIOLOGY-METHODIST	2402	PARAMED ED PRGM
24.03	PARAMED RESPIRATORY THERAPY	2403	PARAMED ED PRGM
24.04	DIETARY INTERNSHIP PROG	2404	PARAMED ED PRGM
24.05	PARAMED EMERGENCY METHODIST	2405	PARAMED ED PRGM
24.06	PARAMED PASTORAL ED	2406	PARAMED ED PRGM
24.07	PARAMED PHYSICAL THERAPY	2407	PARAMED ED PRGM
24.08	PARAMED OCCUP THERAPY	2408	PARAMED ED PRGM
24.09	PARAMED PERFUSION	2409	PARAMED ED PRGM
24.10	PARAMED PHARMACY	2410	PARAMED ED PRGM
24.11	PARAMED NEUROPHYSIOLOGY	2411	PARAMED ED PRGM
24.12	RADIATION THERAPY ED-IUMC	2412	PARAMED ED PRGM
24.13	NUCLEAR MED ED-IUMC	2413	PARAMED ED PRGM
24.14	MEDICAL ASSISTING PROGRAM	2414	PARAMED ED PRGM
24.15	SURGICAL TECHNOLOGY PROGRAM	2415	PARAMED ED PRGM
24.16	PARAMED SPEECH	2416	PARAMED ED PRGM
24.17	PARAMED ED PRGM	2417	PARAMED ED PRGM
24.18	PARAMED ED PRGM	2418	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	NEONATAL INTENSIVE CARE UNIT	2701	CORONARY CARE UNIT
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
29.02	UH SURG 6IC	2902	SURGICAL INTENSIVE CARE UNIT
29.03	UH NS 3IC	2903	SURGICAL INTENSIVE CARE UNIT
29.04	RH PED IC	2904	SURGICAL INTENSIVE CARE UNIT
29.07	PEDIATRIC CANCER CENTER	2907	SURGICAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PULMONARY FUNCTION TESTING	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	TRANSPLANT IMMUNOLOGY	4401	LABORATORY
44.02	BONE MARROW TRANSPLANT LAB	4402	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	RENAL-RILEY	5601	DRUGS CHARGED TO PATIENTS
56.02	RENAL-ADULT	5602	DRUGS CHARGED TO PATIENTS
57	RENAL DIALYSIS	5700	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	ANCILLARY SRVC COST		
58	ASC (NON-DISTINCT PART)	5800	
58.04	BMTU OUTPATIENT	5804	ASC (NON-DISTINCT PART)
59	RH NBN ECMO IC	3020	ACUPUNCTURE
59.01	CARDIOLOGY	3021	ACUPUNCTURE
59.02	PSYCH OTHER ANCILLARY	3022	ACUPUNCTURE
59.03	CARDIAC CATHERIZATION	3023	ACUPUNCTURE
59.04	DAY SURGERY	3024	ACUPUNCTURE
59.05	ONCOLOGY	3025	ACUPUNCTURE
59.06	DAY SURGERY-RILEY	3026	ACUPUNCTURE
59.07	CARDIOLOGY-RILEY	3027	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	AMB SVC-OB & GYN	6001	CLINIC
60.02	MEDICINE/DIAGNOSTIC	6002	CLINIC
60.03	AMB SVC-OPTHALMOLOGY	6003	CLINIC
60.04	AMB SVC-PSYCH ADULT	6004	CLINIC
60.06	OUTPATIENT SURGERY	6006	CLINIC
60.07	AMB SVC-RILEY CLINICS	6007	CLINIC
60.08	DENTAL CLINIC	6008	CLINIC
60.09	MOTILITY LAB	6009	CLINIC
60.10	AMB SVC-PSYCH CHILD	6010	CLINIC
60.13	ARTHRITIS CENTER	6013	CLINIC
60.14	GERIATRICS CLINIC	6014	CLINIC
60.15	SLEEP DISORDER CENTER	6015	CLINIC
60.16	O/P CLINIC-ADULT	6016	CLINIC
60.17	O/P CLINIC-PEDIATRIC	6017	CLINIC
60.19	NEUROLOGY UH	6019	CLINIC
60.20	ORTHOPEDICS UH	6020	CLINIC
60.21	AMB SVC-UH PHYSICAL MEDICINE	6021	CLINIC
60.22	AMB SVC-DERMATOLOGY CLINIC	6022	CLINIC
60.24	IU CANCER PAVILLION	6024	CLINIC
60.25	CARDIO CLINIC	6025	CLINIC
61	EMERGENCY	6100	
61.01	EMERGENCY-RILEY	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY PRACTICE	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.60	FEDERALLY QUALIFIED HEALTH CTR	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINE ACQUISITION	8520	
86	OTHER ORGAN ACQUISITION	8600	
86.01	POST TRANSPLANT EXPENSES	8601	OTHER ORGAN ACQUISITION (SPECIFY)
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	RESEARCH-GCRC	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NONREIMBURSABLE-METHODIST	9801	PHYSICIANS' PRIVATE OFFICES
98.02	CAFETERIA-IUMC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	ORGAN PROC ORG	9803	PHYSICIANS' PRIVATE OFFICES
98.04	OTHER NONREIMBURSABLE-IUMC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	AOC-PRIVATE PHYSICIANS	9805	PHYSICIANS' PRIVATE OFFICES
98.06	NONALLOWABLE ADVERTISING	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PHYSICIANS' PRIVATE OFFICES	9807	PHYSICIANS' PRIVATE OFFICES
98.08	MHH NON-REIMBURSABLE RADIOLOGY	9808	PHYSICIANS' PRIVATE OFFICES
98.09	MHH NON-REIMBURSABLE LABORATORY	9809	PHYSICIANS' PRIVATE OFFICES
98.10	SURGERY CENTER	9810	PHYSICIANS' PRIVATE OFFICES
98.11	UNUSED SPACE	9811	PHYSICIANS' PRIVATE OFFICES
98.12	RHI LAB	9812	PHYSICIANS' PRIVATE OFFICES
98.13	NONALLOWABLE FQHC	9813	PHYSICIANS' PRIVATE OFFICES
98.14	NONALLOWABLE ADVERTISING	9814	PHYSICIANS' PRIVATE OFFICES
98.15	ARTHRITIS CLINIC - NR	9815	PHYSICIANS' PRIVATE OFFICES
98.16	CARDIO PHYSICIANS	9816	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	BENEFIT EXPENSE	A	EMPLOYEE BENEFITS	5		74,198,334
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	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
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29	NON-CAPITAL	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		46,301
30	RENAL ADMINISTRATION	C	HOME PROGRAM DIALYSIS	64	31,900	26,832
31	TELEPHONE	D	NONPATIENT TELEPHONES	6.01		4,236,900
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	EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER 1	2	INCREASE LINE NO 3	SALARY 4	OTHER 5
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26	TELEPHONE 2ND PART	E	NONPATIENT TELEPHONES	6.01		49,523
27						
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29						
30						
31	ADVERTISING	F	NONALLOWABLE FQHC	98.13		2,121,659
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1	ADVERTISING	F				
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19	DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		39,539
20			NEW CAP REL COSTS-MVBLE EQUIP	4		1,001,959
21						
22						
23						
24						
25	PARAMED ED	H	PARAMED RESPIRATORY THERAPY	24.03	184,204	14,092
26			PARAMED PHYSICAL THERAPY	24.07	187,412	14,337
27			PARAMED OCCUP THERAPY	24.08	182,688	13,976
28			PARAMED SPEECH	24.16	23,047	1,763
29			RADIATION THERAPY ED-IUMC	24.12	615,255	46,186
30			NUCLEAR MED ED-IUMC	24.13	84,627	6,474
31			DIETARY INTERNSHIP PROG	24.04	66,879	5,116
32						
33						
34						
35						

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
	1		2	3	4	5
1	PARAMED ED	H				
2	THERAPUTIC RECREATION	I	O/P CLINIC-PEDIATRIC	60.17	238,603	64,451
3	ORGAN	J	LUNG ACQUISITION	82	17,911	
4			LIVER ACQUISITION	84	1,006,945	252,690
5			HEART ACQUISITION	85	22,889	2,075
6			PANCREAS ACQUISITION	85.01	136,186	14,990
7			INTESTINE ACQUISITION	85.02		58,272
8	PRE/POST TRANSPLANT	K	OTHER ORGAN ACQUISITION	86	2,514,196	702,090
9						
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14	PRESERVATION EXPENSE	L	KIDNEY ACQUISITION	83	279,136	
15			ORGAN PROC ORG	98.03		11,122
16	ACQUISITION/WORKUP EXPENSE	M	KIDNEY ACQUISITION	83		16
17			HEART ACQUISITION	85		2,324
18	TRANSPLANT INSTITUTE	N	PHYSICIANS' PRIVATE OFFICES	98		2,762,691
19	NON-TRANSPLANT EMPLOYEE	O	KIDNEY ACQUISITION	83	81,561	
20						
21	PEDIATRIC RETAINER FEE	P	OTHER NONREIMBURSABLE-IUMC	98.04		9,392
22	RHI	Q	RHI LAB	98.12	214,952	193,956
23	CONTRACTED LABOR	R	DATA PROCESSING	6.02		516,044
24			PURCHASING, RECEIVING, & STORES	6.03		11,861
25			ADMITTING	6.04		27,912
26			CASHIERING	6.05		343,756
27			OTHER ADMINISTRATIVE AND GENERAL	6.06		678,209
28			NURSING ADMINISTRATION	14		379
29			PHARMACY	16		128,799
30			I&R SERVICES-SALARY & FRINGES APPRVD	22		19,837
31			PARAMED ED CLINIC LAB	24.01		1,500
32			ADULTS & PEDIATRICS	25		4,439,839
33			INTENSIVE CARE UNIT	26		148,041
34			CORONARY CARE UNIT	27		183,155
35			NEONATAL INTENSIVE CARE UNIT	27.01		3,185
1	CONTRACTED LABOR	R	BURN INTENSIVE CARE UNIT	28		54,980
2			UH SURG 6IC	29.02		150,114
3			UH NS 3IC	29.03		27,834
4			RH PED IC	29.04		245,731
5			PEDIATRIC CANCER CENTER	29.07		87,754
6			SUBPROVIDER	31		198,897
7			NURSERY	33		691
8			OPERATING ROOM	37		815,833
9			ENDOSCOPY	37.01		115,256
10			RECOVERY ROOM	38		169,105
11			DELIVERY ROOM & LABOR ROOM	39		916
12			ANESTHESIOLOGY	40		61,720
13			PULMONARY FUNCTION TESTING	40.01		113,178
14			RADIOLOGY-DIAGNOSTIC	41		181,561
15			RADIOLOGY-THERAPEUTIC	42		549
16			LABORATORY	44		282,980
17			RESPIRATORY THERAPY	49		1,519,154
18			ELECTROENCEPHALOGRAPHY	54		44,524
19			RENAL DIALYSIS	57		854,086
20			CARDIOLOGY	59.01		186,508
21			PSYCH OTHER ANCILLARY	59.02		2,320
22			CARDIAC CATHERIZATION	59.03		5,758
23			DAY SURGERY	59.04		19,952
24			ONCOLOGY	59.05		7,458
25			MEDICINE/DIAGNOSTIC	60.02		43,534
26			AMB SVC-RILEY CLINICS	60.07		107,104
27			AMB SVC-PSYCH CHILD	60.10		6,956
28			SLEEP DISORDER CENTER	60.15		1,759
29			AMB SVC-DERMATOLOGY CLINIC	60.22		9,541
30			EMERGENCY	61		135,964
31			AMBULANCE SERVICES	65		1,792
32			HOSPICE	93		4,479
33			OTHER NONREIMBURSABLE-METHODIST	98.01		28,183
34			MHH NON-REIMBURSABLE LABORATORY	98.09		712
35			ARTHRITIS CLINIC - NR	98.15		41,894
1	CONTRACTED LABOR	R	SPEECH PATHOLOGY	52	3,074	
36	TOTAL RECLASSIFICATIONS				5,891,465	97,928,354

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

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	BENEFIT EXPENSE	A	PURCHASING, RECEIVING, & STORES	6.03		38,616	
2			OTHER ADMINISTRATIVE AND GENERAL	6.06		1,934,706	
3			MAINTENANCE & REPAIRS	7		422	
4			OPERATION OF PLANT	8		296,065	
5			LAUNDRY & LINEN SERVICE	9		106,120	
6			DIETARY	11		1,112,878	
7			NURSING ADMINISTRATION	14		1,959,384	
8			CENTRAL SERVICES & SUPPLY	15		502,145	
9			PHARMACY	16		2,837,825	
10			MEDICAL RECORDS & LIBRARY	17		34,505	
11			SOCIAL SERVICE	18		437,460	
12			PATIENT TRANSPORTATION	19		333,915	
13			I&R SERVICES-SALARY & FRINGES APPRVD	22		314,240	
14			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		20,867	
15			PARAMED ED PRGM	24		293	
16			PARAMED ED CLINIC LAB	24.01		172,179	
17			PARAMED RADIOLOGY-METHODIST	24.02		56,971	
18			PARAMED RESPIRATORY THERAPY	24.03		37,551	
19			PARAMED EMERGENCY METHODIST	24.05		68,889	
20			PARAMED PASTORAL ED	24.06		84,261	
21			MEDICAL ASSISTING PROGRAM	24.14		24,189	
22			SURGICAL TECHNOLOGY PROGRAM	24.15		22,371	
23			ADULTS & PEDIATRICS	25		18,944,646	
24			INTENSIVE CARE UNIT	26		2,316,992	
25			CORONARY CARE UNIT	27		1,745,168	
26			NEONATAL INTENSIVE CARE UNIT	27.01		737,396	
27			BURN INTENSIVE CARE UNIT	28		208,677	
28			UH SURG 6IC	29.02		749,081	
29			UH NS 3IC	29.03		352,652	
30			RH PED IC	29.04		1,346,712	
31			PEDIATRIC CANCER CENTER	29.07		194,927	
32			SUBPROVIDER	31		662,061	
33			NURSERY	33		443,247	
34			OPERATING ROOM	37		4,918,054	
35			ENDOSCOPY	37.01		166,956	
1	BENEFIT EXPENSE	A	RECOVERY ROOM	38		1,369,400	
2			DELIVERY ROOM & LABOR ROOM	39		1,117,241	
3			ANESTHESIOLOGY	40		405,749	
4			PULMONARY FUNCTION TESTING	40.01		392,790	
5			RADIOLOGY-DIAGNOSTIC	41		3,722,098	
6			RADIOLOGY-THERAPEUTIC	42		678,627	
7			RADIOISOTOPE	43		211,763	
8			LABORATORY	44		3,582,531	
9			TRANSPLANT IMMUNOLOGY	44.01		144,645	
10			BONE MARROW TRANSPLANT LAB	44.02		137,245	
11			BLOOD STORING, PROCESSING & TRANS.	47		534,502	
12			RESPIRATORY THERAPY	49		2,893,669	
13			PHYSICAL THERAPY	50		936,192	
14			OCCUPATIONAL THERAPY	51		354,895	
15			SPEECH PATHOLOGY	52		385,413	
16			ELECTROCARDIOLOGY	53		432,104	
17			ELECTROENCEPHALOGRAPHY	54		272,481	
18			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		38,051	
19			RENAL DIALYSIS	57		939,461	
20			RH NBN ECMO IC	59		89,280	
21			CARDIOLOGY	59.01		285,425	
22			PSYCH OTHER ANCILLARY	59.02		102,379	
23			CARDIAC CATHERIZATION	59.03		484,069	
24			DAY SURGERY	59.04		693,127	
25			ONCOLOGY	59.05		97,992	
26			AMB SVC-OB & GYN	60.01		130,109	
27			MEDICINE/DIAGNOSTIC	60.02		389,896	
28			AMB SVC-OPTHALMOLOGY	60.03		41,255	
29			AMB SVC-PSYCH ADULT	60.04		62,488	
30			SOCIAL SERVICE	18		58,237	
31			OUTPATIENT SURGERY	60.06		128,528	
32			AMB SVC-RILEY CLINICS	60.07		620,218	
33			MOTILITY LAB	60.09		13,927	
34			AMB SVC-PSYCH CHILD	60.10		41,547	
35			GERIATRICS CLINIC	60.14		86,138	
1	BENEFIT EXPENSE	A	SLEEP DISORDER CENTER	60.15		268,281	
2			O/P CLINIC-ADULT	60.16		48,495	
3			O/P CLINIC-PEDIATRIC	60.17		107,694	
4			NEUROLOGY UH	60.19		101,640	
5			ORTHOPEDICS UH	60.20		38,619	
6			AMB SVC-DERMATOLOGY CLINIC	60.22		40,304	
7			IU CANCER PAVILLION	60.24		67,464	
8			CARDIO CLINIC	60.25		27,560	
9			EMERGENCY	61		2,757,699	
10			HOME PROGRAM DIALYSIS	64		6,474	
11			AMBULANCE SERVICES	65		895,876	
12			LUNG ACQUISITION	82		94,845	
13			KIDNEY ACQUISITION	83		514,699	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LINE NO 7	DECREASE SALARY 8	DECREASE OTHER 9	A-7 REF 10
14			LIVER ACQUISITION	84		140,278	
15			HEART ACQUISITION	85		71,631	
16			INTESTINE ACQUISITION	85.02		29,357	
17			OTHER ORGAN ACQUISITION	86		35,093	
18			HOSPICE	93		274,045	
19			RESEARCH	97		1,112,582	
20			RESEARCH-GCRC	97.01		43	
21			OTHER NONREIMBURSABLE-METHODIST	98.01		1,754,841	
22			ORGAN PROC ORG	98.03		48,068	
23			OTHER NONREIMBURSABLE-IUMC	98.04		24,590	
24			AOC-PRIVATE PHYSICIANS	98.05		36	
25			MHH NON-REIMBURSABLE RADIOLOGY	98.08		57,787	
26			MHH NON-REIMBURSABLE LABORATORY	98.09		56,794	
27			ARTHRITIS CLINIC - NR	98.15		460,311	
28			CARDIO PHYSICIANS	98.16		107,335	
29	NON-CAPITAL	B	NEW CAP REL COSTS-BLDG & FIXT	3		46,301	9
30	RENAL ADMINISTRATION	C	RENAL DIALYSIS	57	31,900	26,832	
31	TELEPHONE	D	EMPLOYEE BENEFITS	5		67,392	
32			DATA PROCESSING	6.02		307,453	
33			PURCHASING, RECEIVING, & STORES	6.03		22,478	
34			ADMITTING	6.04		56,986	
35			CASHIERING	6.05		212,968	
1	TELEPHONE	D	OTHER ADMINISTRATIVE AND GENERAL	6.06		600,461	
2			MAINTENANCE & REPAIRS	7		33,760	
3			OPERATION OF PLANT	8		70,407	
4			LAUNDRY & LINEN SERVICE	9		3,609	
5			HOUSEKEEPING - UNIVERSITY	10.01		11,660	
6			HOUSEKEEPING - RILEY	10.02		3,375	
7			HOUSEKEEPING - METHODIST	10.03		13,312	
8			DIETARY	11		29,785	
9			CAFETERIA	12		12,888	
10			NURSING ADMINISTRATION	14		69,669	
11			CENTRAL SERVICES & SUPPLY	15		22,200	
12			PHARMACY	16		69,536	
13			MEDICAL RECORDS & LIBRARY	17		87,430	
14			SOCIAL SERVICE	18		23,123	
15			PATIENT TRANSPORTATION	19		8,417	
16			I&R SERVICES-SALARY & FRINGES APPRVD	22		80,549	
17			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		3,909	
18			PARAMED ED PRGM	24		1,424	
19			PARAMED ED CLINIC LAB	24.01		7,674	
20			PARAMED RADIOLOGY-METHODIST	24.02		1,320	
21			PARAMED RESPIRATORY THERAPY	24.03		528	
22			PARAMED EMERGENCY METHODIST	24.05		1,560	
23			PARAMED PASTORAL ED	24.06		2,664	
24			MEDICAL ASSISTING PROGRAM	24.14		270	
25			SURGICAL TECHNOLOGY PROGRAM	24.15		404	
26			ADULTS & PEDIATRICS	25		598,436	
27			INTENSIVE CARE UNIT	26		50,408	
28			CORONARY CARE UNIT	27		44,689	
29			NEONATAL INTENSIVE CARE UNIT	27.01		11,435	
30			BURN INTENSIVE CARE UNIT	28		8,003	
31			UH SURG 6IC	29.02		34,644	
32			UH NS 3IC	29.03		7,601	
33			RH PED IC	29.04		26,887	
34			PEDIATRIC CANCER CENTER	29.07		7,092	
35			SUBPROVIDER	31		22,082	
1	TELEPHONE	D	NURSERY	33		14,418	
2			OPERATING ROOM	37		187,474	
3			ENDOSCOPY	37.01		9,142	
4			RECOVERY ROOM	38		50,713	
5			DELIVERY ROOM & LABOR ROOM	39		43,610	
6			ANESTHESIOLOGY	40		10,715	
7			PULMONARY FUNCTION TESTING	40.01		19,515	
8			RADIOLOGY-DIAGNOSTIC	41		221,397	
9			RADIOLOGY-THERAPEUTIC	42		39,955	
10			RADIOISOTOPE	43		14,871	
11			LABORATORY	44		107,968	
12			TRANSPLANT IMMUNOLOGY	44.01		2,000	
13			BONE MARROW TRANSPLANT LAB	44.02		8,736	
14			BLOOD STORING, PROCESSING & TRANS.	47		7,205	
15			RESPIRATORY THERAPY	49		32,143	
16			PHYSICAL THERAPY	50		28,444	
17			OCCUPATIONAL THERAPY	51		15,484	
18			SPEECH PATHOLOGY	52		35,193	
19			ELECTROCARDIOLOGY	53		17,246	
20			ELECTROENCEPHALOGRAPHY	54		13,192	
21			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,963	
22			RENAL DIALYSIS	57		31,940	
23			RH NBN ECMO IC	59		616	
24			CARDIOLOGY	59.01		19,529	
25			PSYCH OTHER ANCILLARY	59.02		7,937	
26			CARDIAC CATHERIZATION	59.03		32,359	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
27			DAY SURGERY	59.04		23,135	
28			ONCOLOGY	59.05		13,736	
29			AMB SVC-OB & GYN	60.01		19,799	
30			MEDICINE/DIAGNOSTIC	60.02		39,148	
31			AMB SVC-OPTHALMOLOGY	60.03		5,089	
32			AMB SVC-PSYCH ADULT	60.04		11,411	
33			SOCIAL SERVICE	18		2,830	
34			OUTPATIENT SURGERY	60.06		9,313	
35			AMB SVC-RILEY CLINICS	60.07		67,536	
1	TELEPHONE	D	MOTILITY LAB	60.09		312	
2			AMB SVC-PSYCH CHILD	60.10		5,037	
3			GERIATRICS CLINIC	60.14		5,931	
4			SLEEP DISORDER CENTER	60.15		16,518	
5			O/P CLINIC-ADULT	60.16		6,421	
6			O/P CLINIC-PEDIATRIC	60.17		10,938	
7			NEUROLOGY UH	60.19		9,948	
8			ORTHOPEDICS UH	60.20		12,509	
9			AMB SVC-UH PHYSICAL MEDICINE	60.21		399	
10			AMB SVC-DERMATOLOGY CLINIC	60.22		1,975	
11			IU CANCER PAVILLION	60.24		4,635	
12			CARDIO CLINIC	60.25		5,154	
13			EMERGENCY	61		109,428	
14			HOME PROGRAM DIALYSIS	64		449	
15			AMBULANCE SERVICES	65		13,874	
16			LUNG ACQUISITION	82		3,514	
17			KIDNEY ACQUISITION	83		38,701	
18			LIVER ACQUISITION	84		9,451	
19			HEART ACQUISITION	85		3,259	
20			INTESTINE ACQUISITION	85.02		997	
21			HOSPICE	93		13,290	
22			RESEARCH	97		40,690	
23			RESEARCH-GCRC	97.01		7,559	
24			OTHER NONREIMBURSABLE-METHODIST	98.01		110,349	
25			ORGAN PROC ORG	98.03		1,312	
26	TELEPHONE 2ND PART	E	AOC-PRIVATE PHYSICIANS	98.05		360	
27			MHH NON-REIMBURSABLE RADIOLOGY	98.08		6,708	
28			MHH NON-REIMBURSABLE LABORATORY	98.09		5,136	
29			ARTHRITIS CLINIC - NR	98.15		27,107	
30			CARDIO PHYSICIANS	98.16		10,212	
31	ADVERTISING	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		85,979	
32			DIETARY	11		168	
33			NURSING ADMINISTRATION	14		154	
34			I&R SERVICES-SALARY & FRINGES APPRVD	22		308	
35			ADULTS & PEDIATRICS	25		2,966	
1	ADVERTISING	F	PEDIATRIC CANCER CENTER	29.07		720	
2			SUBPROVIDER	31		3,430	
3			OPERATING ROOM	37		115	
4			RADIOLOGY-DIAGNOSTIC	41		3,731	
5			LABORATORY	44		54	
6			PSYCH OTHER ANCILLARY	59.02		4	
7			CARDIAC CATHERIZATION	59.03		13,680	
8			AMB SVC-PSYCH ADULT	60.04		2,658	
9			GERIATRICS CLINIC	60.14		7,089	
10			SLEEP DISORDER CENTER	60.15		338	
11			O/P CLINIC-PEDIATRIC	60.17		116	
12			EMERGENCY	61		16,989	
13			AMBULANCE SERVICES	65		50,166	
14			KIDNEY ACQUISITION	83		13,210	
15			HOSPICE	93		3,221	
16			RESEARCH	97		20	
17			OTHER NONREIMBURSABLE-METHODIST	98.01		1,911,876	
18			ARTHRITIS CLINIC - NR	98.15		4,667	
19	DEPRECIATION	G	OTHER ADMINISTRATIVE AND GENERAL	6.06		19,312	9
20			OPERATING ROOM	37		280,026	9
21			RECOVERY ROOM	38		3,760	
22			RADIOLOGY-DIAGNOSTIC	41		668,941	
23			LABORATORY	44		36,507	
24			MHH NON-REIMBURSABLE RADIOLOGY	98.08		32,952	
25	PARAMED ED	H	PULMONARY FUNCTION TESTING	40.01	17,871	1,367	
26			RESPIRATORY THERAPY	49	164,946	12,618	
27			SLEEP DISORDER CENTER	60.15	1,387	107	
28			PHYSICAL THERAPY	50	187,412	14,337	
29			PHYSICAL THERAPY	50	1,668	128	
30			OCCUPATIONAL THERAPY	51	167,650	12,825	
31			SPEECH PATHOLOGY	52	13,370	1,023	
32			SPEECH PATHOLOGY	52	23,047	1,763	
33			RADIOLOGY-THERAPEUTIC	42	615,255	46,186	
34			RADIOISOTOPE	43	84,627	6,474	
35			DIETARY	11	53,280	4,076	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LINE NO 7	DECREASE SALARY 8	DECREASE OTHER 9	A-7 REF 10
1	PARAMED ED	H	DIETARY	11	13,599	1,040	
2	THERAPUTIC RECREATION	I	OCCUPATIONAL THERAPY	51	238,603	64,451	
3	ORGAN	J	LUNG ACQUISITION	82		372	
4			KIDNEY ACQUISITION	83	1,178,318	327,655	
5			INTESTINE ACQUISITION	85.02	5,613		
6							
7							
8	PRE/POST TRANSPLANT	K	LUNG ACQUISITION	82	314,738	34,471	
9			KIDNEY ACQUISITION	83	826,230	155,720	
10			LIVER ACQUISITION	84	972,318	431,729	
11			HEART ACQUISITION	85	258,398	30,775	
12			PANCREAS ACQUISITION	85.01	40,664	5,176	
13			INTESTINE ACQUISITION	85.02	101,848	44,219	
14	PRESERVATION EXPENSE	L	KIDNEY ACQUISITION	83		11,122	
15			ORGAN PROC ORG	98.03	279,136		
16	ACQUISITION/WORKUP EXPENSE	M	LUNG ACQUISITION	82		2,324	
17			PANCREAS ACQUISITION	85.01		16	
18	TRANSPLANT INSTITUTE	N	KIDNEY ACQUISITION	83		2,762,691	
19	NON-TRANSPLANT EMPLOYEE	O	DIETARY	11	44,036		
20			SOCIAL SERVICE	18	37,525		
21	PEDIATRIC RETAINER FEE	P	HOME HEALTH AGENCY	71		9,392	
22	RHI	Q	LABORATORY	44	214,952	193,956	
23	CONTRACTED LABOR	R	DATA PROCESSING	6.02	516,044		
24			PURCHASING, RECEIVING, & STORES	6.03	11,861		
25			ADMITTING	6.04	27,912		
26			CASHIERING	6.05	343,756		
27			OTHER ADMINISTRATIVE AND GENERAL	6.06	678,209		
28			NURSING ADMINISTRATION	14	379		
29			PHARMACY	16	128,799		
30			I&R SERVICES-SALARY & FRINGES APPRVD	22	19,837		
31			PARAMED ED CLINIC LAB	24.01	1,500		
32			ADULTS & PEDIATRICS	25	4,439,839		
33			INTENSIVE CARE UNIT	26	148,041		
34			CORONARY CARE UNIT	27	183,155		
35			NEONATAL INTENSIVE CARE UNIT	27.01	3,185		
1	CONTRACTED LABOR	R	BURN INTENSIVE CARE UNIT	28	54,980		
2			UH SURG 6IC	29.02	150,114		
3			UH NS 3IC	29.03	27,834		
4			RH PED IC	29.04	245,731		
5			PEDIATRIC CANCER CENTER	29.07	87,754		
6			SUBPROVIDER	31	198,897		
7			NURSERY	33	691		
8			OPERATING ROOM	37	815,833		
9			ENDOSCOPY	37.01	115,256		
10			RECOVERY ROOM	38	169,105		
11			DELIVERY ROOM & LABOR ROOM	39	916		
12			ANESTHESIOLOGY	40	61,720		
13			PULMONARY FUNCTION TESTING	40.01	113,178		
14			RADIOLOGY-DIAGNOSTIC	41	181,561		
15			RADIOLOGY-THERAPEUTIC	42	549		
16			LABORATORY	44	282,980		
17			RESPIRATORY THERAPY	49	1,519,154		
18			ELECTROENCEPHALOGRAPHY	54	44,524		
19			RENAL DIALYSIS	57	854,086		
20			CARDIOLOGY	59.01	186,508		
21			PSYCH OTHER ANCILLARY	59.02	2,320		
22			CARDIAC CATHERIZATION	59.03	5,758		
23			DAY SURGERY	59.04	19,952		
24			ONCOLOGY	59.05	7,458		
25			MEDICINE/DIAGNOSTIC	60.02	43,534		
26			AMB SVC-RILEY CLINICS	60.07	107,104		
27			AMB SVC-PSYCH CHILD	60.10	6,956		
28			SLEEP DISORDER CENTER	60.15	1,759		
29			AMB SVC-DERMATOLOGY CLINIC	60.22	9,541		
30			EMERGENCY	61	135,964		
31			AMBULANCE SERVICES	65	1,792		
32			HOSPICE	93	4,479		
33			OTHER NONREIMBURSABLE-METHODIST	98.01	28,183		
34			MHH NON-REIMBURSABLE LABORATORY	98.09	712		
35			ARTHRITIS CLINIC - NR	98.15	41,894		
1	CONTRACTED LABOR	R	SPEECH PATHOLOGY	52		3,074	
36	TOTAL RECLASSIFICATIONS				17,919,685	85,900,134	

(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 : BENEFIT EXPENSE

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	74,198,334	PURCHASING, RECEIVING, & STORE	6.03	38,616
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	1,934,706
3.00			0	MAINTENANCE & REPAIRS	7	422
4.00			0	OPERATION OF PLANT	8	296,065
5.00			0	LAUNDRY & LINEN SERVICE	9	106,120
6.00			0	DIETARY	11	1,112,878
7.00			0	NURSING ADMINISTRATION	14	1,959,384
8.00			0	CENTRAL SERVICES & SUPPLY	15	502,145
9.00			0	PHARMACY	16	2,837,825
10.00			0	MEDICAL RECORDS & LIBRARY	17	34,505
11.00			0	SOCIAL SERVICE	18	437,460
12.00			0	PATIENT TRANSPORTATION	19	333,915
13.00			0	I&R SERVICES-SALARY & FRINGES	22	314,240
14.00			0	I&R SERVICES-OTHER PRGM COSTS	23	20,867
15.00			0	PARAMED ED PRGM	24	293
16.00			0	PARAMED ED CLINIC LAB	24.01	172,179
17.00			0	PARAMED RADIOLOGY-METHODIST	24.02	56,971
18.00			0	PARAMED RESPIRATORY THERAPY	24.03	37,551
19.00			0	PARAMED EMERGENCY METHODIST	24.05	68,889
20.00			0	PARAMED PASTORAL ED	24.06	84,261
21.00			0	MEDICAL ASSISTING PROGRAM	24.14	24,189
22.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	22,371
23.00			0	ADULTS & PEDIATRICS	25	18,944,646
24.00			0	INTENSIVE CARE UNIT	26	2,316,992
25.00			0	CORONARY CARE UNIT	27	1,745,168
26.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	737,396
27.00			0	BURN INTENSIVE CARE UNIT	28	208,677
28.00			0	UH SURG 6IC	29.02	749,081
29.00			0	UH NS 3IC	29.03	352,652
30.00			0	RH PED IC	29.04	1,346,712
31.00			0	PEDIATRIC CANCER CENTER	29.07	194,927
32.00			0	SUBPROVIDER	31	662,061
33.00			0	NURSERY	33	443,247
34.00			0	OPERATING ROOM	37	4,918,054
35.00			0	ENDOSCOPY	37.01	166,956
36.00			0	RECOVERY ROOM	38	1,369,400
37.00			0	DELIVERY ROOM & LABOR ROOM	39	1,117,241
38.00			0	ANESTHESIOLOGY	40	405,749
39.00			0	PULMONARY FUNCTION TESTING	40.01	392,790
40.00			0	RADIOLOGY-DIAGNOSTIC	41	3,722,098
41.00			0	RADIOLOGY-THERAPEUTIC	42	678,627
42.00			0	RADIOISOTOPE	43	211,763
43.00			0	LABORATORY	44	3,582,531
44.00			0	TRANSPLANT IMMUNOLOGY	44.01	144,645
45.00			0	BONE MARROW TRANSPLANT LAB	44.02	137,245
46.00			0	BLOOD STORING, PROCESSING & TR	47	534,502
47.00			0	RESPIRATORY THERAPY	49	2,893,669
48.00			0	PHYSICAL THERAPY	50	936,192
49.00			0	OCCUPATIONAL THERAPY	51	354,895
50.00			0	SPEECH PATHOLOGY	52	385,413
51.00			0	ELECTROCARDIOLOGY	53	432,104
52.00			0	ELECTROENCEPHALOGRAPHY	54	272,481
53.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	38,051
54.00			0	RENAL DIALYSIS	57	939,461
55.00			0	RH NBN ECMO IC	59	89,280
56.00			0	CARDIOLOGY	59.01	285,425
57.00			0	PSYCH OTHER ANCILLARY	59.02	102,379
58.00			0	CARDIAC CATHERIZATION	59.03	484,069
59.00			0	DAY SURGERY	59.04	693,127
60.00			0	ONCOLOGY	59.05	97,992
61.00			0	AMB SVC-OB & GYN	60.01	130,109
62.00			0	MEDICINE/DIAGNOSTIC	60.02	389,896
63.00			0	AMB SVC-OPTHALMOLOGY	60.03	41,255
64.00			0	AMB SVC-PSYCH ADULT	60.04	62,488
65.00			0	SOCIAL SERVICE	18	58,237
66.00			0	OUTPATIENT SURGERY	60.06	128,528
67.00			0	AMB SVC-RILEY CLINICS	60.07	620,218
68.00			0	MOTILITY LAB	60.09	13,927
69.00			0	AMB SVC-PSYCH CHILD	60.10	41,547
70.00			0	GERIATRICS CLINIC	60.14	86,138
71.00			0	SLEEP DISORDER CENTER	60.15	268,281
72.00			0	O/P CLINIC-ADULT	60.16	48,495
73.00			0	O/P CLINIC-PEDIATRIC	60.17	107,694
74.00			0	NEUROLOGY UH	60.19	101,640
75.00			0	ORTHOPEDICS UH	60.20	38,619
76.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	40,304
77.00			0	IU CANCER PAVILLION	60.24	67,464
78.00			0	CARDIO CLINIC	60.25	27,560
79.00			0	EMERGENCY	61	2,757,699
80.00			0	HOME PROGRAM DIALYSIS	64	6,474
81.00			0	AMBULANCE SERVICES	65	895,876
82.00			0	LUNG ACQUISITION	82	94,845
83.00			0	KIDNEY ACQUISITION	83	514,699
84.00			0	LIVER ACQUISITION	84	140,278
85.00			0	HEART ACQUISITION	85	71,631

RECLASS CODE: A
EXPLANATION : BENEFIT EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
86.00			0	INTESTINE ACQUISITION	85.02	29,357
87.00			0	OTHER ORGAN ACQUISITION	86	35,093
88.00			0	HOSPICE	93	274,045
89.00			0	RESEARCH	97	1,112,582
90.00			0	RESEARCH-GCRC	97.01	43
91.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	1,754,841
92.00			0	ORGAN PROC ORG	98.03	48,068
93.00			0	OTHER NONREIMBURSABLE-IUMC	98.04	24,590
94.00			0	AOC-PRIVATE PHYSICIANS	98.05	36
95.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	57,787
96.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	56,794
98.00			0	ARTHRITIS CLINIC - NR	98.15	460,311
99.00			0	CARDIO PHYSICIANS	98.16	107,335
TOTAL RECLASSIFICATIONS FOR CODE A			74,198,334			74,198,334

RECLASS CODE: B
EXPLANATION : NON-CAPITAL

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	46,301	NEW CAP REL COSTS-BLDG & FIXT	3	46,301
TOTAL RECLASSIFICATIONS FOR CODE B			46,301			46,301

RECLASS CODE: C
EXPLANATION : RENAL ADMINISTRATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOME PROGRAM DIALYSIS	64	58,732	RENAL DIALYSIS	57	58,732
TOTAL RECLASSIFICATIONS FOR CODE C			58,732			58,732

RECLASS CODE: D
EXPLANATION : TELEPHONE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	4,236,900	EMPLOYEE BENEFITS	5	67,392
2.00			0	DATA PROCESSING	6.02	307,453
3.00			0	PURCHASING, RECEIVING, & STORE	6.03	22,478
4.00			0	ADMITTING	6.04	56,986
5.00			0	CASHIERING	6.05	212,968
6.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	600,461
7.00			0	MAINTENANCE & REPAIRS	7	33,760
8.00			0	OPERATION OF PLANT	8	70,407
9.00			0	LAUNDRY & LINEN SERVICE	9	3,609
10.00			0	HOUSEKEEPING - UNIVERSITY	10.01	11,660
11.00			0	HOUSEKEEPING - RILEY	10.02	3,375
12.00			0	HOUSEKEEPING - METHODIST	10.03	13,312
13.00			0	DIETARY	11	29,785
14.00			0	CAFETERIA	12	12,888
15.00			0	NURSING ADMINISTRATION	14	69,669
16.00			0	CENTRAL SERVICES & SUPPLY	15	22,200
17.00			0	PHARMACY	16	69,536
18.00			0	MEDICAL RECORDS & LIBRARY	17	87,430
19.00			0	SOCIAL SERVICE	18	23,123
20.00			0	PATIENT TRANSPORTATION	19	8,417
21.00			0	I&R SERVICES-SALARY & FRINGES	22	80,549
22.00			0	I&R SERVICES-OTHER PRGM COSTS	23	3,909
23.00			0	PARAMED ED PRGM	24	1,424
24.00			0	PARAMED ED CLINIC LAB	24.01	7,674
25.00			0	PARAMED RADIOLOGY-METHODIST	24.02	1,320
26.00			0	PARAMED RESPIRATORY THERAPY	24.03	528
27.00			0	PARAMED EMERGENCY METHODIST	24.05	1,560
28.00			0	PARAMED PASTORAL ED	24.06	2,664
29.00			0	MEDICAL ASSISTING PROGRAM	24.14	270
30.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	404
31.00			0	ADULTS & PEDIATRICS	25	598,436
32.00			0	INTENSIVE CARE UNIT	26	50,408
33.00			0	CORONARY CARE UNIT	27	44,689
34.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	11,435
35.00			0	BURN INTENSIVE CARE UNIT	28	8,003
36.00			0	UH SURG 6IC	29.02	34,644
37.00			0	UH NS 3IC	29.03	7,601
38.00			0	RH PED IC	29.04	26,887
39.00			0	PEDIATRIC CANCER CENTER	29.07	7,092
40.00			0	SUBPROVIDER	31	22,082
41.00			0	NURSERY	33	14,418
42.00			0	OPERATING ROOM	37	187,474
43.00			0	ENDOSCOPY	37.01	9,142
44.00			0	RECOVERY ROOM	38	50,713
45.00			0	DELIVERY ROOM & LABOR ROOM	39	43,610
46.00			0	ANESTHESIOLOGY	40	10,715

RECLASS CODE: D
EXPLANATION : TELEPHONE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
47.00			0	PULMONARY FUNCTION TESTING	40.01	19,515
48.00			0	RADIOLOGY-DIAGNOSTIC	41	221,397
49.00			0	RADIOLOGY-THERAPEUTIC	42	39,955
50.00			0	RADIOISOTOPE	43	14,871
51.00			0	LABORATORY	44	107,968
52.00			0	TRANSPLANT IMMUNOLOGY	44.01	2,000
53.00			0	BONE MARROW TRANSPLANT LAB	44.02	8,736
54.00			0	BLOOD STORING, PROCESSING & TR	47	7,205
55.00			0	RESPIRATORY THERAPY	49	32,143
56.00			0	PHYSICAL THERAPY	50	28,444
57.00			0	OCCUPATIONAL THERAPY	51	15,484
58.00			0	SPEECH PATHOLOGY	52	35,193
59.00			0	ELECTROCARDIOLOGY	53	17,246
60.00			0	ELECTROENCEPHALOGRAPHY	54	13,192
61.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,963
62.00			0	RENAL DIALYSIS	57	31,940
63.00			0	RH NBN ECMO IC	59	616
64.00			0	CARDIOLOGY	59.01	19,529
65.00			0	PSYCH OTHER ANCILLARY	59.02	7,937
66.00			0	CARDIAC CATHERIZATION	59.03	32,359
67.00			0	DAY SURGERY	59.04	23,135
68.00			0	ONCOLOGY	59.05	13,736
69.00			0	AMB SVC-OB & GYN	60.01	19,799
70.00			0	MEDICINE/DIAGNOSTIC	60.02	39,148
71.00			0	AMB SVC-OPTHALMOLOGY	60.03	5,089
72.00			0	AMB SVC-PSYCH ADULT	60.04	11,411
73.00			0	SOCIAL SERVICE	18	2,830
74.00			0	OUTPATIENT SURGERY	60.06	9,313
75.00			0	AMB SVC-RILEY CLINICS	60.07	67,536
76.00			0	MOTILITY LAB	60.09	312
77.00			0	AMB SVC-PSYCH CHILD	60.10	5,037
78.00			0	GERIATRICS CLINIC	60.14	5,931
79.00			0	SLEEP DISORDER CENTER	60.15	16,518
80.00			0	O/P CLINIC-ADULT	60.16	6,421
81.00			0	O/P CLINIC-PEDIATRIC	60.17	10,938
82.00			0	NEUROLOGY UH	60.19	9,948
83.00			0	ORTHOPEDICS UH	60.20	12,509
84.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	399
85.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	1,975
86.00			0	IU CANCER PAVILLION	60.24	4,635
87.00			0	CARDIO CLINIC	60.25	5,154
88.00			0	EMERGENCY	61	109,428
89.00			0	HOME PROGRAM DIALYSIS	64	449
90.00			0	AMBULANCE SERVICES	65	13,874
91.00			0	LUNG ACQUISITION	82	3,514
92.00			0	KIDNEY ACQUISITION	83	38,701
93.00			0	LIVER ACQUISITION	84	9,451
94.00			0	HEART ACQUISITION	85	3,259
95.00			0	INTESTINE ACQUISITION	85.02	997
96.00			0	HOSPICE	93	13,290
97.00			0	RESEARCH	97	40,690
98.00			0	RESEARCH-GCRC	97.01	7,559
99.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	110,349
100.00			0	ORGAN PROC ORG	98.03	1,312
TOTAL RECLASSIFICATIONS FOR CODE D			4,236,900			4,236,900

RECLASS CODE: E
EXPLANATION : TELEPHONE 2ND PART

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	49,523	AOC-PRIVATE PHYSICIANS	98.05	360
2.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	6,708
3.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	5,136
4.00			0	ARTHRITIS CLINIC - NR	98.15	27,107
5.00			0	CARDIO PHYSICIANS	98.16	10,212
TOTAL RECLASSIFICATIONS FOR CODE E			49,523			49,523

RECLASS CODE: F
EXPLANATION : ADVERTISING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONALLOWABLE FQHC	98.13	2,121,659	OTHER ADMINISTRATIVE AND GENER	6.06	85,979
2.00			0	DIETARY	11	168
3.00			0	NURSING ADMINISTRATION	14	154
4.00			0	I&R SERVICES-SALARY & FRINGES	22	308
5.00			0	ADULTS & PEDIATRICS	25	2,966
6.00			0	PEDIATRIC CANCER CENTER	29.07	720
7.00			0	SUBPROVIDER	31	3,430
8.00			0	OPERATING ROOM	37	115
9.00			0	RADIOLOGY-DIAGNOSTIC	41	3,731
10.00			0	LABORATORY	44	54

RECLASS CODE: F
EXPLANATION : ADVERTISING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
11.00			0	PSYCH OTHER ANCILLARY	59.02	4
12.00			0	CARDIAC CATHERIZATION	59.03	13,680
13.00			0	AMB SVC-PSYCH ADULT	60.04	2,658
14.00			0	GERIATRICS CLINIC	60.14	7,089
15.00			0	SLEEP DISORDER CENTER	60.15	338
16.00			0	O/P CLINIC-PEDIATRIC	60.17	116
17.00			0	EMERGENCY	61	16,989
18.00			0	AMBULANCE SERVICES	65	50,166
19.00			0	KIDNEY ACQUISITION	83	13,210
20.00			0	HOSPICE	93	3,221
21.00			0	RESEARCH	97	20
22.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	1,911,876
23.00			0	ARTHRITIS CLINIC - NR	98.15	4,667
TOTAL RECLASSIFICATIONS FOR CODE F			2,121,659			2,121,659

RECLASS CODE: G
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	39,539	OTHER ADMINISTRATIVE AND GENER	6.06	19,312
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,001,959	OPERATING ROOM	37	280,026
3.00			0	RECOVERY ROOM	38	3,760
4.00			0	RADIOLOGY-DIAGNOSTIC	41	668,941
5.00			0	LABORATORY	44	36,507
6.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	32,952
TOTAL RECLASSIFICATIONS FOR CODE G			1,041,498			1,041,498

RECLASS CODE: H
EXPLANATION : PARAMED ED

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED RESPIRATORY THERAPY	24.03	198,296	PULMONARY FUNCTION TESTING	40.01	19,238
2.00	PARAMED PHYSICAL THERAPY	24.07	201,749	RESPIRATORY THERAPY	49	177,564
3.00	PARAMED OCCUP THERAPY	24.08	196,664	SLEEP DISORDER CENTER	60.15	1,494
4.00	PARAMED SPEECH	24.16	24,810	PHYSICAL THERAPY	50	201,749
5.00	RADIATION THERAPY ED-IUMC	24.12	661,441	PHYSICAL THERAPY	50	1,796
6.00	NUCLEAR MED ED-IUMC	24.13	91,101	OCCUPATIONAL THERAPY	51	180,475
7.00	DIETARY INTERNSHIP PROG	24.04	71,995	SPEECH PATHOLOGY	52	14,393
8.00			0	SPEECH PATHOLOGY	52	24,810
9.00			0	RADIOLOGY-THERAPEUTIC	42	661,441
10.00			0	RADIOISOTOPE	43	91,101
11.00			0	DIETARY	11	57,356
12.00			0	DIETARY	11	14,639
TOTAL RECLASSIFICATIONS FOR CODE H			1,446,056			1,446,056

RECLASS CODE: I
EXPLANATION : THERAPUTIC RECREATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	O/P CLINIC-PEDIATRIC	60.17	303,054	OCCUPATIONAL THERAPY	51	303,054
TOTAL RECLASSIFICATIONS FOR CODE I			303,054			303,054

RECLASS CODE: J
EXPLANATION : ORGAN

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	17,911	LUNG ACQUISITION	82	372
2.00	LIVER ACQUISITION	84	1,259,635	KIDNEY ACQUISITION	83	1,505,973
3.00	HEART ACQUISITION	85	24,964	INTESTINE ACQUISITION	85.02	5,613
4.00	PANCREAS ACQUISITION	85.01	151,176			0
5.00	INTESTINE ACQUISITION	85.02	58,272			0
TOTAL RECLASSIFICATIONS FOR CODE J			1,511,958			1,511,958

RECLASS CODE: K
EXPLANATION : PRE/POST TRANSPLANT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ORGAN ACQUISITION	86	3,216,286	LUNG ACQUISITION	82	349,209
2.00			0	KIDNEY ACQUISITION	83	981,950
3.00			0	LIVER ACQUISITION	84	1,404,047
4.00			0	HEART ACQUISITION	85	289,173
5.00			0	PANCREAS ACQUISITION	85.01	45,840
6.00			0	INTESTINE ACQUISITION	85.02	146,067
TOTAL RECLASSIFICATIONS FOR CODE K			3,216,286			3,216,286

RECLASS CODE: L
EXPLANATION : PRESERVATION EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	279,136	KIDNEY ACQUISITION	83	11,122

RECLASS CODE: L
EXPLANATION : PRESERVATION EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	ORGAN PROC ORG	98.03	11,122	ORGAN PROC ORG	98.03	279,136
TOTAL RECLASSIFICATIONS FOR CODE L			290,258			290,258

RECLASS CODE: M
EXPLANATION : ACQUISITION/WORKUP EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	16	LUNG ACQUISITION	82	2,324
2.00	HEART ACQUISITION	85	2,324	PANCREAS ACQUISITION	85.01	16
TOTAL RECLASSIFICATIONS FOR CODE M			2,340			2,340

RECLASS CODE: N
EXPLANATION : TRANSPLANT INSTITUTE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	2,762,691	KIDNEY ACQUISITION	83	2,762,691
TOTAL RECLASSIFICATIONS FOR CODE N			2,762,691			2,762,691

RECLASS CODE: O
EXPLANATION : NON-TRANSPLANT EMPLOYEE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	81,561	DIETARY	11	44,036
2.00			0	SOCIAL SERVICE	18	37,525
TOTAL RECLASSIFICATIONS FOR CODE O			81,561			81,561

RECLASS CODE: P
EXPLANATION : PEDIATRIC RETAINER FEE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE-IUMC	98.04	9,392	HOME HEALTH AGENCY	71	9,392
TOTAL RECLASSIFICATIONS FOR CODE P			9,392			9,392

RECLASS CODE: Q
EXPLANATION : RHI

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RHI LAB	98.12	408,908	LABORATORY	44	408,908
TOTAL RECLASSIFICATIONS FOR CODE Q			408,908			408,908

RECLASS CODE: R
EXPLANATION : CONTRACTED LABOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	DATA PROCESSING	6.02	516,044	DATA PROCESSING	6.02	516,044
3.00	PURCHASING, RECEIVING, & STORE	6.03	11,861	PURCHASING, RECEIVING, & STORE	6.03	11,861
4.00	ADMITTING	6.04	27,912	ADMITTING	6.04	27,912
5.00	CASHIERING	6.05	343,756	CASHIERING	6.05	343,756
6.00	OTHER ADMINISTRATIVE AND GENER	6.06	678,209	OTHER ADMINISTRATIVE AND GENER	6.06	678,209
7.00	NURSING ADMINISTRATION	14	379	NURSING ADMINISTRATION	14	379
8.00	PHARMACY	16	128,799	PHARMACY	16	128,799
10.00	I&R SERVICES-SALARY & FRINGES	22	19,837	I&R SERVICES-SALARY & FRINGES	22	19,837
11.00	PARAMED ED CLINIC LAB	24.01	1,500	PARAMED ED CLINIC LAB	24.01	1,500
12.00	ADULTS & PEDIATRICS	25	4,439,839	ADULTS & PEDIATRICS	25	4,439,839
13.00	INTENSIVE CARE UNIT	26	148,041	INTENSIVE CARE UNIT	26	148,041
14.00	CORONARY CARE UNIT	27	183,155	CORONARY CARE UNIT	27	183,155
15.00	NEONATAL INTENSIVE CARE UNIT	27.01	3,185	NEONATAL INTENSIVE CARE UNIT	27.01	3,185
16.00	BURN INTENSIVE CARE UNIT	28	54,980	BURN INTENSIVE CARE UNIT	28	54,980
17.00	UH SURG 6IC	29.02	150,114	UH SURG 6IC	29.02	150,114
18.00	UH NS 3IC	29.03	27,834	UH NS 3IC	29.03	27,834
19.00	RH PED IC	29.04	245,731	RH PED IC	29.04	245,731
20.00	PEDIATRIC CANCER CENTER	29.07	87,754	PEDIATRIC CANCER CENTER	29.07	87,754
21.00	SUBPROVIDER	31	198,897	SUBPROVIDER	31	198,897
22.00	NURSERY	33	691	NURSERY	33	691
23.00	OPERATING ROOM	37	815,833	OPERATING ROOM	37	815,833
24.00	ENDOSCOPY	37.01	115,256	ENDOSCOPY	37.01	115,256
25.00	RECOVERY ROOM	38	169,105	RECOVERY ROOM	38	169,105
26.00	DELIVERY ROOM & LABOR ROOM	39	916	DELIVERY ROOM & LABOR ROOM	39	916
27.00	ANESTHESIOLOGY	40	61,720	ANESTHESIOLOGY	40	61,720
28.00	PULMONARY FUNCTION TESTING	40.01	113,178	PULMONARY FUNCTION TESTING	40.01	113,178
29.00	RADIOLOGY-DIAGNOSTIC	41	181,561	RADIOLOGY-DIAGNOSTIC	41	181,561
30.00	RADIOLOGY-THERAPEUTIC	42	549	RADIOLOGY-THERAPEUTIC	42	549
31.00	LABORATORY	44	282,980	LABORATORY	44	282,980

RECLASS CODE: R
EXPLANATION : CONTRACTED LABOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
32.00	RESPIRATORY THERAPY	49	1,519,154	RESPIRATORY THERAPY	49	1,519,154
33.00	ELECTROENCEPHALOGRAPHY	54	44,524	ELECTROENCEPHALOGRAPHY	54	44,524
34.00	RENAL DIALYSIS	57	854,086	RENAL DIALYSIS	57	854,086
35.00	CARDIOLOGY	59.01	186,508	CARDIOLOGY	59.01	186,508
36.00	PSYCH OTHER ANCILLARY	59.02	2,320	PSYCH OTHER ANCILLARY	59.02	2,320
37.00	CARDIAC CATHERIZATION	59.03	5,758	CARDIAC CATHERIZATION	59.03	5,758
38.00	DAY SURGERY	59.04	19,952	DAY SURGERY	59.04	19,952
39.00	ONCOLOGY	59.05	7,458	ONCOLOGY	59.05	7,458
40.00	MEDICINE/DIAGNOSTIC	60.02	43,534	MEDICINE/DIAGNOSTIC	60.02	43,534
41.00	AMB SVC-RILEY CLINICS	60.07	107,104	AMB SVC-RILEY CLINICS	60.07	107,104
42.00	AMB SVC-PSYCH CHILD	60.10	6,956	AMB SVC-PSYCH CHILD	60.10	6,956
43.00	SLEEP DISORDER CENTER	60.15	1,759	SLEEP DISORDER CENTER	60.15	1,759
44.00	AMB SVC-DERMATOLOGY CLINIC	60.22	9,541	AMB SVC-DERMATOLOGY CLINIC	60.22	9,541
45.00	EMERGENCY	61	135,964	EMERGENCY	61	135,964
46.00	AMBULANCE SERVICES	65	1,792	AMBULANCE SERVICES	65	1,792
47.00	HOSPICE	93	4,479	HOSPICE	93	4,479
48.00	OTHER NONREIMBURSABLE-METHODIS	98.01	28,183	OTHER NONREIMBURSABLE-METHODIS	98.01	28,183
49.00	MHH NON-REIMBURSABLE LABORATOR	98.09	712	MHH NON-REIMBURSABLE LABORATOR	98.09	712
50.00	ARTHRITIS CLINIC - NR	98.15	41,894	ARTHRITIS CLINIC - NR	98.15	41,894
51.00	SPEECH PATHOLOGY	52	3,074	SPEECH PATHOLOGY	52	3,074
TOTAL RECLASSIFICATIONS FOR CODE R			12,034,368			12,034,368

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	119,889,440	8,403,494		8,403,494		128,292,934	
2	LAND IMPROVEMENTS	16,203,114	101,552		101,552		16,304,666	
3	BUILDINGS & FIXTURE	431,738,039	43,503,484		43,503,484		475,241,523	
4	BUILDING IMPROVEMEN	529,613,524				28,570,108	501,043,416	
5	FIXED EQUIPMENT	39,037,332	6,490,862		6,490,862		45,528,194	
6	MOVABLE EQUIPMENT	908,003,445	22,414,826		22,414,826		930,418,271	
7	SUBTOTAL	2,044,484,894	80,914,218		80,914,218	28,570,108	2,096,829,004	
8	RECONCILING ITEMS							
9	TOTAL	2,044,484,894	80,914,218		80,914,218	28,570,108	2,096,829,004	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS 1	CAPITLIZED GROSS ASSETS: LEASES 2	CAPITLIZED GROSS ASSETS: FOR RATIO 3	RATIO 4	ALLOCATION OF OTHER CAPITAL: INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	TOTAL 8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	992,589,606		992,589,606	.504227				
3 01	NEW CAP REL COSTS-IN	975,946,464		975,946,464	.495773				
4	NEW CAP REL COSTS-MV								
5	TOTAL	1968,536,070		1968,536,070	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	26,916,508						26,916,508
3 01	NEW CAP REL COSTS-IN			28,188,266				28,188,266
4	NEW CAP REL COSTS-MV	77,039,253						77,039,253
5	TOTAL	103,955,761		28,188,266				132,144,027

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL: DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	46,278						46,278
3 01	NEW CAP REL COSTS-IN							
4	NEW CAP REL COSTS-MV							
5	TOTAL	46,278						46,278

* 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).

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

LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT 5	NET* ADJUST-MENTS 6	WKSHT A-7 COL. REF.
1	3 NEW CAP REL COSTS-BLDG &	NEW CAPITAL - BLDG & FIXT	27,370,350		27,370,350	9
2	3 1 NEW CAP REL COSTS-INTERES	NEW CAPITAL - INTEREST	28,188,266		28,188,266	11
3	4 NEW CAP REL COSTS-MVBLE E	NEW CAPITAL - MME	76,037,294		76,037,294	9
4	5 EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	37,678,860		37,678,860	
4.01	6 1 NONPATIENT TELEPHONES	NONPATIENT TELEPHONES	2,932,384		2,932,384	
4.02	6 2 DATA PROCESSING	DATA PROCESSING	58,156,544		58,156,544	
4.03	6 3 PURCHASING, RECEIVING, &	PURCHASING	4,422,724		4,422,724	
4.04	6 4 ADMITTING	ADMITTING	8,482,538		8,482,538	
4.05	6 5 CASHIERING	REVENUE CYCLE	26,800,908		26,800,908	
4.06	6 6 OTHER ADMINISTRATIVE AND	OTHER A&G	44,187,369		44,187,369	
4.07	7 MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	18,772,183		18,772,183	
4.08	8 OPERATION OF PLANT	OPERATION OF PLANT	42,673,343		42,673,343	
4.09	10 1 HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING-UH	3,773,985		3,773,985	
4.10	10 2 HOUSEKEEPING - RILEY	HOUSEKEEPING-RILEY	3,149,784		3,149,784	
4.11	10 3 HOUSEKEEPING - METHODIST	HOUSEKEEPING-MH	8,385,034		8,385,034	
4.12	12 CAFETERIA	CAFETERIA	1,524,588		1,524,588	
4.13	14 NURSING ADMINISTRATION	NURSING ADMIN	4,478,200		4,478,200	
4.14	15 CENTRAL SERVICES & SUPPLY	CS&S	5,366,912		5,366,912	
4.15	17 MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	9,458,397		9,458,397	
5	TOTALS		411,839,663		411,839,663	

* 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) 1	NAME 2	PERCENTAGE OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME 4	PERCENTAGE OF OWNERSHIP 5	TYPE OF BUSINESS 6
1	B	CLARIAN HEALTH PARTNERS	100.00	CLARIAN HEALTH PARTNERS	100.00	HEALTHCARE
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	6 6	OTHER ADMINISTRATIVE AND	6,895,842	6,895,842					
2	16	PHARMACY	50,028	50,028					
3	22	I&R SERVICES-SALARY & FRI	2,408,458	2,408,458					
4	23	I&R SERVICES-OTHER PRGM C	411,644	411,644					
5	25	ADULTS & PEDIATRICS	2,625,599	2,625,599					
6	31	SUBPROVIDER	229,683	229,683					
7	37	OPERATING ROOM	1,001,814	1,001,814					
8	40	ANESTHESIOLOGY	2,908,104	2,908,104					
9	53	ELECTROCARDIOLOGY	711,441	711,441					
10	54	ELECTROENCEPHALOGRAPHY	32,034	32,034					
11	57	RENAL DIALYSIS	201,250	201,250					
12	59 3	CARDIAC CATHERIZATION	2,617,770	2,617,770					
13	18	SOCIAL SERVICE	45,000	45,000					
14	60 14	GERIATRICS CLINIC	457,775	457,775					
15	60 15	SLEEP DISORDER CENTER	68,750	68,750					
16	60 17	O/P CLINIC-PEDIATRIC	3,100	3,100					
17	83	KIDNEY ACQUISITION	137,917	137,917					
18	84	LIVER ACQUISITION	152,932	152,932					
23	27 1	NEONATAL INTENSIVE CARE U	356,117	356,117					
30									
101		TOTAL	21,315,258	21,315,258					

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	6 6	OTHER ADMINISTRATIVE AND							6,895,842
2	16	PHARMACY							50,028
3	22	I&R SERVICES-SALARY & FRI							2,408,458
4	23	I&R SERVICES-OTHER PRGM C							411,644
5	25	ADULTS & PEDIATRICS							2,625,599
6	31	SUBPROVIDER							229,683
7	37	OPERATING ROOM							1,001,814
8	40	ANESTHESIOLOGY							2,908,104
9	53	ELECTROCARDIOLOGY							711,441
10	54	ELECTROENCEPHALOGRAPHY							32,034
11	57	RENAL DIALYSIS							201,250
12	59 3	CARDIAC CATHERIZATION							2,617,770
13	18	SOCIAL SERVICE							45,000
14	60 14	GERIATRICS CLINIC							457,775
15	60 15	SLEEP DISORDER CENTER							68,750
16	60 17	O/P CLINIC-PEDIATRIC							3,100
17	83	KIDNEY ACQUISITION							137,917
18	84	LIVER ACQUISITION							152,932
23	27 1	NEONATAL INTENSIVE CARE U							356,117
30									
101		TOTAL							21,315,258

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-0056 | I PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | I PREPARED 5/29/2008 | WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-21,315,258			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	411,839,663			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	A&G MISC REV	B	-2,174,015	OTHER ADMINISTRATIVE AND	6.06	
38	OPERATION OF PLANT MISC REV	B	-647	OPERATION OF PLANT	8	
39	LAUNDRY LINEN SERVICE MISC REV	B	-41,792	LAUNDRY & LINEN SERVICE	9	
40	MEDICAL EDUCATION	A	9,999,990	I&R SERVICES-OTHER PRGM C	23	
41	LEASED SPACE IUSOM	A	122,988	IU LEASED SPACE	8.01	
42	INTEREST EXPENSE	A	-85,203	OTHER ADMINISTRATIVE AND	6.06	
43	INTEREST EXPENSE	A	49,486	RADIOLOGY-DIAGNOSTIC	41	
44	INTEREST EXPENSE	A	-12	RENAL DIALYSIS	57	
45	INTEREST EXPENSE	A	-25	EMERGENCY	61	
46	MALPRACTICE INSURANCE FOR PHYSICIANS	A	44,807	NURSING ADMINISTRATION	14	
47	MALPRACTICE INSURANCE FOR PHYSICIANS	A	9,656	I&R SERVICES-SALARY & FRI	22	
48	MALPRACTICE INSURANCE FOR PHYSICIANS	A	7,276	SUBPROVIDER	31	
49	MALPRACTICE INSURANCE FOR PHYSICIANS	A	10,152	AMBULANCE SERVICES	65	
49.01	SURGICAL TECHNOLOGY PROGRAM MISC REV	B	-93,849	SURGICAL TECHNOLOGY PROGR	24.15	
49.02	ADULT & PEDIATRICS MISC REV	B	-394,902	ADULTS & PEDIATRICS	25	
49.03	OPERATING ROOM MISC REV	B	-24,690	OPERATING ROOM	37	
49.04	PULMONARY FUNCTION MISC REV	B	-4,455	PULMONARY FUNCTION TESTIN	40.01	
49.05	RADIOLOGY-DIAGNOSTIC MISC REV	B	-355,599	RADIOLOGY-DIAGNOSTIC	41	
49.06	RADIOLOGY-THERAPEUTIC MISC REV	B	-1,200	RADIOLOGY-THERAPEUTIC	42	
49.07	PHYSICIAN BILLNG COST	A	40	OTHER ADMINISTRATIVE AND	6.06	
49.08	PHYSICIAN BILLING COST	A	15,474	ELECTROENCEPHALOGRAPHY	54	
49.09	PHYSICIAN BILLING COST	A	8,423	DAY SURGERY	59.04	
49.10	IU REVENUE SHARE	A	-65,342,484	OTHER ADMINISTRATIVE AND	6.06	
49.11	BENEFIT EXPENSE	A	-74,198,334	EMPLOYEE BENEFITS	5	
49.12	DIETARY EXPENSE	B	-255,316	DIETARY	11	
49.13	NURSING ADMIN EXPENSE	B	-12,000	NURSING ADMINISTRATION	14	
49.14	PHARMACY EXPENSE	B	-227,410	PHARMACY	16	
49.15	SOCIAL SERVICE EXPENSE	B	-457	SOCIAL SERVICE	18	
49.16	I&R SERVICES-SALARY & FRINGES EXPENS	B	-676,689	I&R SERVICES-SALARY & FRI	22	
49.17	PARAMED ED CLINIC LAB EXPENSE	B	-83,561	PARAMED ED CLINIC LAB	24.01	
49.18	PARAMED RADIOLOGY-METH EXPENSE	B	-185,162	PARAMED RADIOLOGY-METHODI	24.02	
49.19	PARAMED RESPIRATORY THERAPY EXPENSE	B	-252,122	PARAMED RESPIRATORY THERA	24.03	
49.20	PARAMED EMERGENCY METH EXPENSE	B	-86,452	PARAMED EMERGENCY METHODI	24.05	
49.21	MEDICAL ASSISTING PROGRAM EXPENSE	B	36,457	MEDICAL ASSISTING PROGRAM	24.14	
49.22	LABORATORY EXPENSE	B	-7,169,454	LABORATORY	44	
49.23	BONE MARROW TRANSPLANT EXPENSE	B	125	BONE MARROW TRANSPLANT LA	44.02	
49.24	BLOOD BANK EXPENSE	B	-14,378	BLOOD STORING, PROCESSING	47	
49.25	SPEECH PATHOLOGY EXPENSE	B	-25	SPEECH PATHOLOGY	52	
49.26	ELECTROCARDIOLOGY EXPENSE	B	-30,547	ELECTROCARDIOLOGY	53	
49.27	ELECTROENCEPHALOGRAPHY EXPENSE	B	-1,481	ELECTROENCEPHALOGRAPHY	54	
49.28	RENAL DIALYSIS EXPENSE	B	-5,357	RENAL DIALYSIS	57	
49.29	CARDIOLOGY EXPENSE	B	-89,023	CARDIOLOGY	59.01	
49.30	AMB SVC-OPTHALMOLOGY EXPENSE	B	-64,839	AMB SVC-OPTHALMOLOGY	60.03	
49.31	AMB SVC-DIABETES ADULT EXPENSE	B	-7,179	SOCIAL SERVICE	18	
49.32	AMB SVC-RILEY CLINICS EXPENSE	B	-17,391	AMB SVC-RILEY CLINICS	60.07	
49.33	RESEARCH	A	-5,518,263	RESEARCH	97	
49.34	OTHER NONREIMBURSABLE-METHODIST	A	-8,566,864	OTHER NONREIMBURSABLE-MET	98.01	
49.35	OTHER NONREIMBURSABLE-IUMC	A	-1,310,778	OTHER NONREIMBURSABLE-IUM	98.04	
49.36	ARTHRITIS CLINIC - NR	A	-1,692,921	ARTHRITIS CLINIC - NR	98.15	
49.37	CARDIO PHYSICIANS	A	-94,829	CARDIO PHYSICIANS	98.16	
49.38	NONPATIENT TELEPHONES	A	-4,286,561	NONPATIENT TELEPHONES	6.01	
49.39	PARKING GARAGES	A	-447,080	NEW CAP REL COSTS-BLDG &	3	9
49.40	PARKING GARAGES	A	-46,278	NEW CAP REL COSTS-BLDG &	3	9
49.41	PARKING GARAGES	A	-134,262	OPERATION OF PLANT	8	
49.42	BAD DEBT EXPENSE	A	-78,009,979	OTHER ADMINISTRATIVE AND	6.06	
49.43	BAD DEBT EXPENSE	A	-394,779	OTHER NONREIMBURSABLE-MET	98.01	
49.44	FQHC INTEREST INCOME	B	-168,057	FEDERALLY QUALIFIED HEALT	63.60	
49.45	FQHC MISC. INCOME	B	-24,457	FEDERALLY QUALIFIED HEALT	63.60	
49.46	FQHC HOSPITALIST PRO FEES	A	-1,400,000	FEDERALLY QUALIFIED HEALT	63.60	

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
49.47	FQHC MISC REVENUE #2	B	-33,717	FEDERALLY QUALIFIED HEALT	63.60	
49.48	FQHC BAD DEBT	A	-1,348,011	FEDERALLY QUALIFIED HEALT	63.60	
49.49	IOPO PAYMENTS	A	178,948	ORGAN PROC ORG	98.03	
49.50						
50	TOTAL (SUM OF LINES 1 THRU 49)		145,635,341			

(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

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-INTERES 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &	26,916,508			26,916,508			
003	01	NEW CAP REL COSTS-INTERES	28,188,266				28,188,266		
004		NEW CAP REL COSTS-MVBLE E	77,039,253					77,039,253	
005		EMPLOYEE BENEFITS	37,611,468			328,748	344,281	38,083	38,322,580
006	01	NONPATIENT TELEPHONES	2,932,246			44,537	46,642	163,557	31,777
006	02	DATA PROCESSING	57,849,091			631,556	661,396	34,344,474	1,102,547
006	03	PURCHASING, RECEIVING, &	4,984,677			59,337	62,141	176,268	260,282
006	04	ADMITTING	8,425,552			48,037	50,307	5,091	482,763
006	05	CASHIERING	26,587,940			568,156	595,000	918,944	735,956
006	06	OTHER ADMINISTRATIVE AND	187,332,528			1,825,737	1,912,000	2,031,522	2,407,366
007		MAINTENANCE & REPAIRS	18,741,330			948,099	992,895	3,663,349	264,223
008		OPERATION OF PLANT	44,414,180			2,902,309	3,039,438	2,059,624	589,848
008	01	IU LEASED SPACE	122,988						
009		LAUNDRY & LINEN SERVICE	3,875,261			198,227	207,593	34,469	39,087
010		HOUSEKEEPING							
010	01	HOUSEKEEPING - UNIVERSITY	3,762,325			59,116	61,910	53,966	169,380
010	02	HOUSEKEEPING - RILEY	3,146,409			39,652	41,526	23,289	141,365
010	03	HOUSEKEEPING - METHODIST	8,371,722			166,811	174,693	55,787	376,328
011		DIETARY	8,593,448			205,795	215,519	448,500	407,149
012		CAFETERIA	1,511,700			398,607	417,440	195,892	50,467
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	22,457,284			164,366	172,132	1,935,264	1,143,682
015		CENTRAL SERVICES & SUPPLY	14,490,492			197,206	206,523	255,172	239,841
016		PHARMACY	81,479,592			274,004	286,950	405,491	1,052,904
017		MEDICAL RECORDS & LIBRARY	9,815,106			406,302	425,499	1,320,796	344,615
018		SOCIAL SERVICE	4,173,214			45,399	47,544	1,754	180,139
019		PATIENT TRANSPORTATION	2,125,460			10,108	10,585	7,697	123,568
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI	32,900,086			259,027	271,266	26,486	1,605,441
023		I&R SERVICES-OTHER PRGM C	10,274,709			9,517	9,967		5,055
024		PARAMED ED PRGM	7,010			5,299	5,550	42,831	70
024	01	PARAMED ED CLINIC LAB	1,129,574			36,550	38,277	8,371	64,200
024	02	PARAMED RADIOLOGY-METHODI	189,285			983	1,029		21,005
024	03	PARAMED RESPIRATORY THERA	250,547			2,037	2,133		25,640
024	04	DIETARY INTERNSHIP PROG	71,995						4,278
024	05	PARAMED EMERGENCY METHODI	354,763			9,776	10,238		25,422
024	06	PARAMED PASTORAL ED	536,334			1,982	2,075		31,016
024	07	PARAMED PHYSICAL THERAPY	201,749						11,987
024	08	PARAMED OCCUP THERAPY	196,664						11,685
024	09	PARAMED PERFUSION							
024	10	PARAMED PHARMACY							
024	11	PARAMED NEUROPHYSIOLOGY							
024	12	RADIATION THERAPY ED-IUMC	661,441						39,351
024	13	NUCLEAR MED ED-IUMC	91,101						5,413
024	14	MEDICAL ASSISTING PROGRAM	220,253			10,853	11,366		8,930
024	15	SURGICAL TECHNOLOGY PROGR	52,413			1,016	1,064	6,332	8,256
024	16	PARAMED SPEECH	24,810						1,474
024	17	PARAMED ED PRGM							
024	18	PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	135,143,429			3,042,213	3,185,951	2,177,239	7,306,951
026		INTENSIVE CARE UNIT	16,108,551			211,172	221,149	265,030	866,174
027		CORONARY CARE UNIT	12,521,627			233,314	244,337	33,155	656,191
027	01	NEONATAL INTENSIVE CARE U	4,466,136			43,461	45,514	161,191	261,600
028		BURN INTENSIVE CARE UNIT	1,413,410			22,070	23,113	88,112	81,251
029		SURGICAL INTENSIVE CARE U							
029	02	UH SURG 6IC	5,874,861			103,836	108,742	198,925	285,722
029	03	UH NS 3IC	2,500,795			37,836	39,624	7,262	131,592
029	04	RH PED IC	9,713,605			157,692	165,142	51,425	511,768
029	07	PEDIATRIC CANCER CENTER	1,446,389			32,354	33,883	551	77,474
031		SUBPROVIDER	5,094,682			115,235	120,680	16,053	257,471
033		NURSERY	3,149,850			53,464	55,990	123,324	170,638
034		SKILLED NURSING FACILITY							
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	101,239,137			1,280,435	1,340,933	5,938,192	1,874,716
037	01	ENDOSCOPY	2,303,787			32,073	33,588	219,337	69,128
038		RECOVERY ROOM	9,210,153			233,126	244,141	76,913	514,454
039		DELIVERY ROOM & LABOR ROO	7,883,720			321,958	337,170	178,174	413,091
040		ANESTHESIOLOGY	9,659,336			12,387	12,973	683,524	153,385
040	01	PULMONARY FUNCTION TESTIN	3,014,539			122,837	128,641	184,908	153,513
041		RADIOLOGY-DIAGNOSTIC	39,782,417			1,048,082	1,097,602	8,289,835	1,393,850
042		RADIOLOGY-THERAPEUTIC	5,425,909			222,715	233,238	1,879,747	251,031
043		RADIOISOTOPE	3,527,838			98,995	103,672	295,549	72,478
044		LABORATORY	46,375,267			1,205,696	1,262,663	1,251,614	1,325,352
044	01	TRANSPLANT IMMUNOLOGY	3,365,590			39,911	41,797	18,876	53,535
044	02	BONE MARROW TRANSPLANT LA	1,596,257			68,650	71,894	49,390	50,596
045		PBP CLINICAL LAB SERVICES							
046		WHOLE BLOOD & PACKED RED							
047		BLOOD STORING, PROCESSING	20,275,700			66,823	69,980	35,354	197,218
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	23,288,409			120,883	126,594	611,717	1,156,089
050		PHYSICAL THERAPY	6,216,979			140,446	147,082	28,179	330,816
051		OCCUPATIONAL THERAPY	1,854,215			111,802	117,084	811	103,522
052		SPEECH PATHOLOGY	4,654,154			127,893	133,936	65,272	159,705
053		ELECTROCARDIOLOGY	3,476,692			46,773	48,983	166,552	159,598
054		ELECTROENCEPHALOGRAPHY	2,724,785			57,289	59,996	51,604	103,561
055		MEDICAL SUPPLIES CHARGED	415,586			17,775	18,615	9	14,036
056		DRUGS CHARGED TO PATIENTS							
056	01	RENAL-RILEY							

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-INTERES 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	12,722,681			212,315	222,346	276,703	398,671
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC	676,483					53,487	33,885
059	01	CARDIOLOGY	13,214,008			63,985	67,009	821,801	119,595
059	02	PSYCH OTHER ANCILLARY	1,058,058			15,672	16,412	2,826	37,554
059	03	CARDIAC CATHERIZATION	9,457,756			183,228	191,886	1,030,202	179,774
059	04	DAY SURGERY	4,724,791			298,248	312,340	77,129	256,669
059	05	ONCOLOGY	977,787			66,365	69,500	21,851	36,301
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN	1,232,249			89,097	93,307	144,326	65,968
060	02	MEDICINE/DIAGNOSTIC	3,196,684			165,370	173,184	9,910	147,968
060	03	AMB SVC-OPTHALMOLOGY	274,533			46,381	48,573	34,762	15,545
060	04	AMB SVC-PSYCH ADULT	566,845			109,384	114,552	104	31,096
060	06	OUTPATIENT SURGERY	1,260,764			49,484	51,822	70,717	72,190
060	07	AMB SVC-RILEY CLINICS	5,874,307			181,628	190,209	22,497	264,494
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	126,586			1,485	1,555	16,193	3,960
060	10	AMB SVC-PSYCH CHILD	337,510			13,486	14,123		16,686
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	402,010			25,575	26,784	7,457	31,760
060	15	SLEEP DISORDER CENTER	1,894,857			81,098	84,930	8,219	99,415
060	16	O/P CLINIC-ADULT	355,229			55,363	57,978	416	17,886
060	17	O/P CLINIC-PEDIATRIC	1,031,489			91,200	95,509	42,710	55,019
060	19	NEUROLOGY UH	735,711			38,708	40,537	41,983	41,762
060	20	ORTHOPEDICS UH	374,874			43,058	45,092		21,893
060	21	AMB SVC-UH PHYSICAL MEDIC	23,945						1,528
060	22	AMB SVC-DERMATOLOGY CLINI	393,301			33,856	35,455	1,240	18,206
060	24	IU CANCER PAVILLION	661,817			116,196	121,686	4,280	38,651
060	25	CARDIO CLINIC	213,812			24,101	25,240	167	11,700
061		EMERGENCY	21,573,025			392,904	411,468	409,201	1,028,674
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT	27,945,380						1,266,997
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS	1,284,932			4,019	4,209		4,445
065		AMBULANCE SERVICES	12,165,643			475	497	358,065	331,016
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	29,808,800			141,390	148,071	7,637	724,353
082		LUNG ACQUISITION	1,632,340			6,442	6,747	11,874	16,085
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	7,166,317			18,841	19,731	49,760	84,803
084		LIVER ACQUISITION	7,739,179			2,539	2,659	22,959	54,229
085		HEART ACQUISITION	1,025,669			3,009	3,151	1,817	11,401
085	01	PANCREAS ACQUISITION	2,815,380			1,375	1,439	18,734	6,109
085	02	INTESTINE ACQUISITION	965,833			375	393	2,768	3,967
086		OTHER ORGAN ACQUISITION	3,706,481					77,793	173,701
086	01	POST TRANSPLANT EXPENSES				29,771	31,177		
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	3,802,900			11,813	12,372	31,197	102,020
095		SUBTOTALS	1,409,254,545			21,906,581	22,941,629	75,051,618	36,994,992
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	437			78,614	82,328		505
097		RESEARCH	5,175,108			212,563	222,606	912,594	405,986
097	01	RESEARCH-GCRC	222,042			90,731	95,018	6,727	16
098		PHYSICIANS' PRIVATE OFFIC	3,177,979						
098	01	OTHER NONREIMBURSABLE-MET	28,985,612			818,080	856,733	187,952	644,408
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM	165,735			1,502	1,572		9,077
098	05	AOC-PRIVATE PHYSICIANS	656,085			1,942,248	2,034,016	8,079	14
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI	486,857					822,933	21,337
098	09	MHH NON-REIMBURSABLE LABO	556,962			364	382	4,798	21,159
098	10	SURGERY CENTER							
098	11	UNUSED SPACE				1,813,051	1,898,715		
098	12	RHI LAB	399,961						
098	13	NONALLOWABLE FQHC	2,121,659						
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR	5,462,070					13,753	185,561
098	16	CARDIO PHYSICIANS	784,476			52,774	55,267	30,799	39,525
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	1,457,449,528			26,916,508	28,188,266	77,039,253	38,322,580

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE AND
		6.01	6.02	6.03	6.04	6.05	6a.05	6.06
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES	3,218,759						
006 02	DATA PROCESSING	270,971	94,860,035					
006 03	PURCHASING, RECEIVING, &	16,675	536,606	6,095,986				
006 04	ADMITTING	40,993	1,319,157		10,371,900			
006 05	CASHIERING	172,541	5,552,383			35,130,920		
006 06	OTHER ADMINISTRATIVE AND	349,946	11,261,275	7,425			207,127,799	207,127,799
007	MAINTENANCE & REPAIRS	25,013	804,909	2			25,439,820	4,214,361
008	OPERATION OF PLANT	59,752	1,922,839	10			54,988,000	9,109,312
008 01	IU LEASED SPACE						122,988	20,374
009	LAUNDRY & LINEN SERVICE	3,242	104,340	4,353			4,466,572	739,932
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY	12,275	395,002				4,513,974	747,785
010 02	HOUSEKEEPING - RILEY	2,779	89,434				3,484,454	577,235
010 03	HOUSEKEEPING - METHODIST	10,422	335,379				9,491,142	1,572,303
011	DIETARY	18,528	596,229	5,147			10,490,315	1,737,826
012	CAFETERIA	14,128	454,625				3,042,859	504,080
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	47,941	1,542,743	1,844			27,465,256	4,549,894
015	CENTRAL SERVICES & SUPPLY	18,296	588,776	169,693	50,193	111,984	16,328,176	2,704,926
016	PHARMACY	52,341	1,684,347	73,860	1,231,303	3,200,197	89,740,989	14,866,492
017	MEDICAL RECORDS & LIBRARY	57,205	1,840,857	74			14,210,454	2,354,104
018	SOCIAL SERVICE	18,991	611,135	703			5,078,879	841,367
019	PATIENT TRANSPORTATION	8,338	268,303	817			2,554,876	423,241
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	69,480	2,235,859	5,074			37,372,719	6,191,165
023	I&R SERVICES-OTHER PRGM C	3,474	111,793	63			10,414,578	1,725,279
024	PARAMED ED PRGM	1,158	37,264	22			99,204	16,434
024 01	PARAMED ED CLINIC LAB	8,106	260,850	1,551			1,547,479	256,355
024 02	PARAMED RADIOLOGY-METHODI	1,158	37,264	47			250,771	41,543
024 03	PARAMED RESPIRATORY THERA	463	14,906	181			295,907	49,020
024 04	DIETARY INTERNSHIP PROG						76,273	12,635
024 05	PARAMED EMERGENCY METHODI	1,390	44,717	59			446,365	73,945
024 06	PARAMED PASTORAL ED	2,316	74,529	82			648,334	107,403
024 07	PARAMED PHYSICAL THERAPY						213,736	35,408
024 08	PARAMED OCCUP THERAPY						208,349	34,515
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC						700,792	116,093
024 13	NUCLEAR MED ED-IUMC						96,514	15,989
024 14	MEDICAL ASSISTING PROGRAM	1,158	37,264	122			289,946	48,032
024 15	SURGICAL TECHNOLOGY PROGR	463	14,906	28			84,478	13,995
024 16	PARAMED SPEECH						26,284	4,354
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	393,483	12,662,413	399,283	1,770,807	3,884,339	169,966,108	28,156,082
026	INTENSIVE CARE UNIT	45,162	1,453,308	49,776	212,118	463,025	19,895,465	3,295,883
027	CORONARY CARE UNIT	38,909	1,252,081	49,575	144,976	316,466	15,490,631	2,566,178
027 01	NEONATAL INTENSIVE CARE U	9,727	313,020	12,955	84,794	185,108	5,583,506	924,964
028	BURN INTENSIVE CARE UNIT	5,558	178,869	1,280	18,257	39,848	1,871,768	310,077
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	24,318	782,551	37,103	67,379	147,085	7,630,522	1,264,072
029 03	UH NS 3IC	3,706	119,246	9,697	28,905	63,127	2,941,790	487,337
029 04	RH PED IC	20,612	663,305	39,704	120,771	263,636	11,707,660	1,939,491
029 07	PEDIATRIC CANCER CENTER	3,937	126,699	5,303	17,043	37,224	1,780,857	295,017
031	SUBPROVIDER	17,833	573,870	2,100	39,940	88,923	6,326,787	1,048,096
033	NURSERY	6,022	193,774	8,540	65,917	143,894	3,971,413	657,904
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	134,327	4,322,660	2,494,211	1,742,740	5,704,118	126,071,469	20,885,000
037 01	ENDOSCOPY	8,338	268,303	36,412	35,717	120,921	3,127,604	518,119
038	RECOVERY ROOM	34,740	1,117,929	19,342	94,587	462,924	12,008,309	1,989,296
039	DELIVERY ROOM & LABOR ROO	36,361	1,170,099	29,025	182,936	420,074	10,972,608	1,817,722
040	ANESTHESIOLOGY	9,264	298,115	217,440	101,374	301,903	11,449,701	1,896,757
040 01	PULMONARY FUNCTION TESTIN	14,128	454,625	13,504	9,764	170,154	4,266,613	706,807
041	RADIOLOGY-DIAGNOSTIC	157,024	5,053,041	426,582	894,634	4,700,750	62,843,817	10,410,707
042	RADIOLOGY-THERAPEUTIC	15,054	484,436	14,971	17,617	595,859	9,140,577	1,514,228
043	RADIOISOTOPE	12,506	402,455	73,653	25,562	210,007	4,822,715	798,931
044	LABORATORY	120,431	3,875,489	571,384	1,194,678	4,525,674	61,708,248	10,222,588
044 01	TRANSPLANT IMMUNOLOGY	1,621	52,170	32,281	12,220	132,070	3,750,071	621,237
044 02	BONE MARROW TRANSPLANT LA	6,253	201,227	26,663	7,579	52,807	2,131,316	353,074
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	8,801	283,209	22,542	231,360	592,793	21,783,780	3,608,701
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	23,391	752,739	139,931	691,162	1,570,361	28,481,276	4,718,208
050	PHYSICAL THERAPY	11,812	380,096	12,605	69,070	268,685	7,605,770	1,259,972
051	OCCUPATIONAL THERAPY	12,043	387,549	4,237	25,630	88,039	2,704,932	448,099
052	SPEECH PATHOLOGY	24,549	790,003	71,447	16,088	144,378	6,187,425	1,025,009
053	ELECTROCARDIOLOGY	16,675	536,606	7,572	160,834	472,258	5,092,543	843,631
054	ELECTROENCEPHALOGRAPHY	11,812	380,096	6,742	33,349	120,820	3,550,054	588,102
055	MEDICAL SUPPLIES CHARGED	1,853	59,623	6,378	686	15,769	550,330	91,168
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

		COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE AND
			6.01	6.02	6.03	6.04	6.05	6a.05	6.06
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	27,792	894,344	102,951	74,563	595,325	15,527,691	2,572,317
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC	463	14,906	3,938	6,485	14,156	803,803	133,158
059	01	CARDIOLOGY	8,106	260,850	380,630	163,999	864,786	15,964,769	2,644,724
059	02	PSYCH OTHER ANCILLARY	8,106	260,850	815	2,137	10,497	1,412,927	234,065
059	03	CARDIAC CATHERIZATION	30,339	976,325	224,037	238,944	756,166	13,268,657	2,198,086
059	04	DAY SURGERY	18,528	596,229	12,755	4,003	37,540	6,338,232	1,049,992
059	05	ONCOLOGY	3,706	119,246	386	91	22,192	1,317,425	218,245
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN	15,749	506,795	3,892	3,600	54,496	2,209,479	366,022
060	02	MEDICINE/DIAGNOSTIC	32,192	1,035,948	7,111	452	51,289	4,820,108	798,499
060	03	AMB SVC-OPTHALMOLOGY	2,779	89,434	478	105	16,246	528,836	87,607
060	04	AMB SVC-PSYCH ADULT	8,338	268,303	1,052	5	18,092	1,117,771	185,170
060	06	OUTPATIENT SURGERY	8,569	275,756	1,866	3,047	44,240	1,838,455	304,558
060	07	AMB SVC-RILEY CLINICS	51,647	1,661,988	13,038	1,362	86,123	8,347,293	1,382,813
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	232	7,453	2,210	92	4,568	164,334	27,224
060	10	AMB SVC-PSYCH CHILD	4,400	141,604	79	2	6,730	534,620	88,565
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	4,632	149,057	117	5	1,225	648,622	107,451
060	15	SLEEP DISORDER CENTER	13,664	439,719	2,504	601	97,287	2,722,294	450,975
060	16	O/P CLINIC-ADULT	5,558	178,869	176	10	2,051	673,536	111,578
060	17	O/P CLINIC-PEDIATRIC	9,496	305,567	870	7	15,126	1,646,993	272,841
060	19	NEUROLOGY UH	7,643	245,944	564	8	6,839	1,159,699	192,116
060	20	ORTHOPEDICS UH	7,643	245,944	353	13	4,488	743,358	123,145
060	21	AMB SVC-UH PHYSICAL MEDIC			2		133	25,608	4,242
060	22	AMB SVC-DERMATOLOGY CLINI	1,390	44,717	2,533	5	8,332	539,035	89,297
060	24	IU CANCER PAVILLION			958	4	2,856	946,448	156,789
060	25	CARDIO CLINIC	4,400	141,604	201	28	2,262	423,515	70,159
061		EMERGENCY	95,419	3,070,579	105,248	244,091	1,639,886	28,970,495	4,799,252
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT	23,160	745,286			180,148	30,160,971	4,996,466
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS	463	14,906	43,275	42	74,934	1,431,225	237,097
065		AMBULANCE SERVICES	16,212	521,700	5,042	240	317,289	13,716,179	2,272,222
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	93,797	3,018,409	1			33,942,458	5,622,908
082		LUNG ACQUISITION	1,158	37,264	17	12,618	27,545	1,752,090	290,251
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	13,201	424,813	200	103,261	225,658	8,106,585	1,342,937
084		LIVER ACQUISITION	6,022	193,774	92	68,864	150,326	8,240,643	1,365,145
085		HEART ACQUISITION	463	14,906	7	6,413	14,001	1,080,837	179,051
085	01	PANCREAS ACQUISITION	5,095	163,963	75	27,297	59,589	3,099,056	513,390
085	02	INTESTINE ACQUISITION	695	22,359	11	9,516	20,772	1,026,689	170,081
086		OTHER ORGAN ACQUISITION			10,102			3,968,077	657,352
086	01	POST TRANSPLANT EXPENSES	20,844	670,758	313			752,863	124,719
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	12,043	387,549	2,488		82,507	4,444,889	736,340
095		SUBTOTALS	3,083,737	90,515,015	6,043,782	10,371,900	35,130,920	1,391,150,512	196,144,703
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	4,169	134,152	32			300,237	49,737
097		RESEARCH	37,519	1,207,364	29,670			8,203,410	1,358,977
097	01	RESEARCH-GCRC	3,937	126,699	1,832			547,002	90,616
098		PHYSICIANS' PRIVATE OFFIC						3,177,979	526,464
098	01	OTHER NONREIMBURSABLE-MET	73,880	2,377,463	11,252			33,955,380	5,625,048
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG			1,434			1,434	238
098	04	OTHER NONREIMBURSABLE-IUM			3			177,889	29,469
098	05	AOC-PRIVATE PHYSICIANS	463	14,906				4,655,811	771,282
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI			762			1,331,889	220,641
098	09	MHH NON-REIMBURSABLE LABO			3,777			587,442	97,316
098	10	SURGERY CENTER							
098	11	UNUSED SPACE						3,711,766	614,891
098	12	RHI LAB						399,961	66,258
098	13	NONALLOWABLE FQHC						2,121,659	351,474
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR	6,716	216,133	2,714			5,886,947	975,232
098	16	CARDIO PHYSICIANS	8,338	268,303	728			1,240,210	205,453
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	3,218,759	94,860,035	6,095,986	10,371,900	35,130,920	1,457,449,528	207,127,799

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY
		7	8	8.01	9	10	10.01	10.02
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	29,654,181						
008	OPERATION OF PLANT	3,831,557	67,928,869					
008 01	IU LEASED SPACE			143,362				
009	LAUNDRY & LINEN SERVICE	261,694	688,412		6,156,610			
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY	78,044	205,302				5,545,105	
010 02	HOUSEKEEPING - RILEY	52,348	137,705					4,251,742
010 03	HOUSEKEEPING - METHODIST	220,220	579,310					
011	DIETARY	271,686	714,695				61,829	17,339
012	CAFETERIA	526,231	1,384,301				150,275	151,215
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	216,992	570,817		5,706		26,507	49,131
015	CENTRAL SERVICES & SUPPLY	260,346	684,865		60,268		61,698	49,573
016	PHARMACY	361,733	951,573				120,685	49,268
017	MEDICAL RECORDS & LIBRARY	536,390	1,411,025	143,362			33,073	7,539
018	SOCIAL SERVICE	59,934	157,662		1,695		13,126	18,099
019	PATIENT TRANSPORTATION	13,344	35,102				4,808	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	341,961	899,562		43,216		34,632	27,516
023	I&R SERVICES-OTHER PRGM C	12,564	33,051					
024	PARAMED ED PRGM	6,996	18,404					
024 01	PARAMED ED CLINIC LAB	48,252	126,931					
024 02	PARAMED RADIOLOGY-METHODI	1,297	3,412					
024 03	PARAMED RESPIRATORY THERA	2,689	7,074					
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	12,907	33,952					
024 06	PARAMED PASTORAL ED	2,616	6,882					
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM	14,328	37,690					
024 15	SURGICAL TECHNOLOGY PROGR	1,341	3,527					
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	4,016,255	10,565,148		3,213,563		879,845	806,930
026	INTENSIVE CARE UNIT	278,784	733,368		192,535			
027	CORONARY CARE UNIT	308,015	810,263		226,917		101,993	
027 01	NEONATAL INTENSIVE CARE U	57,376	150,933		142,368			
028	BURN INTENSIVE CARE UNIT	29,136	76,646		52,637			25,982
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	137,082	360,607		91,861		129,742	
029 03	UH NS 3IC	49,950	131,398		43,976		47,275	
029 04	RH PED IC	208,181	547,639		199,195			185,646
029 07	PEDIATRIC CANCER CENTER	42,713	112,361		37,848			38,090
031	SUBPROVIDER	152,131	400,195		57,625			
033	NURSERY	70,581	185,671				66,802	
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,690,399	4,446,755		177,552		509,979	205,559
037 01	ENDOSCOPY	42,342	111,384		24,745			
038	RECOVERY ROOM	307,767	809,611		111,605		23,362	30,662
039	DELIVERY ROOM & LABOR ROO	425,041	1,118,111		242,096		99,455	
040	ANESTHESIOLOGY	16,354	43,020				1,055	1,820
040 01	PULMONARY FUNCTION TESTIN	162,166	426,593		27,465		21,030	97,665
041	RADIOLOGY-DIAGNOSTIC	1,383,652	3,639,828		195,740		391,667	287,685
042	RADIOLOGY-THERAPEUTIC	294,023	773,455		29,810		148,841	
043	RADIOISOTOPE	130,691	343,794		17,387		53,180	14,765
044	LABORATORY	1,591,731	4,187,199		51,453		94,923	98,224
044 01	TRANSPLANT IMMUNOLOGY	52,690	138,606					36,023
044 02	BONE MARROW TRANSPLANT LA	90,630	238,411				63,236	21,238
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	88,218	232,065		8,135		9,663	1,352
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	159,586	419,807		2,169		26,459	32,442
050	PHYSICAL THERAPY	185,414	487,749		25,519		22,389	16,709
051	OCCUPATIONAL THERAPY	147,598	388,271				20,989	28,887
052	SPEECH PATHOLOGY	168,842	444,154		2,358		31,535	105,346
053	ELECTROCARDIOLOGY	61,749	162,436		9,007		1,973	
054	ELECTROENCEPHALOGRAPHY	75,632	198,957		5,037		31,135	17,826
055	MEDICAL SUPPLIES CHARGED	23,466	61,731					20,926
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

		COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY
			7	8	8.01	9	10	10.01	10.02
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	280,293	737,336		25,245		170,209	36,654
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC							
059	01	CARDIOLOGY	84,472	222,211				17,513	58,828
059	02	PSYCH OTHER ANCILLARY	20,690	54,427					
059	03	CARDIAC CATHERIZATION	241,894	636,324		41,117		21,520	
059	04	DAY SURGERY	393,740	1,035,772		120,304		191,191	133,512
059	05	ONCOLOGY	87,613	230,474					
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN	117,624	309,420		41,731		111,325	
060	02	MEDICINE/DIAGNOSTIC	218,318	574,306		13,355		206,628	
060	03	AMB SVC-OPTHALMOLOGY	61,231	161,075				57,953	
060	04	AMB SVC-PSYCH ADULT	144,406	379,874				48,000	
060	06	OUTPATIENT SURGERY	65,327	171,849		4,234		48,779	
060	07	AMB SVC-RILEY CLINICS	239,780	630,765		18,586			213,825
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	1,960	5,157					1,748
060	10	AMB SVC-PSYCH CHILD	17,804	46,835		1,593			15,877
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	33,764	88,819					
060	15	SLEEP DISORDER CENTER	107,064	281,641				30,211	
060	16	O/P CLINIC-ADULT	73,088	192,266					
060	17	O/P CLINIC-PEDIATRIC	120,400	316,724		6,083			
060	19	NEUROLOGY UH	51,101	134,427		6,514		48,365	
060	20	ORTHOPEDICS UH	56,844	149,534				53,800	
060	21	AMB SVC-UH PHYSICAL MEDIC							
060	22	AMB SVC-DERMATOLOGY CLINI	44,696	117,576				42,302	
060	24	IU CANCER PAVILLION	153,399	403,531				66,747	
060	25	CARDIO CLINIC	31,818	83,701					
061		EMERGENCY	518,703	1,364,497		394,391		31,128	122,815
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS	5,305	13,956				5,021	
065		AMBULANCE SERVICES	627	1,649					559
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	186,660	491,027				1,076	7,292
082		LUNG ACQUISITION	8,505	22,373					
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	24,873	65,431				3,683	
084		LIVER ACQUISITION	3,352	8,819				3,173	
085		HEART ACQUISITION	3,972	10,448					
085	01	PANCREAS ACQUISITION	1,815	4,774				1,717	
085	02	INTESTINE ACQUISITION	496	1,304				469	
086		OTHER ORGAN ACQUISITION							
086	01	POST TRANSPLANT EXPENSES	39,303	103,389				8,263	
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	15,596	41,026					
095		SUBTOTALS	23,040,198	50,530,157	143,362	5,972,641		4,452,234	3,034,567
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	103,784	273,014				14,023	32,533
097		RESEARCH	280,621	738,199		5,011		5,394	
097	01	RESEARCH-GCRC	119,781	315,095		27,688		113,367	
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET	1,080,009	2,841,068		151,270		42,833	3,418
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM	1,982	5,215					
098	05	AOC-PRIVATE PHYSICIANS	2,564,108	6,745,130				592,107	1,132,996
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO	481	1,265					
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	2,393,546	6,296,451				325,147	48,228
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS	69,671	183,275					
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	29,654,181	67,928,869	143,362	6,156,610		5,545,105	4,251,742

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		10.03	11	12	13	14	15	16
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST	11,862,975						
011	DIETARY	170,870	13,464,560					
012	CAFETERIA	217,915		5,976,876				
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	147,444		197,387		33,229,134		
015	CENTRAL SERVICES & SUPPLY	153,695		77,006		3,271	20,383,824	
016	PHARMACY	168,671		191,959		31,554	254,856	106,737,780
017	MEDICAL RECORDS & LIBRARY	435,710		103,112			254	68
018	SOCIAL SERVICE	28,386		42,514			2,426	
019	PATIENT TRANSPORTATION	9,109		52,265		106	2,818	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	302,303		428,947		116,190	17,507	205
023	I&R SERVICES-OTHER PRGM C	13,836		1,433			216	
024	PARAMED ED PRGM	7,704					76	
024 01	PARAMED ED CLINIC LAB	53,136		12,397		844	5,351	4,759
024 02	PARAMED RADIOLOGY-METHODI	1,429		3,705			163	
024 03	PARAMED RESPIRATORY THERA	2,961		4,872			626	9
024 04	DIETARY INTERNSHIP PROG			976				
024 05	PARAMED EMERGENCY METHODI	14,213		6,115			203	
024 06	PARAMED PASTORAL ED	2,881		9,843			284	
024 07	PARAMED PHYSICAL THERAPY			2,158				
024 08	PARAMED OCCUP THERAPY			2,676				
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC			7,281				
024 13	NUCLEAR MED ED-IUMC			839				
024 14	MEDICAL ASSISTING PROGRAM	15,778		1,548			420	
024 15	SURGICAL TECHNOLOGY PROGR	1,477		1,532			96	
024 16	PARAMED SPEECH			259				
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,182,860	11,076,888	1,408,917		15,018,400	1,377,734	72,236
026	INTENSIVE CARE UNIT	307,005	222,791	162,780		1,927,006	171,752	4,707
027	CORONARY CARE UNIT	220,515	902,425	113,779		1,389,534	171,058	4,662
027 01	NEONATAL INTENSIVE CARE U	63,184	72,358	46,349		556,995	44,703	565
028	BURN INTENSIVE CARE UNIT		57,156	14,372		152,176	4,416	4
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC		262,697	52,204		655,140	128,024	1,591
029 03	UH NS 3IC		91,852	23,209		269,528	33,458	125
029 04	RH PED IC		327,211	94,893		1,158,209	137,001	5,149
029 07	PEDIATRIC CANCER CENTER		45,077	16,202		156,609	18,300	106
031	SUBPROVIDER	167,531	276,025	49,787		343,822	7,245	734
033	NURSERY			45,533		371,471	29,468	466
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	842,399		399,441		2,591,221	8,606,162	770,888
037 01	ENDOSCOPY	46,628		12,458		103,526	125,640	
038	RECOVERY ROOM	231,494		95,495		1,005,821	66,741	3,199
039	DELIVERY ROOM & LABOR ROO	352,349		79,034		809,638	100,150	11,336
040	ANESTHESIOLOGY	14,534		30,101		205,048	750,281	1,421,364
040 01	PULMONARY FUNCTION TESTIN	33,506		32,640		66,063	46,595	55,417
041	RADIOLOGY-DIAGNOSTIC	495,748		279,662		434,684	1,471,929	258,446
042	RADIOLOGY-THERAPEUTIC	150,598		37,459		75,666	51,658	113,391
043	RADIOISOTOPE	63,818		11,475		21,001	254,141	166,616
044	LABORATORY	402,091		311,357		106	1,971,569	2,909
044 01	TRANSPLANT IMMUNOLOGY	13,531		10,628			111,385	
044 02	BONE MARROW TRANSPLANT LA			9,851		47,489	92,003	27,731
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	36,708		40,493		15,619	77,780	17,152
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	104,893		216,288		24,272	482,835	14,952
050	PHYSICAL THERAPY	152,909		69,283			43,493	4,116
051	OCCUPATIONAL THERAPY	102,445		29,483			14,620	848
052	SPEECH PATHOLOGY	19,149		34,439		15,408	246,529	4,202
053	ELECTROCARDIOLOGY	65,712		38,922		43,479	26,129	1,722
054	ELECTROENCEPHALOGRAPHY	25,047		20,571		7,176	23,263	6
055	MEDICAL SUPPLIES CHARGED			3,134			22,006	1
056	DRUGS CHARGED TO PATIENTS							91,092,547
056 01	RENAL-RILEY							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
			10.03	11	12	13	14	15	16
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	65,359		82,366		544,226	355,235	4,300,123
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC			3,820		42,213	13,588	
059	01	CARDIOLOGY			22,804		84,214	1,313,371	436
059	02	PSYCH OTHER ANCILLARY	22,784		1,090		15,091	2,811	2,957
059	03	CARDIAC CATHERIZATION	241,341	71,616	31,847		161,991	773,045	28,926
059	04	DAY SURGERY	5,008		53,310		508,240	44,012	177
059	05	ONCOLOGY	96,482		7,327		23,111	1,333	1,769
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN			15,683		81,365	13,431	17,010
060	02	MEDICINE/DIAGNOSTIC			44,077		177,187	24,536	488,954
060	03	AMB SVC-OPTHALMOLOGY			4,384		15,302	1,650	77,613
060	04	AMB SVC-PSYCH ADULT	103,167		8,036		29,021	3,631	1,251
060	06	OUTPATIENT SURGERY	15,184		16,385		24,167	6,438	7,952
060	07	AMB SVC-RILEY CLINICS			69,473		316,067	44,987	902,879
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB			1,144		15,830	7,627	
060	10	AMB SVC-PSYCH CHILD			3,965			272	
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	37,182		5,268		19,207	404	496
060	15	SLEEP DISORDER CENTER	82,750		20,830			8,641	67
060	16	O/P CLINIC-ADULT	80,487		4,506		20,051	608	28,920
060	17	O/P CLINIC-PEDIATRIC	132,588		8,806		59,625	3,003	30,768
060	19	NEUROLOGY UH			11,292		62,897	1,947	21,208
060	20	ORTHOPEDICS UH			7,396		18,996	1,218	7,607
060	21	AMB SVC-UH PHYSICAL MEDIC			457			6	
060	22	AMB SVC-DERMATOLOGY CLINI			5,886		21,528	8,741	19,597
060	24	IU CANCER PAVILLION			12,237		106	3,304	58
060	25	CARDIO CLINIC	35,039		2,913		10,342	693	52,430
061		EMERGENCY	366,137		213,482		2,177,749	363,159	18,829
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS			709		528	149,322	26,576
065		AMBULANCE SERVICES			60,743		334,218	17,396	79,476
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	25,778					3	
082		LUNG ACQUISITION	9,366		1,464		13,719	59	60
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	23,105		17,162		4,010	691	257
084		LIVER ACQUISITION			7,914		2,216	319	323
085		HEART ACQUISITION	4,374		625			25	25
085	01	PANCREAS ACQUISITION			6,458			260	263
085	02	INTESTINE ACQUISITION			953			38	39
086		OTHER ORGAN ACQUISITION			1,845		21,423	34,856	
086	01	POST TRANSPLANT EXPENSES	33,659		26,830			1,081	1,092
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	17,174		21,607		81,154	8,585	1,134,227
095		SUBTOTALS	9,239,136	13,406,096	5,744,157		32,502,866	20,203,690	101,314,594
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	44,894					110	
097		RESEARCH	302,752		70,625		419,171	102,378	5,649
097	01	RESEARCH-GCRC		58,464				6,323	603
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET	1,117,287		113,108		193,861	38,826	212,254
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG						4,947	
098	04	OTHER NONREIMBURSABLE-IUM	2,183		732		4,749	10	
098	05	AOC-PRIVATE PHYSICIANS	487,995						
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI			4,559			2,629	
098	09	MHH NON-REIMBURSABLE LABO			5,863			13,033	77
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	592,005						
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR			31,969		39,680	9,365	5,153,487
098	16	CARDIO PHYSICIANS	76,723		5,863		68,807	2,513	51,116
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	11,862,975	13,464,560	5,976,876		33,229,134	20,383,824	106,737,780

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
		17	18	19	20	21	22	23
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	19,235,091						
018	SOCIAL SERVICE		6,244,088					
019	PATIENT TRANSPORTATION			3,095,669				
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI						45,775,923	
023	I&R SERVICES-OTHER PRGM C							12,200,957
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,348,107	4,705,531	378,091			8,272,018	2,204,796
026	INTENSIVE CARE UNIT	279,902	347,339	45,070				
027	CORONARY CARE UNIT	191,306	235,702	30,804			112,421	29,964
027 01	NEONATAL INTENSIVE CARE U	111,899	157,372	18,018			1,471,390	392,179
028	BURN INTENSIVE CARE UNIT	24,088	29,409	3,879				
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	88,914	109,632	14,317			165,325	44,065
029 03	UH NS 3IC	38,161	47,834	6,145			331,476	88,350
029 04	RH PED IC	159,369	172,948	25,662			137,219	36,574
029 07	PEDIATRIC CANCER CENTER	22,502	34,263	3,623				
031	SUBPROVIDER	53,754	130,156	8,655			262,040	69,843
033	NURSERY	86,985	141,121	14,006				
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	3,448,639	2,662	553,744			6,218,688	1,657,508
037 01	ENDOSCOPY	73,098		11,770				
038	RECOVERY ROOM	279,840	18,950	45,060				
039	DELIVERY ROOM & LABOR ROO	253,937	97,823	40,889			840,676	224,071
040	ANESTHESIOLOGY	182,502		29,386			3,353,611	893,860
040 01	PULMONARY FUNCTION TESTIN	102,859		16,562			657,166	175,159
041	RADIOLOGY-DIAGNOSTIC	2,841,632		457,558			3,740,471	996,972
042	RADIOLOGY-THERAPEUTIC	360,201		57,999			434,804	115,891
043	RADIOISOTOPE	126,951		20,442			441,417	117,654
044	LABORATORY	2,735,798		440,517			2,207,911	588,489
044 01	TRANSPLANT IMMUNOLOGY	79,837		12,855				
044 02	BONE MARROW TRANSPLANT LA	31,922		5,140				
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	358,347		57,701				
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	949,293		152,855			62,823	16,745
050	PHYSICAL THERAPY	162,422		26,153			260,386	69,402
051	OCCUPATIONAL THERAPY	53,220		8,569				
052	SPEECH PATHOLOGY	87,277		14,053			595,995	158,855
053	ELECTROCARDIOLOGY	285,483		45,968			314,944	83,944
054	ELECTROENCEPHALOGRAPHY	73,036		11,760			484,401	129,111
055	MEDICAL SUPPLIES CHARGED	9,532		1,535				
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

		COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
			17	18	19	20	21	22	23
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	359,878		57,947			372,807	99,367
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC	8,557		1,378				
059	01	CARDIOLOGY	522,768		84,176			1,158,099	308,676
059	02	PSYCH OTHER ANCILLARY	6,346		1,022			69,436	18,507
059	03	CARDIAC CATHERIZATION	457,107	319	73,603			360,408	96,062
059	04	DAY SURGERY	22,693	12,502	3,654				
059	05	ONCOLOGY	13,415		2,160				
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN	32,943		5,305			1,247,375	332,471
060	02	MEDICINE/DIAGNOSTIC	31,005		4,992			1,243,242	331,369
060	03	AMB SVC-OPTHALMOLOGY	9,821		1,581			648,899	172,955
060	04	AMB SVC-PSYCH ADULT	10,937		1,761			190,950	50,895
060	06	OUTPATIENT SURGERY	26,743		4,306			1,263,081	336,657
060	07	AMB SVC-RILEY CLINICS	52,062		8,383			338,089	90,113
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	2,762		445				
060	10	AMB SVC-PSYCH CHILD	4,069		655			325,690	86,808
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	741		119			59,517	15,863
060	15	SLEEP DISORDER CENTER	58,810		9,470				
060	16	O/P CLINIC-ADULT	1,240		200			199,216	53,098
060	17	O/P CLINIC-PEDIATRIC	9,144		1,472			2,399,688	639,604
060	19	NEUROLOGY UH	4,134		666			377,767	100,689
060	20	ORTHOPEDICS UH	2,713		437			44,638	11,898
060	21	AMB SVC-UH PHYSICAL MEDIC	81		13				
060	22	AMB SVC-DERMATOLOGY CLINI	5,037		811			341,395	90,994
060	24	IU CANCER PAVILLION	1,727		278				
060	25	CARDIO CLINIC	1,367		220				
061		EMERGENCY	991,322	375	159,622			2,567,492	684,331
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT	108,901		17,535				
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS	45,298		7,294				
065		AMBULANCE SERVICES	191,803		30,884				
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION	16,651		2,681				
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	136,412		21,965				
084		LIVER ACQUISITION	90,873		14,632				
085		HEART ACQUISITION	8,463		1,363				
085	01	PANCREAS ACQUISITION	36,022		5,800				
085	02	INTESTINE ACQUISITION	12,557		2,022				
086		OTHER ORGAN ACQUISITION							
086	01	POST TRANSPLANT EXPENSES							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	49,876		8,031				
095		SUBTOTALS	19,235,091	6,243,938	3,095,669			43,572,971	11,613,789
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH						702,630	187,277
097	01	RESEARCH-GCRC		150					
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET						1,396,167	372,130
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM							
098	05	AOC-PRIVATE PHYSICIANS							
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO							
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR						104,155	27,761
098	16	CARDIO PHYSICIANS							
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	19,235,091	6,244,088	3,095,669			45,775,923	12,200,957

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIO LOGY-METHODI	PARAMED RESPI RATORY THERA	DIETARY INTER NSHIP PROG	PARAMED EMERG ENCY METHODI	PARAMED PASTO RAL ED
		24	24.01	24.02	24.03	24.04	24.05	24.06
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM	148,818						
024 01	PARAMED ED CLINIC LAB		2,055,504					
024 02	PARAMED RADIOLOGY-METHODI			302,320				
024 03	PARAMED RESPIRATORY THERA				363,158			
024 04	DIETARY INTERNSHIP PROG					89,884		
024 05	PARAMED EMERGENCY METHODI						587,700	
024 06	PARAMED PASTORAL ED							778,243
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	148,818				73,945		586,483
026	INTENSIVE CARE UNIT					1,487		43,291
027	CORONARY CARE UNIT					6,024		29,377
027 01	NEONATAL INTENSIVE CARE U					483		19,614
028	BURN INTENSIVE CARE UNIT					382		3,665
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC					1,754		13,664
029 03	UH NS 3IC					613		5,962
029 04	RH PED IC					2,184		21,556
029 07	PEDIATRIC CANCER CENTER					301		4,270
031	SUBPROVIDER					1,843		16,222
033	NURSERY							17,589
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							332
037 01	ENDOSCOPY							
038	RECOVERY ROOM							2,362
039	DELIVERY ROOM & LABOR ROO							12,192
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC			302,320				
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY		2,055,504					
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				363,158			
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

		COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIO LOGY-METHODI	PARAMED RESPI RATORY THERA	DIETARY INTER NSHIP PROG	PARAMED EMERG ENCY METHODI	PARAMED PASTO RAL ED
			24	24.01	24.02	24.03	24.04	24.05	24.06
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS							
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC							
059	01	CARDIOLOGY							
059	02	PSYCH OTHER ANCILLARY							
059	03	CARDIAC CATHERIZATION					478		40
059	04	DAY SURGERY							1,558
059	05	ONCOLOGY							
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN							
060	02	MEDICINE/DIAGNOSTIC							
060	03	AMB SVC-OPTHALMOLOGY							
060	04	AMB SVC-PSYCH ADULT							
06	06	OUTPATIENT SURGERY							
060	07	AMB SVC-RILEY CLINICS							
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB							
060	10	AMB SVC-PSYCH CHILD							
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC							
060	15	SLEEP DISORDER CENTER							
060	16	O/P CLINIC-ADULT							
060	17	O/P CLINIC-PEDIATRIC							
060	19	NEUROLOGY UH							
060	20	ORTHOPEDICS UH							
060	21	AMB SVC-UH PHYSICAL MEDIC							
060	22	AMB SVC-DERMATOLOGY CLINI							
060	24	IU CANCER PAVILLION							
060	25	CARDIO CLINIC							
061		EMERGENCY						587,700	47
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINE ACQUISITION							
086		OTHER ORGAN ACQUISITION							
086	01	POST TRANSPLANT EXPENSES							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS	148,818	2,055,504	302,320	363,158	89,494	587,700	778,224
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH							
097	01	RESEARCH-GCRC					390		19
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET							
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM							
098	05	AOC-PRIVATE PHYSICIANS							
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO							
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS							
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	148,818	2,055,504	302,320	363,158	89,884	587,700	778,243

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC	NUCLEAR MED ED-IUMC
			24.07	24.08	24.09	24.10	24.11	24.12	24.13
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-INTERES							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	NONPATIENT TELEPHONES							
006	02	DATA PROCESSING							
006	03	PURCHASING, RECEIVING, &							
006	04	ADMITTING							
006	05	CASHIERING							
006	06	OTHER ADMINISTRATIVE AND							
007		MAINTENANCE & REPAIRS							
008		OPERATION OF PLANT							
008	01	IU LEASED SPACE							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	HOUSEKEEPING - UNIVERSITY							
010	02	HOUSEKEEPING - RILEY							
010	03	HOUSEKEEPING - METHODIST							
011		DIETARY							
012		CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
018		SOCIAL SERVICE							
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM							
024	01	PARAMED ED CLINIC LAB							
024	02	PARAMED RADIOLOGY-METHODI							
024	03	PARAMED RESPIRATORY THERA							
024	04	DIETARY INTERNSHIP PROG							
024	05	PARAMED EMERGENCY METHODI							
024	06	PARAMED PASTORAL ED							
024	07	PARAMED PHYSICAL THERAPY	251,302						
024	08	PARAMED OCCUP THERAPY		245,540					
024	09	PARAMED PERFUSION							
024	10	PARAMED PHARMACY							
024	11	PARAMED NEUROPHYSIOLOGY							
024	12	RADIATION THERAPY ED-IUMC						824,166	
024	13	NUCLEAR MED ED-IUMC							113,342
024	14	MEDICAL ASSISTING PROGRAM							
024	15	SURGICAL TECHNOLOGY PROGR							
024	16	PARAMED SPEECH							
024	17	PARAMED ED PRGM							
024	18	PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS							
026		INTENSIVE CARE UNIT							
027		CORONARY CARE UNIT							
027	01	NEONATAL INTENSIVE CARE U							
028		BURN INTENSIVE CARE UNIT							
029		SURGICAL INTENSIVE CARE U							
029	02	UH SURG 6IC							
029	03	UH NS 3IC							
029	04	RH PED IC							
029	07	PEDIATRIC CANCER CENTER							
031		SUBPROVIDER							
033		NURSERY							
034		SKILLED NURSING FACILITY							
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
037	01	ENDOSCOPY							
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY							
040	01	PULMONARY FUNCTION TESTIN							
041		RADIOLOGY-DIAGNOSTIC							
042		RADIOLOGY-THERAPEUTIC						824,166	
043		RADIOISOTOPE							113,342
044		LABORATORY							
044	01	TRANSPLANT IMMUNOLOGY							
044	02	BONE MARROW TRANSPLANT LA							
045		PBP CLINICAL LAB SERVICES							
046		WHOLE BLOOD & PACKED RED							
047		BLOOD STORING, PROCESSING							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY	251,302						
051		OCCUPATIONAL THERAPY		245,540					
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
056	01	RENAL-RILEY							

		COST CENTER DESCRIPTION	PARAMED PHYSICAL THERAPY	PARAMED OCCUPTHERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY	THE NUCLEAR MED ED-IUMC	MED E D-IUMC
			24.07	24.08	24.09	24.10	24.11	24.12	24.13	
		ANCILLARY SRVC COST CNTRS								
056	02	RENAL-ADULT								
057		RENAL DIALYSIS								
058		ASC (NON-DISTINCT PART)								
058	04	BMTU OUTPATIENT								
059		RH NBN ECMO IC								
059	01	CARDIOLOGY								
059	02	PSYCH OTHER ANCILLARY								
059	03	CARDIAC CATHERIZATION								
059	04	DAY SURGERY								
059	05	ONCOLOGY								
059	06	DAY SURGERY-RILEY								
059	07	CARDIOLOGY-RILEY								
		OUTPAT SERVICE COST CNTRS								
060		CLINIC								
060	01	AMB SVC-OB & GYN								
060	02	MEDICINE/DIAGNOSTIC								
060	03	AMB SVC-OPTHALMOLOGY								
060	04	AMB SVC-PSYCH ADULT								
060	06	OUTPATIENT SURGERY								
060	07	AMB SVC-RILEY CLINICS								
060	08	DENTAL CLINIC								
060	09	MOTILITY LAB								
060	10	AMB SVC-PSYCH CHILD								
060	13	ARTHRITIS CENTER								
060	14	GERIATRICS CLINIC								
060	15	SLEEP DISORDER CENTER								
060	16	O/P CLINIC-ADULT								
060	17	O/P CLINIC-PEDIATRIC								
060	19	NEUROLOGY UH								
060	20	ORTHOPEDICS UH								
060	21	AMB SVC-UH PHYSICAL MEDIC								
060	22	AMB SVC-DERMATOLOGY CLINI								
060	24	IU CANCER PAVILLION								
060	25	CARDIO CLINIC								
061		EMERGENCY								
061	01	EMERGENCY-RILEY								
062		OBSERVATION BEDS (NON-DIS								
063		FAMILY PRACTICE								
063	60	FEDERALLY QUALIFIED HEALT								
		OTHER REIMBURS COST CNTRS								
064		HOME PROGRAM DIALYSIS								
065		AMBULANCE SERVICES								
066		DURABLE MEDICAL EQUIP-REN								
067		DURABLE MEDICAL EQUIP-SOL								
069		CORF								
070		I&R SERVICES-NOT APPRVD P								
071		HOME HEALTH AGENCY								
082		LUNG ACQUISITION								
		SPEC PURPOSE COST CENTERS								
083		KIDNEY ACQUISITION								
084		LIVER ACQUISITION								
085		HEART ACQUISITION								
085	01	PANCREAS ACQUISITION								
085	02	INTESTINE ACQUISITION								
086		OTHER ORGAN ACQUISITION								
086	01	POST TRANSPLANT EXPENSES								
092		AMBULATORY SURGICAL CENTE								
093		HOSPICE								
095		SUBTOTALS	251,302	245,540				824,166	113,342	
		NONREIMBURS COST CENTERS								
096		GIFT, FLOWER, COFFEE SHOP								
097		RESEARCH								
097	01	RESEARCH-GCRC								
098		PHYSICIANS' PRIVATE OFFIC								
098	01	OTHER NONREIMBURSABLE-MET								
098	02	CAFETERIA-IUMC								
098	03	ORGAN PROC ORG								
098	04	OTHER NONREIMBURSABLE-IUM								
098	05	AOC-PRIVATE PHYSICIANS								
098	06	NONALLOWABLE ADVERTISING								
098	07	PHYSICIANS' PRIVATE OFFIC								
098	08	MHH NON-REIMBURSABLE RADI								
098	09	MHH NON-REIMBURSABLE LABO								
098	10	SURGERY CENTER								
098	11	UNUSED SPACE								
098	12	RHI LAB								
098	13	NONALLOWABLE FQHC								
098	14	NONALLOWABLE ADVERTISING								
098	15	ARTHRITIS CLINIC - NR								
098	16	CARDIO PHYSICIANS								
099		NONPAID WORKERS								
101		CROSS FOOT ADJUSTMENT								
102		NEGATIVE COST CENTER								
103		TOTAL	251,302	245,540				824,166	113,342	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMED SPEECH	PARAMED ED PRGM	PARAMED ED PRGM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
			24.14	24.15	24.16	24.17	24.18	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 CAP REL COSTS-INTERES							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	NONPATIENT TELEPHONES							
006	02	DATA PROCESSING							
006	03	PURCHASING, RECEIVING, &							
006	04	ADMITTING							
006	05	CASHIERING							
006	06	OTHER ADMINISTRATIVE AND							
007		MAINTENANCE & REPAIRS							
008		OPERATION OF PLANT							
008	01	IU LEASED SPACE							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	HOUSEKEEPING - UNIVERSITY							
010	02	HOUSEKEEPING - RILEY							
010	03	HOUSEKEEPING - METHODIST							
011		DIETARY							
012		CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
018		SOCIAL SERVICE							
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM							
024	01	PARAMED ED CLINIC LAB							
024	02	PARAMED RADIOLOGY-METHODI							
024	03	PARAMED RESPIRATORY THERA							
024	04	DIETARY INTERNSHIP PROG							
024	05	PARAMED EMERGENCY METHODI							
024	06	PARAMED PASTORAL ED							
024	07	PARAMED PHYSICAL THERAPY							
024	08	PARAMED OCCUP THERAPY							
024	09	PARAMED PERFUSION							
024	10	PARAMED PHARMACY							
024	11	PARAMED NEUROPHYSIOLOGY							
024	12	RADIATION THERAPY ED-IUMC							
024	13	NUCLEAR MED ED-IUMC							
024	14	MEDICAL ASSISTING PROGRAM	407,742						
024	15	SURGICAL TECHNOLOGY PROGR		106,446					
024	16	PARAMED SPEECH			30,897				
024	17	PARAMED ED PRGM							
024	18	PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	407,742					267,866,497	-10,476,814
026		INTENSIVE CARE UNIT						27,909,165	
027		CORONARY CARE UNIT						22,941,568	-142,385
027	01	NEONATAL INTENSIVE CARE U						9,814,256	-1,863,569
028		BURN INTENSIVE CARE UNIT						2,655,793	
029		SURGICAL INTENSIVE CARE U							
029	02	UH SURG 6IC						11,151,213	-209,390
029	03	UH NS 3IC						4,638,439	-419,826
029	04	RH PED IC						17,065,787	-173,793
029	07	PEDIATRIC CANCER CENTER						2,608,139	
031		SUBPROVIDER						9,372,491	-331,883
033		NURSERY						5,659,010	
034		SKILLED NURSING FACILITY							
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM		106,446				179,184,843	-7,876,196
037	01	ENDOSCOPY						4,197,314	
038		RECOVERY ROOM						17,029,574	
039		DELIVERY ROOM & LABOR ROO						17,497,128	-1,064,747
040		ANESTHESIOLOGY						20,289,394	-4,247,471
040	01	PULMONARY FUNCTION TESTIN						6,894,306	-832,325
041		RADIOLOGY-DIAGNOSTIC						90,432,518	-4,737,443
042		RADIOLOGY-THERAPEUTIC						14,122,767	-550,695
043		RADIOISOTOPE						7,518,320	-559,071
044		LABORATORY						88,670,617	-2,796,400
044	01	TRANSPLANT IMMUNOLOGY						4,826,863	
044	02	BONE MARROW TRANSPLANT LA						3,112,041	
045		PBP CLINICAL LAB SERVICES							
046		WHOLE BLOOD & PACKED RED							
047		BLOOD STORING, PROCESSING						26,335,714	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY						36,228,061	-79,568
050		PHYSICAL THERAPY						10,642,988	-329,788
051		OCCUPATIONAL THERAPY						4,193,501	
052		SPEECH PATHOLOGY			30,897			9,171,473	-754,850
053		ELECTROCARDIOLOGY						7,077,642	-398,888
054		ELECTROENCEPHALOGRAPHY						5,241,114	-613,512
055		MEDICAL SUPPLIES CHARGED						783,829	
056		DRUGS CHARGED TO PATIENTS						91,092,547	
056	01	RENAL-RILEY							

		COST CENTER DESCRIPTION	MEDICAL ASSISTING PROGRAM 24.14	SURGICAL TECHNOLOGY PROGR 24.15	PARAMED SPECH 24.16	PARAMED ED PRGM 24.17	PARAMED ED PRGM 24.18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS						25,587,053	-472,174
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC						1,006,517	
059	01	CARDIOLOGY						22,487,061	-1,466,775
059	02	PSYCH OTHER ANCILLARY						1,862,153	-87,943
059	03	CARDIAC CATHERIZATION						18,704,381	-456,470
059	04	DAY SURGERY						9,913,897	
059	05	ONCOLOGY						1,999,354	
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN						4,901,184	-1,579,846
060	02	MEDICINE/DIAGNOSTIC						8,976,576	-1,574,611
060	03	AMB SVC-OPTHALMOLOGY						1,828,907	-821,854
060	04	AMB SVC-PSYCH ADULT						2,274,870	-241,845
060	06	OUTPATIENT SURGERY						4,134,115	-1,599,738
060	07	AMB SVC-RILEY CLINICS						12,655,115	-428,202
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB						228,231	
060	10	AMB SVC-PSYCH CHILD						1,126,753	-412,498
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC						1,017,453	-75,380
060	15	SLEEP DISORDER CENTER						3,772,753	
060	16	O/P CLINIC-ADULT						1,438,794	-252,314
060	17	O/P CLINIC-PEDIATRIC						5,647,739	-3,039,292
060	19	NEUROLOGY UH						2,172,822	-478,456
060	20	ORTHOPEDICS UH						1,221,584	-56,536
060	21	AMB SVC-UH PHYSICAL MEDIC						30,407	
060	22	AMB SVC-DERMATOLOGY CLINI						1,326,895	-432,389
060	24	IU CANCER PAVILLION						1,744,624	
060	25	CARDIO CLINIC						712,197	
061		EMERGENCY						44,331,526	-3,251,823
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT						35,283,873	
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS						1,922,331	
065		AMBULANCE SERVICES						16,705,756	
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY						40,277,202	
082		LUNG ACQUISITION						2,117,219	
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION						9,747,111	
084		LIVER ACQUISITION						9,737,409	
085		HEART ACQUISITION						1,289,183	
085	01	PANCREAS ACQUISITION						3,669,555	
085	02	INTESTINE ACQUISITION						1,214,648	
086		OTHER ORGAN ACQUISITION						4,683,553	
086	01	POST TRANSPLANT EXPENSES						1,091,199	
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE						6,558,505	
095		SUBTOTALS	407,742	106,446	30,897			1,341,625,417	-55,186,760
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						818,332	
097		RESEARCH						12,382,094	-889,907
097	01	RESEARCH-GCRC						1,279,498	
098		PHYSICIANS' PRIVATE OFFIC						3,704,443	
098	01	OTHER NONREIMBURSABLE-MET						47,142,659	-1,768,297
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG						6,619	
098	04	OTHER NONREIMBURSABLE-IUM						222,229	
098	05	AOC-PRIVATE PHYSICIANS						16,949,429	
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI						1,559,718	
098	09	MHH NON-REIMBURSABLE LABO						705,477	
098	10	SURGERY CENTER							
098	11	UNUSED SPACE						13,982,034	
098	12	RHI LAB						466,219	
098	13	NONALLOWABLE FQHC						2,473,133	
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR						12,228,596	-131,916
098	16	CARDIO PHYSICIANS						1,903,631	
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	407,742	106,446	30,897			1,457,449,528	-57,976,880

		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 CAP REL COSTS-INTERES	
004		NEW CAP REL COSTS-MVBLE E	
005		EMPLOYEE BENEFITS	
006	01	NONPATIENT TELEPHONES	
006	02	DATA PROCESSING	
006	03	PURCHASING, RECEIVING, &	
006	04	ADMITTING	
006	05	CASHIERING	
006	06	OTHER ADMINISTRATIVE AND	
007		MAINTENANCE & REPAIRS	
008		OPERATION OF PLANT	
008	01	IU LEASED SPACE	
009		LAUNDRY & LINEN SERVICE	
010		HOUSEKEEPING	
010	01	HOUSEKEEPING - UNIVERSITY	
010	02	HOUSEKEEPING - RILEY	
010	03	HOUSEKEEPING - METHODIST	
011		DIETARY	
012		CAFETERIA	
013		MAINTENANCE OF PERSONNEL	
014		NURSING ADMINISTRATION	
015		CENTRAL SERVICES & SUPPLY	
016		PHARMACY	
017		MEDICAL RECORDS & LIBRARY	
018		SOCIAL SERVICE	
019		PATIENT TRANSPORTATION	
020		NONPHYSICIAN ANESTHETISTS	
021		NURSING SCHOOL	
022		I&R SERVICES-SALARY & FRI	
023		I&R SERVICES-OTHER PRGM C	
024		PARAMED ED PRGM	
024	01	PARAMED ED CLINIC LAB	
024	02	PARAMED RADIOLOGY-METHODI	
024	03	PARAMED RESPIRATORY THERA	
024	04	DIETARY INTERNSHIP PROG	
024	05	PARAMED EMERGENCY METHODI	
024	06	PARAMED PASTORAL ED	
024	07	PARAMED PHYSICAL THERAPY	
024	08	PARAMED OCCUP THERAPY	
024	09	PARAMED PERFUSION	
024	10	PARAMED PHARMACY	
024	11	PARAMED NEUROPHYSIOLOGY	
024	12	RADIATION THERAPY ED-IUMC	
024	13	NUCLEAR MED ED-IUMC	
024	14	MEDICAL ASSISTING PROGRAM	
024	15	SURGICAL TECHNOLOGY PROGR	
024	16	PARAMED SPEECH	
024	17	PARAMED ED PRGM	
024	18	PARAMED ED PRGM	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	257,389,683
026		INTENSIVE CARE UNIT	27,909,165
027		CORONARY CARE UNIT	22,799,183
027	01	NEONATAL INTENSIVE CARE U	7,950,687
028		BURN INTENSIVE CARE UNIT	2,655,793
029		SURGICAL INTENSIVE CARE U	
029	02	UH SURG 6IC	10,941,823
029	03	UH NS 3IC	4,218,613
029	04	RH PED IC	16,891,994
029	07	PEDIATRIC CANCER CENTER	2,608,139
031		SUBPROVIDER	9,040,608
033		NURSERY	5,659,010
034		SKILLED NURSING FACILITY	
035		NURSING FACILITY	
035	01	ICF/MR	
036		OTHER LONG TERM CARE	
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	171,308,647
037	01	ENDOSCOPY	4,197,314
038		RECOVERY ROOM	17,029,574
039		DELIVERY ROOM & LABOR ROO	16,432,381
040		ANESTHESIOLOGY	16,041,923
040	01	PULMONARY FUNCTION TESTIN	6,061,981
041		RADIOLOGY-DIAGNOSTIC	85,695,075
042		RADIOLOGY-THERAPEUTIC	13,572,072
043		RADIOISOTOPE	6,959,249
044		LABORATORY	85,874,217
044	01	TRANSPLANT IMMUNOLOGY	4,826,863
044	02	BONE MARROW TRANSPLANT LA	3,112,041
045		PBP CLINICAL LAB SERVICES	
046		WHOLE BLOOD & PACKED RED	
047		BLOOD STORING, PROCESSING	26,335,714
048		INTRAVENOUS THERAPY	
049		RESPIRATORY THERAPY	36,148,493
050		PHYSICAL THERAPY	10,313,200
051		OCCUPATIONAL THERAPY	4,193,501
052		SPEECH PATHOLOGY	8,416,623
053		ELECTROCARDIOLOGY	6,678,754
054		ELECTROENCEPHALOGRAPHY	4,627,602
055		MEDICAL SUPPLIES CHARGED	783,829
056		DRUGS CHARGED TO PATIENTS	91,092,547
056	01	RENAL-RILEY	

		COST CENTER DESCRIPTION	TOTAL 27
		ANCILLARY SRVC COST CNTRS	
056	02	RENAL-ADULT	
057		RENAL DIALYSIS	25,114,879
058		ASC (NON-DISTINCT PART)	
058	04	BMTU OUTPATIENT	
059		RH NBN ECMO IC	1,006,517
059	01	CARDIOLOGY	21,020,286
059	02	PSYCH OTHER ANCILLARY	1,774,210
059	03	CARDIAC CATHERIZATION	18,247,911
059	04	DAY SURGERY	9,913,897
059	05	ONCOLOGY	1,999,354
059	06	DAY SURGERY-RILEY	
059	07	CARDIOLOGY-RILEY	
		OUTPAT SERVICE COST CNTRS	
060		CLINIC	
060	01	AMB SVC-OB & GYN	3,321,338
060	02	MEDICINE/DIAGNOSTIC	7,401,965
060	03	AMB SVC-OPTHALMOLOGY	1,007,053
060	04	AMB SVC-PSYCH ADULT	2,033,025
060	06	OUTPATIENT SURGERY	2,534,377
060	07	AMB SVC-RILEY CLINICS	12,226,913
060	08	DENTAL CLINIC	
060	09	MOTILITY LAB	228,231
060	10	AMB SVC-PSYCH CHILD	714,255
060	13	ARTHRITIS CENTER	
060	14	GERIATRICS CLINIC	942,073
060	15	SLEEP DISORDER CENTER	3,772,753
060	16	O/P CLINIC-ADULT	1,186,480
060	17	O/P CLINIC-PEDIATRIC	2,608,447
060	19	NEUROLOGY UH	1,694,366
060	20	ORTHOPEDICS UH	1,165,048
060	21	AMB SVC-UH PHYSICAL MEDIC	30,407
060	22	AMB SVC-DERMATOLOGY CLINI	894,506
060	24	IU CANCER PAVILLION	1,744,624
060	25	CARDIO CLINIC	712,197
061		EMERGENCY	41,079,703
061	01	EMERGENCY-RILEY	
062		OBSERVATION BEDS (NON-DIS	
063		FAMILY PRACTICE	
063	60	FEDERALLY QUALIFIED HEALT	35,283,873
		OTHER REIMBURS COST CNTRS	
064		HOME PROGRAM DIALYSIS	1,922,331
065		AMBULANCE SERVICES	16,705,756
066		DURABLE MEDICAL EQUIP-REN	
067		DURABLE MEDICAL EQUIP-SOL	
069		CORF	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	40,277,202
082		LUNG ACQUISITION	2,117,219
		SPEC PURPOSE COST CENTERS	
083		KIDNEY ACQUISITION	9,747,111
084		LIVER ACQUISITION	9,737,409
085		HEART ACQUISITION	1,289,183
085	01	PANCREAS ACQUISITION	3,669,555
085	02	INTESTINE ACQUISITION	1,214,648
086		OTHER ORGAN ACQUISITION	4,683,553
086	01	POST TRANSPLANT EXPENSES	1,091,199
092		AMBULATORY SURGICAL CENTE	
093		HOSPICE	6,558,505
095		SUBTOTALS	1,286,438,657
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	818,332
097		RESEARCH	11,492,187
097	01	RESEARCH-GCRC	1,279,498
098		PHYSICIANS' PRIVATE OFFIC	3,704,443
098	01	OTHER NONREIMBURSABLE-MET	45,374,362
098	02	CAFETERIA-IUMC	
098	03	ORGAN PROC ORG	6,619
098	04	OTHER NONREIMBURSABLE-IUM	222,229
098	05	AOC-PRIVATE PHYSICIANS	16,949,429
098	06	NONALLOWABLE ADVERTISING	
098	07	PHYSICIANS' PRIVATE OFFIC	
098	08	MHH NON-REIMBURSABLE RADI	1,559,718
098	09	MHH NON-REIMBURSABLE LABO	705,477
098	10	SURGERY CENTER	
098	11	UNUSED SPACE	13,982,034
098	12	RHI LAB	466,219
098	13	NONALLOWABLE FQHC	2,473,133
098	14	NONALLOWABLE ADVERTISING	
098	15	ARTHRITIS CLINIC - NR	12,096,680
098	16	CARDIO PHYSICIANS	1,903,631
099		NONPAID WORKERS	
101		CROSS FOOT ADJUSTMENT	
102		NEGATIVE COST CENTER	
103		TOTAL	1,399,472,648

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
		0	1	2	3	3.01	4	4a
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				328,748	344,281	38,083	711,112
006 01	NONPATIENT TELEPHONES				44,537	46,642	163,557	254,736
006 02	DATA PROCESSING				631,556	661,396	34,344,474	35,637,426
006 03	PURCHASING, RECEIVING, &				59,337	62,141	176,268	297,746
006 04	ADMITTING				48,037	50,307	5,091	103,435
006 05	CASHIERING				568,156	595,000	918,944	2,082,100
006 06	OTHER ADMINISTRATIVE AND				1,825,737	1,912,000	2,031,522	5,769,259
007	MAINTENANCE & REPAIRS				948,099	992,895	3,663,349	5,604,343
008	OPERATION OF PLANT				2,902,309	3,039,438	2,059,624	8,001,371
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE				198,227	207,593	34,469	440,289
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY				59,116	61,910	53,966	174,992
010 02	HOUSEKEEPING - RILEY				39,652	41,526	23,289	104,467
010 03	HOUSEKEEPING - METHODIST				166,811	174,693	55,787	397,291
011	DIETARY				205,795	215,519	448,500	869,814
012	CAFETERIA				398,607	417,440	195,892	1,011,939
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				164,366	172,132	1,935,264	2,271,762
015	CENTRAL SERVICES & SUPPLY				197,206	206,523	255,172	658,901
016	PHARMACY				274,004	286,950	405,491	966,445
017	MEDICAL RECORDS & LIBRARY				406,302	425,499	1,320,796	2,152,597
018	SOCIAL SERVICE				45,399	47,544	1,754	94,697
019	PATIENT TRANSPORTATION				10,108	10,585	7,697	28,390
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI				259,027	271,266	26,486	556,779
023	I&R SERVICES-OTHER PRGM C				9,517	9,967		19,484
024	PARAMED ED PRGM				5,299	5,550	42,831	53,680
024 01	PARAMED ED CLINIC LAB				36,550	38,277	8,371	83,198
024 02	PARAMED RADIOLOGY-METHODI				983	1,029		2,012
024 03	PARAMED RESPIRATORY THERA				2,037	2,133		4,170
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI				9,776	10,238		20,014
024 06	PARAMED PASTORAL ED				1,982	2,075		4,057
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM				10,853	11,366		22,219
024 15	SURGICAL TECHNOLOGY PROGR				1,016	1,064	6,332	8,412
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				3,042,213	3,185,951	2,177,239	8,405,403
026	INTENSIVE CARE UNIT				211,172	221,149	265,030	697,351
027	CORONARY CARE UNIT				233,314	244,337	33,155	510,806
027 01	NEONATAL INTENSIVE CARE U				43,461	45,514	161,191	250,166
028	BURN INTENSIVE CARE UNIT				22,070	23,113	88,112	133,295
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC				103,836	108,742	198,925	411,503
029 03	UH NS 3IC				37,836	39,624	7,262	84,722
029 04	RH PED IC				157,692	165,142	51,425	374,259
029 07	PEDIATRIC CANCER CENTER				32,354	33,883	551	66,788
031	SUBPROVIDER				115,235	120,680	16,053	251,968
033	NURSERY				53,464	55,990	123,324	232,778
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				1,280,435	1,340,933	5,938,192	8,559,560
037 01	ENDOSCOPY				32,073	33,588	219,337	284,998
038	RECOVERY ROOM				233,126	244,141	76,913	554,180
039	DELIVERY ROOM & LABOR ROO				321,958	337,170	178,174	837,302
040	ANESTHESIOLOGY				12,387	12,973	683,524	708,884
040 01	PULMONARY FUNCTION TESTIN				122,837	128,641	184,908	436,386
041	RADIOLOGY-DIAGNOSTIC				1,048,082	1,097,602	8,289,835	10,435,519
042	RADIOLOGY-THERAPEUTIC				222,715	233,238	1,879,747	2,335,700
043	RADIOISOTOPE				98,995	103,672	295,549	498,216
044	LABORATORY				1,205,696	1,262,663	1,251,614	3,719,973
044 01	TRANSPLANT IMMUNOLOGY				39,911	41,797	18,876	100,584
044 02	BONE MARROW TRANSPLANT LA				68,650	71,894	49,390	189,934
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING				66,823	69,980	35,354	172,157
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				120,883	126,594	611,717	859,194
050	PHYSICAL THERAPY				140,446	147,082	28,179	315,707
051	OCCUPATIONAL THERAPY				111,802	117,084	811	229,697
052	SPEECH PATHOLOGY				127,893	133,936	65,272	327,101
053	ELECTROCARDIOLOGY				46,773	48,983	166,552	262,308
054	ELECTROENCEPHALOGRAPHY				57,289	59,996	51,604	168,889
055	MEDICAL SUPPLIES CHARGED				17,775	18,615	9	36,399
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 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 CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
			0	1	2	3	3.01	4	4a
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS				212,315	222,346	276,703	711,364
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC						53,487	53,487
059	01	CARDIOLOGY				63,985	67,009	821,801	952,795
059	02	PSYCH OTHER ANCILLARY				15,672	16,412	2,826	34,910
059	03	CARDIAC CATHERIZATION				183,228	191,886	1,030,202	1,405,316
059	04	DAY SURGERY				298,248	312,340	77,129	687,717
059	05	ONCOLOGY				66,365	69,500	21,851	157,716
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN				89,097	93,307	144,326	326,730
060	02	MEDICINE/DIAGNOSTIC				165,370	173,184	9,910	348,464
060	03	AMB SVC-OPTHALMOLOGY				46,381	48,573	34,762	129,716
060	04	AMB SVC-PSYCH ADULT				109,384	114,552	104	224,040
060	06	OUTPATIENT SURGERY				49,484	51,822	70,717	172,023
060	07	AMB SVC-RILEY CLINICS				181,628	190,209	22,497	394,334
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB				1,485	1,555	16,193	19,233
060	10	AMB SVC-PSYCH CHILD				13,486	14,123		27,609
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC				25,575	26,784	7,457	59,816
060	15	SLEEP DISORDER CENTER				81,098	84,930	8,219	174,247
060	16	O/P CLINIC-ADULT				55,363	57,978	416	113,757
060	17	O/P CLINIC-PEDIATRIC				91,200	95,509	42,710	229,419
060	19	NEUROLOGY UH				38,708	40,537	41,983	121,228
060	20	ORTHOPEDICS UH				43,058	45,092		88,150
060	21	AMB SVC-UH PHYSICAL MEDIC							
060	22	AMB SVC-DERMATOLOGY CLINI				33,856	35,455	1,240	70,551
060	24	IU CANCER PAVILLION				116,196	121,686	4,280	242,162
060	25	CARDIO CLINIC				24,101	25,240	167	49,508
061		EMERGENCY				392,904	411,468	409,201	1,213,573
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS				4,019	4,209		8,228
065		AMBULANCE SERVICES				475	497	358,065	359,037
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY				141,390	148,071	7,637	297,098
082		LUNG ACQUISITION				6,442	6,747	11,874	25,063
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION				18,841	19,731	49,760	88,332
084		LIVER ACQUISITION				2,539	2,659	22,959	28,157
085		HEART ACQUISITION				3,009	3,151	1,817	7,977
085	01	PANCREAS ACQUISITION				1,375	1,439	18,734	21,548
085	02	INTESTINE ACQUISITION				375	393	2,768	3,536
086		OTHER ORGAN ACQUISITION						77,793	77,793
086	01	POST TRANSPLANT EXPENSES				29,771	31,177		60,948
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE				11,813	12,372	31,197	55,382
095		SUBTOTALS				21,906,581	22,941,629	75,051,618	119,899,828
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP				78,614	82,328		160,942
097		RESEARCH				212,563	222,606	912,594	1,347,763
097	01	RESEARCH-GCRC				90,731	95,018	6,727	192,476
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET				818,080	856,733	187,952	1,862,765
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM				1,502	1,572		3,074
098	05	AOC-PRIVATE PHYSICIANS				1,942,248	2,034,016	8,079	3,984,343
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI						822,933	822,933
098	09	MHH NON-REIMBURSABLE LABO				364	382	4,798	5,544
098	10	SURGERY CENTER							
098	11	UNUSED SPACE				1,813,051	1,898,715		3,711,766
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR						13,753	13,753
098	16	CARDIO PHYSICIANS				52,774	55,267	30,799	138,840
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL				26,916,508	28,188,266	77,039,253	132,144,027

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	OTHER ADMINISTRATIVE AND
			5	6.01	6.02	6.03	6.04	6.05	6.06
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-INTERES							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS	711,112						
006	01	NONPATIENT TELEPHONES	590	255,326					
006	02	DATA PROCESSING	20,462	21,495	35,679,383				
006	03	PURCHASING, RECEIVING, &	4,831	1,323	201,832	505,732			
006	04	ADMITTING	8,959	3,252	496,170		611,816		
006	05	CASHIERING	13,658	13,687	2,088,399			4,197,844	
006	06	OTHER ADMINISTRATIVE AND	44,678	27,759	4,235,665	616			10,077,977
007		MAINTENANCE & REPAIRS	4,904	1,984	302,748				205,045
008		OPERATION OF PLANT	10,947	4,740	723,231	1			443,203
008	01	IU LEASED SPACE							991
009		LAUNDRY & LINEN SERVICE	725	257	39,245	361			36,001
010		HOUSEKEEPING							
010	01	HOUSEKEEPING - UNIVERSITY	3,143	974	148,571				36,383
010	02	HOUSEKEEPING - RILEY	2,624	220	33,639				28,085
010	03	HOUSEKEEPING - METHODIST	6,984	827	126,145				76,499
011		DIETARY	7,556	1,470	224,258	427			84,552
012		CAFETERIA	937	1,121	170,996				24,525
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION	21,225	3,803	580,267	153			221,370
015		CENTRAL SERVICES & SUPPLY	4,451	1,451	221,454	14,080	2,957	13,383	131,605
016		PHARMACY	19,541	4,152	633,528	6,129	72,528	382,462	723,312
017		MEDICAL RECORDS & LIBRARY	6,396	4,538	692,395	6			114,536
018		SOCIAL SERVICE	3,343	1,506	229,864	58			40,936
019		PATIENT TRANSPORTATION	2,293	661	100,916	68			20,592
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI	29,795	5,511	840,966	421			301,224
023		I&R SERVICES-OTHER PRGM C	94	276	42,048	5			83,941
024		PARAMED ED PRGM	1	92	14,016	2			800
024	01	PARAMED ED CLINIC LAB	1,191	643	98,113	129			12,473
024	02	PARAMED RADIOLOGY-METHODI	390	92	14,016	4			2,021
024	03	PARAMED RESPIRATORY THERA	476	37	5,606	15			2,385
024	04	DIETARY INTERNSHIP PROG	79						615
024	05	PARAMED EMERGENCY METHODI	472	110	16,819	5			3,598
024	06	PARAMED PASTORAL ED	576	184	28,032	7			5,226
024	07	PARAMED PHYSICAL THERAPY	222						1,723
024	08	PARAMED OCCUP THERAPY	217						1,679
024	09	PARAMED PERFUSION							
024	10	PARAMED PHARMACY							
024	11	PARAMED NEUROPHYSIOLOGY							
024	12	RADIATION THERAPY ED-IUMC	730						5,648
024	13	NUCLEAR MED ED-IUMC	100						778
024	14	MEDICAL ASSISTING PROGRAM	166	92	14,016	10			2,337
024	15	SURGICAL TECHNOLOGY PROGR	153	37	5,606	2			681
024	16	PARAMED SPEECH	27						212
024	17	PARAMED ED PRGM							
024	18	PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	135,502	31,213	4,762,671	33,131	105,181	464,225	1,370,310
026		INTENSIVE CARE UNIT	16,075	3,582	546,628	4,130	12,494	55,337	160,357
027		CORONARY CARE UNIT	12,178	3,086	470,941	4,113	8,540	37,822	124,854
027	01	NEONATAL INTENSIVE CARE U	4,855	772	117,735	1,075	4,995	22,123	45,003
028		BURN INTENSIVE CARE UNIT	1,508	441	67,277	106	1,075	4,762	15,086
029		SURGICAL INTENSIVE CARE U							
029	02	UH SURG 6IC	5,303	1,929	294,338	3,079	3,969	17,578	61,502
029	03	UH NS 3IC	2,442	294	44,852	805	1,703	7,544	23,711
029	04	RH PED IC	9,498	1,635	249,487	3,294	7,114	31,508	94,364
029	07	PEDIATRIC CANCER CENTER	1,438	312	47,655	440	1,004	4,449	14,354
031		SUBPROVIDER	4,778	1,415	215,848	174	2,353	10,627	50,994
033		NURSERY	3,167	478	72,884	709	3,883	17,197	32,010
034		SKILLED NURSING FACILITY							
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	34,792	10,655	1,625,868	206,877	102,654	680,987	1,016,136
037	01	ENDOSCOPY	1,283	661	100,916	3,021	2,104	14,452	25,208
038		RECOVERY ROOM	9,548	2,756	420,483	1,605	5,571	55,325	96,787
039		DELIVERY ROOM & LABOR ROO	7,666	2,884	440,106	2,408	10,776	50,204	88,439
040		ANESTHESIOLOGY	2,847	735	112,129	18,042	5,971	36,081	92,285
040	01	PULMONARY FUNCTION TESTIN	2,849	1,121	170,996	1,120	575	20,335	34,389
041		RADIOLOGY-DIAGNOSTIC	25,868	12,456	1,900,583	35,396	52,697	561,796	506,521
042		RADIOLOGY-THERAPEUTIC	4,659	1,194	182,209	1,242	1,038	71,212	73,673
043		RADIOISOTOPE	1,345	992	151,374	6,111	1,506	25,098	38,871
044		LABORATORY	24,597	9,553	1,457,674	47,411	70,371	540,872	497,368
044	01	TRANSPLANT IMMUNOLOGY	994	129	19,623	2,678	720	15,784	30,226
044	02	BONE MARROW TRANSPLANT LA	939	496	75,687	2,212	446	6,311	17,178
045		PBP CLINICAL LAB SERVICES							
046		WHOLE BLOOD & PACKED RED							
047		BLOOD STORING, PROCESSING	3,660	698	106,522	1,870	13,628	70,846	175,577
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	21,456	1,856	283,125	11,611	40,712	187,677	229,559
050		PHYSICAL THERAPY	6,140	937	142,964	1,046	4,068	32,111	61,303
051		OCCUPATIONAL THERAPY	1,921	955	145,767	352	1,510	10,522	21,802
052		SPEECH PATHOLOGY	2,964	1,947	297,141	5,928	948	17,255	49,871
053		ELECTROCARDIOLOGY	2,962	1,323	201,832	628	9,474	56,441	41,046
054		ELECTROENCEPHALOGRAPHY	1,922	937	142,964	559	1,964	14,439	28,613
055		MEDICAL SUPPLIES CHARGED	260	147	22,426	529	40	1,885	4,436
056		DRUGS CHARGED TO PATIENTS							
056	01	RENAL-RILEY							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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		COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	OTHER ADMINISTRATIVE AND
			5	6.01	6.02	6.03	6.04	6.05	6.06
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	7,399	2,205	336,386	8,542	4,392	71,149	125,153
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC	629	37	5,606	327	382	1,692	6,479
059	01	CARDIOLOGY	2,220	643	98,113	31,583	9,660	103,352	128,676
059	02	PSYCH OTHER ANCILLARY	697	643	98,113	68	126	1,255	11,388
059	03	CARDIAC CATHERIZATION	3,336	2,407	367,222	18,590	14,075	90,371	106,945
059	04	DAY SURGERY	4,763	1,470	224,258	1,058	236	4,486	51,086
059	05	ONCOLOGY	674	294	44,852	32	5	2,652	10,618
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN	1,224	1,249	190,619	323	212	6,513	17,808
060	02	MEDICINE/DIAGNOSTIC	2,746	2,554	389,648	590	27	6,130	38,850
060	03	AMB SVC-OPTHALMOLOGY	289	220	33,639	40	6	1,942	4,262
060	04	AMB SVC-PSYCH ADULT	577	661	100,916	87		2,162	9,009
060	06	OUTPATIENT SURGERY	1,340	680	103,719	155	180	5,287	14,818
060	07	AMB SVC-RILEY CLINICS	4,909	4,097	625,118	1,082	80	10,293	67,279
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	73	18	2,803	183	5	546	1,325
060	10	AMB SVC-PSYCH CHILD	310	349	53,261	7		804	4,309
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	589	367	56,064	10		146	5,228
060	15	SLEEP DISORDER CENTER	1,845	1,084	165,390	208	35	11,627	21,942
060	16	O/P CLINIC-ADULT	332	441	67,277	15	1	245	5,429
060	17	O/P CLINIC-PEDIATRIC	1,021	753	114,932	72		1,808	13,275
060	19	NEUROLOGY UH	775	606	92,506	47		817	9,347
060	20	ORTHOPEDICS UH	406	606	92,506	29	1	536	5,991
060	21	AMB SVC-UH PHYSICAL MEDIC	28					16	206
060	22	AMB SVC-DERMATOLOGY CLINI	338	110	16,819	210		996	4,345
060	24	IU CANCER PAVILLION	717			79		341	7,628
060	25	CARDIO CLINIC	217	349	53,261	17	2	270	3,414
061		EMERGENCY	19,091	7,569	1,154,927	8,733	14,378	195,986	233,502
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT	23,514	1,837	280,322			21,530	243,097
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS	82	37	5,606	3,591	2	8,956	11,536
065		AMBULANCE SERVICES	6,143	1,286	196,225	418	14	37,920	110,552
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	13,443	7,440	1,135,304				273,576
082		LUNG ACQUISITION	299	92	14,016	1	743	3,292	14,122
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	1,574	1,047	159,784	17	6,082	26,969	65,339
084		LIVER ACQUISITION	1,006	478	72,884	8	4,056	17,966	66,420
085		HEART ACQUISITION	212	37	5,606	1	378	1,673	8,712
085	01	PANCREAS ACQUISITION	113	404	61,671	6	1,608	7,122	24,978
085	02	INTESTINE ACQUISITION	74	55	8,410	1	561	2,483	8,275
086		OTHER ORGAN ACQUISITION	3,224			838			31,983
086	01	POST TRANSPLANT EXPENSES		1,653	252,290	26			6,068
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	1,893	955	145,767	206		9,861	35,826
095		SUBTOTALS	686,474	244,616	34,045,106	501,401	611,816	4,197,844	9,543,605
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	9	331	50,458	3			2,420
097		RESEARCH	7,535	2,976	454,122	2,462			66,119
097	01	RESEARCH-GCRC		312	47,655	152			4,409
098		PHYSICIANS' PRIVATE OFFIC							25,615
098	01	OTHER NONREIMBURSABLE-MET	11,959	5,860	894,227	934			273,680
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG				119			12
098	04	OTHER NONREIMBURSABLE-IUM	168						1,434
098	05	AOC-PRIVATE PHYSICIANS		37	5,606				37,526
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI	396			63			10,735
098	09	MHH NON-REIMBURSABLE LABO	393			313			4,735
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							29,917
098	12	RHI LAB							3,224
098	13	NONALLOWABLE FQHC							17,101
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR	3,444	533	81,293	225			47,449
098	16	CARDIO PHYSICIANS	734	661	100,916	60			9,996
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	711,112	255,326	35,679,383	505,732	611,816	4,197,844	10,077,977

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	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY
		7	8	8.01	9	10	10.01	10.02
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	6,119,024						
008	OPERATION OF PLANT	790,627	9,974,120					
008 01	IU LEASED SPACE			991				
009	LAUNDRY & LINEN SERVICE	54,000	101,081		671,959			
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY	16,104	30,145				410,312	
010 02	HOUSEKEEPING - RILEY	10,802	20,220					200,057
010 03	HOUSEKEEPING - METHODIST	45,442	85,061					
011	DIETARY	56,061	104,940				4,575	816
012	CAFETERIA	108,586	203,259				11,120	7,115
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	44,775	83,814		623		1,961	2,312
015	CENTRAL SERVICES & SUPPLY	53,721	100,560		6,578		4,565	2,333
016	PHARMACY	74,642	139,721				8,930	2,318
017	MEDICAL RECORDS & LIBRARY	110,682	207,183	991			2,447	355
018	SOCIAL SERVICE	12,367	23,150		185		971	852
019	PATIENT TRANSPORTATION	2,753	5,154				356	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	70,562	132,084		4,717		2,563	1,295
023	I&R SERVICES-OTHER PRGM C	2,593	4,853					
024	PARAMED ED PRGM	1,444	2,702					
024 01	PARAMED ED CLINIC LAB	9,957	18,638					
024 02	PARAMED RADIOLOGY-METHODI	268	501					
024 03	PARAMED RESPIRATORY THERA	555	1,039					
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	2,663	4,985					
024 06	PARAMED PASTORAL ED	540	1,011					
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM	2,956	5,534					
024 15	SURGICAL TECHNOLOGY PROGR	277	518					
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	828,740	1,551,300		350,740		65,106	37,968
026	INTENSIVE CARE UNIT	57,526	107,682		21,014			
027	CORONARY CARE UNIT	63,558	118,972		24,767		7,547	
027 01	NEONATAL INTENSIVE CARE U	11,839	22,162		15,539			
028	BURN INTENSIVE CARE UNIT	6,012	11,254		5,745			1,223
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	28,286	52,949		10,026		9,600	
029 03	UH NS 3IC	10,307	19,293		4,800		3,498	
029 04	RH PED IC	42,957	80,411		21,741			8,735
029 07	PEDIATRIC CANCER CENTER	8,814	16,498		4,131			1,792
031	SUBPROVIDER	31,392	58,761		6,289			
033	NURSERY	14,564	27,262				4,943	
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	348,807	652,925		19,379		37,736	9,672
037 01	ENDOSCOPY	8,737	16,355		2,701			
038	RECOVERY ROOM	63,507	118,877		12,181		1,729	1,443
039	DELIVERY ROOM & LABOR ROO	87,706	164,174		26,423		7,359	
040	ANESTHESIOLOGY	3,375	6,317				78	86
040 01	PULMONARY FUNCTION TESTIN	33,462	62,637		2,998		1,556	4,595
041	RADIOLOGY-DIAGNOSTIC	285,511	534,443		21,364		28,981	13,536
042	RADIOLOGY-THERAPEUTIC	60,670	113,568		3,254		11,014	
043	RADIOISOTOPE	26,967	50,480		1,898		3,935	695
044	LABORATORY	328,447	614,814		5,616		7,024	4,622
044 01	TRANSPLANT IMMUNOLOGY	10,872	20,352					1,695
044 02	BONE MARROW TRANSPLANT LA	18,701	35,006				4,679	999
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	18,203	34,075		888		715	64
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	32,930	61,641		237		1,958	1,527
050	PHYSICAL THERAPY	38,259	71,617		2,785		1,657	786
051	OCCUPATIONAL THERAPY	30,456	57,010				1,553	1,359
052	SPEECH PATHOLOGY	34,840	65,216		257		2,333	4,957
053	ELECTROCARDIOLOGY	12,742	23,851		983		146	
054	ELECTROENCEPHALOGRAPHY	15,606	29,213		550		2,304	839
055	MEDICAL SUPPLIES CHARGED	4,842	9,064					985
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

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		COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY
			7	8	8.01	9	10	10.01	10.02
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	57,837	108,264		2,755		12,595	1,725
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC							
059	01	CARDIOLOGY	17,430	32,628				1,296	2,768
059	02	PSYCH OTHER ANCILLARY	4,269	7,992					
059	03	CARDIAC CATHERIZATION	49,914	93,433		4,488		1,592	
059	04	DAY SURGERY	81,247	152,084		13,130		14,147	6,282
059	05	ONCOLOGY	18,079	33,841					
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN	24,271	45,433		4,555		8,238	
060	02	MEDICINE/DIAGNOSTIC	45,049	84,326		1,458		15,289	
060	03	AMB SVC-OPTHALMOLOGY	12,635	23,651				4,288	
060	04	AMB SVC-PSYCH ADULT	29,798	55,778				3,552	
060	06	OUTPATIENT SURGERY	13,480	25,233		462		3,609	
060	07	AMB SVC-RILEY CLINICS	49,478	92,616		2,029			10,061
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	405	757					82
060	10	AMB SVC-PSYCH CHILD	3,674	6,877		174			747
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	6,967	13,042					
060	15	SLEEP DISORDER CENTER	22,092	41,354				2,235	
060	16	O/P CLINIC-ADULT	15,082	28,231					
060	17	O/P CLINIC-PEDIATRIC	24,844	46,505		664			
060	19	NEUROLOGY UH	10,545	19,738		711		3,579	
060	20	ORTHOPEDICS UH	11,730	21,956				3,981	
060	21	AMB SVC-UH PHYSICAL MEDIC							
060	22	AMB SVC-DERMATOLOGY CLINI	9,223	17,264				3,130	
060	24	IU CANCER PAVILLION	31,653	59,251				4,939	
060	25	CARDIO CLINIC	6,566	12,290					
061		EMERGENCY	107,032	200,352		43,045		2,303	5,779
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS	1,095	2,049				372	
065		AMBULANCE SERVICES	129	242					26
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	38,517	72,098				80	343
082		LUNG ACQUISITION	1,755	3,285					
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	5,132	9,607				273	
084		LIVER ACQUISITION	692	1,295				235	
085		HEART ACQUISITION	820	1,534					
085	01	PANCREAS ACQUISITION	374	701				127	
085	02	INTESTINE ACQUISITION	102	191				35	
086		OTHER ORGAN ACQUISITION							
086	01	POST TRANSPLANT EXPENSES	8,110	15,181				611	
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	3,218	6,024					
095		SUBTOTALS	4,754,256	7,419,435	991	651,880		329,445	142,787
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	21,415	40,087				1,038	1,531
097		RESEARCH	57,905	108,391		547		399	
097	01	RESEARCH-GCRC	24,716	46,266		3,022		8,389	
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET	222,856	417,159		16,510		3,169	161
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM	409	766					
098	05	AOC-PRIVATE PHYSICIANS	529,093	990,400				43,813	53,309
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO	99	186					
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	493,899	924,519				24,059	2,269
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS	14,376	26,911					
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	6,119,024	9,974,120	991	671,959		410,312	200,057

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	COST CENTER DESCRIPTION	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		10.03	11	12	13	14	15	16
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST	738,249						
011	DIETARY	10,633	1,365,102					
012	CAFETERIA	13,561		1,553,159				
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	9,176		51,293		3,292,534		
015	CENTRAL SERVICES & SUPPLY	9,565		20,011		324	1,245,939	
016	PHARMACY	10,497		49,883		3,127	15,578	3,112,793
017	MEDICAL RECORDS & LIBRARY	27,115		26,795			16	2
018	SOCIAL SERVICE	1,766		11,048			148	
019	PATIENT TRANSPORTATION	567		13,582		10	172	
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	18,813		111,467		11,513	1,070	6
023	I&R SERVICES-OTHER PRGM C	861		372			13	
024	PARAMED ED PRGM	479					5	
024 01	PARAMED ED CLINIC LAB	3,307		3,222		84	327	139
024 02	PARAMED RADIOLOGY-METHODI	89		963			10	
024 03	PARAMED RESPIRATORY THERA	184		1,266			38	
024 04	DIETARY INTERNSHIP PROG			254				
024 05	PARAMED EMERGENCY METHODI	884		1,589			12	
024 06	PARAMED PASTORAL ED	179		2,558			17	
024 07	PARAMED PHYSICAL THERAPY			561				
024 08	PARAMED OCCUP THERAPY			695				
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC			1,892				
024 13	NUCLEAR MED ED-IUMC			218				
024 14	MEDICAL ASSISTING PROGRAM	982		402			26	
024 15	SURGICAL TECHNOLOGY PROGR	92		398			6	
024 16	PARAMED SPEECH			67				
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	135,841	1,123,028	366,122		1,488,108	84,212	2,107
026	INTENSIVE CARE UNIT	19,105	22,588	42,300		190,939	10,498	137
027	CORONARY CARE UNIT	13,723	91,492	29,567		137,683	10,456	136
027 01	NEONATAL INTENSIVE CARE U	3,932	7,336	12,044		55,190	2,732	16
028	BURN INTENSIVE CARE UNIT		5,795	3,735		15,079	270	
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC		26,634	13,566		64,915	7,825	46
029 03	UH NS 3IC		9,312	6,031		26,706	2,045	4
029 04	RH PED IC		33,174	24,659		114,762	8,374	150
029 07	PEDIATRIC CANCER CENTER		4,570	4,210		15,518	1,119	3
031	SUBPROVIDER	10,426	27,985	12,938		34,068	443	21
033	NURSERY			11,832		36,807	1,801	14
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	52,424		103,799		256,753	526,042	22,481
037 01	ENDOSCOPY	2,902		3,237		10,258	7,680	
038	RECOVERY ROOM	14,406		24,816		99,663	4,079	93
039	DELIVERY ROOM & LABOR ROO	21,927		20,538		80,224	6,122	331
040	ANESTHESIOLOGY	904		7,822		20,317	45,860	41,451
040 01	PULMONARY FUNCTION TESTIN	2,085		8,482		6,546	2,848	1,616
041	RADIOLOGY-DIAGNOSTIC	30,851		72,673		43,071	89,970	7,537
042	RADIOLOGY-THERAPEUTIC	9,372		9,734		7,497	3,158	3,307
043	RADIOISOTOPE	3,971		2,982		2,081	15,534	4,859
044	LABORATORY	25,023		80,910		10	120,510	85
044 01	TRANSPLANT IMMUNOLOGY	842		2,762			6,808	
044 02	BONE MARROW TRANSPLANT LA			2,560		4,706	5,624	809
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	2,284		10,523		1,548	4,754	500
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	6,528		56,205		2,405	29,513	436
050	PHYSICAL THERAPY	9,516		18,004			2,658	120
051	OCCUPATIONAL THERAPY	6,375		7,662			894	25
052	SPEECH PATHOLOGY	1,192		8,949		1,527	15,069	123
053	ELECTROCARDIOLOGY	4,089		10,114		4,308	1,597	50
054	ELECTROENCEPHALOGRAPHY	1,559		5,345		711	1,422	
055	MEDICAL SUPPLIES CHARGED			814			1,345	
056	DRUGS CHARGED TO PATIENTS							2,656,534
056 01	RENAL-RILEY							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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		COST CENTER DESCRIPTION	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
			10.03	11	12	13	14	15	16
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	4,067		21,404		53,925	21,713	125,404
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC			993		4,183	831	
059	01	CARDIOLOGY			5,926		8,344	80,278	13
059	02	PSYCH OTHER ANCILLARY	1,418		283		1,495	172	86
059	03	CARDIAC CATHERIZATION	15,019	7,261	8,276		16,051	47,251	844
059	04	DAY SURGERY	312		13,853		50,359	2,690	5
059	05	ONCOLOGY	6,004		1,904		2,290	82	52
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN			4,075		8,062	821	496
060	02	MEDICINE/DIAGNOSTIC			11,454		17,557	1,500	14,259
060	03	AMB SVC-OPTHALMOLOGY			1,139		1,516	101	2,263
060	04	AMB SVC-PSYCH ADULT	6,420		2,088		2,876	222	36
060	06	OUTPATIENT SURGERY	945		4,258		2,395	394	232
060	07	AMB SVC-RILEY CLINICS			18,053		31,318	2,750	26,331
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB			297		1,569	466	
060	10	AMB SVC-PSYCH CHILD			1,030			17	
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	2,314		1,369		1,903	25	14
060	15	SLEEP DISORDER CENTER	5,150		5,413			528	2
060	16	O/P CLINIC-ADULT	5,009		1,171		1,987	37	843
060	17	O/P CLINIC-PEDIATRIC	8,251		2,288		5,908	184	897
060	19	NEUROLOGY UH			2,934		6,232	119	618
060	20	ORTHOPEDICS UH			1,922		1,882	74	222
060	21	AMB SVC-UH PHYSICAL MEDIC			119				
060	22	AMB SVC-DERMATOLOGY CLINI			1,530		2,133	534	571
060	24	IU CANCER PAVILLION			3,180		10	202	2
060	25	CARDIO CLINIC	2,181		757		1,025	42	1,529
061		EMERGENCY	22,785		55,476		215,784	22,198	549
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS			184		52	9,127	775
065		AMBULANCE SERVICES			15,785		33,116	1,063	2,318
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	1,604						
082		LUNG ACQUISITION	583		380		1,359	4	2
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	1,438		4,460		397	42	8
084		LIVER ACQUISITION			2,057		220	19	9
085		HEART ACQUISITION	272		162			2	1
085	01	PANCREAS ACQUISITION			1,678			16	8
085	02	INTESTINE ACQUISITION			248			2	1
086		OTHER ORGAN ACQUISITION			479		2,123	2,131	
086	01	POST TRANSPLANT EXPENSES	2,095		6,972			66	32
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	1,069		5,615		8,041	525	33,077
095		SUBTOTALS	574,963	1,359,175	1,492,683		3,220,570	1,234,928	2,954,637
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	2,794					7	
097		RESEARCH	18,841		18,353		41,534	6,258	165
097	01	RESEARCH-GCRC		5,927				386	18
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET	69,530		29,392		19,209	2,373	6,190
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG						302	
098	04	OTHER NONREIMBURSABLE-IUM	136		190		471	1	
098	05	AOC-PRIVATE PHYSICIANS	30,369						
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI			1,185			161	
098	09	MHH NON-REIMBURSABLE LABO			1,524			797	2
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	36,841						
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR			8,308		3,932	572	150,290
098	16	CARDIO PHYSICIANS	4,775		1,524		6,818	154	1,491
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	738,249	1,365,102	1,553,159		3,292,534	1,245,939	3,112,793

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B PART III

		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
		17	18	19	20	21	22	23
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	3,346,054						
018	SOCIAL SERVICE		420,891					
019	PATIENT TRANSPORTATION			175,514				
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI						2,088,786	
023	I&R SERVICES-OTHER PRGM C							154,540
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	408,532	317,184	21,447				
026	INTENSIVE CARE UNIT	48,698	23,413	2,557				
027	CORONARY CARE UNIT	33,284	15,888	1,747				
027 01	NEONATAL INTENSIVE CARE U	19,469	10,608	1,022				
028	BURN INTENSIVE CARE UNIT	4,191	1,982	220				
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	15,469	7,390	812				
029 03	UH NS 3IC	6,639	3,224	349				
029 04	RH PED IC	27,728	11,658	1,456				
029 07	PEDIATRIC CANCER CENTER	3,915	2,310	206				
031	SUBPROVIDER	9,352	8,773	491				
033	NURSERY	15,134	9,512	794				
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	599,474	179	31,321				
037 01	ENDOSCOPY	12,718		668				
038	RECOVERY ROOM	48,688	1,277	2,556				
039	DELIVERY ROOM & LABOR ROO	44,181	6,594	2,319				
040	ANESTHESIOLOGY	31,752		1,667				
040 01	PULMONARY FUNCTION TESTIN	17,896		939				
041	RADIOLOGY-DIAGNOSTIC	494,397		25,955				
042	RADIOLOGY-THERAPEUTIC	62,669		3,290				
043	RADIOISOTOPE	22,087		1,160				
044	LABORATORY	475,984		24,988				
044 01	TRANSPLANT IMMUNOLOGY	13,890		729				
044 02	BONE MARROW TRANSPLANT LA	5,554		292				
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	62,346		3,273				
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	165,161		8,671				
050	PHYSICAL THERAPY	28,259		1,484				
051	OCCUPATIONAL THERAPY	9,259		486				
052	SPEECH PATHOLOGY	15,185		797				
053	ELECTROCARDIOLOGY	49,669		2,608				
054	ELECTROENCEPHALOGRAPHY	12,707		667				
055	MEDICAL SUPPLIES CHARGED	1,658		87				
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
			17	18	19	20	21	22	23
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	62,613		3,287				
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC	1,489		78				
059	01	CARDIOLOGY	90,953		4,775				
059	02	PSYCH OTHER ANCILLARY	1,104		58				
059	03	CARDIAC CATHERIZATION	79,529	21	4,175				
059	04	DAY SURGERY	3,948	843	207				
059	05	ONCOLOGY	2,334		123				
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN	5,732		301				
060	02	MEDICINE/DIAGNOSTIC	5,394		283				
060	03	AMB SVC-OPTHALMOLOGY	1,709		90				
060	04	AMB SVC-PSYCH ADULT	1,903		100				
060	06	OUTPATIENT SURGERY	4,653		244				
060	07	AMB SVC-RILEY CLINICS	9,058		476				
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	480		25				
060	10	AMB SVC-PSYCH CHILD	708		37				
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	129		7				
060	15	SLEEP DISORDER CENTER	10,232		537				
060	16	O/P CLINIC-ADULT	216		11				
060	17	O/P CLINIC-PEDIATRIC	1,591		84				
060	19	NEUROLOGY UH	719		38				
060	20	ORTHOPEDICS UH	472		25				
060	21	AMB SVC-UH PHYSICAL MEDIC	14		1				
060	22	AMB SVC-DERMATOLOGY CLINI	876		46				
060	24	IU CANCER PAVILLION	300		16				
060	25	CARDIO CLINIC	238		12				
061		EMERGENCY	172,474	25	9,054				
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT	18,947		995				
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS	7,881		414				
065		AMBULANCE SERVICES	33,371		1,752				
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION	2,897		152				
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION	23,733		1,246				
084		LIVER ACQUISITION	15,810		830				
085		HEART ACQUISITION	1,472		77				
085	01	PANCREAS ACQUISITION	6,267		329				
085	02	INTESTINE ACQUISITION	2,185		115				
086		OTHER ORGAN ACQUISITION							
086	01	POST TRANSPLANT EXPENSES							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE	8,678		456				
095		SUBTOTALS	3,346,054	420,881	175,514				
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH							
097	01	RESEARCH-GCRC		10					
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET							
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM							
098	05	AOC-PRIVATE PHYSICIANS							
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO							
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS							
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS						2,088,786	154,540
102		NEGATIVE COST CENTER							
103		TOTAL	3,346,054	420,891	175,514			2,088,786	154,540

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIO LOGY-METHODI	PARAMED RESPI RATORY THERA	DIETARY INTER NSHIP PROG	PARAMED EMERG ENCY METHODI	PARAMED PASTO RAL ED
		24	24.01	24.02	24.03	24.04	24.05	24.06
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM	73,221						
024 01	PARAMED ED CLINIC LAB		231,421					
024 02	PARAMED RADIOLOGY-METHODI			20,366				
024 03	PARAMED RESPIRATORY THERA				15,771			
024 04	DIETARY INTERNSHIP PROG					948		
024 05	PARAMED EMERGENCY METHODI						51,151	
024 06	PARAMED PASTORAL ED							42,387
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
027 01	NEONATAL INTENSIVE CARE U							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							
029 03	UH NS 3IC							
029 04	RH PED IC							
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
037 01	ENDOSCOPY							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

		COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIO LOGY-METHODI	PARAMED RESPI RATORY THERA	DIETARY INTER NSHIP PROG	PARAMED EMERG ENCY METHODI	PARAMED PASTO RAL ED
			24	24.01	24.02	24.03	24.04	24.05	24.06
		ANCILLARY SRVC COST CNTRS							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS							
058		ASC (NON-DISTINCT PART)							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC							
059	01	CARDIOLOGY							
059	02	PSYCH OTHER ANCILLARY							
059	03	CARDIAC CATHERIZATION							
059	04	DAY SURGERY							
059	05	ONCOLOGY							
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
060	01	AMB SVC-OB & GYN							
060	02	MEDICINE/DIAGNOSTIC							
060	03	AMB SVC-OPTHALMOLOGY							
060	04	AMB SVC-PSYCH ADULT							
060	06	OUTPATIENT SURGERY							
060	07	AMB SVC-RILEY CLINICS							
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB							
060	10	AMB SVC-PSYCH CHILD							
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC							
060	15	SLEEP DISORDER CENTER							
060	16	O/P CLINIC-ADULT							
060	17	O/P CLINIC-PEDIATRIC							
060	19	NEUROLOGY UH							
060	20	ORTHOPEDICS UH							
060	21	AMB SVC-UH PHYSICAL MEDIC							
060	22	AMB SVC-DERMATOLOGY CLINI							
060	24	IU CANCER PAVILLION							
060	25	CARDIO CLINIC							
061		EMERGENCY							
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON-DIS							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED HEALT							
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CENTERS							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINE ACQUISITION							
086		OTHER ORGAN ACQUISITION							
086	01	POST TRANSPLANT EXPENSES							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS							
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
097		RESEARCH							
097	01	RESEARCH-GCRC							
098		PHYSICIANS' PRIVATE OFFIC							
098	01	OTHER NONREIMBURSABLE-MET							
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM							
098	05	AOC-PRIVATE PHYSICIANS							
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO							
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTISING							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS							
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS	73,221	231,421	20,366	15,771	948	51,151	42,387
102		NEGATIVE COST CENTER							
103		TOTAL	73,221	231,421	20,366	15,771	948	51,151	42,387

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	COST CENTER DESCRIPTION	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC	NUCLEAR MED ED-IUMC
		24.07	24.08	24.09	24.10	24.11	24.12	24.13
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY	2,506						
024 08	PARAMED OCCUP THERAPY		2,591					
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC						8,270	
024 13	NUCLEAR MED ED-IUMC							1,096
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
027 01	NEONATAL INTENSIVE CARE U							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							
029 03	UH NS 3IC							
029 04	RH PED IC							
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
037 01	ENDOSCOPY							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							

		COST CENTER DESCRIPTION	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEURO PHYSIOLOGY	RADIATION THERAPY	NUCLEAR MED ED-IUMC	MED ED-IUMC
			24.07	24.08	24.09	24.10	24.11	24.12	24.13	
		ANCILLARY SRVC COST CNTRS								
056	02	RENAL-ADULT								
057		RENAL DIALYSIS								
058		ASC (NON-DISTINCT PART)								
058	04	BMTU OUTPATIENT								
059		RH NBN ECMO IC								
059	01	CARDIOLOGY								
059	02	PSYCH OTHER ANCILLARY								
059	03	CARDIAC CATHERIZATION								
059	04	DAY SURGERY								
059	05	ONCOLOGY								
059	06	DAY SURGERY-RILEY								
059	07	CARDIOLOGY-RILEY								
		OUTPAT SERVICE COST CNTRS								
060		CLINIC								
060	01	AMB SVC-OB & GYN								
060	02	MEDICINE/DIAGNOSTIC								
060	03	AMB SVC-OPTHALMOLOGY								
060	04	AMB SVC-PSYCH ADULT								
060	06	OUTPATIENT SURGERY								
060	07	AMB SVC-RILEY CLINICS								
060	08	DENTAL CLINIC								
060	09	MOTILITY LAB								
060	10	AMB SVC-PSYCH CHILD								
060	13	ARTHRITIS CENTER								
060	14	GERIATRICS CLINIC								
060	15	SLEEP DISORDER CENTER								
060	16	O/P CLINIC-ADULT								
060	17	O/P CLINIC-PEDIATRIC								
060	19	NEUROLOGY UH								
060	20	ORTHOPEDICS UH								
060	21	AMB SVC-UH PHYSICAL MEDIC								
060	22	AMB SVC-DERMATOLOGY CLINI								
060	24	IU CANCER PAVILLION								
060	25	CARDIO CLINIC								
061		EMERGENCY								
061	01	EMERGENCY-RILEY								
062		OBSERVATION BEDS (NON-DIS								
063		FAMILY PRACTICE								
063	60	FEDERALLY QUALIFIED HEALT								
		OTHER REIMBURS COST CNTRS								
064		HOME PROGRAM DIALYSIS								
065		AMBULANCE SERVICES								
066		DURABLE MEDICAL EQUIP-REN								
067		DURABLE MEDICAL EQUIP-SOL								
069		CORF								
070		I&R SERVICES-NOT APPRVD P								
071		HOME HEALTH AGENCY								
082		LUNG ACQUISITION								
		SPEC PURPOSE COST CENTERS								
083		KIDNEY ACQUISITION								
084		LIVER ACQUISITION								
085		HEART ACQUISITION								
085	01	PANCREAS ACQUISITION								
085	02	INTESTINE ACQUISITION								
086		OTHER ORGAN ACQUISITION								
086	01	POST TRANSPLANT EXPENSES								
092		AMBULATORY SURGICAL CENTE								
093		HOSPICE								
095		SUBTOTALS								
		NONREIMBURS COST CENTERS								
096		GIFT, FLOWER, COFFEE SHOP								
097		RESEARCH								
097	01	RESEARCH-GCRC								
098		PHYSICIANS' PRIVATE OFFIC								
098	01	OTHER NONREIMBURSABLE-MET								
098	02	CAFETERIA-IUMC								
098	03	ORGAN PROC ORG								
098	04	OTHER NONREIMBURSABLE-IUM								
098	05	AOC-PRIVATE PHYSICIANS								
098	06	NONALLOWABLE ADVERTISING								
098	07	PHYSICIANS' PRIVATE OFFIC								
098	08	MHH NON-REIMBURSABLE RADI								
098	09	MHH NON-REIMBURSABLE LABO								
098	10	SURGERY CENTER								
098	11	UNUSED SPACE								
098	12	RHI LAB								
098	13	NONALLOWABLE FQHC								
098	14	NONALLOWABLE ADVERTISING								
098	15	ARTHRITIS CLINIC - NR								
098	16	CARDIO PHYSICIANS								
099		NONPAID WORKERS								
101		CROSS FOOT ADJUSTMENTS	2,506	2,591				8,270	1,096	
102		NEGATIVE COST CENTER								
103		TOTAL	2,506	2,591				8,270	1,096	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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		COST CENTER DESCRIPTION	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMED SPEECH	PARAMED ED PRGM	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
			24.14	24.15	24.16	24.17	24.18	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 CAP REL COSTS-INTERES							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	NONPATIENT TELEPHONES							
006	02	DATA PROCESSING							
006	03	PURCHASING, RECEIVING, &							
006	04	ADMITTING							
006	05	CASHIERING							
006	06	OTHER ADMINISTRATIVE AND							
007		MAINTENANCE & REPAIRS							
008		OPERATION OF PLANT							
008	01	IU LEASED SPACE							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
010	01	HOUSEKEEPING - UNIVERSITY							
010	02	HOUSEKEEPING - RILEY							
010	03	HOUSEKEEPING - METHODIST							
011		DIETARY							
012		CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
018		SOCIAL SERVICE							
019		PATIENT TRANSPORTATION							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY & FRI							
023		I&R SERVICES-OTHER PRGM C							
024		PARAMED ED PRGM							
024	01	PARAMED ED CLINIC LAB							
024	02	PARAMED RADIOLOGY-METHODI							
024	03	PARAMED RESPIRATORY THERA							
024	04	DIETARY INTERNSHIP PROG							
024	05	PARAMED EMERGENCY METHODI							
024	06	PARAMED PASTORAL ED							
024	07	PARAMED PHYSICAL THERAPY							
024	08	PARAMED OCCUP THERAPY							
024	09	PARAMED PERFUSION							
024	10	PARAMED PHARMACY							
024	11	PARAMED NEUROPHYSIOLOGY							
024	12	RADIATION THERAPY ED-IUMC							
024	13	NUCLEAR MED ED-IUMC							
024	14	MEDICAL ASSISTING PROGRAM	48,740						
024	15	SURGICAL TECHNOLOGY PROGR		16,182					
024	16	PARAMED SPEECH			306				
024	17	PARAMED ED PRGM							
024	18	PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS						22,088,071	
026		INTENSIVE CARE UNIT						2,042,411	
027		CORONARY CARE UNIT						1,721,160	
027	01	NEONATAL INTENSIVE CARE U						608,613	
028		BURN INTENSIVE CARE UNIT						279,056	
029		SURGICAL INTENSIVE CARE U							
029	02	UH SURG 6IC						1,036,719	
029	03	UH NS 3IC						258,281	
029	04	RH PED IC						1,146,964	
029	07	PEDIATRIC CANCER CENTER						199,526	
031		SUBPROVIDER						739,096	
033		NURSERY						485,769	
034		SKILLED NURSING FACILITY							
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM						14,898,521	
037	01	ENDOSCOPY						497,899	
038		RECOVERY ROOM						1,539,570	
039		DELIVERY ROOM & LABOR ROO						1,907,683	
040		ANESTHESIOLOGY						1,136,603	
040	01	PULMONARY FUNCTION TESTIN						813,431	
041		RADIOLOGY-DIAGNOSTIC						15,179,125	
042		RADIOLOGY-THERAPEUTIC						2,958,460	
043		RADIOISOTOPE						860,162	
044		LABORATORY						8,055,852	
044	01	TRANSPLANT IMMUNOLOGY						228,688	
044	02	BONE MARROW TRANSPLANT LA						372,133	
045		PBP CLINICAL LAB SERVICES							
046		WHOLE BLOOD & PACKED RED							
047		BLOOD STORING, PROCESSING						684,131	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY						2,002,402	
050		PHYSICAL THERAPY						739,421	
051		OCCUPATIONAL THERAPY						527,605	
052		SPEECH PATHOLOGY						853,600	
053		ELECTROCARDIOLOGY						686,171	
054		ELECTROENCEPHALOGRAPHY						431,210	
055		MEDICAL SUPPLIES CHARGED						84,917	
056		DRUGS CHARGED TO PATIENTS						2,656,534	
056	01	RENAL-RILEY							

		COST CENTER DESCRIPTION	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMEDH	SPEECH PARAMEDGM	ED PR PARAMEDGM	ED PR	SUBTOTAL	POST STEPDOWN ADJUSTMENT
			24.14	24.15	24.16	24.17	24.18		25	26
		ANCILLARY SRVC COST CNTRS								
056	02	RENAL-ADULT								
057		RENAL DIALYSIS							1,742,179	
058		ASC (NON-DISTINCT PART)								
058	04	BMTU OUTPATIENT								
059		RH NBN ECMO IC							76,213	
059	01	CARDIOLOGY							1,571,453	
059	02	PSYCH OTHER ANCILLARY							164,077	
059	03	CARDIAC CATHERIZATION							2,336,116	
059	04	DAY SURGERY							1,314,181	
059	05	ONCOLOGY							281,552	
059	06	DAY SURGERY-RILEY								
059	07	CARDIOLOGY-RILEY								
		OUTPAT SERVICE COST CNTRS								
060		CLINIC								
060	01	AMB SVC-OB & GYN							646,662	
060	02	MEDICINE/DIAGNOSTIC							985,578	
060	03	AMB SVC-OPTHALMOLOGY							217,506	
060	04	AMB SVC-PSYCH ADULT							440,225	
060	06	OUTPATIENT SURGERY							354,107	
060	07	AMB SVC-RILEY CLINICS							1,349,362	
060	08	DENTAL CLINIC								
060	09	MOTILITY LAB							28,267	
060	10	AMB SVC-PSYCH CHILD							99,913	
060	13	ARTHRITIS CENTER								
060	14	GERIATRICS CLINIC							147,990	
060	15	SLEEP DISORDER CENTER							463,921	
060	16	O/P CLINIC-ADULT							240,084	
060	17	O/P CLINIC-PEDIATRIC							452,496	
060	19	NEUROLOGY UH							270,559	
060	20	ORTHOPEDICS UH							230,489	
060	21	AMB SVC-UH PHYSICAL MEDIC							384	
060	22	AMB SVC-DERMATOLOGY CLINI							128,676	
060	24	IU CANCER PAVILLION							350,480	
060	25	CARDIO CLINIC							131,678	
061		EMERGENCY							3,704,615	
061	01	EMERGENCY-RILEY								
062		OBSERVATION BEDS (NON-DIS								
063		FAMILY PRACTICE								
063	60	FEDERALLY QUALIFIED HEALT							590,242	
		OTHER REIMBURS COST CNTRS								
064		HOME PROGRAM DIALYSIS							59,987	
065		AMBULANCE SERVICES							799,397	
066		DURABLE MEDICAL EQUIP-REN								
067		DURABLE MEDICAL EQUIP-SOL								
069		CORF								
070		I&R SERVICES-NOT APPRVD P								
071		HOME HEALTH AGENCY							1,839,503	
082		LUNG ACQUISITION							68,045	
		SPEC PURPOSE COST CENTERS								
083		KIDNEY ACQUISITION							395,480	
084		LIVER ACQUISITION							212,142	
085		HEART ACQUISITION							28,936	
085	01	PANCREAS ACQUISITION							126,950	
085	02	INTESTINE ACQUISITION							26,274	
086		OTHER ORGAN ACQUISITION							118,571	
086	01	POST TRANSPLANT EXPENSES							354,052	
092		AMBULATORY SURGICAL CENTE								
093		HOSPICE							316,593	
095		SUBTOTALS							110,384,719	
		NONREIMBURS COST CENTERS								
096		GIFT, FLOWER, COFFEE SHOP							281,035	
097		RESEARCH							2,133,370	
097	01	RESEARCH-GCRC							333,738	
098		PHYSICIANS' PRIVATE OFFIC							25,615	
098	01	OTHER NONREIMBURSABLE-MET							3,835,974	
098	02	CAFETERIA-IUMC								
098	03	ORGAN PROC ORG							433	
098	04	OTHER NONREIMBURSABLE-IUM							6,649	
098	05	AOC-PRIVATE PHYSICIANS							5,674,496	
098	06	NONALLOWABLE ADVERTISING								
098	07	PHYSICIANS' PRIVATE OFFIC								
098	08	MHH NON-REIMBURSABLE RADI							835,473	
098	09	MHH NON-REIMBURSABLE LABO							13,593	
098	10	SURGERY CENTER								
098	11	UNUSED SPACE							5,223,270	
098	12	RHI LAB							3,224	
098	13	NONALLOWABLE FQHC							17,101	
098	14	NONALLOWABLE ADVERTISING								
098	15	ARTHRITIS CLINIC - NR							309,799	
098	16	CARDIO PHYSICIANS							307,256	
099		NONPAID WORKERS								
101		CROSS FOOT ADJUSTMENTS	48,740	16,182	306				2,758,282	
102		NEGATIVE COST CENTER								
103		TOTAL	48,740	16,182	306				132,144,027	

			TOTAL
			27
		GENERAL SERVICE COST CNTR	
001		OLD CAP REL COSTS-BLDG &	
002		OLD CAP REL COSTS-MVBLE E	
003		NEW CAP REL COSTS-BLDG &	
003	01	NEW CAP REL COSTS-INTERES	
004		NEW CAP REL COSTS-MVBLE E	
005		EMPLOYEE BENEFITS	
006	01	NONPATIENT TELEPHONES	
006	02	DATA PROCESSING	
006	03	PURCHASING, RECEIVING, &	
006	04	ADMITTING	
006	05	CASHIERING	
006	06	OTHER ADMINISTRATIVE AND	
007		MAINTENANCE & REPAIRS	
008		OPERATION OF PLANT	
008	01	IU LEASED SPACE	
009		LAUNDRY & LINEN SERVICE	
010		HOUSEKEEPING	
010	01	HOUSEKEEPING - UNIVERSITY	
010	02	HOUSEKEEPING - RILEY	
010	03	HOUSEKEEPING - METHODIST	
011		DIETARY	
012		CAFETERIA	
013		MAINTENANCE OF PERSONNEL	
014		NURSING ADMINISTRATION	
015		CENTRAL SERVICES & SUPPLY	
016		PHARMACY	
017		MEDICAL RECORDS & LIBRARY	
018		SOCIAL SERVICE	
019		PATIENT TRANSPORTATION	
020		NONPHYSICIAN ANESTHETISTS	
021		NURSING SCHOOL	
022		I&R SERVICES-SALARY & FRI	
023		I&R SERVICES-OTHER PRGM C	
024		PARAMED ED PRGM	
024	01	PARAMED ED CLINIC LAB	
024	02	PARAMED RADIOLOGY-METHODI	
024	03	PARAMED RESPIRATORY THERA	
024	04	DIETARY INTERNSHIP PROG	
024	05	PARAMED EMERGENCY METHODI	
024	06	PARAMED PASTORAL ED	
024	07	PARAMED PHYSICAL THERAPY	
024	08	PARAMED OCCUP THERAPY	
024	09	PARAMED PERFUSION	
024	10	PARAMED PHARMACY	
024	11	PARAMED NEUROPHYSIOLOGY	
024	12	RADIATION THERAPY ED-IUMC	
024	13	NUCLEAR MED ED-IUMC	
024	14	MEDICAL ASSISTING PROGRAM	
024	15	SURGICAL TECHNOLOGY PROGR	
024	16	PARAMED SPEECH	
024	17	PARAMED ED PRGM	
024	18	PARAMED ED PRGM	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	22,088,071
026		INTENSIVE CARE UNIT	2,042,411
027		CORONARY CARE UNIT	1,721,160
027	01	NEONATAL INTENSIVE CARE U	608,613
028		BURN INTENSIVE CARE UNIT	279,056
029		SURGICAL INTENSIVE CARE U	
029	02	UH SURG 6IC	1,036,719
029	03	UH NS 3IC	258,281
029	04	RH PED IC	1,146,964
029	07	PEDIATRIC CANCER CENTER	199,526
031		SUBPROVIDER	739,096
033		NURSERY	485,769
034		SKILLED NURSING FACILITY	
035		NURSING FACILITY	
035	01	ICF/MR	
036		OTHER LONG TERM CARE	
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	14,898,521
037	01	ENDOSCOPY	497,899
038		RECOVERY ROOM	1,539,570
039		DELIVERY ROOM & LABOR ROO	1,907,683
040		ANESTHESIOLOGY	1,136,603
040	01	PULMONARY FUNCTION TESTIN	813,431
041		RADIOLOGY-DIAGNOSTIC	15,179,125
042		RADIOLOGY-THERAPEUTIC	2,958,460
043		RADIOISOTOPE	860,162
044		LABORATORY	8,055,852
044	01	TRANSPLANT IMMUNOLOGY	228,688
044	02	BONE MARROW TRANSPLANT LA	372,133
045		PBP CLINICAL LAB SERVICES	
046		WHOLE BLOOD & PACKED RED	
047		BLOOD STORING, PROCESSING	684,131
048		INTRAVENOUS THERAPY	
049		RESPIRATORY THERAPY	2,002,402
050		PHYSICAL THERAPY	739,421
051		OCCUPATIONAL THERAPY	527,605
052		SPEECH PATHOLOGY	853,600
053		ELECTROCARDIOLOGY	686,171
054		ELECTROENCEPHALOGRAPHY	431,210
055		MEDICAL SUPPLIES CHARGED	84,917
056		DRUGS CHARGED TO PATIENTS	2,656,534
056	01	RENAL-RILEY	

			TOTAL
			27
		ANCILLARY SRVC COST CNTRS	
056	02	RENAL-ADULT	
057		RENAL DIALYSIS	1,742,179
058		ASC (NON-DISTINCT PART)	
058	04	BMTU OUTPATIENT	
059		RH NBN ECMO IC	76,213
059	01	CARDIOLOGY	1,571,453
059	02	PSYCH OTHER ANCILLARY	164,077
059	03	CARDIAC CATHERIZATION	2,336,116
059	04	DAY SURGERY	1,314,181
059	05	ONCOLOGY	281,552
059	06	DAY SURGERY-RILEY	
059	07	CARDIOLOGY-RILEY	
		OUTPAT SERVICE COST CNTRS	
060		CLINIC	
060	01	AMB SVC-OB & GYN	646,662
060	02	MEDICINE/DIAGNOSTIC	985,578
060	03	AMB SVC-OPTHALMOLOGY	217,506
060	04	AMB SVC-PSYCH ADULT	440,225
060	06	OUTPATIENT SURGERY	354,107
060	07	AMB SVC-RILEY CLINICS	1,349,362
060	08	DENTAL CLINIC	
060	09	MOTILITY LAB	28,267
060	10	AMB SVC-PSYCH CHILD	99,913
060	13	ARTHRITIS CENTER	
060	14	GERIATRICS CLINIC	147,990
060	15	SLEEP DISORDER CENTER	463,921
060	16	O/P CLINIC-ADULT	240,084
060	17	O/P CLINIC-PEDIATRIC	452,496
060	19	NEUROLOGY UH	270,559
060	20	ORTHOPEDICS UH	230,489
060	21	AMB SVC-UH PHYSICAL MEDIC	384
060	22	AMB SVC-DERMATOLOGY CLINI	128,676
060	24	IU CANCER PAVILLION	350,480
060	25	CARDIO CLINIC	131,678
061		EMERGENCY	3,704,615
061	01	EMERGENCY-RILEY	
062		OBSERVATION BEDS (NON-DIS	
063		FAMILY PRACTICE	
063	60	FEDERALLY QUALIFIED HEALT	590,242
		OTHER REIMBURS COST CNTRS	
064		HOME PROGRAM DIALYSIS	59,987
065		AMBULANCE SERVICES	799,397
066		DURABLE MEDICAL EQUIP-REN	
067		DURABLE MEDICAL EQUIP-SOL	
069		CORF	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	1,839,503
082		LUNG ACQUISITION	68,045
		SPEC PURPOSE COST CENTERS	
083		KIDNEY ACQUISITION	395,480
084		LIVER ACQUISITION	212,142
085		HEART ACQUISITION	28,936
085	01	PANCREAS ACQUISITION	126,950
085	02	INTESTINE ACQUISITION	26,274
086		OTHER ORGAN ACQUISITION	118,571
086	01	POST TRANSPLANT EXPENSES	354,052
092		AMBULATORY SURGICAL CENTE	
093		HOSPICE	316,593
095		SUBTOTALS	110,384,719
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	281,035
097		RESEARCH	2,133,370
097	01	RESEARCH-GCRC	333,738
098		PHYSICIANS' PRIVATE OFFIC	25,615
098	01	OTHER NONREIMBURSABLE-MET	3,835,974
098	02	CAFETERIA-IUMC	
098	03	ORGAN PROC ORG	433
098	04	OTHER NONREIMBURSABLE-IUM	6,649
098	05	AOC-PRIVATE PHYSICIANS	5,674,496
098	06	NONALLOWABLE ADVERTISING	
098	07	PHYSICIANS' PRIVATE OFFIC	
098	08	MHH NON-REIMBURSABLE RADI	835,473
098	09	MHH NON-REIMBURSABLE LABO	13,593
098	10	SURGERY CENTER	
098	11	UNUSED SPACE	5,223,270
098	12	RHI LAB	3,224
098	13	NONALLOWABLE FQHC	17,101
098	14	NONALLOWABLE ADVERTISING	
098	15	ARTHRITIS CLINIC - NR	309,799
098	16	CARDIO PHYSICIANS	307,256
099		NONPAID WORKERS	
101		CROSS FOOT ADJUSTMENTS	2,758,282
102		NEGATIVE COST CENTER	
103		TOTAL	132,144,027

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERES (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
			1	2	3	3.01	4	5
		GENERAL SERVICE COST						
001		OLD CAP REL COSTS-BLD						
002		OLD CAP REL COSTS-MVB						
003		NEW CAP REL COSTS-BLD			4,875,951			
003	01	NEW CAP REL COSTS-INT				4,875,951		
004		NEW CAP REL COSTS-MVB					78,267,937	
005		EMPLOYEE BENEFITS			59,553	59,553	38,690	599,176,826
006	01	NONPATIENT TELEPHONES			8,068	8,068	166,165	496,833
006	02	DATA PROCESSING			114,407	114,407	34,892,244	17,238,336
006	03	PURCHASING, RECEIVING			10,749	10,749	179,079	4,069,521
006	04	ADMITTING			8,702	8,702	5,172	7,548,001
006	05	CASHIERING			102,922	102,922	933,600	11,506,681
006	06	OTHER ADMINISTRATIVE			330,734	330,734	2,063,921	37,639,205
007		MAINTENANCE & REPAIRS			171,749	171,749	3,721,773	4,131,137
008		OPERATION OF PLANT			525,756	525,756	2,092,472	9,222,288
008	01	IU LEASED SPACE						
009		LAUNDRY & LINEN SERVI			35,909	35,909	35,019	611,122
010		HOUSEKEEPING						
010	01	HOUSEKEEPING - UNIVER			10,709	10,709	54,827	2,648,259
010	02	HOUSEKEEPING - RILEY			7,183	7,183	23,660	2,210,248
010	03	HOUSEKEEPING - METHOD			30,218	30,218	56,677	5,883,896
011		DIETARY			37,280	37,280	455,653	6,365,782
012		CAFETERIA			72,208	72,208	199,016	789,048
013		MAINTENANCE OF PERSON						
014		NURSING ADMINISTRATIO			29,775	29,775	1,966,128	17,881,492
015		CENTRAL SERVICES & SU			35,724	35,724	259,242	3,749,923
016		PHARMACY			49,636	49,636	411,958	16,462,169
017		MEDICAL RECORDS & LIB			73,602	73,602	1,341,861	5,388,061
018		SOCIAL SERVICE			8,224	8,224	1,782	2,816,472
019		PATIENT TRANSPORTATIO			1,831	1,831	7,820	1,931,986
020		NONPHYSICIAN ANESTHET						
021		NURSING SCHOOL						
022		I&R SERVICES-SALARY &			46,923	46,923	26,908	25,101,103
023		I&R SERVICES-OTHER PR			1,724	1,724		79,039
024		PARAMED ED PRGM			960	960	43,514	1,087
024	01	PARAMED ED CLINIC LAB			6,621	6,621	8,505	1,003,771
024	02	PARAMED RADIOLOGY-MET			178	178		328,415
024	03	PARAMED RESPIRATORY T			369	369		400,886
024	04	DIETARY INTERNSHIP PR						66,879
024	05	PARAMED EMERGENCY MET			1,771	1,771		397,472
024	06	PARAMED PASTORAL ED			359	359		484,937
024	07	PARAMED PHYSICAL THER						187,412
024	08	PARAMED OCCUP THERAPY						182,688
024	09	PARAMED PERFUSION						
024	10	PARAMED PHARMACY						
024	11	PARAMED NEUROPHYSIOLO						
024	12	RADIATION THERAPY ED-						615,255
024	13	NUCLEAR MED ED-IUMC						84,627
024	14	MEDICAL ASSISTING PRO			1,966	1,966		139,623
024	15	SURGICAL TECHNOLOGY P			184	184	6,433	129,089
024	16	PARAMED SPEECH						23,047
024	17	PARAMED ED PRGM						
024	18	PARAMED ED PRGM						
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS			551,100	551,100	2,211,962	114,246,956
026		INTENSIVE CARE UNIT			38,254	38,254	269,257	13,542,642
027		CORONARY CARE UNIT			42,265	42,265	33,684	10,259,558
027	01	NEONATAL INTENSIVE CA			7,873	7,873	163,762	4,090,127
028		BURN INTENSIVE CARE U			3,998	3,998	89,517	1,270,355
029		SURGICAL INTENSIVE CA						
029	02	UH SURG 6IC			18,810	18,810	202,098	4,467,271
029	03	UH NS 3IC			6,854	6,854	7,378	2,057,442
029	04	RH PED IC			28,566	28,566	52,245	8,001,503
029	07	PEDIATRIC CANCER CENT			5,861	5,861	560	1,211,300
031		SUBPROVIDER			20,875	20,875	16,309	4,025,564
033		NURSERY			9,685	9,685	125,291	2,667,921
034		SKILLED NURSING FACIL						
035		NURSING FACILITY						
035	01	ICF/MR						
036		OTHER LONG TERM CARE						
		ANCILLARY SRVC COST C						
037		OPERATING ROOM			231,952	231,952	6,032,896	29,311,209
037	01	ENDOSCOPY			5,810	5,810	222,835	1,080,813
038		RECOVERY ROOM			42,231	42,231	78,140	8,043,491
039		DELIVERY ROOM & LABOR			58,323	58,323	181,016	6,458,689
040		ANESTHESIOLOGY			2,244	2,244	694,425	2,398,172
040	01	PULMONARY FUNCTION TE			22,252	22,252	187,857	2,400,171
041		RADIOLOGY-DIAGNOSTIC			189,861	189,861	8,422,044	21,792,870
042		RADIOLOGY-THERAPEUTIC			40,345	40,345	1,909,726	3,924,871
043		RADIOISOTOPE			17,933	17,933	300,263	1,133,190
044		LABORATORY			218,413	218,413	1,271,575	20,721,901
044	01	TRANSPLANT IMMUNOLOGY			7,230	7,230	19,177	837,017
044	02	BONE MARROW TRANSPLAN			12,436	12,436	50,178	791,062
045		PBP CLINICAL LAB SERV						
046		WHOLE BLOOD & PACKED						
047		BLOOD STORING, PROCES			12,105	12,105	35,918	3,083,514
048		INTRAVENOUS THERAPY						
049		RESPIRATORY THERAPY			21,898	21,898	621,473	18,075,477
050		PHYSICAL THERAPY			25,442	25,442	28,628	5,172,319
051		OCCUPATIONAL THERAPY			20,253	20,253	824	1,618,562
052		SPEECH PATHOLOGY			23,168	23,168	66,313	2,496,984
053		ELECTROCARDIOLOGY			8,473	8,473	169,208	2,495,316

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERES (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
			1	2	3	3.01	4	5
		ANCILLARY SRVC COST C						
054		ELECTROENCEPHALOGRAPH			10,378	10,378	52,427	1,619,180
055		MEDICAL SUPPLIES CHAR			3,220	3,220	9	219,449
056		DRUGS CHARGED TO PATI						
056	01	RENAL-RILEY						
056	02	RENAL-ADULT						
057		RENAL DIALYSIS			38,461	38,461	281,116	6,233,226
058		ASC (NON-DISTINCT PAR						
058	04	BMTU OUTPATIENT						
059		RH NBN ECMO IC					54,340	529,798
059	01	CARDIOLOGY			11,591	11,591	834,907	1,869,877
059	02	PSYCH OTHER ANCILLARY			2,839	2,839	2,871	587,164
059	03	CARDIAC CATHERIZATION			33,192	33,192	1,046,632	2,810,776
059	04	DAY SURGERY			54,028	54,028	78,359	4,013,026
059	05	ONCOLOGY			12,022	12,022	22,199	567,561
059	06	DAY SURGERY-RILEY						
059	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST C						
060		CLINIC						
060	01	AMB SVC-OB & GYN			16,140	16,140	146,628	1,031,405
060	02	MEDICINE/DIAGNOSTIC			29,957	29,957	10,068	2,313,478
060	03	AMB SVC-OPTHALMOLOGY			8,402	8,402	35,316	243,050
060	04	AMB SVC-PSYCH ADULT			19,815	19,815	106	486,191
060	06	OUTPATIENT SURGERY			8,964	8,964	71,845	1,128,692
060	07	AMB SVC-RILEY CLINICS			32,902	32,902	22,856	4,135,373
060	08	DENTAL CLINIC						
060	09	MOTILITY LAB			269	269	16,451	61,916
060	10	AMB SVC-PSYCH CHILD			2,443	2,443		260,881
060	13	ARTHRITIS CENTER						
060	14	GERIATRICS CLINIC			4,633	4,633	7,576	496,562
060	15	SLEEP DISORDER CENTER			14,691	14,691	8,350	1,554,362
060	16	O/P CLINIC-ADULT			10,029	10,029	423	279,649
060	17	O/P CLINIC-PEDIATRIC			16,521	16,521	43,391	860,222
060	19	NEUROLOGY UH			7,012	7,012	42,653	652,957
060	20	ORTHOPEDICS UH			7,800	7,800		342,290
060	21	AMB SVC-UH PHYSICAL M						23,898
060	22	AMB SVC-DERMATOLOGY C			6,133	6,133	1,260	284,648
060	24	IU CANCER PAVILLION			21,049	21,049	4,348	604,309
060	25	CARDIO CLINIC			4,366	4,366	170	182,937
061		EMERGENCY			71,175	71,175	415,727	16,083,334
061	01	EMERGENCY-RILEY						
062		OBSERVATION BEDS (NON						
063		FAMILY PRACTICE						
063	60	FEDERALLY QUALIFIED H						19,809,522
		OTHER REIMBURS COST C						
064		HOME PROGRAM DIALYSIS			728	728		69,494
065		AMBULANCE SERVICES			86	86	363,776	5,175,448
066		DURABLE MEDICAL EQUIP						
067		DURABLE MEDICAL EQUIP						
069		CORF						
070		I&R SERVICES-NOT APPR						
071		HOME HEALTH AGENCY			25,613	25,613	7,759	11,325,275
082		LUNG ACQUISITION			1,167	1,167	12,063	251,483
		SPEC PURPOSE COST CEN						
083		KIDNEY ACQUISITION			3,413	3,413	50,554	1,325,894
084		LIVER ACQUISITION			460	460	23,325	847,879
085		HEART ACQUISITION			545	545	1,846	178,251
085	01	PANCREAS ACQUISITION			249	249	19,033	95,522
085	02	INTESTINE ACQUISITION			68	68	2,812	62,020
086		OTHER ORGAN ACQUISITI					79,034	2,715,815
086	01	POST TRANSPLANT EXPEN			5,393	5,393		
092		AMBULATORY SURGICAL C						
093		HOSPICE			2,140	2,140	31,695	1,595,089
095		SUBTOTALS			3,968,398	3,968,398	76,248,603	578,419,960
		NONREIMBURS COST CENT						
096		GIFT, FLOWER, COFFEE			14,241	14,241		7,888
097		RESEARCH			38,506	38,506	927,148	6,347,593
097	01	RESEARCH-GCRC			16,436	16,436	6,834	257
098		PHYSICIANS' PRIVATE O						
098	01	OTHER NONREIMBURSABLE			148,196	148,196	190,950	10,075,324
098	02	CAFETERIA-IUMC						
098	03	ORGAN PROC ORG						
098	04	OTHER NONREIMBURSABLE			272	272		141,925
098	05	AOC-PRIVATE PHYSICIAN			351,840	351,840	8,208	215
098	06	NONALLOWABLE ADVERTIS						
098	07	PHYSICIANS' PRIVATE O						
098	08	MHH NON-REIMBURSABLE					836,057	333,603
098	09	MHH NON-REIMBURSABLE			66	66	4,875	330,826
098	10	SURGERY CENTER						
098	11	UNUSED SPACE			328,436	328,436		
098	12	RHI LAB						
098	13	NONALLOWABLE FQHC						
098	14	NONALLOWABLE ADVERTIS						
098	15	ARTHRITIS CLINIC - NR					13,972	2,901,256
098	16	CARDIO PHYSICIANS			9,560	9,560	31,290	617,979
099		NONPAID WORKERS						
101		CROSS FOOT ADJUSTMENT						
102		NEGATIVE COST CENTER						
103		COST TO BE ALLOCATED (WRKSHT B, PART I)			26,916,508	28,188,266	77,039,253	38,322,580
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)			5.520258	5.781081	.984302	.063959

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET B-1

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERES (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
		1	2	3	3.01	4	5
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						711,112
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						.001187

		COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
			6.01	6.02	6.03	6.04	6.05	6a.06	6.06
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
003	01	NEW CAP REL COSTS-INT							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006	01	NONPATIENT TELEPHONES	13,898						
006	02	DATA PROCESSING	1,170	12,728					
006	03	PURCHASING, RECEIVING	72	72	162,744,570				
006	04	ADMITTING	177	177		2016,296,671			
006	05	CASHIERING	745	745			3128,517,379		
006	06	OTHER ADMINISTRATIVE	1,511	1,511	198,222			-207,127,799	1250,321,729
007		MAINTENANCE & REPAIRS	108	108	59				25,439,820
008		OPERATION OF PLANT	258	258	265				54,988,000
008	01	IU LEASED SPACE							122,988
009		LAUNDRY & LINEN SERVI	14	14	116,212				4,466,572
010		HOUSEKEEPING							
010	01	HOUSEKEEPING - UNIVER	53	53					4,513,974
010	02	HOUSEKEEPING - RILEY	12	12					3,484,454
010	03	HOUSEKEEPING - METHOD	45	45					9,491,142
011		DIETARY	80	80	137,411				10,490,315
012		CAFETERIA	61	61					3,042,859
013		MAINTENANCE OF PERSON							
014		NURSING ADMINISTRATIO	207	207	49,233				27,465,256
015		CENTRAL SERVICES & SU	79	79	4,530,344	9,757,649	9,972,739		16,328,176
016		PHARMACY	226	226	1,971,864	239,366,872	284,993,932		89,740,989
017		MEDICAL RECORDS & LIB	247	247	1,965				14,210,454
018		SOCIAL SERVICE	82	82	18,771				5,078,879
019		PATIENT TRANSPORTATIO	36	36	21,801				2,554,876
020		NONPHYSICIAN ANESTHET							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY &	300	300	135,458				37,372,719
023		I&R SERVICES-OTHER PR	15	15	1,673				10,414,578
024		PARAMED ED PRGM	5	5	587				99,204
024	01	PARAMED ED CLINIC LAB	35	35	41,402				1,547,479
024	02	PARAMED RADIOLOGY-MET	5	5	1,261				250,771
024	03	PARAMED RESPIRATORY T	2	2	4,841				295,907
024	04	DIETARY INTERNSHIP PR							76,273
024	05	PARAMED EMERGENCY MET	6	6	1,570				446,365
024	06	PARAMED PASTORAL ED	10	10	2,196				648,334
024	07	PARAMED PHYSICAL THER							213,736
024	08	PARAMED OCCUP THERAPY							208,349
024	09	PARAMED PERFUSION							
024	10	PARAMED PHARMACY							
024	11	PARAMED NEUROPHYSIOLO							
024	12	RADIATION THERAPY ED-							700,792
024	13	NUCLEAR MED ED-IUMC							96,514
024	14	MEDICAL ASSISTING PRO	5	5	3,253				289,946
024	15	SURGICAL TECHNOLOGY P	2	2	746				84,478
024	16	PARAMED SPEECH							26,284
024	17	PARAMED ED PRGM							
024	18	PARAMED ED PRGM							
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	1,699	1,699	10,659,780	344,233,121	345,920,339		169,966,108
026		INTENSIVE CARE UNIT	195	195	1,328,875	41,235,916	41,234,761		19,895,465
027		CORONARY CARE UNIT	168	168	1,323,505	28,183,502	28,182,954		15,490,631
027	01	NEONATAL INTENSIVE CA	42	42	345,873	16,483,985	16,484,777		5,583,506
028		BURN INTENSIVE CARE U	24	24	34,168	3,549,166	3,548,682		1,871,768
029		SURGICAL INTENSIVE CA							
029	02	UH SURG 6IC	105	105	990,542	13,098,634	13,098,634		7,630,522
029	03	UH NS 3IC	16	16	258,871	5,619,123	5,621,760		2,941,790
029	04	RH PED IC	89	89	1,060,001	23,478,095	23,478,096		11,707,660
029	07	PEDIATRIC CANCER CENT	17	17	141,588	3,313,142	3,315,018		1,780,857
031		SUBPROVIDER	77	77	56,054	7,764,329	7,919,007		6,326,787
033		NURSERY	26	26	228,000	12,814,356	12,814,511		3,971,413
034		SKILLED NURSING FACIL							
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	580	580	66,586,902	338,790,744	507,909,698		126,071,469
037	01	ENDOSCOPY	36	36	972,098	6,943,495	10,768,673		3,127,604
038		RECOVERY ROOM	150	150	516,391	18,387,771	41,225,752		12,008,309
039		DELIVERY ROOM & LABOR	157	157	774,876	35,563,054	37,409,755		10,972,608
040		ANESTHESIOLOGY	40	40	5,805,063	19,707,325	26,885,993		11,449,701
040	01	PULMONARY FUNCTION TE	61	61	360,515	1,898,230	15,153,068		4,266,613
041		RADIOLOGY-DIAGNOSTIC	678	678	11,388,582	173,918,039	418,625,849		62,843,817
042		RADIOLOGY-THERAPEUTIC	65	65	399,690	3,424,772	53,064,306		9,140,577
043		RADIOISOTOPE	54	54	1,966,334	4,969,281	18,702,239		4,822,715
044		LABORATORY	520	520	15,254,394	232,246,899	403,034,455		61,708,248
044	01	TRANSPLANT IMMUNOLOGY	7	7	861,808	2,375,678	11,761,518		3,750,071
044	02	BONE MARROW TRANSPLAN	27	27	711,841	1,473,317	4,702,734		2,131,316
045		PBP CLINICAL LAB SERV							
046		WHOLE BLOOD & PACKED							
047		BLOOD STORING, PROCES	38	38	601,799	44,976,696	52,791,276		21,783,780
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	101	101	3,735,783	134,362,754	139,848,732		28,481,276
050		PHYSICAL THERAPY	51	51	336,515	13,427,270	23,927,771		7,605,770
051		OCCUPATIONAL THERAPY	52	52	113,115	4,982,440	7,840,330		2,704,932
052		SPEECH PATHOLOGY	106	106	1,907,440	3,127,608	12,857,586		6,187,425
053		ELECTROCARDIOLOGY	72	72	202,164	31,266,244	42,057,021		5,092,543

		COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
			6.01	6.02	6.03	6.04	6.05	6a.06	6.06
		ANCILLARY SRVC COST C							
054		ELECTROENCEPHALOGRAPH	51	51	179,991	6,483,107	10,759,645		3,550,054
055		MEDICAL SUPPLIES CHAR	8	8	170,262	133,404	1,404,281		550,330
056		DRUGS CHARGED TO PATI							
056	01	RENAL-RILEY							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS	120	120	2,748,520	14,495,182	53,016,784		15,527,691
058		ASC (NON-DISTINCT PAR							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC	2	2	105,136	1,260,638	1,260,638		803,803
059	01	CARDIOLOGY	35	35	10,161,796	31,881,652	77,013,617		15,964,769
059	02	PSYCH OTHER ANCILLARY	35	35	21,746	415,529	934,813		1,412,927
059	03	CARDIAC CATHERIZATION	131	131	5,981,188	46,451,100	67,340,491		13,268,657
059	04	DAY SURGERY	80	80	340,526	778,101	3,343,127		6,338,232
059	05	ONCOLOGY	16	16	10,317	17,651	1,976,341		1,317,425
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST C							
060		CLINIC							
060	01	AMB SVC-OB & GYN	68	68	103,916	699,924	4,853,185		2,209,479
060	02	MEDICINE/DIAGNOSTIC	139	139	189,842	87,952	4,567,581		4,820,108
060	03	AMB SVC-OPTHALMOLOGY	12	12	12,765	20,380	1,446,805		528,836
060	04	AMB SVC-PSYCH ADULT	36	36	28,090	953	1,611,153		1,117,771
060	06	OUTPATIENT SURGERY	37	37	49,813	592,432	3,939,790		1,838,455
060	07	AMB SVC-RILEY CLINICS	223	223	348,074	264,710	7,669,718		8,347,293
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	1	1	59,013	17,916	406,841		164,334
060	10	AMB SVC-PSYCH CHILD	19	19	2,102	330	599,372		534,620
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	20	20	3,128	941	109,091		648,622
060	15	SLEEP DISORDER CENTER	59	59	66,859	116,918	8,663,873		2,722,294
060	16	O/P CLINIC-ADULT	24	24	4,702	1,883	182,612		673,536
060	17	O/P CLINIC-PEDIATRIC	41	41	23,234	1,264	1,347,050		1,646,993
060	19	NEUROLOGY UH	33	33	15,062	1,613	609,019		1,159,699
060	20	ORTHOPEDICS UH	33	33	9,423	2,472	399,719		743,358
060	21	AMB SVC-UH PHYSICAL M			47		11,882		25,608
060	22	AMB SVC-DERMATOLOGY C	6	6	67,630	907	741,994		539,035
060	24	IU CANCER PAVILLION			25,566	818	254,377		946,448
060	25	CARDIO CLINIC	19	19	5,361	5,403	201,412		423,515
061		EMERGENCY	412	412	2,809,831	47,451,661	146,040,297		28,970,495
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED H	100	100			16,043,111		30,160,971
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS	2	2	1,155,329	8,195	6,673,290		1,431,225
065		AMBULANCE SERVICES	70	70	134,597	46,621	28,256,224		13,716,179
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP							
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY	405	405	22				33,942,458
082		LUNG ACQUISITION	5	5	455	2,453,004	2,453,004		1,752,090
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION	57	57	5,349	20,073,990	20,095,990		8,106,585
084		LIVER ACQUISITION	26	26	2,467	13,387,257	13,387,257		8,240,643
085		HEART ACQUISITION	2	2	195	1,246,762	1,246,824		1,080,837
085	01	PANCREAS ACQUISITION	22	22	2,014	5,306,612	5,306,674		3,099,056
085	02	INTESTINE ACQUISITION	3	3	297	1,849,882	1,849,882		1,026,689
086		OTHER ORGAN ACQUISITI			269,686				3,968,077
086	01	POST TRANSPLANT EXPEN	90	90	8,361				752,863
092		AMBULATORY SURGICAL C							
093		HOSPICE	52	52	66,425		7,347,649		4,444,889
095		SUBTOTALS	13,315	12,145	161,350,838	2016,296,671	3128,517,379	-207,127,799	1184,022,713
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE	18	18	852				300,237
097		RESEARCH	162	162	792,119				8,203,410
097	01	RESEARCH-GCRC	17	17	48,922				547,002
098		PHYSICIANS' PRIVATE O							3,177,979
098	01	OTHER NONREIMBURSABLE	319	319	300,407				33,955,380
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG			38,276				1,434
098	04	OTHER NONREIMBURSABLE			78				177,889
098	05	AOC-PRIVATE PHYSICIAN	2	2					4,655,811
098	06	NONALLOWABLE ADVERTIS							
098	07	PHYSICIANS' PRIVATE O							
098	08	MHH NON-REIMBURSABLE			20,342				1,331,889
098	09	MHH NON-REIMBURSABLE			100,837				587,442
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							3,711,766
098	12	RHI LAB							399,961
098	13	NONALLOWABLE FQHC							2,121,659
098	14	NONALLOWABLE ADVERTIS							
098	15	ARTHRITIS CLINIC - NR	29	29	72,457				5,886,947
098	16	CARDIO PHYSICIANS	36	36	19,442				1,240,210
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	3,218,759	94,860,035	6,095,986	10,371,900	35,130,920		207,127,799
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	231.598719	7,452.862586	.037457	.005144	.011229		.165660

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
		6.01	6.02	6.03	6.04	6.05	6a.06	6.06
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	255,326	35,679,383	505,732	611,816	4,197,844		10,077,977
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	18.371420	2,803.219909	.003108	.000303	.001342		.008060

		COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY
			(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(UH SQUARE FEET)	F(RILEY SQUAREF FEET)
			7	8	8.01	9	10	10.01	10.02
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
003	01	NEW CAP REL COSTS-INT							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006	01	NONPATIENT TELEPHONES							
006	02	DATA PROCESSING							
006	03	PURCHASING, RECEIVING							
006	04	ADMITTING							
006	05	CASHIERING							
006	06	OTHER ADMINISTRATIVE							
007		MAINTENANCE & REPAIRS	4,069,067						
008		OPERATION OF PLANT	525,756	3,543,311					
008	01	IU LEASED SPACE			11,292				
009		LAUNDRY & LINEN SERVI	35,909	35,909		8,243,868			
010		HOUSEKEEPING							
010	01	HOUSEKEEPING - UNIVER	10,709	10,709				803,932	
010	02	HOUSEKEEPING - RILEY	7,183	7,183					654,230
010	03	HOUSEKEEPING - METHOD	30,218	30,218					
011		DIETARY	37,280	37,280				8,964	2,668
012		CAFETERIA	72,208	72,208				21,787	23,268
013		MAINTENANCE OF PERSON							
014		NURSING ADMINISTRATIO	29,775	29,775		7,641		3,843	7,560
015		CENTRAL SERVICES & SU	35,724	35,724		80,700		8,945	7,628
016		PHARMACY	49,636	49,636				17,497	7,581
017		MEDICAL RECORDS & LIB	73,602	73,602	11,292			4,795	1,160
018		SOCIAL SERVICE	8,224	8,224		2,269		1,903	2,785
019		PATIENT TRANSPORTATIO	1,831	1,831				697	
020		NONPHYSICIAN ANESTHET							
021		NURSING SCHOOL							
022		I&R SERVICES-SALARY &	46,923	46,923		57,867		5,021	4,234
023		I&R SERVICES-OTHER PR	1,724	1,724					
024		PARAMED ED PRGM	960	960					
024	01	PARAMED ED CLINIC LAB	6,621	6,621					
024	02	PARAMED RADIOLOGY-MET	178	178					
024	03	PARAMED RESPIRATORY T	369	369					
024	04	DIETARY INTERNSHIP PR							
024	05	PARAMED EMERGENCY MET	1,771	1,771					
024	06	PARAMED PASTORAL ED	359	359					
024	07	PARAMED PHYSICAL THER							
024	08	PARAMED OCCUP THERAPY							
024	09	PARAMED PERFUSION							
024	10	PARAMED PHARMACY							
024	11	PARAMED NEUROPHYSIOLO							
024	12	RADIATION THERAPY ED-							
024	13	NUCLEAR MED ED-IUMC							
024	14	MEDICAL ASSISTING PRO	1,966	1,966					
024	15	SURGICAL TECHNOLOGY P	184	184					
024	16	PARAMED SPEECH							
024	17	PARAMED ED PRGM							
024	18	PARAMED ED PRGM							
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	551,100	551,100		4,303,050		127,560	124,165
026		INTENSIVE CARE UNIT	38,254	38,254		257,810			
027		CORONARY CARE UNIT	42,265	42,265		303,848		14,787	
027	01	NEONATAL INTENSIVE CA	7,873	7,873		190,634			
028		BURN INTENSIVE CARE U	3,998	3,998		70,482			3,998
029		SURGICAL INTENSIVE CA							
029	02	UH SURG 6IC	18,810	18,810		123,004		18,810	
029	03	UH NS 3IC	6,854	6,854		58,885		6,854	
029	04	RH PED IC	28,566	28,566		266,728			28,566
029	07	PEDIATRIC CANCER CENT	5,861	5,861		50,679			5,861
031		SUBPROVIDER	20,875	20,875		77,162			
033		NURSERY	9,685	9,685				9,685	
034		SKILLED NURSING FACIL							
035		NURSING FACILITY							
035	01	ICF/MR							
036		OTHER LONG TERM CARE							
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	231,952	231,952		237,747		73,937	31,630
037	01	ENDOSCOPY	5,810	5,810		33,134			
038		RECOVERY ROOM	42,231	42,231		149,442		3,387	4,718
039		DELIVERY ROOM & LABOR	58,323	58,323		324,173		14,419	
040		ANESTHESIOLOGY	2,244	2,244				153	280
040	01	PULMONARY FUNCTION TE	22,252	22,252		36,776		3,049	15,028
041		RADIOLOGY-DIAGNOSTIC	189,861	189,861		262,101		56,784	44,267
042		RADIOLOGY-THERAPEUTIC	40,345	40,345		39,917		21,579	
043		RADIOISOTOPE	17,933	17,933		23,281		7,710	2,272
044		LABORATORY	218,413	218,413		68,897		13,762	15,114
044	01	TRANSPLANT IMMUNOLOGY	7,230	7,230					5,543
044	02	BONE MARROW TRANSPLAN	12,436	12,436				9,168	3,268
045		PBP CLINICAL LAB SERV							
046		WHOLE BLOOD & PACKED							
047		BLOOD STORING, PROCES	12,105	12,105		10,893		1,401	208
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	21,898	21,898		2,904		3,836	4,992
050		PHYSICAL THERAPY	25,442	25,442		34,171		3,246	2,571
051		OCCUPATIONAL THERAPY	20,253	20,253				3,043	4,445
052		SPEECH PATHOLOGY	23,168	23,168		3,158		4,572	16,210
053		ELECTROCARDIOLOGY	8,473	8,473		12,060		286	

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(UH SQUARE FEET)	F(RILEY SQUAREF FEET)
		7	8	8.01	9	10	10.01	10.02
	ANCILLARY SRVC COST C							
054	ELECTROENCEPHALOGRAPH	10,378	10,378		6,745		4,514	2,743
055	MEDICAL SUPPLIES CHAR	3,220	3,220					3,220
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
057	RENAL DIALYSIS	38,461	38,461		33,804		24,677	5,640
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	11,591	11,591				2,539	9,052
059 02	PSYCH OTHER ANCILLARY	2,839	2,839					
059 03	CARDIAC CATHERIZATION	33,192	33,192		55,057		3,120	
059 04	DAY SURGERY	54,028	54,028		161,090		27,719	20,544
059 05	ONCOLOGY	12,022	12,022					
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN	16,140	16,140		55,879		16,140	
060 02	MEDICINE/DIAGNOSTIC	29,957	29,957		17,883		29,957	
060 03	AMB SVC-OPTHALMOLOGY	8,402	8,402				8,402	
060 04	AMB SVC-PSYCH ADULT	19,815	19,815				6,959	
060 06	OUTPATIENT SURGERY	8,964	8,964		5,670		7,072	
060 07	AMB SVC-RILEY CLINICS	32,902	32,902		24,887			32,902
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	269	269					269
060 10	AMB SVC-PSYCH CHILD	2,443	2,443		2,133			2,443
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	4,633	4,633					
060 15	SLEEP DISORDER CENTER	14,691	14,691				4,380	
060 16	O/P CLINIC-ADULT	10,029	10,029					
060 17	O/P CLINIC-PEDIATRIC	16,521	16,521		8,145			
060 19	NEUROLOGY UH	7,012	7,012		8,723		7,012	
060 20	ORTHOPEDICS UH	7,800	7,800				7,800	
060 21	AMB SVC-UH PHYSICAL M							
060 22	AMB SVC-DERMATOLOGY C	6,133	6,133				6,133	
060 24	IU CANCER PAVILLION	21,049	21,049				9,677	
060 25	CARDIO CLINIC	4,366	4,366					
061	EMERGENCY	71,175	71,175		528,100		4,513	18,898
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS	728	728				728	
065	AMBULANCE SERVICES	86	86					86
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	25,613	25,613				156	1,122
082	LUNG ACQUISITION	1,167	1,167					
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	3,413	3,413				534	
084	LIVER ACQUISITION	460	460				460	
085	HEART ACQUISITION	545	545					
085 01	PANCREAS ACQUISITION	249	249				249	
085 02	INTESTINE ACQUISITION	68	68				68	
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN	5,393	5,393				1,198	
092	AMBULATORY SURGICAL C							
093	HOSPICE	2,140	2,140					
095	SUBTOTALS	3,161,514	2,635,758	11,292	7,997,529		645,487	466,939
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	14,241	14,241				2,033	5,006
097	RESEARCH	38,506	38,506		6,710		782	
097 01	RESEARCH-GCRC	16,436	16,436		37,075		16,436	
098	PHYSICIANS' PRIVATE O							
098 01	OTHER NONREIMBURSABLE	148,196	148,196		202,554		6,210	526
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE	272	272					
098 05	AOC-PRIVATE PHYSICIAN	351,840	351,840				85,844	174,338
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE							
098 09	MHH NON-REIMBURSABLE	66	66					
098 10	SURGERY CENTER							
098 11	UNUSED SPACE	328,436	328,436				47,140	7,421
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS	9,560	9,560					
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	29,654,181	67,928,869	143,362	6,156,610		5,545,105	4,251,742
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.287710	19.171015	12.695891	.746811		6.897480	6.498849

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(UH SQUARE FEET)	(RILEY SQUARE FEET)
		7	8	8.01	9	10	10.01	10.02
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	6,119,024	9,974,120	991	671,959		410,312	200,057
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.503790	2.814915	.087761	.081510		.510381	.305790

	COST CENTER DESCRIPTION	HOUSEKEEPING - METHODIST (MH SQUARE EET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE O F PERSONNEL (NUMBER HOUSED)	NURSING ADMIN ISTRATION (DIRECT NRSING HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
		10.03	11	12	13	14	15	16
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD	1,478,170						
011	DIETARY	21,291	689,995					
012	CAFETERIA	27,153		783,917				
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	18,372		25,889		314,874		
015	CENTRAL SERVICES & SU	19,151		10,100		31	157,712,824	
016	PHARMACY	21,017		25,177		299	1,971,864	71,727,933
017	MEDICAL RECORDS & LIB	54,291		13,524			1,965	46
018	SOCIAL SERVICE	3,537		5,576			18,771	
019	PATIENT TRANSPORTATIO	1,135		6,855		1	21,801	
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	37,668		56,260		1,101	135,458	138
023	I&R SERVICES-OTHER PR	1,724		188			1,673	
024	PARAMED ED PRGM	960					587	
024 01	PARAMED ED CLINIC LAB	6,621		1,626		8	41,402	3,198
024 02	PARAMED RADIOLOGY-MET	178		486			1,261	
024 03	PARAMED RESPIRATORY T	369		639			4,841	6
024 04	DIETARY INTERNSHIP PR			128				
024 05	PARAMED EMERGENCY MET	1,771		802			1,570	
024 06	PARAMED PASTORAL ED	359		1,291			2,196	
024 07	PARAMED PHYSICAL THER			283				
024 08	PARAMED OCCUP THERAPY			351				
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-			955				
024 13	NUCLEAR MED ED-IUMC			110				
024 14	MEDICAL ASSISTING PRO	1,966		203			3,253	
024 15	SURGICAL TECHNOLOGY P	184		201			746	
024 16	PARAMED SPEECH			34				
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	271,992	567,638	184,791		142,312	10,659,780	48,543
026	INTENSIVE CARE UNIT	38,254	11,417	21,350		18,260	1,328,875	3,163
027	CORONARY CARE UNIT	27,477	46,245	14,923		13,167	1,323,505	3,133
027 01	NEONATAL INTENSIVE CA	7,873	3,708	6,079		5,278	345,873	380
028	BURN INTENSIVE CARE U		2,929	1,885		1,442	34,168	3
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC		13,462	6,847		6,208	990,542	1,069
029 03	UH NS 3IC		4,707	3,044		2,554	258,871	84
029 04	RH PED IC		16,768	12,446		10,975	1,060,001	3,460
029 07	PEDIATRIC CANCER CENT		2,310	2,125		1,484	141,588	71
031	SUBPROVIDER	20,875	14,145	6,530		3,258	56,054	493
033	NURSERY			5,972		3,520	228,000	313
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	104,966		52,390		24,554	66,586,902	518,038
037 01	ENDOSCOPY	5,810		1,634		981	972,098	
038	RECOVERY ROOM	28,845		12,525		9,531	516,391	2,150
039	DELIVERY ROOM & LABOR	43,904		10,366		7,672	774,876	7,618
040	ANESTHESIOLOGY	1,811		3,948		1,943	5,805,063	955,159
040 01	PULMONARY FUNCTION TE	4,175		4,281		626	360,515	37,240
041	RADIOLOGY-DIAGNOSTIC	61,772		36,680		4,119	11,388,582	173,676
042	RADIOLOGY-THERAPEUTIC	18,765		4,913		717	399,690	76,199
043	RADIOISOTOPE	7,952		1,505		199	1,966,334	111,966
044	LABORATORY	50,102		40,837		1	15,254,394	1,955
044 01	TRANSPLANT IMMUNOLOGY	1,686		1,394			861,808	
044 02	BONE MARROW TRANSPLAN			1,292		450	711,841	18,635
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	4,574		5,311		148	601,799	11,526
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	13,070		28,368		230	3,735,783	10,048
050	PHYSICAL THERAPY	19,053		9,087			336,515	2,766
051	OCCUPATIONAL THERAPY	12,765		3,867			113,115	570
052	SPEECH PATHOLOGY	2,386		4,517		146	1,907,440	2,824
053	ELECTROCARDIOLOGY	8,188		5,105		412	202,164	1,157

	COST CENTER DESCRIPTION	HOUSEKEEPING - METHODIST (MH SQUARE EET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
		10.03	11	12	13	14	15	16
	ANCILLARY SRVC COST C							
054	ELECTROENCEPHALOGRAPH	3,121		2,698		68	179,991	4
055	MEDICAL SUPPLIES CHAR			411			170,262	1
056	DRUGS CHARGED TO PATI							61,214,312
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
057	RENAL DIALYSIS	8,144		10,803		5,157	2,748,520	2,889,689
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC			501		400	105,136	
059 01	CARDIOLOGY			2,991		798	10,161,796	293
059 02	PSYCH OTHER ANCILLARY	2,839		143		143	21,746	1,987
059 03	CARDIAC CATHERIZATION	30,072	3,670	4,177		1,535	5,981,188	19,438
059 04	DAY SURGERY	624		6,992		4,816	340,526	119
059 05	ONCOLOGY	12,022		961		219	10,317	1,189
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN			2,057		771	103,916	11,431
060 02	MEDICINE/DIAGNOSTIC			5,781		1,679	189,842	328,578
060 03	AMB SVC-OPTHALMOLOGY			575		145	12,765	52,156
060 04	AMB SVC-PSYCH ADULT	12,855		1,054		275	28,090	841
060 06	OUTPATIENT SURGERY	1,892		2,149		229	49,813	5,344
060 07	AMB SVC-RILEY CLINICS			9,112		2,995	348,074	606,736
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB			150		150	59,013	
060 10	AMB SVC-PSYCH CHILD			520			2,102	
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	4,633		691		182	3,128	333
060 15	SLEEP DISORDER CENTER	10,311		2,732			66,859	45
060 16	O/P CLINIC-ADULT	10,029		591		190	4,702	19,434
060 17	O/P CLINIC-PEDIATRIC	16,521		1,155		565	23,234	20,676
060 19	NEUROLOGY UH			1,481		596	15,062	14,252
060 20	ORTHOPEDICS UH			970		180	9,423	5,112
060 21	AMB SVC-UH PHYSICAL M			60			47	
060 22	AMB SVC-DERMATOLOGY C			772		204	67,630	13,169
060 24	IU CANCER PAVILLION			1,605		1	25,566	39
060 25	CARDIO CLINIC	4,366		382		98	5,361	35,233
061	EMERGENCY	45,622		28,000		20,636	2,809,831	12,653
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS			93		5	1,155,329	17,859
065	AMBULANCE SERVICES			7,967		3,167	134,597	53,408
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	3,212					22	
082	LUNG ACQUISITION	1,167		192		130	455	40
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	2,879		2,251		38	5,349	173
084	LIVER ACQUISITION			1,038		21	2,467	217
085	HEART ACQUISITION	545		82			195	17
085 01	PANCREAS ACQUISITION			847			2,014	177
085 02	INTESTINE ACQUISITION			125			297	26
086	OTHER ORGAN ACQUISITI			242		203	269,686	
086 01	POST TRANSPLANT EXPEN	4,194		3,519			8,361	734
092	AMBULATORY SURGICAL C							
093	HOSPICE	2,140		2,834		769	66,425	762,202
095	SUBTOTALS	1,151,230	686,999	753,394		307,992	156,319,092	68,083,544
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	5,594					852	
097	RESEARCH	37,724		9,263		3,972	792,119	3,796
097 01	RESEARCH-GCRC		2,996				48,922	405
098	PHYSICIANS' PRIVATE O							
098 01	OTHER NONREIMBURSABLE	139,218		14,835		1,837	300,407	142,635
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG						38,276	
098 04	OTHER NONREIMBURSABLE	272		96		45	78	
098 05	AOC-PRIVATE PHYSICIAN	60,806						
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE			598			20,342	
098 09	MHH NON-REIMBURSABLE			769			100,837	52
098 10	SURGERY CENTER							
098 11	UNUSED SPACE	73,766						
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR			4,193		376	72,457	3,463,151
098 16	CARDIO PHYSICIANS	9,560		769		652	19,442	34,350
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	11,862,975	13,464,560	5,976,876		33,229,134	20,383,824	106,737,780
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.025447	19.513996	7.624373		105.531527	.129246	1.488092

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		(MH SQUARE EET	F(MEALS) SERVED	(FTE'S)	(NUMBER) HOUSED	(DIRECT) NRSING HRS	(COSTED) REQUIS.	(COSTED) REQUIS.
		10.03	11	12	13	14	15	16
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	738,249	1,365,102	1,553,159		3,292,534	1,245,939	3,112,793
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.499434	1.978423	1.981280		10.456672	.007900	.043397

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TOTAL HARGES)	SOCIAL SERVICE (TIME SPENT)	PATIENT TRANSPORTATION (TOTAL HARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
		17	18	19	20	21	22	23
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB	2833,550,708						
018	SOCIAL SERVICE		333,130					
019	PATIENT TRANSPORTATIO			2833,550,708				
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &						55,377	
023	I&R SERVICES-OTHER PR							55,377
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-MET							
024 03	PARAMED RESPIRATORY T							
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THER							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PRO							
024 15	SURGICAL TECHNOLOGY P							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	345,920,339	251,046	345,920,339			10,007	10,007
026	INTENSIVE CARE UNIT	41,234,761	18,531	41,234,761				
027	CORONARY CARE UNIT	28,182,954	12,575	28,182,954			136	136
027 01	NEONATAL INTENSIVE CA	16,484,777	8,396	16,484,777			1,780	1,780
028	BURN INTENSIVE CARE U	3,548,682	1,569	3,548,682				
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	13,098,634	5,849	13,098,634			200	200
029 03	UH NS 3IC	5,621,760	2,552	5,621,760			401	401
029 04	RH PED IC	23,478,096	9,227	23,478,096			166	166
029 07	PEDIATRIC CANCER CENT	3,315,018	1,828	3,315,018				
031	SUBPROVIDER	7,919,007	6,944	7,919,007			317	317
033	NURSERY	12,814,511	7,529	12,814,511				
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	507,909,698	142	507,909,698			7,523	7,523
037 01	ENDOSCOPY	10,768,673		10,768,673				
038	RECOVERY ROOM	41,225,752	1,011	41,225,752				
039	DELIVERY ROOM & LABOR	37,409,755	5,219	37,409,755			1,017	1,017
040	ANESTHESIOLOGY	26,885,993		26,885,993			4,057	4,057
040 01	PULMONARY FUNCTION TE	15,153,068		15,153,068			795	795
041	RADIOLOGY-DIAGNOSTIC	418,625,849		418,625,849			4,525	4,525
042	RADIOLOGY-THERAPEUTIC	53,064,306		53,064,306			526	526
043	RADIOISOTOPE	18,702,239		18,702,239			534	534
044	LABORATORY	403,034,455		403,034,455			2,671	2,671
044 01	TRANSPLANT IMMUNOLOGY	11,761,518		11,761,518				
044 02	BONE MARROW TRANSPLAN	4,702,734		4,702,734				
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	52,791,276		52,791,276				
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	139,848,732		139,848,732			76	76
050	PHYSICAL THERAPY	23,927,771		23,927,771			315	315
051	OCCUPATIONAL THERAPY	7,840,330		7,840,330				
052	SPEECH PATHOLOGY	12,857,586		12,857,586			721	721
053	ELECTROCARDIOLOGY	42,057,021		42,057,021			381	381

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TOTAL HARGES)	SOCIAL SERVICE (TIME SPENT)	PATIENT TRANSPORTATION (TOTAL HARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
		17	18	19	20	21	22	23
	ANCILLARY SRVC COST C							
054	ELECTROENCEPHALOGRAPH	10,759,645		10,759,645			586	586
055	MEDICAL SUPPLIES CHAR	1,404,281		1,404,281				
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
057	RENAL DIALYSIS	53,016,784		53,016,784			451	451
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	1,260,638		1,260,638				
059 01	CARDIOLOGY	77,013,617		77,013,617			1,401	1,401
059 02	PSYCH OTHER ANCILLARY	934,813		934,813			84	84
059 03	CARDIAC CATHERIZATION	67,340,491	17	67,340,491			436	436
059 04	DAY SURGERY	3,343,127	667	3,343,127				
059 05	ONCOLOGY	1,976,341		1,976,341				
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN	4,853,185		4,853,185			1,509	1,509
060 02	MEDICINE/DIAGNOSTIC	4,567,581		4,567,581			1,504	1,504
060 03	AMB SVC-OPTHALMOLOGY	1,446,805		1,446,805			785	785
060 04	AMB SVC-PSYCH ADULT	1,611,153		1,611,153			231	231
060 06	OUTPATIENT SURGERY	3,939,790		3,939,790			1,528	1,528
060 07	AMB SVC-RILEY CLINICS	7,669,718		7,669,718			409	409
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	406,841		406,841				
060 10	AMB SVC-PSYCH CHILD	599,372		599,372			394	394
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	109,091		109,091			72	72
060 15	SLEEP DISORDER CENTER	8,663,873		8,663,873				
060 16	O/P CLINIC-ADULT	182,612		182,612			241	241
060 17	O/P CLINIC-PEDIATRIC	1,347,050		1,347,050			2,903	2,903
060 19	NEUROLOGY UH	609,019		609,019			457	457
060 20	ORTHOPEDICS UH	399,719		399,719			54	54
060 21	AMB SVC-UH PHYSICAL M	11,882		11,882				
060 22	AMB SVC-DERMATOLOGY C	741,994		741,994			413	413
060 24	IU CANCER PAVILLION	254,377		254,377				
060 25	CARDIO CLINIC	201,412		201,412				
061	EMERGENCY	146,040,297	20	146,040,297			3,106	3,106
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H	16,043,111		16,043,111				
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS	6,673,290		6,673,290				
065	AMBULANCE SERVICES	28,256,224		28,256,224				
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION	2,453,004		2,453,004				
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	20,095,990		20,095,990				
084	LIVER ACQUISITION	13,387,257		13,387,257				
085	HEART ACQUISITION	1,246,824		1,246,824				
085 01	PANCREAS ACQUISITION	5,306,674		5,306,674				
085 02	INTESTINE ACQUISITION	1,849,882		1,849,882				
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN							
092	AMBULATORY SURGICAL C							
093	HOSPICE	7,347,649		7,347,649				
095	SUBTOTALS	2833,550,708	333,122	2833,550,708			52,712	52,712
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH						850	850
097 01	RESEARCH-GCRC		8					
098	PHYSICIANS' PRIVATE O							
098 01	OTHER NONREIMBURSABLE						1,689	1,689
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE							
098 05	AOC-PRIVATE PHYSICIAN							
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE							
098 09	MHH NON-REIMBURSABLE							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR						126	126
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	19,235,091	6,244,088	3,095,669			45,775,923	12,200,957
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.006788	18.743698	.001093			826.623382	220.325352

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TOTAL HARGES C)	SOCIAL SERVICE TIME SPENT	PATIENT TRANSPORTATION (TOTAL HARGES C)	NONPHYSICIAN ANESTHETISTS ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SERVICES-SALARY & FRI ASSIGNED TIME	I&R SERVICES-OTHER PRGM C ASSIGNED TIME
		17	18	19	20	21	22	23
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	3,346,054	420,891	175,514			2,088,786	154,540
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001181	1.263444	.000062			37.719378	2.790689

	COST CENTER DESCRIPTION	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED CL INIC LAB (ASSIGNED TIME)	PARAMED RADIO LOGY-METHODI (ASSIGNED TIME)	PARAMED RESPI RATORY THERA (ASSIGNED TIME)	DIETARY INTER NSHIP PROG (MEALS SERVED)	PARAMED EMERG ENCY METHODI (ASSIGNED TIME)	PARAMED PASTO RAL ED (TIME SPENT)
		24	24.01	24.02	24.03	24.04	24.05	24.06
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATIO							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM	100						
024 01	PARAMED ED CLINIC LAB		100					
024 02	PARAMED RADIOLOGY-MET			100				
024 03	PARAMED RESPIRATORY T				100			
024 04	DIETARY INTERNSHIP PR					689,995		
024 05	PARAMED EMERGENCY MET						100	
024 06	PARAMED PASTORAL ED							333,130
024 07	PARAMED PHYSICAL THER							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PRO							
024 15	SURGICAL TECHNOLOGY P							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	100				567,638		251,046
026	INTENSIVE CARE UNIT					11,417		18,531
027	CORONARY CARE UNIT					46,245		12,575
027 01	NEONATAL INTENSIVE CA					3,708		8,396
028	BURN INTENSIVE CARE U					2,929		1,569
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC					13,462		5,849
029 03	UH NS 3IC					4,707		2,552
029 04	RH PED IC					16,768		9,227
029 07	PEDIATRIC CANCER CENT					2,310		1,828
031	SUBPROVIDER					14,145		6,944
033	NURSERY							7,529
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM							142
037 01	ENDOSCOPY							
038	RECOVERY ROOM							1,011
039	DELIVERY ROOM & LABOR							5,219
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TE							
041	RADIOLOGY-DIAGNOSTIC			100				
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY		100					
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLAN							
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				100			
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							

	COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIO LOGY-METHODI	PARAMED RESPI RATORY THERA	DIETARY INTER NSHIP PROG	PARAMED EMERG ENCY METHODI	PARAMED PASTO RAL ED
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(MEALS SERVED)	(ASSIGNED TIME)	(TIME SPENT)
		24	24.01	24.02	24.03	24.04	24.05	24.06
	ANCILLARY SRVC COST C							
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY							
059 02	PSYCH OTHER ANCILLARY							
059 03	CARDIAC CATHERIZATION					3,670		17
059 04	DAY SURGERY							667
059 05	ONCOLOGY							
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN							
060 02	MEDICINE/DIAGNOSTIC							
060 03	AMB SVC-OPTHALMOLOGY							
060 04	AMB SVC-PSYCH ADULT							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS							
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD							
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT							
060 17	O/P CLINIC-PEDIATRIC							
060 19	NEUROLOGY UH							
060 20	ORTHOPEDICS UH							
060 21	AMB SVC-UH PHYSICAL M							
060 22	AMB SVC-DERMATOLOGY C							
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY						100	20
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINE ACQUISITION							
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS	100	100	100	100	686,999	100	333,122
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH							
097 01	RESEARCH-GCRC					2,996		8
098	PHYSICIANS' PRIVATE O							
098 01	OTHER NONREIMBURSABLE							
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE							
098 05	AOC-PRIVATE PHYSICIAN							
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE							
098 09	MHH NON-REIMBURSABLE							
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE FQHC							
098 14	NONALLOWABLE ADVERTIS							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	148,818	2,055,504	302,320	363,158	89,884	587,700	778,243
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,488.180000	20,555.040000	3,023.200000	3,631.580000	.130268	5,877.000000	2.336154

	COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIO LOGY-METHODI	PARAMED RESPI RATORY THERA	DIETARY INTER NSHIP PROG	PARAMED EMERG ENCY METHODI	PARAMED PASTO RAL ED
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(MEALS SERVED)	(ASSIGNED TIME)	(TIME SPENT)
		24	24.01	24.02	24.03	24.04	24.05	24.06
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	73,221	231,421	20,366	15,771	948	51,151	42,387
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	732.210000	2,314.210000	203.660000	157.710000	.001374	511.510000	.127239

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET B-1

	COST CENTER DESCRIPTION	PARAMED PHYSICAL THERAPY (ASSIGNED TIME) 24.07	PARAMED OCCUP THERAPY (ASSIGNED TIME) 24.08	PARAMED PERFUSION (ASSIGNED TIME) 24.09	PARAMED PHARMACY (ASSIGNED TIME) 24.10	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME) 24.11	RADIATION THERAPY ED-IUMC (ASSIGNED TIME) 24.12	NUCLEAR MED ED-IUMC (ASSIGNED TIME) 24.13
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATIO							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-MET							
024 03	PARAMED RESPIRATORY T							
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THER	100						
024 08	PARAMED OCCUP THERAPY		100					
024 09	PARAMED PERFUSION			100				
024 10	PARAMED PHARMACY				100			
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-						100	
024 13	NUCLEAR MED ED-IUMC							100
024 14	MEDICAL ASSISTING PRO							
024 15	SURGICAL TECHNOLOGY P							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
027 01	NEONATAL INTENSIVE CA							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC							
029 03	UH NS 3IC							
029 04	RH PED IC							
029 07	PEDIATRIC CANCER CENT							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM							
037 01	ENDOSCOPY							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TE							
041	RADIOLOGY-DIAGNOSTIC			100				
042	RADIOLOGY-THERAPEUTIC						100	
043	RADIOISOTOPE							100
044	LABORATORY							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLAN							
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	100						
051	OCCUPATIONAL THERAPY		100					
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET B-1

		COST CENTER DESCRIPTION	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)	PARAMED NEURO PHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)	THE NUCLEAR MED ED-IUMC (ASSIGNED TIME)
			24.07	24.08	24.09	24.10	24.11	24.12	24.13
		ANCILLARY SRVC COST C							
054		ELECTROENCEPHALOGRAPH							
055		MEDICAL SUPPLIES CHAR							
056		DRUGS CHARGED TO PATI				100			
056	01	RENAL-RILEY							
056	02	RENAL-ADULT							
057		RENAL DIALYSIS							
058		ASC (NON-DISTINCT PAR							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC							
059	01	CARDIOLOGY							
059	02	PSYCH OTHER ANCILLARY							
059	03	CARDIAC CATHERIZATION							
059	04	DAY SURGERY							
059	05	ONCOLOGY							
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST C							
060		CLINIC							
060	01	AMB SVC-OB & GYN							
060	02	MEDICINE/DIAGNOSTIC							
060	03	AMB SVC-OPTHALMOLOGY							
060	04	AMB SVC-PSYCH ADULT							
060	06	OUTPATIENT SURGERY							
060	07	AMB SVC-RILEY CLINICS							
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB							
060	10	AMB SVC-PSYCH CHILD							
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC							
060	15	SLEEP DISORDER CENTER							
060	16	O/P CLINIC-ADULT							
060	17	O/P CLINIC-PEDIATRIC							
060	19	NEUROLOGY UH							
060	20	ORTHOPEDICS UH							
060	21	AMB SVC-UH PHYSICAL M							
060	22	AMB SVC-DERMATOLOGY C							
060	24	IU CANCER PAVILLION							
060	25	CARDIO CLINIC							
061		EMERGENCY							
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED H							
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP							
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY							
082		LUNG ACQUISITION							
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION							
084		LIVER ACQUISITION							
085		HEART ACQUISITION							
085	01	PANCREAS ACQUISITION							
085	02	INTESTINE ACQUISITION							
086		OTHER ORGAN ACQUISITI							
086	01	POST TRANSPLANT EXPEN							
092		AMBULATORY SURGICAL C							
093		HOSPICE							
095		SUBTOTALS	100	100	100	100		100	100
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE							
097		RESEARCH							
097	01	RESEARCH-GCRC							
098		PHYSICIANS' PRIVATE O							
098	01	OTHER NONREIMBURSABLE							
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE							
098	05	AOC-PRIVATE PHYSICIAN							
098	06	NONALLOWABLE ADVERTIS							
098	07	PHYSICIANS' PRIVATE O							
098	08	MHH NON-REIMBURSABLE							
098	09	MHH NON-REIMBURSABLE							
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE FQHC							
098	14	NONALLOWABLE ADVERTIS							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS							
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	251,302	245,540				824,166	113,342
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	2,513.020000	2,455.400000				8,241.660000	1,133.420000

	COST CENTER DESCRIPTION	PARAMED PHYSICAL THERAPY	PARAMED OCCUPTHERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY	THE NUCLEAR MED ED-IUMC
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
		24.07	24.08	24.09	24.10	24.11	24.12	24.13
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	2,506	2,591				8,270	1,096
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	25.060000	25.910000				82.700000	10.960000

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

	COST CENTER DESCRIPTION	MEDICAL ASSISTING PROGRAM (ASSIGNED TIME) 24.14	SURGICAL TECHNOLOGY PROGR (ASSIGNED TIME) 24.15	PARAMED SPECH (ASSIGNED TIME) 24.16	PARAMED ED PRGM (ASSIGNED TIME) 24.17	PARAMED ED PRGM (ASSIGNED TIME) 24.18
	ANCILLARY SRVC COST C					
054	ELECTROENCEPHALOGRAPH					
055	MEDICAL SUPPLIES CHAR					
056	DRUGS CHARGED TO PATI					
056 01	RENAL-RILEY					
056 02	RENAL-ADULT					
057	RENAL DIALYSIS					
058	ASC (NON-DISTINCT PAR					
058 04	BMTU OUTPATIENT					
059	RH NBN ECMO IC					
059 01	CARDIOLOGY					
059 02	PSYCH OTHER ANCILLARY					
059 03	CARDIAC CATHERIZATION					
059 04	DAY SURGERY					
059 05	ONCOLOGY					
059 06	DAY SURGERY-RILEY					
059 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST C					
060	CLINIC					
060 01	AMB SVC-OB & GYN					
060 02	MEDICINE/DIAGNOSTIC					
060 03	AMB SVC-OPTHALMOLOGY					
060 04	AMB SVC-PSYCH ADULT					
060 06	OUTPATIENT SURGERY					
060 07	AMB SVC-RILEY CLINICS					
060 08	DENTAL CLINIC					
060 09	MOTILITY LAB					
060 10	AMB SVC-PSYCH CHILD					
060 13	ARTHRITIS CENTER					
060 14	GERIATRICS CLINIC					
060 15	SLEEP DISORDER CENTER					
060 16	O/P CLINIC-ADULT					
060 17	O/P CLINIC-PEDIATRIC					
060 19	NEUROLOGY UH					
060 20	ORTHOPEDICS UH					
060 21	AMB SVC-UH PHYSICAL M					
060 22	AMB SVC-DERMATOLOGY C					
060 24	IU CANCER PAVILLION					
060 25	CARDIO CLINIC					
061	EMERGENCY					
061 01	EMERGENCY-RILEY					
062	OBSERVATION BEDS (NON					
063	FAMILY PRACTICE					
063 60	FEDERALLY QUALIFIED H					
	OTHER REIMBURS COST C					
064	HOME PROGRAM DIALYSIS					
065	AMBULANCE SERVICES					
066	DURABLE MEDICAL EQUIP					
067	DURABLE MEDICAL EQUIP					
069	CORF					
070	I&R SERVICES-NOT APPR					
071	HOME HEALTH AGENCY					
082	LUNG ACQUISITION					
	SPEC PURPOSE COST CEN					
083	KIDNEY ACQUISITION					
084	LIVER ACQUISITION					
085	HEART ACQUISITION					
085 01	PANCREAS ACQUISITION					
085 02	INTESTINE ACQUISITION					
086	OTHER ORGAN ACQUISITI					
086 01	POST TRANSPLANT EXPEN					
092	AMBULATORY SURGICAL C					
093	HOSPICE					
095	SUBTOTALS	100	100	100		
	NONREIMBURS COST CENT					
096	GIFT, FLOWER, COFFEE					
097	RESEARCH					
097 01	RESEARCH-GCRC					
098	PHYSICIANS' PRIVATE O					
098 01	OTHER NONREIMBURSABLE					
098 02	CAFETERIA-IUMC					
098 03	ORGAN PROC ORG					
098 04	OTHER NONREIMBURSABLE					
098 05	AOC-PRIVATE PHYSICIAN					
098 06	NONALLOWABLE ADVERTIS					
098 07	PHYSICIANS' PRIVATE O					
098 08	MHH NON-REIMBURSABLE					
098 09	MHH NON-REIMBURSABLE					
098 10	SURGERY CENTER					
098 11	UNUSED SPACE					
098 12	RHI LAB					
098 13	NONALLOWABLE FQHC					
098 14	NONALLOWABLE ADVERTIS					
098 15	ARTHRITIS CLINIC - NR					
098 16	CARDIO PHYSICIANS					
099	NONPAID WORKERS					
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	COST TO BE ALLOCATED	407,742	106,446	30,897		
	(PER WRKSHT B, PART					
104	UNIT COST MULTIPLIER		1,064.460000			
	(WRKSHT B, PT I)	4,077.420000		308.970000		

	COST CENTER DESCRIPTION	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMED SPEECH	PARAMED ED PRGM	PARAMED ED PRGM
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
		24.14	24.15	24.16	24.17	24.18
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	48,740	16,182	306		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	487.400000	161.820000	3.060000		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	257,389,683		257,389,683		257,389,683
26		INTENSIVE CARE UNIT	27,909,165		27,909,165		27,909,165
27		CORONARY CARE UNIT	22,799,183		22,799,183		22,799,183
27	01	NEONATAL INTENSIVE CARE U	7,950,687		7,950,687		7,950,687
28		BURN INTENSIVE CARE UNIT	2,655,793		2,655,793		2,655,793
29		SURGICAL INTENSIVE CARE U					
29	02	UH SURG 6IC	10,941,823		10,941,823		10,941,823
29	03	UH NS 3IC	4,218,613		4,218,613		4,218,613
29	04	RH PED IC	16,891,994		16,891,994		16,891,994
29	07	PEDIATRIC CANCER CENTER	2,608,139		2,608,139		2,608,139
31		SUBPROVIDER	9,040,608		9,040,608		9,040,608
33		NURSERY	5,659,010		5,659,010		5,659,010
34		SKILLED NURSING FACILITY					
35		NURSING FACILITY					
35	01	ICF/MR					
36		OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	171,308,647		171,308,647		171,308,647
37	01	ENDOSCOPY	4,197,314		4,197,314		4,197,314
38		RECOVERY ROOM	17,029,574		17,029,574		17,029,574
39		DELIVERY ROOM & LABOR ROO	16,432,381		16,432,381		16,432,381
40		ANESTHESIOLOGY	16,041,923		16,041,923		16,041,923
40	01	PULMONARY FUNCTION TESTIN	6,061,981		6,061,981		6,061,981
41		RADIOLOGY-DIAGNOSTIC	85,695,075		85,695,075		85,695,075
42		RADIOLOGY-THERAPEUTIC	13,572,072		13,572,072		13,572,072
43		RADIOISOTOPE	6,959,249		6,959,249		6,959,249
44		LABORATORY	85,874,217		85,874,217		85,874,217
44	01	TRANSPLANT IMMUNOLOGY	4,826,863		4,826,863		4,826,863
44	02	BONE MARROW TRANSPLANT LA	3,112,041		3,112,041		3,112,041
45		PBP CLINICAL LAB SERVICES					
46		WHOLE BLOOD & PACKED RED					
47		BLOOD STORING, PROCESSING	26,335,714		26,335,714		26,335,714
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	36,148,493		36,148,493		36,148,493
50		PHYSICAL THERAPY	10,313,200		10,313,200		10,313,200
51		OCCUPATIONAL THERAPY	4,193,501		4,193,501		4,193,501
52		SPEECH PATHOLOGY	8,416,623		8,416,623		8,416,623
53		ELECTROCARDIOLOGY	6,678,754		6,678,754		6,678,754
54		ELECTROENCEPHALOGRAPHY	4,627,602		4,627,602		4,627,602
55		MEDICAL SUPPLIES CHARGED	783,829		783,829		783,829
56		DRUGS CHARGED TO PATIENTS	91,092,547		91,092,547		91,092,547
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
57		RENAL DIALYSIS	25,114,879		25,114,879		25,114,879
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	1,006,517		1,006,517		1,006,517
59	01	CARDIOLOGY	21,020,286		21,020,286		21,020,286
59	02	PSYCH OTHER ANCILLARY	1,774,210		1,774,210		1,774,210
59	03	CARDIAC CATHERIZATION	18,247,911		18,247,911		18,247,911
59	04	DAY SURGERY	9,913,897		9,913,897		9,913,897
59	05	ONCOLOGY	1,999,354		1,999,354		1,999,354
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	3,321,338		3,321,338		3,321,338
60	02	MEDICINE/DIAGNOSTIC	7,401,965		7,401,965		7,401,965
60	03	AMB SVC-OPTHALMOLOGY	1,007,053		1,007,053		1,007,053
60	04	AMB SVC-PSYCH ADULT	2,033,025		2,033,025		2,033,025
60	06	OUTPATIENT SURGERY	2,534,377		2,534,377		2,534,377
60	07	AMB SVC-RILEY CLINICS	12,226,913		12,226,913		12,226,913
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	228,231		228,231		228,231
60	10	AMB SVC-PSYCH CHILD	714,255		714,255		714,255
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	942,073		942,073		942,073
60	15	SLEEP DISORDER CENTER	3,772,753		3,772,753		3,772,753
60	16	O/P CLINIC-ADULT	1,186,480		1,186,480		1,186,480
60	17	O/P CLINIC-PEDIATRIC	2,608,447		2,608,447		2,608,447
60	19	NEUROLOGY UH	1,694,366		1,694,366		1,694,366
60	20	ORTHOPEDICS UH	1,165,048		1,165,048		1,165,048
60	21	AMB SVC-UH PHYSICAL MEDIC	30,407		30,407		30,407
60	22	AMB SVC-DERMATOLOGY CLINI	894,506		894,506		894,506
60	24	IU CANCER PAVILLION	1,744,624		1,744,624		1,744,624
60	25	CARDIO CLINIC	712,197		712,197		712,197
61		EMERGENCY	41,079,703		41,079,703		41,079,703
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DIS	15,735,709		15,735,709		15,735,709
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALT	35,283,873		35,283,873		35,283,873
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	1,922,331		1,922,331		1,922,331
65		AMBULANCE SERVICES	16,705,756		16,705,756		16,705,756
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		SUBTOTAL	1221,788,782		1221,788,782		1221,788,782
102		LESS OBSERVATION BEDS	15,735,709		15,735,709		15,735,709
103		TOTAL	1206,053,073		1206,053,073		1206,053,073

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	344,233,121		344,233,121			
26	INTENSIVE CARE UNIT	41,235,916		41,235,916			
27	CORONARY CARE UNIT	28,183,502		28,183,502			
27 01	NEONATAL INTENSIVE CARE U	16,483,985		16,483,985			
28	BURN INTENSIVE CARE UNIT	3,549,166		3,549,166			
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC	13,098,634		13,098,634			
29 03	UH NS 3IC	5,619,123		5,619,123			
29 04	RH PED IC	23,478,095		23,478,095			
29 07	PEDIATRIC CANCER CENTER	3,313,142		3,313,142			
31	SUBPROVIDER	7,764,329		7,764,329			
33	NURSERY	12,814,356		12,814,356			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	338,790,744	169,118,954	507,909,698	.337282	.337282	.337282
37 01	ENDOSCOPY	6,943,495	3,825,178	10,768,673	.389771	.389771	.389771
38	RECOVERY ROOM	18,387,771	22,837,981	41,225,752	.413081	.413081	.413081
39	DELIVERY ROOM & LABOR ROO	35,563,054	1,846,701	37,409,755	.439254	.439254	.439254
40	ANESTHESIOLOGY	19,707,325	7,178,668	26,885,993	.596665	.596665	.596665
40 01	PULMONARY FUNCTION TESTIN	1,898,230	13,254,837	15,153,067	.400050	.400050	.400050
41	RADIOLOGY-DIAGNOSTIC	173,918,039	244,707,810	418,625,849	.204706	.204706	.204706
42	RADIOLOGY-THERAPEUTIC	3,424,772	49,639,534	53,064,306	.255767	.255767	.255767
43	RADIOISOTOPE	4,969,281	13,732,958	18,702,239	.372108	.372108	.372108
44	LABORATORY	232,246,899	170,787,557	403,034,456	.213069	.213069	.213069
44 01	TRANSPLANT IMMUNOLOGY	2,375,678	9,385,840	11,761,518	.410395	.410395	.410395
44 02	BONE MARROW TRANSPLANT LA	1,473,317	3,229,418	4,702,735	.661751	.661751	.661751
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	44,976,696	7,814,580	52,791,276	.498865	.498865	.498865
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	134,362,754	5,485,977	139,848,731	.258483	.258483	.258483
50	PHYSICAL THERAPY	13,427,270	10,500,500	23,927,770	.431014	.431014	.431014
51	OCCUPATIONAL THERAPY	4,982,440	2,857,890	7,840,330	.534863	.534863	.534863
52	SPEECH PATHOLOGY	3,127,608	9,729,978	12,857,586	.654604	.654604	.654604
53	ELECTROCARDIOLOGY	31,266,244	10,790,778	42,057,022	.158802	.158802	.158802
54	ELECTROENCEPHALOGRAPHY	6,483,107	4,276,539	10,759,646	.430089	.430089	.430089
55	MEDICAL SUPPLIES CHARGED	9,891,053	1,485,966	11,377,019	.068896	.068896	.068896
56	DRUGS CHARGED TO PATIENTS	239,366,872	45,627,060	284,993,932	.319630	.319630	.319630
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
57	RENAL DIALYSIS	14,495,182	38,521,602	53,016,784	.473716	.473716	.473716
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC	1,260,638		1,260,638	.798419	.798419	.798419
59 01	CARDIOLOGY	31,881,652	45,131,965	77,013,617	.272942	.272942	.272942
59 02	PSYCH OTHER ANCILLARY	415,529	519,284	934,813	1.897930	1.897930	1.897930
59 03	CARDIAC CATHERIZATION	43,451,100	23,889,392	67,340,492	.270980	.270980	.270980
59 04	DAY SURGERY	778,101	2,565,026	3,343,127	2.965456	2.965456	2.965456
59 05	ONCOLOGY	17,651	1,958,690	1,976,341	1.011644	1.011644	1.011644
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	699,924	4,153,261	4,853,185	.684363	.684363	.684363
60 02	MEDICINE/DIAGNOSTIC	87,952	4,479,630	4,567,582	1.620543	1.620543	1.620543
60 03	AMB SVC-OPTHALMOLOGY	20,380	1,426,425	1,446,805	.696053	.696053	.696053
60 04	AMB SVC-PSYCH ADULT	953	1,610,199	1,611,152	1.261846	1.261846	1.261846
60 06	OUTPATIENT SURGERY	592,432	3,347,359	3,939,791	.643277	.643277	.643277
60 07	AMB SVC-RILEY CLINICS	264,710	7,405,009	7,669,719	1.594180	1.594180	1.594180
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	17,916	388,924	406,840	.560985	.560985	.560985
60 10	AMB SVC-PSYCH CHILD		599,372	599,372	1.191672	1.191672	1.191672
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	967	108,151	109,118	8.633525	8.633525	8.633525
60 15	SLEEP DISORDER CENTER	116,918	8,546,955	8,663,873	.435458	.435458	.435458
60 16	O/P CLINIC-ADULT	1,883	180,729	182,612	6.497273	6.497273	6.497273
60 17	O/P CLINIC-PEDIATRIC	1,264	1,345,786	1,347,050	1.936414	1.936414	1.936414
60 19	NEUROLOGY UH	1,613	607,406	609,019	2.782123	2.782123	2.782123
60 20	ORTHOPEDICS UH	2,472	397,247	399,719	2.914668	2.914668	2.914668
60 21	AMB SVC-UH PHYSICAL MEDIC		11,882	11,882	2.559081	2.559081	2.559081
60 22	AMB SVC-DERMATOLOGY CLINI	907	741,087	741,994	1.205543	1.205543	1.205543
60 24	IU CANCER PAVILLION	818	253,558	254,376	6.858446	6.858446	6.858446
60 25	CARDIO CLINIC	5,403	196,009	201,412	3.536021	3.536021	3.536021
61	EMERGENCY	47,451,661	98,588,636	146,040,297	.281290	.281290	.281290
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	2,969,580	13,812,317	16,781,897	.937660	.937660	.937660
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT		29,803,156	29,803,156	1.183897	1.183897	1.183897
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	8,195	6,665,095	6,673,290	.288063	.288063	.288063
65	AMBULANCE SERVICES	46,621	28,209,603	28,256,224	.591224	.591224	.591224
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	1971,948,440	1133,578,459	3105,526,899			
102	LESS OBSERVATION BEDS						
103	TOTAL	1971,948,440	1133,578,459	3105,526,899			

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	267,866,497		267,866,497		267,866,497
26	INTENSIVE CARE UNIT	27,909,165		27,909,165		27,909,165
27	CORONARY CARE UNIT	22,941,568		22,941,568		22,941,568
27 01	NEONATAL INTENSIVE CARE U	9,814,256		9,814,256		9,814,256
28	BURN INTENSIVE CARE UNIT	2,655,793		2,655,793		2,655,793
29	SURGICAL INTENSIVE CARE U					
29 02	UH SURG 6IC	11,151,213		11,151,213		11,151,213
29 03	UH NS 3IC	4,638,439		4,638,439		4,638,439
29 04	RH PED IC	17,065,787		17,065,787		17,065,787
29 07	PEDIATRIC CANCER CENTER	2,608,139		2,608,139		2,608,139
31	SUBPROVIDER	9,372,491		9,372,491		9,372,491
33	NURSERY	5,659,010		5,659,010		5,659,010
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	179,184,843		179,184,843		179,184,843
37 01	ENDOSCOPY	4,197,314		4,197,314		4,197,314
38	RECOVERY ROOM	17,029,574		17,029,574		17,029,574
39	DELIVERY ROOM & LABOR ROO	17,497,128		17,497,128		17,497,128
40	ANESTHESIOLOGY	20,289,394		20,289,394		20,289,394
40 01	PULMONARY FUNCTION TESTIN	6,894,306		6,894,306		6,894,306
41	RADIOLOGY-DIAGNOSTIC	90,432,518		90,432,518		90,432,518
42	RADIOLOGY-THERAPEUTIC	14,122,767		14,122,767		14,122,767
43	RADIOISOTOPE	7,518,320		7,518,320		7,518,320
44	LABORATORY	88,670,617		88,670,617		88,670,617
44 01	TRANSPLANT IMMUNOLOGY	4,826,863		4,826,863		4,826,863
44 02	BONE MARROW TRANSPLANT LA	3,112,041		3,112,041		3,112,041
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	26,335,714		26,335,714		26,335,714
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	36,228,061		36,228,061		36,228,061
50	PHYSICAL THERAPY	10,642,988		10,642,988		10,642,988
51	OCCUPATIONAL THERAPY	4,193,501		4,193,501		4,193,501
52	SPEECH PATHOLOGY	9,171,473		9,171,473		9,171,473
53	ELECTROCARDIOLOGY	7,077,642		7,077,642		7,077,642
54	ELECTROENCEPHALOGRAPHY	5,241,114		5,241,114		5,241,114
55	MEDICAL SUPPLIES CHARGED	783,829		783,829		783,829
56	DRUGS CHARGED TO PATIENTS	91,092,547		91,092,547		91,092,547
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
57	RENAL DIALYSIS	25,587,053		25,587,053		25,587,053
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC	1,006,517		1,006,517		1,006,517
59 01	CARDIOLOGY	22,487,061		22,487,061		22,487,061
59 02	PSYCH OTHER ANCILLARY	1,862,153		1,862,153		1,862,153
59 03	CARDIAC CATHERIZATION	18,704,381		18,704,381		18,704,381
59 04	DAY SURGERY	9,913,897		9,913,897		9,913,897
59 05	ONCOLOGY	1,999,354		1,999,354		1,999,354
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN	4,901,184		4,901,184		4,901,184
60 02	MEDICINE/DIAGNOSTIC	8,976,576		8,976,576		8,976,576
60 03	AMB SVC-OPTHALMOLOGY	1,828,907		1,828,907		1,828,907
60 04	AMB SVC-PSYCH ADULT	2,274,870		2,274,870		2,274,870
60 06	OUTPATIENT SURGERY	4,134,115		4,134,115		4,134,115
60 07	AMB SVC-RILEY CLINICS	12,655,115		12,655,115		12,655,115
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB	228,231		228,231		228,231
60 10	AMB SVC-PSYCH CHILD	1,126,753		1,126,753		1,126,753
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC	1,017,453		1,017,453		1,017,453
60 15	SLEEP DISORDER CENTER	3,772,753		3,772,753		3,772,753
60 16	O/P CLINIC-ADULT	1,438,794		1,438,794		1,438,794
60 17	O/P CLINIC-PEDIATRIC	5,647,739		5,647,739		5,647,739
60 19	NEUROLOGY UH	2,172,822		2,172,822		2,172,822
60 20	ORTHOPEDICS UH	1,221,584		1,221,584		1,221,584
60 21	AMB SVC-UH PHYSICAL MEDIC	30,407		30,407		30,407
60 22	AMB SVC-DERMATOLOGY CLINI	1,326,895		1,326,895		1,326,895
60 24	IU CANCER PAVILLION	1,744,624		1,744,624		1,744,624
60 25	CARDIO CLINIC	712,197		712,197		712,197
61	EMERGENCY	44,331,526		44,331,526		44,331,526
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DIS	15,735,709		15,735,709		15,735,709
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALT	35,283,873		35,283,873		35,283,873
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	1,922,331		1,922,331		1,922,331
65	AMBULANCE SERVICES	16,705,756		16,705,756		16,705,756
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	1276,975,542		1276,975,542		1276,975,542
102	LESS OBSERVATION BEDS	15,735,709		15,735,709		15,735,709
103	TOTAL	1261,239,833		1261,239,833		1261,239,833

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
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	344,233,121		344,233,121			
26		INTENSIVE CARE UNIT	41,235,916		41,235,916			
27		CORONARY CARE UNIT	28,183,502		28,183,502			
27	01	NEONATAL INTENSIVE CARE U	16,483,985		16,483,985			
28		BURN INTENSIVE CARE UNIT	3,549,166		3,549,166			
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC	13,098,634		13,098,634			
29	03	UH NS 3IC	5,619,123		5,619,123			
29	04	RH PED IC	23,478,095		23,478,095			
29	07	PEDIATRIC CANCER CENTER	3,313,142		3,313,142			
31		SUBPROVIDER	7,764,329		7,764,329			
33		NURSERY	12,814,356		12,814,356			
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
35	01	ICF/MR						
36		OTHER LONG TERM CARE						
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	338,790,744	169,118,954	507,909,698	.352789	.352789	.352789
37	01	ENDOSCOPY	6,943,495	3,825,178	10,768,673	.389771	.389771	.389771
38		RECOVERY ROOM	18,387,771	22,837,981	41,225,752	.413081	.413081	.413081
39		DELIVERY ROOM & LABOR ROO	35,563,054	1,846,701	37,409,755	.467716	.467716	.467716
40		ANESTHESIOLOGY	19,707,325	7,178,668	26,885,993	.754646	.754646	.754646
40	01	PULMONARY FUNCTION TESTIN	1,898,230	13,254,837	15,153,067	.454978	.454978	.454978
41		RADIOLOGY-DIAGNOSTIC	173,918,039	244,707,810	418,625,849	.216022	.216022	.216022
42		RADIOLOGY-THERAPEUTIC	3,424,772	49,639,534	53,064,306	.266144	.266144	.266144
43		RADIOISOTOPE	4,969,281	13,732,958	18,702,239	.402001	.402001	.402001
44		LABORATORY	232,246,899	170,787,557	403,034,456	.220008	.220008	.220008
44	01	TRANSPLANT IMMUNOLOGY	2,375,678	9,385,840	11,761,518	.410395	.410395	.410395
44	02	BONE MARROW TRANSPLANT LA	1,473,317	3,229,418	4,702,735	.661751	.661751	.661751
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	44,976,696	7,814,580	52,791,276	.498865	.498865	.498865
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	134,362,754	5,485,977	139,848,731	.259052	.259052	.259052
50		PHYSICAL THERAPY	13,427,270	10,500,500	23,927,770	.444796	.444796	.444796
51		OCCUPATIONAL THERAPY	4,982,440	2,857,890	7,840,330	.534863	.534863	.534863
52		SPEECH PATHOLOGY	3,127,608	9,729,978	12,857,586	.713312	.713312	.713312
53		ELECTROCARDIOLOGY	31,266,244	10,790,778	42,057,022	.168287	.168287	.168287
54		ELECTROENCEPHALOGRAPHY	6,483,107	4,276,539	10,759,646	.487108	.487108	.487108
55		MEDICAL SUPPLIES CHARGED	9,891,053	1,485,966	11,377,019	.068896	.068896	.068896
56		DRUGS CHARGED TO PATIENTS	239,366,872	45,627,060	284,993,932	.319630	.319630	.319630
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
57		RENAL DIALYSIS	14,495,182	38,521,602	53,016,784	.482622	.482622	.482622
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC	1,260,638		1,260,638	.798419	.798419	.798419
59	01	CARDIOLOGY	31,881,652	45,131,965	77,013,617	.291988	.291988	.291988
59	02	PSYCH OTHER ANCILLARY	415,529	519,284	934,813	1.992006	1.992006	1.992006
59	03	CARDIAC CATHERIZATION	43,451,100	23,889,392	67,340,492	.277758	.277758	.277758
59	04	DAY SURGERY	778,101	2,565,026	3,343,127	2.965456	2.965456	2.965456
59	05	ONCOLOGY	17,651	1,958,690	1,976,341	1.011644	1.011644	1.011644
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	699,924	4,153,261	4,853,185	1.009890	1.009890	1.009890
60	02	MEDICINE/DIAGNOSTIC	87,952	4,479,630	4,567,582	1.965280	1.965280	1.965280
60	03	AMB SVC-OPTHALMOLOGY	20,380	1,426,425	1,446,805	1.264101	1.264101	1.264101
60	04	AMB SVC-PSYCH ADULT	953	1,610,199	1,611,152	1.411952	1.411952	1.411952
60	06	OUTPATIENT SURGERY	592,432	3,347,359	3,939,791	1.049323	1.049323	1.049323
60	07	AMB SVC-RILEY CLINICS	264,710	7,405,009	7,669,719	1.650010	1.650010	1.650010
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	17,916	388,924	406,840	.560985	.560985	.560985
60	10	AMB SVC-PSYCH CHILD		599,372	599,372	1.879889	1.879889	1.879889
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	967	108,151	109,118	9.324337	9.324337	9.324337
60	15	SLEEP DISORDER CENTER	116,918	8,546,955	8,663,873	.435458	.435458	.435458
60	16	O/P CLINIC-ADULT	1,883	180,729	182,612	7.878967	7.878967	7.878967
60	17	O/P CLINIC-PEDIATRIC	1,264	1,345,786	1,347,050	4.192672	4.192672	4.192672
60	19	NEUROLOGY UH	1,613	607,406	609,019	3.567741	3.567741	3.567741
60	20	ORTHOPEDICS UH	2,472	397,247	399,719	3.056107	3.056107	3.056107
60	21	AMB SVC-UH PHYSICAL MEDIC		11,882	11,882	2.559081	2.559081	2.559081
60	22	AMB SVC-DERMATOLOGY CLINI	907	741,087	741,994	1.788283	1.788283	1.788283
60	24	IU CANCER PAVILLION	818	253,558	254,376	6.858446	6.858446	6.858446
60	25	CARDIO CLINIC	5,403	196,009	201,412	3.536021	3.536021	3.536021
61		EMERGENCY	47,451,661	98,588,636	146,040,297	.303557	.303557	.303557
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	2,969,580	13,812,317	16,781,897	.937660	.937660	.937660
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT		29,803,156	29,803,156	1.183897	1.183897	1.183897
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	8,195	6,665,095	6,673,290	.288063	.288063	.288063
65		AMBULANCE SERVICES	46,621	28,209,603	28,256,224	.591224	.591224	.591224
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	1971,948,440	1133,578,459	3105,526,899			
102		LESS OBSERVATION BEDS						
103		TOTAL	1971,948,440	1133,578,459	3105,526,899			

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	171,308,647	14,898,521	156,410,126			171,308,647
37	01	ENDOSCOPY	4,197,314	497,899	3,699,415			4,197,314
38		RECOVERY ROOM	17,029,574	1,539,570	15,490,004			17,029,574
39		DELIVERY ROOM & LABOR ROO	16,432,381	1,907,683	14,524,698			16,432,381
40		ANESTHESIOLOGY	16,041,923	1,136,603	14,905,320			16,041,923
40	01	PULMONARY FUNCTION TESTIN	6,061,981	813,431	5,248,550			6,061,981
41		RADIOLOGY-DIAGNOSTIC	85,695,075	15,179,125	70,515,950			85,695,075
42		RADIOLOGY-THERAPEUTIC	13,572,072	2,958,460	10,613,612			13,572,072
43		RADIOISOTOPE	6,959,249	860,162	6,099,087			6,959,249
44		LABORATORY	85,874,217	8,055,852	77,818,365			85,874,217
44	01	TRANSPLANT IMMUNOLOGY	4,826,863	228,688	4,598,175			4,826,863
44	02	BONE MARROW TRANSPLANT LA	3,112,041	372,133	2,739,908			3,112,041
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	26,335,714	684,131	25,651,583			26,335,714
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	36,148,493	2,002,402	34,146,091			36,148,493
50		PHYSICAL THERAPY	10,313,200	739,421	9,573,779			10,313,200
51		OCCUPATIONAL THERAPY	4,193,501	527,605	3,665,896			4,193,501
52		SPEECH PATHOLOGY	8,416,623	853,600	7,563,023			8,416,623
53		ELECTROCARDIOLOGY	6,678,754	686,171	5,992,583			6,678,754
54		ELECTROENCEPHALOGRAPHY	4,627,602	431,210	4,196,392			4,627,602
55		MEDICAL SUPPLIES CHARGED	783,829	84,917	698,912			783,829
56		DRUGS CHARGED TO PATIENTS	91,092,547	2,656,534	88,436,013			91,092,547
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
57		RENAL DIALYSIS	25,114,879	1,742,179	23,372,700			25,114,879
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC	1,006,517	76,213	930,304			1,006,517
59	01	CARDIOLOGY	21,020,286	1,571,453	19,448,833			21,020,286
59	02	PSYCH OTHER ANCILLARY	1,774,210	164,077	1,610,133			1,774,210
59	03	CARDIAC CATHERIZATION	18,247,911	2,336,116	15,911,795			18,247,911
59	04	DAY SURGERY	9,913,897	1,314,181	8,599,716			9,913,897
59	05	ONCOLOGY	1,999,354	281,552	1,717,802			1,999,354
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	3,321,338	646,662	2,674,676			3,321,338
60	02	MEDICINE/DIAGNOSTIC	7,401,965	985,578	6,416,387			7,401,965
60	03	AMB SVC-OPTHALMOLOGY	1,007,053	217,506	789,547			1,007,053
60	04	AMB SVC-PSYCH ADULT	2,033,025	440,225	1,592,800			2,033,025
60	06	OUTPATIENT SURGERY	2,534,377	354,107	2,180,270			2,534,377
60	07	AMB SVC-RILEY CLINICS	12,226,913	1,349,362	10,877,551			12,226,913
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	228,231	28,267	199,964			228,231
60	10	AMB SVC-PSYCH CHILD	714,255	99,913	614,342			714,255
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	942,073	147,990	794,083			942,073
60	15	SLEEP DISORDER CENTER	3,772,753	463,921	3,308,832			3,772,753
60	16	O/P CLINIC-ADULT	1,186,480	240,084	946,396			1,186,480
60	17	O/P CLINIC-PEDIATRIC	2,608,447	452,496	2,155,951			2,608,447
60	19	NEUROLOGY UH	1,694,366	270,559	1,423,807			1,694,366
60	20	ORTHOPEDICS UH	1,165,048	230,489	934,559			1,165,048
60	21	AMB SVC-UH PHYSICAL MEDIC	30,407	384	30,023			30,407
60	22	AMB SVC-DERMATOLOGY CLINI	894,506	128,676	765,830			894,506
60	24	IU CANCER PAVILLION	1,744,624	350,480	1,394,144			1,744,624
60	25	CARDIO CLINIC	712,197	131,678	580,519			712,197
61		EMERGENCY	41,079,703	3,704,615	37,375,088			41,079,703
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	15,735,709	1,350,376	14,385,333			15,735,709
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT	35,283,873	590,242	34,693,631			35,283,873
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	1,922,331	59,987	1,862,344			1,922,331
65		AMBULANCE SERVICES	16,705,756	799,397	15,906,359			16,705,756
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	853,724,084	77,642,883	776,081,201			853,724,084
102		LESS OBSERVATION BEDS	15,735,709	1,350,376	14,385,333			15,735,709
103		TOTAL	837,988,375	76,292,507	761,695,868			837,988,375

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	507,909,698	.337282	.337282
37	01	ENDOSCOPY	10,768,673	.389771	.389771
38		RECOVERY ROOM	41,225,752	.413081	.413081
39		DELIVERY ROOM & LABOR ROO	37,409,755	.439254	.439254
40		ANESTHESIOLOGY	26,885,993	.596665	.596665
40	01	PULMONARY FUNCTION TESTIN	15,153,067	.400050	.400050
41		RADIOLOGY-DIAGNOSTIC	418,625,849	.204706	.204706
42		RADIOLOGY-THERAPEUTIC	53,064,306	.255767	.255767
43		RADIOISOTOPE	18,702,239	.372108	.372108
44		LABORATORY	403,034,456	.213069	.213069
44	01	TRANSPLANT IMMUNOLOGY	11,761,518	.410395	.410395
44	02	BONE MARROW TRANSPLANT LA	4,702,735	.661751	.661751
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	52,791,276	.498865	.498865
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	139,848,731	.258483	.258483
50		PHYSICAL THERAPY	23,927,770	.431014	.431014
51		OCCUPATIONAL THERAPY	7,840,330	.534863	.534863
52		SPEECH PATHOLOGY	12,857,586	.654604	.654604
53		ELECTROCARDIOLOGY	42,057,022	.158802	.158802
54		ELECTROENCEPHALOGRAPHY	10,759,646	.430089	.430089
55		MEDICAL SUPPLIES CHARGED	11,377,019	.068896	.068896
56		DRUGS CHARGED TO PATIENTS	284,993,932	.319630	.319630
56	01	RENAL-RILEY			
56	02	RENAL-ADULT			
57		RENAL DIALYSIS	53,016,784	.473716	.473716
58		ASC (NON-DISTINCT PART)			
58	04	BMTU OUTPATIENT			
59		RH NBN ECMO IC	1,260,638	.798419	.798419
59	01	CARDIOLOGY	77,013,617	.272942	.272942
59	02	PSYCH OTHER ANCILLARY	934,813	1.897930	1.897930
59	03	CARDIAC CATHERIZATION	67,340,492	.270980	.270980
59	04	DAY SURGERY	3,343,127	2.965456	2.965456
59	05	ONCOLOGY	1,976,341	1.011644	1.011644
59	06	DAY SURGERY-RILEY			
59	07	CARDIOLOGY-RILEY			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	AMB SVC-OB & GYN	4,853,185	.684363	.684363
60	02	MEDICINE/DIAGNOSTIC	4,567,582	1.620543	1.620543
60	03	AMB SVC-OPTHALMOLOGY	1,446,805	.696053	.696053
60	04	AMB SVC-PSYCH ADULT	1,611,152	1.261846	1.261846
60	06	OUTPATIENT SURGERY	3,939,791	.643277	.643277
60	07	AMB SVC-RILEY CLINICS	7,669,719	1.594180	1.594180
60	08	DENTAL CLINIC			
60	09	MOTILITY LAB	406,840	.560985	.560985
60	10	AMB SVC-PSYCH CHILD	599,372	1.191672	1.191672
60	13	ARTHRITIS CENTER			
60	14	GERIATRICS CLINIC	109,118	8.633525	8.633525
60	15	SLEEP DISORDER CENTER	8,663,873	.435458	.435458
60	16	O/P CLINIC-ADULT	182,612	6.497273	6.497273
60	17	O/P CLINIC-PEDIATRIC	1,347,050	1.936414	1.936414
60	19	NEUROLOGY UH	609,019	2.782123	2.782123
60	20	ORTHOPEDICS UH	399,719	2.914668	2.914668
60	21	AMB SVC-UH PHYSICAL MEDIC	11,882	2.559081	2.559081
60	22	AMB SVC-DERMATOLOGY CLINI	741,994	1.205543	1.205543
60	24	IU CANCER PAVILLION	254,376	6.858446	6.858446
60	25	CARDIO CLINIC	201,412	3.536021	3.536021
61		EMERGENCY	146,040,297	.281290	.281290
61	01	EMERGENCY-RILEY			
62		OBSERVATION BEDS (NON-DIS	16,781,897	.937660	.937660
63		FAMILY PRACTICE			
63	60	FEDERALLY QUALIFIED HEALT	29,803,156	1.183897	1.183897
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	6,673,290	.288063	.288063
65		AMBULANCE SERVICES	28,256,224	.591224	.591224
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	2605,753,530		
102		LESS OBSERVATION BEDS	16,781,897		
103		TOTAL	2588,971,633		

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
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	179,184,843	14,898,521	164,286,322	1,489,852	9,528,607	168,166,384
37	01	ENDOSCOPY	4,197,314	497,899	3,699,415	49,790	214,566	3,932,958
38		RECOVERY ROOM	17,029,574	1,539,570	15,490,004	153,957	898,420	15,977,197
39		DELIVERY ROOM & LABOR ROO	17,497,128	1,907,683	15,589,445	190,768	904,188	16,402,172
40		ANESTHESIOLOGY	20,289,394	1,136,603	19,152,791	113,660	1,110,862	19,064,872
40	01	PULMONARY FUNCTION TESTIN	6,894,306	813,431	6,080,875	81,343	352,691	6,460,272
41		RADIOLOGY-DIAGNOSTIC	90,432,518	15,179,125	75,253,393	1,517,913	4,364,697	84,549,908
42		RADIOLOGY-THERAPEUTIC	14,122,767	2,958,460	11,164,307	295,846	647,530	13,179,391
43		RADIOISOTOPE	7,518,320	860,162	6,658,158	86,016	386,173	7,046,131
44		LABORATORY	88,670,617	8,055,852	80,614,765	805,585	4,675,656	83,189,376
44	01	TRANSPLANT IMMUNOLOGY	4,826,863	228,688	4,598,175	22,869	266,694	4,537,300
44	02	BONE MARROW TRANSPLANT LA	3,112,041	372,133	2,739,908	37,213	158,915	2,915,913
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	26,335,714	684,131	25,651,583	68,413	1,487,792	24,779,509
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	36,228,061	2,002,402	34,225,659	200,240	1,985,088	34,042,733
50		PHYSICAL THERAPY	10,642,988	739,421	9,903,567	73,942	574,407	9,994,639
51		OCCUPATIONAL THERAPY	4,193,501	527,605	3,665,896	52,761	212,622	3,928,118
52		SPEECH PATHOLOGY	9,171,473	853,600	8,317,873	85,360	482,437	8,603,676
53		ELECTROCARDIOLOGY	7,077,642	686,171	6,391,471	68,617	370,705	6,638,320
54		ELECTROENCEPHALOGRAPHY	5,241,114	431,210	4,809,904	43,121	278,974	4,919,019
55		MEDICAL SUPPLIES CHARGED	783,829	84,917	698,912	8,492	40,537	734,800
56		DRUGS CHARGED TO PATIENTS	91,092,547	2,656,534	88,436,013	265,653	5,129,289	85,697,605
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
57		RENAL DIALYSIS	25,587,053	1,742,179	23,844,874	174,218	1,383,003	24,029,832
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC	1,006,517	76,213	930,304	7,621	53,958	944,938
59	01	CARDIOLOGY	22,487,061	1,571,453	20,915,608	157,145	1,213,105	21,116,811
59	02	PSYCH OTHER ANCILLARY	1,862,153	164,077	1,698,076	16,408	98,488	1,747,257
59	03	CARDIAC CATHERIZATION	18,704,381	2,336,116	16,368,265	233,612	949,359	17,521,410
59	04	DAY SURGERY	9,913,897	1,314,181	8,599,716	131,418	498,784	9,283,695
59	05	ONCOLOGY	1,999,354	281,552	1,717,802	28,155	99,633	1,871,566
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	4,901,184	646,662	4,254,522	64,666	246,762	4,589,756
60	02	MEDICINE/DIAGNOSTIC	8,976,576	985,578	7,990,998	98,558	463,478	8,414,540
60	03	AMB SVC-OPTHALMOLOGY	1,828,907	217,506	1,611,401	21,751	93,461	1,713,695
60	04	AMB SVC-PSYCH ADULT	2,274,870	440,225	1,834,645	44,023	106,409	2,124,438
60	06	OUTPATIENT SURGERY	4,134,115	354,107	3,780,008	35,411	219,240	3,879,464
60	07	AMB SVC-RILEY CLINICS	12,655,115	1,349,362	11,305,753	134,936	655,734	11,864,445
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	228,231	28,267	199,964	2,827	11,598	213,806
60	10	AMB SVC-PSYCH CHILD	1,126,753	99,913	1,026,840	9,991	59,557	1,057,205
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	1,017,453	147,990	869,463	14,799	50,429	952,225
60	15	SLEEP DISORDER CENTER	3,772,753	463,921	3,308,832	46,392	191,912	3,534,449
60	16	O/P CLINIC-ADULT	1,438,794	240,084	1,198,710	24,008	69,525	1,345,261
60	17	O/P CLINIC-PEDIATRIC	5,647,739	452,496	5,195,243	45,250	301,324	5,301,165
60	19	NEUROLOGY UH	2,172,822	270,559	1,902,263	27,056	110,331	2,035,435
60	20	ORTHOPEDICS UH	1,221,584	230,489	991,095	23,049	57,484	1,141,051
60	21	AMB SVC-UH PHYSICAL MEDIC	30,407	384	30,023	38	1,741	28,628
60	22	AMB SVC-DERMATOLOGY CLINI	1,326,895	128,676	1,198,219	12,868	69,497	1,244,530
60	24	IU CANCER PAVILLION	1,744,624	350,480	1,394,144	35,048	80,860	1,628,716
60	25	CARDIO CLINIC	712,197	131,678	580,519	13,168	33,670	665,359
61		EMERGENCY	44,331,526	3,704,615	40,626,911	370,462	2,356,361	41,604,703
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	15,735,709	1,350,376	14,385,333	135,038	834,349	14,766,322
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT	35,283,873	590,242	34,693,631	59,024	2,012,231	33,212,618
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	1,922,331	59,987	1,862,344	5,999	108,016	1,808,316
65		AMBULANCE SERVICES	16,705,756	799,397	15,906,359	79,940	922,569	15,703,247
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	895,293,184	77,642,883	817,650,301	7,764,290	47,423,718	840,105,176
102		LESS OBSERVATION BEDS	15,735,709	1,350,376	14,385,333	135,038	834,349	14,766,322
103		TOTAL	879,557,475	76,292,507	803,264,968	7,629,252	46,589,369	825,338,854

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	507,909,698	.331095	.349855
37	01	ENDOSCOPY	10,768,673	.365222	.385147
38		RECOVERY ROOM	41,225,752	.387554	.409346
39		DELIVERY ROOM & LABOR ROO	37,409,755	.438446	.462616
40		ANESTHESIOLOGY	26,885,993	.709101	.750418
40	01	PULMONARY FUNCTION TESTIN	15,153,067	.426334	.449610
41		RADIOLOGY-DIAGNOSTIC	418,625,849	.201970	.212396
42		RADIOLOGY-THERAPEUTIC	53,064,306	.248366	.260569
43		RADIOISOTOPE	18,702,239	.376753	.397402
44		LABORATORY	403,034,456	.206408	.218009
44	01	TRANSPLANT IMMUNOLOGY	11,761,518	.385775	.408450
44	02	BONE MARROW TRANSPLANT LA	4,702,735	.620046	.653838
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	52,791,276	.469386	.497569
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	139,848,731	.243425	.257620
50		PHYSICAL THERAPY	23,927,770	.417700	.441706
51		OCCUPATIONAL THERAPY	7,840,330	.501014	.528133
52		SPEECH PATHOLOGY	12,857,586	.669152	.706673
53		ELECTROCARDIOLOGY	42,057,022	.157841	.166655
54		ELECTROENCEPHALOGRAPHY	10,759,646	.457173	.483101
55		MEDICAL SUPPLIES CHARGED	11,377,019	.064586	.068149
56		DRUGS CHARGED TO PATIENTS	284,993,932	.300700	.318698
56	01	RENAL-RILEY			
56	02	RENAL-ADULT			
57		RENAL DIALYSIS	53,016,784	.453250	.479336
58		ASC (NON-DISTINCT PART)			
58	04	BMTU OUTPATIENT			
59		RH NBN ECMO IC	1,260,638	.749571	.792373
59	01	CARDIOLOGY	77,013,617	.274196	.289948
59	02	PSYCH OTHER ANCILLARY	934,813	1.869098	1.974454
59	03	CARDIAC CATHERIZATION	67,340,492	.260191	.274289
59	04	DAY SURGERY	3,343,127	2.776950	2.926146
59	05	ONCOLOGY	1,976,341	.946985	.997398
59	06	DAY SURGERY-RILEY			
59	07	CARDIOLOGY-RILEY			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	AMB SVC-OB & GYN	4,853,185	.945720	.996566
60	02	MEDICINE/DIAGNOSTIC	4,567,582	1.842231	1.943702
60	03	AMB SVC-OPTHALMOLOGY	1,446,805	1.184469	1.249067
60	04	AMB SVC-PSYCH ADULT	1,611,152	1.318583	1.384629
60	06	OUTPATIENT SURGERY	3,939,791	.984688	1.040335
60	07	AMB SVC-RILEY CLINICS	7,669,719	1.546920	1.632417
60	08	DENTAL CLINIC			
60	09	MOTILITY LAB	406,840	.525528	.554036
60	10	AMB SVC-PSYCH CHILD	599,372	1.763855	1.863220
60	13	ARTHRITIS CENTER			
60	14	GERIATRICS CLINIC	109,118	8.726562	9.188713
60	15	SLEEP DISORDER CENTER	8,663,873	.407953	.430103
60	16	O/P CLINIC-ADULT	182,612	7.366772	7.747497
60	17	O/P CLINIC-PEDIATRIC	1,347,050	3.935388	4.159080
60	19	NEUROLOGY UH	609,019	3.342154	3.523315
60	20	ORTHOPEDICS UH	399,719	2.854633	2.998444
60	21	AMB SVC-UH PHYSICAL MEDIC	11,882	2.409359	2.555883
60	22	AMB SVC-DERMATOLOGY CLINI	741,994	1.677278	1.770940
60	24	IU CANCER PAVILLION	254,376	6.402790	6.720665
60	25	CARDIO CLINIC	201,412	3.303472	3.470642
61		EMERGENCY	146,040,297	.284885	.301020
61	01	EMERGENCY-RILEY			
62		OBSERVATION BEDS (NON-DIS	16,781,897	.879896	.929613
63		FAMILY PRACTICE			
63	60	FEDERALLY QUALIFIED HEALT	29,803,156	1.114399	1.181917
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	6,673,290	.270978	.287165
65		AMBULANCE SERVICES	28,256,224	.555745	.588395
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	2605,753,530		
102		LESS OBSERVATION BEDS	16,781,897		
103		TOTAL	2588,971,633		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0056

PERIOD: FROM 1/ 1/2007 TO 12/31/2007

PREPARED 5/29/2008

WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS				22,088,071		22,088,071
26		INTENSIVE CARE UNIT				2,042,411		2,042,411
27		CORONARY CARE UNIT				1,721,160		1,721,160
27	01	NEONATAL INTENSIVE CARE U				608,613		608,613
28		BURN INTENSIVE CARE UNIT				279,056		279,056
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC				1,036,719		1,036,719
29	03	UH NS 3IC				258,281		258,281
29	04	RH PED IC				1,146,964		1,146,964
29	07	PEDIATRIC CANCER CENTER				199,526		199,526
31		SUBPROVIDER				739,096		739,096
33		NURSERY				485,769		485,769
101		TOTAL				30,605,666		30,605,666

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET D PART I

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	264,853	79,805			83.40	6,655,737
26		INTENSIVE CARE UNIT	18,531	6,232			110.22	686,891
27		CORONARY CARE UNIT	12,575	6,464			136.87	884,728
27	01	NEONATAL INTENSIVE CARE U	8,396				72.49	
28		BURN INTENSIVE CARE UNIT	1,569				177.86	
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC	5,849	2,352			177.25	416,892
29	03	UH NS 3IC	2,552	1,051			101.21	106,372
29	04	RH PED IC	9,227	89			124.31	11,064
29	07	PEDIATRIC CANCER CENTER	1,828				109.15	
31		SUBPROVIDER	6,944	2,802			106.44	298,245
33		NURSERY	7,529				64.52	
101		TOTAL	339,853	98,795				9,059,929

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET D PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		14,898,521	507,909,698	100,631,494		
37	01	ENDOSCOPY		497,899	10,768,673	3,654,266		
38		RECOVERY ROOM		1,539,570	41,225,752	5,214,349		
39		DELIVERY ROOM & LABOR ROO		1,907,683	37,409,755	325,671		
40		ANESTHESIOLOGY		1,136,603	26,885,993	5,797,284		
40	01	PULMONARY FUNCTION TESTIN		813,431	15,153,067	267,307		
41		RADIOLOGY-DIAGNOSTIC		15,179,125	418,625,849	58,602,617		
42		RADIOLOGY-THERAPEUTIC		2,958,460	53,064,306	1,185,810		
43		RADIOISOTOPE		860,162	18,702,239	2,207,654		
44		LABORATORY		8,055,852	403,034,456	76,091,506		
44	01	TRANSPLANT IMMUNOLOGY		228,688	11,761,518	777,917		
44	02	BONE MARROW TRANSPLANT LA		372,133	4,702,735	285,458		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		684,131	52,791,276	12,723,946		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		2,002,402	139,848,731	33,762,494		
50		PHYSICAL THERAPY		739,421	23,927,770	5,332,136		
51		OCCUPATIONAL THERAPY		527,605	7,840,330	1,367,396		
52		SPEECH PATHOLOGY		853,600	12,857,586	1,023,293		
53		ELECTROCARDIOLOGY		686,171	42,057,022	18,278,278		
54		ELECTROENCEPHALOGRAPHY		431,210	10,759,646	1,738,978		
55		MEDICAL SUPPLIES CHARGED		84,917	11,377,019	2,953,782		
56		DRUGS CHARGED TO PATIENTS		2,656,534	284,993,932	69,030,255		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
57		RENAL DIALYSIS		1,742,179	53,016,784	8,153,449		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC		76,213	1,260,638			
59	01	CARDIOLOGY		1,571,453	77,013,617	13,556,348		
59	02	PSYCH OTHER ANCILLARY		164,077	934,813	279		
59	03	CARDIAC CATHERIZATION		2,336,116	67,340,492	19,243,405		
59	04	DAY SURGERY		1,314,181	3,343,127	194,629		
59	05	ONCOLOGY		281,552	1,976,341	3,811		
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN		646,662	4,853,185	11,048		
60	02	MEDICINE/DIAGNOSTIC		985,578	4,567,582	27,025		
60	03	AMB SVC-OPTHALMOLOGY		217,506	1,446,805	7,513		
60	04	AMB SVC-PSYCH ADULT		440,225	1,611,152	331		
60	06	OUTPATIENT SURGERY		354,107	3,939,791	300,436		
60	07	AMB SVC-RILEY CLINICS		1,349,362	7,669,719	893		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB		28,267	406,840			
60	10	AMB SVC-PSYCH CHILD		99,913	599,372			
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC		147,990	109,118	551		
60	15	SLEEP DISORDER CENTER		463,921	8,663,873	63,436		
60	16	O/P CLINIC-ADULT		240,084	182,612	1,181		
60	17	O/P CLINIC-PEDIATRIC		452,496	1,347,050			
60	19	NEUROLOGY UH		270,559	609,019	684		
60	20	ORTHOPEDICS UH		230,489	399,719	2,049		
60	21	AMB SVC-UH PHYSICAL MEDIC		384	11,882			
60	22	AMB SVC-DERMATOLOGY CLINI		128,676	741,994	824		
60	24	IU CANCER PAVILLION		350,480	254,376	797		
60	25	CARDIO CLINIC		131,678	201,412	4,681		
61		EMERGENCY		3,704,615	146,040,297	15,423,205		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS		1,350,376	16,781,897			
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		59,987	6,673,290	7,442		
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL		76,253,244	2547,694,150	458,255,908		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 12/31/2007	PART II
15-0056		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.029333	2,951,824
37	01	ENDOSCOPY	.046236	168,959
38		RECOVERY ROOM	.037345	194,730
39		DELIVERY ROOM & LABOR ROO	.050994	16,607
40		ANESTHESIOLOGY	.042275	245,080
40	01	PULMONARY FUNCTION TESTIN	.053681	14,349
41		RADIOLOGY-DIAGNOSTIC	.036259	2,124,872
42		RADIOLOGY-THERAPEUTIC	.055752	66,111
43		RADIOISOTOPE	.045992	101,534
44		LABORATORY	.019988	1,520,917
44	01	TRANSPLANT IMMUNOLOGY	.019444	15,126
44	02	BONE MARROW TRANSPLANT LA	.079131	22,589
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.012959	164,890
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.014318	483,411
50		PHYSICAL THERAPY	.030902	164,774
51		OCCUPATIONAL THERAPY	.067294	92,018
52		SPEECH PATHOLOGY	.066389	67,935
53		ELECTROCARDIOLOGY	.016315	298,210
54		ELECTROENCEPHALOGRAPHY	.040077	69,693
55		MEDICAL SUPPLIES CHARGED	.007464	22,047
56		DRUGS CHARGED TO PATIENTS	.009321	643,431
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
57		RENAL DIALYSIS	.032861	267,930
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.060456	
59	01	CARDIOLOGY	.020405	276,617
59	02	PSYCH OTHER ANCILLARY	.175519	49
59	03	CARDIAC CATHERIZATION	.034691	667,573
59	04	DAY SURGERY	.393099	76,508
59	05	ONCOLOGY	.142461	543
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.133245	1,472
60	02	MEDICINE/DIAGNOSTIC	.215777	5,831
60	03	AMB SVC-OPTHALMOLOGY	.150335	1,129
60	04	AMB SVC-PSYCH ADULT	.273236	90
60	06	OUTPATIENT SURGERY	.089880	27,003
60	07	AMB SVC-RILEY CLINICS	.175934	157
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.069479	
60	10	AMB SVC-PSYCH CHILD	.166696	
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	1.356238	747
60	15	SLEEP DISORDER CENTER	.053547	3,397
60	16	O/P CLINIC-ADULT	1.314722	1,553
60	17	O/P CLINIC-PEDIATRIC	.335916	
60	19	NEUROLOGY UH	.444254	304
60	20	ORTHOPEDICS UH	.576628	1,182
60	21	AMB SVC-UH PHYSICAL MEDIC	.032318	
60	22	AMB SVC-DERMATOLOGY CLINI	.173419	143
60	24	IU CANCER PAVILLION	1.377803	1,098
60	25	CARDIO CLINIC	.653774	3,060
61		EMERGENCY	.025367	391,240
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.080466	
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.008989	67
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		11,176,800

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET D PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS			1,216,988			1,216,988
26	INTENSIVE CARE UNIT			44,778			44,778
27	CORONARY CARE UNIT			35,401			35,401
27 01	NEONATAL INTENSIVE CARE U			20,097			20,097
28	BURN INTENSIVE CARE UNIT			4,047			4,047
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC			15,418			15,418
29 03	UH NS 3IC			6,575			6,575
29 04	RH PED IC			23,740			23,740
29 07	PEDIATRIC CANCER CENTER			4,571			4,571
31	SUBPROVIDER			18,065			18,065
33	NURSERY			17,589			17,589
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL			1,407,269			1,407,269

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET D PART III

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
			5	6	7	8
25		ADULTS & PEDIATRICS	264,853	4.59	79,805	366,305
26		INTENSIVE CARE UNIT	18,531	2.42	6,232	15,081
27		CORONARY CARE UNIT	12,575	2.82	6,464	18,228
27	01	NEONATAL INTENSIVE CARE U	8,396	2.39		
28		BURN INTENSIVE CARE UNIT	1,569	2.58		
29		SURGICAL INTENSIVE CARE U				
29	02	UH SURG 6IC	5,849	2.64	2,352	6,209
29	03	UH NS 3IC	2,552	2.58	1,051	2,712
29	04	RH PED IC	9,227	2.57	89	229
29	07	PEDIATRIC CANCER CENTER	1,828	2.50		
31		SUBPROVIDER	6,944	2.60	2,802	7,285
33		NURSERY	7,529	2.34		
34		SKILLED NURSING FACILITY				
35		NURSING FACILITY				
35	01	ICF/MR				
101		TOTAL	339,853		98,795	416,049

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM				106,778		
37 01	ENDOSCOPY						
38	RECOVERY ROOM				2,362		
39	DELIVERY ROOM & LABOR ROO				12,192		
40	ANESTHESIOLOGY						
40 01	PULMONARY FUNCTION TESTIN						
41	RADIOLOGY-DIAGNOSTIC				302,320		
42	RADIOLOGY-THERAPEUTIC				824,166		
43	RADIOISOTOPE				113,342		
44	LABORATORY				2,055,504		
44 01	TRANSPLANT IMMUNOLOGY						
44 02	BONE MARROW TRANSPLANT LA						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY				363,158		
50	PHYSICAL THERAPY				251,302		
51	OCCUPATIONAL THERAPY				245,540		
52	SPEECH PATHOLOGY				30,897		
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59 01	CARDIOLOGY						
59 02	PSYCH OTHER ANCILLARY						
59 03	CARDIAC CATHERIZATION				518		
59 04	DAY SURGERY				1,558		
59 05	ONCOLOGY						
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN						
60 02	MEDICINE/DIAGNOSTIC						
60 03	AMB SVC-OPTHALMOLOGY						
60 04	AMB SVC-PSYCH ADULT						
60 06	OUTPATIENT SURGERY						
60 07	AMB SVC-RILEY CLINICS						
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB						
60 10	AMB SVC-PSYCH CHILD						
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC						
60 15	SLEEP DISORDER CENTER						
60 16	O/P CLINIC-ADULT						
60 17	O/P CLINIC-PEDIATRIC						
60 19	NEUROLOGY UH						
60 20	ORTHOPEDICS UH						
60 21	AMB SVC-UH PHYSICAL MEDIC						
60 22	AMB SVC-DERMATOLOGY CLINI						
60 24	IU CANCER PAVILLION						
60 25	CARDIO CLINIC						
61	EMERGENCY				587,747		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS				74,398		
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL				4,971,782		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
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	106,778	106,778	507,909,698	.000210	.000210	100,631,494	21,133
37	01	ENDOSCOPY			10,768,673			3,654,266	
38		RECOVERY ROOM	2,362	2,362	41,225,752	.000057	.000057	5,214,349	297
39		DELIVERY ROOM & LABOR ROO	12,192	12,192	37,409,755	.000326	.000326	325,671	106
40		ANESTHESIOLOGY			26,885,993			5,797,284	
40	01	PULMONARY FUNCTION TESTIN			15,153,067			267,307	
41		RADIOLOGY-DIAGNOSTIC	302,320	302,320	418,625,849	.000722	.000722	58,602,617	42,311
42		RADIOLOGY-THERAPEUTIC	824,166	824,166	53,064,306	.015531	.015531	1,185,810	18,417
43		RADIOISOTOPE	113,342	113,342	18,702,239	.006060	.006060	2,207,654	13,378
44		LABORATORY	2,055,504	2,055,504	403,034,456	.005100	.005100	76,091,506	388,067
44	01	TRANSPLANT IMMUNOLOGY			11,761,518			777,917	
44	02	BONE MARROW TRANSPLANT LA			4,702,735			285,458	
45		PBP CLINICAL LAB SERVICES							
46		WHOLE BLOOD & PACKED RED							
47		BLOOD STORING, PROCESSING			52,791,276			12,723,946	
48		INTRAVENOUS THERAPY							
49		RESPIRATORY THERAPY	363,158	363,158	139,848,731	.002597	.002597	33,762,494	87,681
50		PHYSICAL THERAPY	251,302	251,302	23,927,770	.010503	.010503	5,332,136	56,003
51		OCCUPATIONAL THERAPY	245,540	245,540	7,840,330	.031318	.031318	1,367,396	42,824
52		SPEECH PATHOLOGY	30,897	30,897	12,857,586	.002403	.002403	1,023,293	2,459
53		ELECTROCARDIOLOGY			42,057,022			18,278,278	
54		ELECTROENCEPHALOGRAPHY			10,759,646			1,738,978	
55		MEDICAL SUPPLIES CHARGED			11,377,019			2,953,782	
56		DRUGS CHARGED TO PATIENTS			284,993,932			69,030,255	
56	01	RENAL-RILEY							
56	02	RENAL-ADULT							
57		RENAL DIALYSIS			53,016,784			8,153,449	
58		ASC (NON-DISTINCT PART)							
58	04	BMTU OUTPATIENT							
59		RH NBN ECMO IC			1,260,638				
59	01	CARDIOLOGY			77,013,617			13,556,348	
59	02	PSYCH OTHER ANCILLARY			934,813			279	
59	03	CARDIAC CATHERIZATION	518	518	67,340,492	.000008	.000008	19,243,405	154
59	04	DAY SURGERY	1,558	1,558	3,343,127	.000466	.000466	194,629	91
59	05	ONCOLOGY			1,976,341			3,811	
59	06	DAY SURGERY-RILEY							
59	07	CARDIOLOGY-RILEY							
		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	AMB SVC-OB & GYN			4,853,185			11,048	
60	02	MEDICINE/DIAGNOSTIC			4,567,582			27,025	
60	03	AMB SVC-OPTHALMOLOGY			1,446,805			7,513	
60	04	AMB SVC-PSYCH ADULT			1,611,152			331	
60	06	OUTPATIENT SURGERY			3,939,791			300,436	
60	07	AMB SVC-RILEY CLINICS			7,669,719			893	
60	08	DENTAL CLINIC							
60	09	MOTILITY LAB			406,840				
60	10	AMB SVC-PSYCH CHILD			599,372				
60	13	ARTHRITIS CENTER							
60	14	GERIATRICS CLINIC			109,118			551	
60	15	SLEEP DISORDER CENTER			8,663,873			63,436	
60	16	O/P CLINIC-ADULT			182,612			1,181	
60	17	O/P CLINIC-PEDIATRIC			1,347,050				
60	19	NEUROLOGY UH			609,019			684	
60	20	ORTHOPEDICS UH			399,719			2,049	
60	21	AMB SVC-UH PHYSICAL MEDIC			11,882				
60	22	AMB SVC-DERMATOLOGY CLINI			741,994			824	
60	24	IU CANCER PAVILLION			254,376			797	
60	25	CARDIO CLINIC			201,412			4,681	
61		EMERGENCY	587,747	587,747	146,040,297	.004025	.004025	15,423,205	62,078
61	01	EMERGENCY-RILEY							
62		OBSERVATION BEDS (NON-DIS	74,398	74,398	16,781,897	.004433	.004433		
63		FAMILY PRACTICE							
63	60	FEDERALLY QUALIFIED HEALT							
		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS			6,673,290			7,442	
65		AMBULANCE SERVICES							
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	4,971,782	4,971,782	2547,694,150			458,255,908	734,999

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	24,076,499			5,056		
37	01	ENDOSCOPY	1,196,403					
38		RECOVERY ROOM	2,231,121			127		
39		DELIVERY ROOM & LABOR ROO	16,057			5		
40		ANESTHESIOLOGY	670,643					
40	01	PULMONARY FUNCTION TESTIN	765,116					
41		RADIOLOGY-DIAGNOSTIC	41,103,216			29,677		
42		RADIOLOGY-THERAPEUTIC	12,472,244			193,706		
43		RADIOISOTOPE	2,970,844			18,003		
44		LABORATORY	30,435,099			155,219		
44	01	TRANSPLANT IMMUNOLOGY	529,494					
44	02	BONE MARROW TRANSPLANT LA	574,304					
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	1,239,719					
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	335,882			872		
50		PHYSICAL THERAPY	1,560,291			16,388		
51		OCCUPATIONAL THERAPY	153,098			4,795		
52		SPEECH PATHOLOGY	924,001			2,220		
53		ELECTROCARDIOLOGY	2,464,128					
54		ELECTROENCEPHALOGRAPHY	477,030					
55		MEDICAL SUPPLIES CHARGED	37,528					
56		DRUGS CHARGED TO PATIENTS	7,590,664					
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
57		RENAL DIALYSIS	20,151,593					
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC						
59	01	CARDIOLOGY	7,307,247					
59	02	PSYCH OTHER ANCILLARY	106,048					
59	03	CARDIAC CATHERIZATION	6,327,981			51		
59	04	DAY SURGERY	416,165			194		
59	05	ONCOLOGY	616,312					
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	109,036					
60	02	MEDICINE/DIAGNOSTIC	1,015,860					
60	03	AMB SVC-OPTHALMOLOGY	450,518					
60	04	AMB SVC-PSYCH ADULT	110,342					
60	06	OUTPATIENT SURGERY	1,107,719					
60	07	AMB SVC-RILEY CLINICS	109,782					
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB						
60	10	AMB SVC-PSYCH CHILD						
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	63,853					
60	15	SLEEP DISORDER CENTER	969,557					
60	16	O/P CLINIC-ADULT	40,328					
60	17	O/P CLINIC-PEDIATRIC						
60	19	NEUROLOGY UH	177,556					
60	20	ORTHOPEDICS UH	98,207					
60	21	AMB SVC-UH PHYSICAL MEDIC	2,801					
60	22	AMB SVC-DERMATOLOGY CLINI	143,576					
60	24	IU CANCER PAVILLION	59,559					
60	25	CARDIO CLINIC	80,470					
61		EMERGENCY	9,310,774			37,476		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS						
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL	180,598,665			463,789		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.337282	.337282			
37	01	ENDOSCOPY	.389771	.389771			
38		RECOVERY ROOM	.413081	.413081			
39		DELIVERY ROOM & LABOR ROOM	.439254	.439254			
40		ANESTHESIOLOGY	.596665	.596665			
40	01	PULMONARY FUNCTION TESTING	.400050	.400050			
41		RADIOLOGY-DIAGNOSTIC	.204706	.204706			
42		RADIOLOGY-THERAPEUTIC	.255767	.255767			
43		RADIOISOTOPE	.372108	.372108			
44		LABORATORY	.213069	.213069			
44	01	TRANSPLANT IMMUNOLOGY	.410395	.410395			
44	02	BONE MARROW TRANSPLANT LAB	.661751	.661751			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.498865	.498865			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.258483	.258483			
50		PHYSICAL THERAPY	.431014	.431014			
51		OCCUPATIONAL THERAPY	.534863	.534863			
52		SPEECH PATHOLOGY	.654604	.654604			
53		ELECTROCARDIOLOGY	.158802	.158802			
54		ELECTROENCEPHALOGRAPHY	.430089	.430089			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.068896	.068896			
56		DRUGS CHARGED TO PATIENTS	.319630	.319630			
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
57		RENAL DIALYSIS	.473716	.473716			
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	.798419	.798419			
59	01	CARDIOLOGY	.272942	.272942			
59	02	PSYCH OTHER ANCILLARY	1.897930	1.897930			
59	03	CARDIAC CATHERIZATION	.270980	.270980			
59	04	DAY SURGERY	2.965456	2.965456			
59	05	ONCOLOGY	1.011644	1.011644			
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	.684363	.684363			
60	02	MEDICINE/DIAGNOSTIC	1.620543	1.620543			
60	03	AMB SVC-OPTHALMOLOGY	.696053	.696053			
60	04	AMB SVC-PSYCH ADULT	1.261846	1.261846			
60	06	OUTPATIENT SURGERY	.643277	.643277			
60	07	AMB SVC-RILEY CLINICS	1.594180	1.594180			
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	.560985	.560985			
60	10	AMB SVC-PSYCH CHILD	1.191672	1.191672			
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	8.633525	8.633525			
60	15	SLEEP DISORDER CENTER	.435458	.435458			
60	16	O/P CLINIC-ADULT	6.497273	6.497273			
60	17	O/P CLINIC-PEDIATRIC	1.936414	1.936414			
60	19	NEUROLOGY UH	2.782123	2.782123			
60	20	ORTHOPEDICS UH	2.914668	2.914668			
60	21	AMB SVC-UH PHYSICAL MEDICINE	2.559081	2.559081			
60	22	AMB SVC-DERMATOLOGY CLINIC	1.205543	1.205543			
60	24	IU CANCER PAVILLION	6.858446	6.858446			
60	25	CARDIO CLINIC	3.536021	3.536021			
61		EMERGENCY	.281290	.281290			
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)	.937660	.937660			
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.288063	.288063			
65		AMBULANCE SERVICES	.591224	.591224			
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-					
		PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET D PART V

COMPONENT NO: 15-0056

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
			5	5.01	5.02	5.03	6
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		24,076,499			
37	01	ENDOSCOPY		1,196,403			
38		RECOVERY ROOM		2,231,121			
39		DELIVERY ROOM & LABOR ROOM		16,057			
40		ANESTHESIOLOGY		670,643			
40	01	PULMONARY FUNCTION TESTING		765,116			
41		RADIOLOGY-DIAGNOSTIC		41,103,216			
42		RADIOLOGY-THERAPEUTIC		12,472,244			
43		RADIOISOTOPE		2,970,844			
44		LABORATORY		30,435,099			
44	01	TRANSPLANT IMMUNOLOGY		529,494			
44	02	BONE MARROW TRANSPLANT LAB		574,304			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.		1,239,719			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY		335,882			
50		PHYSICAL THERAPY		1,560,291			
51		OCCUPATIONAL THERAPY		153,098			
52		SPEECH PATHOLOGY		924,001			
53		ELECTROCARDIOLOGY		2,464,128			
54		ELECTROENCEPHALOGRAPHY		477,030			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		37,528			
56		DRUGS CHARGED TO PATIENTS		7,590,664			
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
57		RENAL DIALYSIS		20,151,593			
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC					
59	01	CARDIOLOGY		7,307,247			
59	02	PSYCH OTHER ANCILLARY		106,048			
59	03	CARDIAC CATHERIZATION		6,327,981			
59	04	DAY SURGERY		416,165			
59	05	ONCOLOGY		616,312			
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN		109,036			
60	02	MEDICINE/DIAGNOSTIC		1,015,860			
60	03	AMB SVC-OPTHALMOLOGY		450,518			
60	04	AMB SVC-PSYCH ADULT		110,342			
60	06	OUTPATIENT SURGERY		1,107,719			
60	07	AMB SVC-RILEY CLINICS		109,782			
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB					
60	10	AMB SVC-PSYCH CHILD					
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC		63,853			
60	15	SLEEP DISORDER CENTER		969,557			
60	16	O/P CLINIC-ADULT		40,328			
60	17	O/P CLINIC-PEDIATRIC					
60	19	NEUROLOGY UH		177,556			
60	20	ORTHOPEDICS UH		98,207			
60	21	AMB SVC-UH PHYSICAL MEDICINE		2,801			
60	22	AMB SVC-DERMATOLOGY CLINIC		143,576			
60	24	IU CANCER PAVILLION		59,559			
60	25	CARDIO CLINIC		80,470			
61		EMERGENCY		9,310,774			
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL		180,598,665			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-					
		PROGRAM ONLY CHARGES					
104		NET CHARGES		180,598,665			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
			7	8	9	9.01	9.02
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM				8,120,570	
37	01	ENDOSCOPY				466,323	
38		RECOVERY ROOM				921,634	
39		DELIVERY ROOM & LABOR ROOM				7,053	
40		ANESTHESIOLOGY				400,149	
40	01	PULMONARY FUNCTION TESTING				306,085	
41		RADIOLOGY-DIAGNOSTIC				8,414,075	
42		RADIOLOGY-THERAPEUTIC				3,189,988	
43		RADIOISOTOPE				1,105,475	
44		LABORATORY				6,484,776	
44	01	TRANSPLANT IMMUNOLOGY				217,302	
44	02	BONE MARROW TRANSPLANT LAB				380,046	
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.				618,452	
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY				86,820	
50		PHYSICAL THERAPY				672,507	
51		OCCUPATIONAL THERAPY				81,886	
52		SPEECH PATHOLOGY				604,855	
53		ELECTROCARDIOLOGY				391,308	
54		ELECTROENCEPHALOGRAPHY				205,165	
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				2,586	
56		DRUGS CHARGED TO PATIENTS				2,426,204	
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
57		RENAL DIALYSIS				9,546,132	
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC					
59	01	CARDIOLOGY				1,994,455	
59	02	PSYCH OTHER ANCILLARY				201,272	
59	03	CARDIAC CATHERIZATION				1,714,756	
59	04	DAY SURGERY				1,234,119	
59	05	ONCOLOGY				623,488	
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN				74,620	
60	02	MEDICINE/DIAGNOSTIC				1,646,245	
60	03	AMB SVC-OPTHALMOLOGY				313,584	
60	04	AMB SVC-PSYCH ADULT				139,235	
60	06	OUTPATIENT SURGERY				712,570	
60	07	AMB SVC-RILEY CLINICS				175,012	
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB					
60	10	AMB SVC-PSYCH CHILD					
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC				551,276	
60	15	SLEEP DISORDER CENTER				422,201	
60	16	O/P CLINIC-ADULT				262,022	
60	17	O/P CLINIC-PEDIATRIC					
60	19	NEUROLOGY UH				493,983	
60	20	ORTHOPEDICS UH				286,241	
60	21	AMB SVC-UH PHYSICAL MEDICINE				7,168	
60	22	AMB SVC-DERMATOLOGY CLINIC				173,087	
60	24	IU CANCER PAVILLION				408,482	
60	25	CARDIO CLINIC				284,544	
61		EMERGENCY				2,619,028	
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL				58,986,779	
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-					
		PROGRAM ONLY CHARGES					
104		NET CHARGES				58,986,779	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2007 TO 12/31/2007

PREPARED 5/29/2008
WORKSHEET D
PART V

TITLE XVIII, PART B HOSPITAL

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

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 15-0056
15-0056

PERIOD:
FROM 1/ 1/2007
TO 12/31/2007

PREPARED 5/29/2008
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	.319630
2	PROGRAM VACCINE CHARGES	107,837
3	PROGRAM COSTS	34,468

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)	264,853
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	264,853
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	264,853
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)	79,805
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	257,389,683
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	257,389,683
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	357,047,477
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	357,047,477
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.720884
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	257,389,683

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	971.82
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	77,556,095
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	77,556,095

		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	27,909,165	18,531	1,506.08	6,232	9,385,891
44	CORONARY CARE UNIT	22,799,183	12,575	1,813.06	6,464	11,719,620
44.01	NEONATAL INTENSIVE CARE UNIT	7,950,687	8,396	946.96		
45	BURN INTENSIVE CARE UNIT	2,655,793	1,569	1,692.67		
46	SURGICAL INTENSIVE CARE UNIT					
46.02	UH SURG 6IC	10,941,823	5,849	1,870.72	2,352	4,399,933
46.03	UH NS 3IC	4,218,613	2,552	1,653.06	1,051	1,737,366
46.04	RH PED IC	16,891,994	9,227	1,830.71	89	162,933
46.07	PEDIATRIC CANCER CENTER	2,608,139	1,828	1,426.77		
47	OTHER SPECIAL CARE					

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	133,784,477
49	TOTAL PROGRAM INPATIENT COSTS	238,746,315

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	9,170,448
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	11,911,799
52	TOTAL PROGRAM EXCLUDABLE COST	21,082,247
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	217,664,068

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	16,192
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	971.82
85	OBSERVATION BED COST	15,735,709

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		257,389,683		15,735,709	
87	NEW CAPITAL-RELATED COST	22,088,071	257,389,683	.085816	15,735,709	1,350,376
88	NON PHYSICIAN ANESTHETIST		257,389,683		15,735,709	
89	MEDICAL EDUCATION		257,389,683		15,735,709	
89.01	MEDICAL EDUCATION - ALLIED HEA	1,216,988	257,389,683	.004728	15,735,709	74,398
89.02	MEDICAL EDUCATION - ALL OTHER		257,389,683		15,735,709	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 WORKSHEET D-4

COMPONENT NO: 15-0056

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		106,431,561	
26	INTENSIVE CARE UNIT		15,300,840	
27	CORONARY CARE UNIT		15,241,357	
27 01	NEONATAL INTENSIVE CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC		5,819,197	
29 03	UH NS 3IC		2,479,293	
29 04	RH PED IC		270,048	
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.337282	100,631,494	33,941,192
37 01	ENDOSCOPY	.389771	3,654,266	1,424,327
38	RECOVERY ROOM	.413081	5,214,349	2,153,948
39	DELIVERY ROOM & LABOR ROOM	.439254	325,671	143,052
40	ANESTHESIOLOGY	.596665	5,797,284	3,459,036
40 01	PULMONARY FUNCTION TESTING	.400050	267,307	106,936
41	RADIOLOGY-DIAGNOSTIC	.204706	58,602,617	11,996,307
42	RADIOLOGY-THERAPEUTIC	.255767	1,185,810	303,291
43	RADIOISOTOPE	.372108	2,207,654	821,486
44	LABORATORY	.213069	76,091,506	16,212,741
44 01	TRANSPLANT IMMUNOLOGY	.410395	777,917	319,253
44 02	BONE MARROW TRANSPLANT LAB	.661751	285,458	188,902
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.498865	12,723,946	6,347,531
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.258483	33,762,494	8,727,031
50	PHYSICAL THERAPY	.431014	5,332,136	2,298,225
51	OCCUPATIONAL THERAPY	.534863	1,367,396	731,370
52	SPEECH PATHOLOGY	.654604	1,023,293	669,852
53	ELECTROCARDIOLOGY	.158802	18,278,278	2,902,627
54	ELECTROENCEPHALOGRAPHY	.430089	1,738,978	747,915
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.068896	2,953,782	203,504
56	DRUGS CHARGED TO PATIENTS	.319630	69,030,255	22,064,140
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
57	RENAL DIALYSIS	.473716	8,153,449	3,862,419
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.798419		
59 01	CARDIOLOGY	.272942	13,556,348	3,700,097
59 02	PSYCH OTHER ANCILLARY	1.897930	279	530
59 03	CARDIAC CATHERIZATION	.270980	19,243,405	5,214,578
59 04	DAY SURGERY	2.965456	194,629	577,164
59 05	ONCOLOGY	1.011644	3,811	3,855
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.684363	11,048	7,561
60 02	MEDICINE/DIAGNOSTIC	1.620543	27,025	43,795
60 03	AMB SVC-OPTHALMOLOGY	.696053	7,513	5,229
60 04	AMB SVC-PSYCH ADULT	1.261846	331	418
60 06	OUTPATIENT SURGERY	.643277	300,436	193,264
60 07	AMB SVC-RILEY CLINICS	1.594180	893	1,424
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.560985		
60 10	AMB SVC-PSYCH CHILD	1.191672		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	8.633525	551	4,757
60 15	SLEEP DISORDER CENTER	.435458	63,436	27,624
60 16	O/P CLINIC-ADULT	6.497273	1,181	7,673
60 17	O/P CLINIC-PEDIATRIC	1.936414		
60 19	NEUROLOGY UH	2.782123	684	1,903
60 20	ORTHOPEDICS UH	2.914668	2,049	5,972
60 21	AMB SVC-UH PHYSICAL MEDICINE	2.559081		
60 22	AMB SVC-DERMATOLOGY CLINIC	1.205543	824	993
60 24	IU CANCER PAVILLION	6.858446	797	5,466
60 25	CARDIO CLINIC	3.536021	4,681	16,552
61	EMERGENCY	.281290	15,423,205	4,338,393
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.937660		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.288063	7,442	2,144
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		458,255,908	133,784,477
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		458,255,908	

KIDNEY

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES 1	D	PER DIEM COSTS FROM WKST. D-1 2	ORGAN ACQUISITION DAYS 3	COST (COL. 2 X COL. 3) 4
1	ADULTS & PEDIATRICS	276,740	38	971.82	278	270,166
2	INTENSIVE CARE UNIT	49,380	43	1,506.08		
3	CORONARY CARE UNIT	967	44	1,813.06		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	946.96		
4	BURN INTENSIVE CARE UNIT	1,099	45	1,692.67		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,870.72		
5.03	UH NS 3IC		46.03	1,653.06		
5.04	RH PED IC	5,497	46.04	1,830.71		
5.07	PEDIATRIC CANCER CENTER		46.07	1,426.77		
7	TOTAL (SUM OF LINES 1-6)	333,683			278	270,166

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
8	OPERATING ROOM	37	.337282	1,872,516	631,566
8.01	ENDOSCOPY	37.01	.389771	17,268	6,731
9	RECOVERY ROOM	38	.413081	115,373	47,658
10	DELIVERY ROOM & LABOR ROO	39	.439254		
11	ANESTHESIOLOGY	40	.596665	89,236	53,244
11.01	PULMONARY FUNCTION TESTIN	40.01	.400050	18,780	7,513
12	RADIOLOGY-DIAGNOSTIC	41	.204706	628,483	128,654
13	RADIOLOGY-THERAPEUTIC	42	.255767		
14	RADIOISOTOPE	43	.372108	81,729	30,412
15	LABORATORY	44	.213069	770,736	164,220
15.01	TRANSPLANT IMMUNOLOGY	44.01	.410395	6,221,723	2,553,364
15.02	BONE MARROW TRANSPLANT LA	44.02	.661751		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.498865	52,892	26,386
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.258483	40,491	10,466
21	PHYSICAL THERAPY	50	.431014		
22	OCCUPATIONAL THERAPY	51	.534863		
23	SPEECH PATHOLOGY	52	.654604		
24	ELECTROCARDIOLOGY	53	.158802	248,007	39,384
25	ELECTROENCEPHALOGRAPHY	54	.430089		
26	MEDICAL SUPPLIES CHARGED	55	.068896	37,340	2,573
27	DRUGS CHARGED TO PATIENTS	56	.319630	191,288	61,141
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
28	RENAL DIALYSIS	57	.473716		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.798419		
30.01	CARDIOLOGY	59.01	.272942	2,892	789
30.02	PSYCH OTHER ANCILLARY	59.02	1.897930	7,839	14,878
30.03	CARDIAC CATHERIZATION	59.03	.270980	83,755	22,696
30.04	DAY SURGERY	59.04	2.965456	875	2,595
30.05	ONCOLOGY	59.05	1.011644		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.684363		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.620543		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.696053		
31.04	AMB SVC-PSYCH ADULT	60.04	1.261846		
31.06	OUTPATIENT SURGERY	60.06	.643277		
31.07	AMB SVC-RILEY CLINICS	60.07	1.594180		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.560985		
31.10	AMB SVC-PSYCH CHILD	60.10	1.191672		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	8.633525		
31.15	SLEEP DISORDER CENTER	60.15	.435458		
31.16	O/P CLINIC-ADULT	60.16	6.497273		
31.17	O/P CLINIC-PEDIATRIC	60.17	1.936414		
31.19	NEUROLOGY UH	60.19	2.782123		
31.20	ORTHOPEDICS UH	60.20	2.914668		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	2.559081		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.205543		
31.24	IU CANCER PAVILLION	60.24	6.858446		
31.25	CARDIO CLINIC	60.25	3.536021	905	3,200
32	EMERGENCY	61	.281290	10,944	3,078
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.937660	8,655	8,115
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.183897		
35	TOTAL (SUM OF LINES 8-34)			10,501,727	3,818,663

KIDNEY

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		278	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			278	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC	905	20.25		
44	EMERGENCY	10,944	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)	8,655	22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	20,504			

HEALTH FINANCIAL SYSTEMS
COMPUTATION OF ORGAN ACQUISITION
COSTS AND CHARGES

FOR CLARIAN HEALTH PARTNERS, INC.

IN LIEU OF FORM CMS-2552-96(09/2000)

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET D-6
OPO NO.:	TO 12/31/2007	PARTS III & IV
-		

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	4,088,829		10,835,410	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	9,747,111		9,747,111	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	13,835,940		20,582,521	
54	TOTAL USABLE ORGANS		361		
55	MEDICARE USABLE ORGANS		260		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.720222		
57	MEDICARE COST/CHARGES	9,964,948		14,823,984	
58	REVENUE FOR ORGANS SOLD	439,184			
59	SUBTOTAL (LN 57 MINUS LN 58)	9,525,764		14,823,984	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	9,525,764		14,823,984	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)	85	107	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		169	
66	TOTAL (SUM OF LINES 62-65)	85	276	
67	ORGANS TRANSPLANTED	85	169	8,790,513
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		107	439,184
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)	85	276	

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

LIVER

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	904	38	971.82	50	48,591
2	INTENSIVE CARE UNIT	23,075	43	1,506.08		
3	CORONARY CARE UNIT	452	44	1,813.06		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	946.96		
4	BURN INTENSIVE CARE UNIT	514	45	1,692.67		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,870.72		
5.03	UH NS 3IC		46.03	1,653.06		
5.04	RH PED IC	2,568	46.04	1,830.71		
5.07	PEDIATRIC CANCER CENTER		46.07	1,426.77		
7	TOTAL (SUM OF LINES 1-6)	27,513			50	48,591

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.337282	150,776	50,854
8.01	ENDOSCOPY	37.01	.389771	8,069	3,145
9	RECOVERY ROOM	38	.413081	527	218
10	DELIVERY ROOM & LABOR ROO	39	.439254		
11	ANESTHESIOLOGY	40	.596665	4,749	2,834
11.01	PULMONARY FUNCTION TESTIN	40.01	.400050		
12	RADIOLOGY-DIAGNOSTIC	41	.204706	4,567	935
13	RADIOLOGY-THERAPEUTIC	42	.255767		
14	RADIOISOTOPE	43	.372108	888	330
15	LABORATORY	44	.213069	19,100	4,070
15.01	TRANSPLANT IMMUNOLOGY	44.01	.410395	1,032,065	423,554
15.02	BONE MARROW TRANSPLANT LA	44.02	.661751		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.498865	15,941	7,952
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.258483	14,071	3,637
21	PHYSICAL THERAPY	50	.431014		
22	OCCUPATIONAL THERAPY	51	.534863		
23	SPEECH PATHOLOGY	52	.654604		
24	ELECTROCARDIOLOGY	53	.158802	10,236	1,625
25	ELECTROENCEPHALOGRAPHY	54	.430089		
26	MEDICAL SUPPLIES CHARGED	55	.068896	4,640	320
27	DRUGS CHARGED TO PATIENTS	56	.319630	11,168	3,570
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
28	RENAL DIALYSIS	57	.473716		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.798419		
30.01	CARDIOLOGY	59.01	.272942	1,351	369
30.02	PSYCH OTHER ANCILLARY	59.02	1.897930		
30.03	CARDIAC CATHERIZATION	59.03	.270980	9,475	2,568
30.04	DAY SURGERY	59.04	2.965456		
30.05	ONCOLOGY	59.05	1.011644		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.684363		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.620543		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.696053		
31.04	AMB SVC-PSYCH ADULT	60.04	1.261846		
31.06	OUTPATIENT SURGERY	60.06	.643277		
31.07	AMB SVC-RILEY CLINICS	60.07	1.594180		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.560985		
31.10	AMB SVC-PSYCH CHILD	60.10	1.191672		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	8.633525		
31.15	SLEEP DISORDER CENTER	60.15	.435458		
31.16	O/P CLINIC-ADULT	60.16	6.497273		
31.17	O/P CLINIC-PEDIATRIC	60.17	1.936414		
31.19	NEUROLOGY UH	60.19	2.782123		
31.20	ORTHOPEDICS UH	60.20	2.914668		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	2.559081		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.205543		
31.24	IU CANCER PAVILLION	60.24	6.858446		
31.25	CARDIO CLINIC	60.25	3.536021		
32	EMERGENCY	61	.281290	2,367	666
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.937660		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.183897		
35	TOTAL (SUM OF LINES 8-34)			1,289,990	506,647

LIVER

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		50	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			50	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	2,367	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	2,367			

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	555,238		1,317,503	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	9,737,409		9,737,409	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	10,292,647		11,054,912	
54	TOTAL USABLE ORGANS		205		
55	MEDICARE USABLE ORGANS		97		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.473171		
57	MEDICARE COST/CHARGES	4,870,182		5,230,864	
58	REVENUE FOR ORGANS SOLD	205,226			
59	SUBTOTAL (LN 57 MINUS LN 58)	4,664,956		5,230,864	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	4,664,956		5,230,864	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		50	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		155	
66	TOTAL (SUM OF LINES 62-65)		205	
67	ORGANS TRANSPLANTED		155	9,988,286
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		50	205,226
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		205	

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

HEART

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES 1	D	PER DIEM COSTS FROM WKST. D-1 2	ORGAN ACQUISITION DAYS 3	COST (COL. 2 X COL. 3) 4
1	ADULTS & PEDIATRICS	362	38	971.82	20	19,436
2	INTENSIVE CARE UNIT	9,230	43	1,506.08		
3	CORONARY CARE UNIT	181	44	1,813.06		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	946.96		
4	BURN INTENSIVE CARE UNIT	205	45	1,692.67		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,870.72		
5.03	UH NS 3IC		46.03	1,653.06		
5.04	RH PED IC	1,027	46.04	1,830.71		
5.07	PEDIATRIC CANCER CENTER		46.07	1,426.77		
7	TOTAL (SUM OF LINES 1-6)	11,005			20	19,436

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
8	OPERATING ROOM	37	.337282	60,309	20,341
8.01	ENDOSCOPY	37.01	.389771	3,228	1,258
9	RECOVERY ROOM	38	.413081	211	87
10	DELIVERY ROOM & LABOR ROO	39	.439254		
11	ANESTHESIOLOGY	40	.596665	1,900	1,134
11.01	PULMONARY FUNCTION TESTIN	40.01	.400050		
12	RADIOLOGY-DIAGNOSTIC	41	.204706	1,827	374
13	RADIOLOGY-THERAPEUTIC	42	.255767		
14	RADIOISOTOPE	43	.372108	355	132
15	LABORATORY	44	.213069	7,640	1,628
15.01	TRANSPLANT IMMUNOLOGY	44.01	.410395	323,822	132,895
15.02	BONE MARROW TRANSPLANT LA	44.02	.661751		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.498865	6,377	3,181
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.258483	5,629	1,455
21	PHYSICAL THERAPY	50	.431014		
22	OCCUPATIONAL THERAPY	51	.534863		
23	SPEECH PATHOLOGY	52	.654604		
24	ELECTROCARDIOLOGY	53	.158802	4,095	650
25	ELECTROENCEPHALOGRAPHY	54	.430089		
26	MEDICAL SUPPLIES CHARGED	55	.068896	1,856	128
27	DRUGS CHARGED TO PATIENTS	56	.319630	4,467	1,428
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
28	RENAL DIALYSIS	57	.473716		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.798419		
30.01	CARDIOLOGY	59.01	.272942	540	147
30.02	PSYCH OTHER ANCILLARY	59.02	1.897930		
30.03	CARDIAC CATHERIZATION	59.03	.270980	3,790	1,027
30.04	DAY SURGERY	59.04	2.965456		
30.05	ONCOLOGY	59.05	1.011644		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.684363		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.620543		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.696053		
31.04	AMB SVC-PSYCH ADULT	60.04	1.261846		
31.06	OUTPATIENT SURGERY	60.06	.643277		
31.07	AMB SVC-RILEY CLINICS	60.07	1.594180		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.560985		
31.10	AMB SVC-PSYCH CHILD	60.10	1.191672		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	8.633525		
31.15	SLEEP DISORDER CENTER	60.15	.435458		
31.16	O/P CLINIC-ADULT	60.16	6.497273		
31.17	O/P CLINIC-PEDIATRIC	60.17	1.936414		
31.19	NEUROLOGY UH	60.19	2.782123		
31.20	ORTHOPEDICS UH	60.20	2.914668		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	2.559081		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.205543		
31.24	IU CANCER PAVILLION	60.24	6.858446		
31.25	CARDIO CLINIC	60.25	3.536021		
32	EMERGENCY	61	.281290	947	266
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.937660		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.183897		
35	TOTAL (SUM OF LINES 8-34)			426,993	166,131

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		20	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			20	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	947	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	947			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO: 15-0056
OPO NO.: -

PERIOD: FROM 1/ 1/2007 TO 12/31/2007

PREPARED 5/29/2008
WORKSHEET D-6
PARTS III & IV

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES	
		PART A 1	PART B 2	PART A 3	PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	185,567		437,998	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,289,183		1,289,183	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,474,750		1,727,181	
54	TOTAL USABLE ORGANS		34		
55	MEDICARE USABLE ORGANS		23		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.676471		
57	MEDICARE COST/CHARGES	997,626		1,168,388	
58	REVENUE FOR ORGANS SOLD	82,090			
59	SUBTOTAL (LN 57 MINUS LN 58)	915,536		1,168,388	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	915,536		1,168,388	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		20	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		14	
66	TOTAL (SUM OF LINES 62-65)		34	
67	ORGANS TRANSPLANTED		14	1,174,844
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		20	82,090
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		34	

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

LUNG

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	542	38	971.82	16	15,549
2	INTENSIVE CARE UNIT	13,845	43	1,506.08		
3	CORONARY CARE UNIT	271	44	1,813.06		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	946.96		
4	BURN INTENSIVE CARE UNIT	308	45	1,692.67		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,870.72		
5.03	UH NS 3IC		46.03	1,653.06		
5.04	RH PED IC	1,541	46.04	1,830.71		
5.07	PEDIATRIC CANCER CENTER		46.07	1,426.77		
7	TOTAL (SUM OF LINES 1-6)	16,507			16	15,549

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.337282	90,467	30,513
8.01	ENDOSCOPY	37.01	.389771	4,841	1,887
9	RECOVERY ROOM	38	.413081	534	221
10	DELIVERY ROOM & LABOR ROO	39	.439254		
11	ANESTHESIOLOGY	40	.596665	2,850	1,700
11.01	PULMONARY FUNCTION TESTIN	40.01	.400050	2,788	1,115
12	RADIOLOGY-DIAGNOSTIC	41	.204706	8,122	1,663
13	RADIOLOGY-THERAPEUTIC	42	.255767		
14	RADIOISOTOPE	43	.372108	3,321	1,236
15	LABORATORY	44	.213069	14,660	3,124
15.01	TRANSPLANT IMMUNOLOGY	44.01	.410395	493,375	202,479
15.02	BONE MARROW TRANSPLANT LA	44.02	.661751		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.498865	9,565	4,772
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.258483	8,443	2,182
21	PHYSICAL THERAPY	50	.431014		
22	OCCUPATIONAL THERAPY	51	.534863		
23	SPEECH PATHOLOGY	52	.654604		
24	ELECTROCARDIOLOGY	53	.158802	7,629	1,212
25	ELECTROENCEPHALOGRAPHY	54	.430089		
26	MEDICAL SUPPLIES CHARGED	55	.068896	3,568	246
27	DRUGS CHARGED TO PATIENTS	56	.319630	6,969	2,228
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
28	RENAL DIALYSIS	57	.473716		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.798419		
30.01	CARDIOLOGY	59.01	.272942	811	221
30.02	PSYCH OTHER ANCILLARY	59.02	1.897930		
30.03	CARDIAC CATHERIZATION	59.03	.270980	16,451	4,458
30.04	DAY SURGERY	59.04	2.965456		
30.05	ONCOLOGY	59.05	1.011644		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.684363		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.620543		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.696053		
31.04	AMB SVC-PSYCH ADULT	60.04	1.261846		
31.06	OUTPATIENT SURGERY	60.06	.643277		
31.07	AMB SVC-RILEY CLINICS	60.07	1.594180		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.560985		
31.10	AMB SVC-PSYCH CHILD	60.10	1.191672		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	8.633525		
31.15	SLEEP DISORDER CENTER	60.15	.435458		
31.16	O/P CLINIC-ADULT	60.16	6.497273		
31.17	O/P CLINIC-PEDIATRIC	60.17	1.936414		
31.19	NEUROLOGY UH	60.19	2.782123		
31.20	ORTHOPEDICS UH	60.20	2.914668		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	2.559081		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.205543		
31.24	IU CANCER PAVILLION	60.24	6.858446		
31.25	CARDIO CLINIC	60.25	3.536021		
32	EMERGENCY	61	.281290	1,420	399
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.937660		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.183897		
35	TOTAL (SUM OF LINES 8-34)			675,814	259,656

LUNG

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		16	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			16	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	1,420	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	1,420			

LUNG

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	275,205		692,321	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	2,117,219		2,117,219	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	2,392,424		2,809,540	
54	TOTAL USABLE ORGANS		60		
55	MEDICARE USABLE ORGANS		43		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.716667		
57	MEDICARE COST/CHARGES	1,714,571		2,013,505	
58	REVENUE FOR ORGANS SOLD	123,136			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,591,435		2,013,505	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,591,435		2,013,505	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		30	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		30	
66	TOTAL (SUM OF LINES 62-65)		60	
67	ORGANS TRANSPLANTED		30	1,508,933
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		30	123,136
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		60	

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

PANCREAS

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	578	38	971.82	32	31,098
2	INTENSIVE CARE UNIT	14,768	43	1,506.08		
3	CORONARY CARE UNIT	289	44	1,813.06		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	946.96		
4	BURN INTENSIVE CARE UNIT	329	45	1,692.67		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,870.72		
5.03	UH NS 3IC		46.03	1,653.06		
5.04	RH PED IC	1,644	46.04	1,830.71		
5.07	PEDIATRIC CANCER CENTER		46.07	1,426.77		
7	TOTAL (SUM OF LINES 1-6)	17,608			32	31,098

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.337282	96,499	32,547
8.01	ENDOSCOPY	37.01	.389771	5,164	2,013
9	RECOVERY ROOM	38	.413081	337	139
10	DELIVERY ROOM & LABOR ROO	39	.439254		
11	ANESTHESIOLOGY	40	.596665	3,040	1,814
11.01	PULMONARY FUNCTION TESTIN	40.01	.400050		
12	RADIOLOGY-DIAGNOSTIC	41	.204706	5,231	1,071
13	RADIOLOGY-THERAPEUTIC	42	.255767		
14	RADIOISOTOPE	43	.372108	568	211
15	LABORATORY	44	.213069	23,659	5,041
15.01	TRANSPLANT IMMUNOLOGY	44.01	.410395	468,655	192,334
15.02	BONE MARROW TRANSPLANT LA	44.02	.661751		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.498865	10,202	5,089
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.258483	9,006	2,328
21	PHYSICAL THERAPY	50	.431014		
22	OCCUPATIONAL THERAPY	51	.534863		
23	SPEECH PATHOLOGY	52	.654604		
24	ELECTROCARDIOLOGY	53	.158802	9,945	1,579
25	ELECTROENCEPHALOGRAPHY	54	.430089		
26	MEDICAL SUPPLIES CHARGED	55	.068896	4,433	305
27	DRUGS CHARGED TO PATIENTS	56	.319630	7,276	2,326
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
28	RENAL DIALYSIS	57	.473716		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.798419		
30.01	CARDIOLOGY	59.01	.272942	865	236
30.02	PSYCH OTHER ANCILLARY	59.02	1.897930		
30.03	CARDIAC CATHERIZATION	59.03	.270980	6,064	1,643
30.04	DAY SURGERY	59.04	2.965456		
30.05	ONCOLOGY	59.05	1.011644		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.684363		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.620543		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.696053		
31.04	AMB SVC-PSYCH ADULT	60.04	1.261846		
31.06	OUTPATIENT SURGERY	60.06	.643277		
31.07	AMB SVC-RILEY CLINICS	60.07	1.594180		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.560985		
31.10	AMB SVC-PSYCH CHILD	60.10	1.191672		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	8.633525		
31.15	SLEEP DISORDER CENTER	60.15	.435458		
31.16	O/P CLINIC-ADULT	60.16	6.497273		
31.17	O/P CLINIC-PEDIATRIC	60.17	1.936414		
31.19	NEUROLOGY UH	60.19	2.782123		
31.20	ORTHOPEDICS UH	60.20	2.914668		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	2.559081		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.205543		
31.24	IU CANCER PAVILLION	60.24	6.858446		
31.25	CARDIO CLINIC	60.25	3.536021		
32	EMERGENCY	61	.281290	2,676	753
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.937660		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.183897		
35	TOTAL (SUM OF LINES 8-34)			653,620	249,429

PANCREAS

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		32	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			32	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	2,676	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	2,676			

HEALTH FINANCIAL SYSTEMS
COMPUTATION OF ORGAN ACQUISITION
COSTS AND CHARGES

FOR CLARIAN HEALTH PARTNERS, INC.

IN LIEU OF FORM CMS-2552-96(09/2000)

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET D-6
OPO NO.:	TO 12/31/2007	PARTS III & IV
-		

PANCREAS

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	280,527		671,228	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	3,669,555		3,669,555	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	3,950,082		4,340,783	
54	TOTAL USABLE ORGANS		117		
55	MEDICARE USABLE ORGANS		68		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.581197		
57	MEDICARE COST/CHARGES	2,295,776		2,522,850	
58	REVENUE FOR ORGANS SOLD	131,345			
59	SUBTOTAL (LN 57 MINUS LN 58)	2,164,431		2,522,850	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	2,164,431		2,522,850	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		32	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		85	
66	TOTAL (SUM OF LINES 62-65)		117	
67	ORGANS TRANSPLANTED		85	3,538,581
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		32	131,345
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		117	

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

INTESTINAL

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES 1	D	PER DIEM COSTS FROM WKST. D-1 2	ORGAN ACQUISITION DAYS 3	COST (COL. 2 X COL. 3) 4
1	ADULTS & PEDIATRICS	181	38	971.82	10	9,718
2	INTENSIVE CARE UNIT	4,615	43	1,506.08		
3	CORONARY CARE UNIT	90	44	1,813.06		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	946.96		
4	BURN INTENSIVE CARE UNIT	103	45	1,692.67		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,870.72		
5.03	UH NS 3IC		46.03	1,653.06		
5.04	RH PED IC	514	46.04	1,830.71		
5.07	PEDIATRIC CANCER CENTER		46.07	1,426.77		
7	TOTAL (SUM OF LINES 1-6)	5,503			10	9,718

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
8	OPERATING ROOM	37	.337282	30,156	10,171
8.01	ENDOSCOPY	37.01	.389771	1,614	629
9	RECOVERY ROOM	38	.413081	105	43
10	DELIVERY ROOM & LABOR ROO	39	.439254		
11	ANESTHESIOLOGY	40	.596665	950	567
11.01	PULMONARY FUNCTION TESTIN	40.01	.400050		
12	RADIOLOGY-DIAGNOSTIC	41	.204706	913	187
13	RADIOLOGY-THERAPEUTIC	42	.255767		
14	RADIOISOTOPE	43	.372108	178	66
15	LABORATORY	44	.213069	3,820	814
15.01	TRANSPLANT IMMUNOLOGY	44.01	.410395	91,887	37,710
15.02	BONE MARROW TRANSPLANT LA	44.02	.661751		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.498865	3,188	1,590
19	INTRAVENOUS THERAPY	48		2,814	
20	RESPIRATORY THERAPY	49	.258483		
21	PHYSICAL THERAPY	50	.431014		
22	OCCUPATIONAL THERAPY	51	.534863		
23	SPEECH PATHOLOGY	52	.654604		
24	ELECTROCARDIOLOGY	53	.158802	2,047	325
25	ELECTROENCEPHALOGRAPHY	54	.430089		
26	MEDICAL SUPPLIES CHARGED	55	.068896	928	64
27	DRUGS CHARGED TO PATIENTS	56	.319630	2,234	714
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
28	RENAL DIALYSIS	57	.473716		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.798419		
30.01	CARDIOLOGY	59.01	.272942	270	74
30.02	PSYCH OTHER ANCILLARY	59.02	1.897930		
30.03	CARDIAC CATHERIZATION	59.03	.270980	1,895	514
30.04	DAY SURGERY	59.04	2.965456		
30.05	ONCOLOGY	59.05	1.011644		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.684363		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.620543		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.696053		
31.04	AMB SVC-PSYCH ADULT	60.04	1.261846		
31.06	OUTPATIENT SURGERY	60.06	.643277		
31.07	AMB SVC-RILEY CLINICS	60.07	1.594180		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.560985		
31.10	AMB SVC-PSYCH CHILD	60.10	1.191672		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	8.633525		
31.15	SLEEP DISORDER CENTER	60.15	.435458		
31.16	O/P CLINIC-ADULT	60.16	6.497273		
31.17	O/P CLINIC-PEDIATRIC	60.17	1.936414		
31.19	NEUROLOGY UH	60.19	2.782123		
31.20	ORTHOPEDICS UH	60.20	2.914668		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	2.559081		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	1.205543		
31.24	IU CANCER PAVILLION	60.24	6.858446		
31.25	CARDIO CLINIC	60.25	3.536021		
32	EMERGENCY	61	.281290	473	133
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.937660		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.183897		
35	TOTAL (SUM OF LINES 8-34)			143,472	53,601

INTESTINAL

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		10	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			10	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	473	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	473			

INTESTINAL

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	63,319		148,975	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,214,648		1,214,648	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,277,967		1,363,623	
54	TOTAL USABLE ORGANS		33		
55	MEDICARE USABLE ORGANS		16		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.484848		
57	MEDICARE COST/CHARGES	619,620		661,150	
58	REVENUE FOR ORGANS SOLD	41,045			
59	SUBTOTAL (LN 57 MINUS LN 58)	578,575		661,150	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	578,575		661,150	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		10	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		23	
66	TOTAL (SUM OF LINES 62-65)		33	
67	ORGANS TRANSPLANTED		23	1,477,724
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		10	41,045
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		33	

(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			100,703,094	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			34,982,531	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1				
	MANAGED CARE PATIENTS				
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST				
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1				
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1				
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)				
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.				
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.				
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97				
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)			17,960,904	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD			1,291.32	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I				
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)				
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.			527.75	
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)				
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)				
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15	PLUS LN 3.06		
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)			527.75	
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			566.95	
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.			19.01	
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			546.76	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			546.54	
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			547.14	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).			546.81	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)			.423450	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			.426455	
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19			.423450	
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			20,434,773	
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			7,260,030	
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1				
		SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	27,694,803	56,174	27,750,977	
	DISPROPORTIONATE SHARE ADJUSTMENT				
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)			6.62	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I			34.82	
4.02	SUM OF LINES 4 AND 4.01			41.44	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)			22.93	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)			31,112,714	
	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)				
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)			212,510,220	
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				

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	212,510,220	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	16,788,354	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	9,450,073	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	87,612	
12	NET ORGAN ACQUISITION COST	19,440,697	
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	408,764	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	734,999	
16	TOTAL	259,420,719	
17	PRIMARY PAYER PAYMENTS	270,139	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	259,150,580	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	9,192,004	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,848,880	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,855,312	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,298,718	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,788,814	
22	SUBTOTAL	249,408,414	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	249,408,414	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	238,729,421	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	10,678,993	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

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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 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET E
COMPONENT NO:	TO 12/31/2007	PART B
15-0056		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	34,468
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	58,522,990
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	44,498,636
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.	463,789
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	34,468
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	107,837
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	107,837
	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)	107,837
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	73,369
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	34,468
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	44,962,425
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	10,860
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	11,123,648
19	SUBTOTAL (SEE INSTRUCTIONS)	33,862,385
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,146,617
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	36,009,002
24	PRIMARY PAYER PAYMENTS	9,060
25	SUBTOTAL	35,999,942
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	608,683
27	BAD DEBTS (SEE INSTRUCTIONS)	1,803,830
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,262,681
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,721,114
28	SUBTOTAL	37,871,306
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	37,871,306
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	37,176,622
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	694,684
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 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2007	
15-0056		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			237,781,396		36,140,006
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01	9/21/2007	948,025	9/21/2007	1,036,616
	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		948,025		1,036,616
4	TOTAL INTERIM PAYMENTS			238,729,421		37,176,622
	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: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2007	PART I
15-S056		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	3,961,326
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	990,332
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)	1,527,721
1.09	NET IPF PPS OUTLIER PAYMENTS	228,730
1.10	NET IPF PPS ECT PAYMENTS	44,129
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	19.024658
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)	1,800,580
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	2,772,928
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	2,079,696
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-)	279,116
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	3,070,028
	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)	3,070,028
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,070,028
7	DEDUCTIBLES	135,784
8	SUBTOTAL	2,934,244
9	COINSURANCE	53,320
10	SUBTOTAL	2,880,924
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	73,753
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	51,627
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	72,969
12	SUBTOTAL	2,932,551
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	8,178
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,940,729
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,734,951
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	205,778
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)			
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY			
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)			
3	AGGREGATE APPROVED AMOUNT			
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96			553.51
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)			
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)			553.51
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS			599.69
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.			553.51
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			206.39
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.			330.27
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			536.66
3.10	SEE INSTRUCTIONS			495.34
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			15.93
3.12	SEE INSTRUCTIONS			320.77
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			314.15
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			318.09
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	317.67
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)			317.67
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			71,230.22
3.18	SEE INSTRUCTIONS			22,627,704
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			195.71
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			186.29
3.21	SEE INSTRUCTIONS		RES INIT YEARS	190.83
3.22	SEE INSTRUCTIONS			190.83
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			75,212.38
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			14,352,778
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			36,980,482

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			98,795
5	TOTAL INPATIENT DAYS			316,132
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.312512
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	11,556,844	39,846	11,596,690
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			316,132
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.			
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			

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	59,690,074
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
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)	243,231,018
13	ORGAN ACQUISITION COSTS	19,440,697
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	270,139
16	TOTAL PART A REASONABLE COST	262,401,576

TITLE XVIII

PART B REASONABLE COST		
17	REASONABLE COST	59,614,380
18	PRIMARY PAYER PAYMENTS	9,060
19	TOTAL PART B REASONABLE COST	59,605,320
20	TOTAL REASONABLE COST	322,006,896
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.814894
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.185106
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)	11,596,690
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	9,450,073
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,146,617

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	2.00	
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	41.32	
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	1.79	
8	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	71,230.22	
9	MULTIPLY LINE 7 TIMES LINE 8	127,502	
10	MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.312512	
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	39,846	
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

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)(1)(iv)(C).	2.00	
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	39.20	
18	IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	2.00	
19	RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.001549	
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000414	
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	135,685,625	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	56,174	

BALANCE SHEET

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008

WORKSHEET G

	ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	135,652,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	243,435,000			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-117,911,000			
7	INVENTORY	31,782,000			
8	PREPAID EXPENSES	18,604,000			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	311,562,000			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	2150,417,000			
14.01	LESS ACCUMULATED DEPRECIATION	-1269,916,000			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	368,790,000			
21	TOTAL FIXED ASSETS	1249,291,000			
	OTHER ASSETS				
22	INVESTMENTS	70,311,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	3,286,000			
26	TOTAL OTHER ASSETS	73,597,000			
27	TOTAL ASSETS	1634,450,000			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	255,408,000			
29	SALARIES, WAGES & FEES PAYABLE	66,503,000			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	4,111,000			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS	30,935,000			
35	OTHER CURRENT LIABILITIES	1,668,000			
36	TOTAL CURRENT LIABILITIES	358,625,000			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE				
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66	12,822,000			
41	OTHER LONG TERM LIABILITIES	25,339,000			
42	TOTAL LONG-TERM LIABILITIES	38,161,000			
43	TOTAL LIABILITIES	396,786,000			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	1237,664,000			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	1237,664,000			
52	TOTAL LIABILITIES AND FUND BALANCES	1634,450,000			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,191,184,000		
2	NET INCOME (LOSS)		46,480,000		
3	TOTAL		1,237,664,000		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,237,664,000		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12					
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,237,664,000		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	357,047,477		357,047,477
2	00	SUBPROVIDER	7,764,329		7,764,329
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
6	00	SKILLED NURSING FACILITY			
7	00	NURSING FACILITY			
7	01	ICF/MR			
8	00	OTHER LONG TERM CARE			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	364,811,806		364,811,806
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	41,235,916		41,235,916
11	00	CORONARY CARE UNIT	28,183,502		28,183,502
11	01	NEONATAL INTENSIVE CARE UNIT	16,483,985		16,483,985
12	00	BURN INTENSIVE CARE UNIT	3,549,166		3,549,166
13	00	SURGICAL INTENSIVE CARE UNIT			
13	02	UH SURG 6IC	13,098,634		13,098,634
13	03	UH NS 3IC	5,619,123		5,619,123
13	04	RH PED IC	23,478,095		23,478,095
13	07	PEDIATRIC CANCER CENTER	3,313,142		3,313,142
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	134,961,563		134,961,563
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	499,773,369		499,773,369
17	00	ANCILLARY SERVICES	1223,050,524	1057,933,154	2280,983,678
18	00	OUTPATIENT SERVICES	293,555,310	96,053,288	389,608,598
18	60	FEDERALLY QUALIFIED HEALTH CTR		29,825,796	29,825,796
19	00	HOME HEALTH AGENCY		60,942,743	60,942,743
20	00	AMBULANCE SERVICES			
21	00	CORF			
22	00	AMBULATORY SURGICAL CENTER (D.P.)			
23	00	HOSPICE			
24	00				
25	00	TOTAL PATIENT REVENUES	2016,379,203	1244,754,981	3261,134,184

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		1311,814,187
		ADD (SPECIFY)		
27	00	HOME OFFICE EXPENSE	740,268,246	
28	00	ADDITIONAL BAD DEBT EXPENSE	65,189	
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		740,333,435
		DEDUCT (SPECIFY)		
34	00			
35	00			
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		
40	00	TOTAL OPERATING EXPENSES		2052,147,622

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	3261,134,184
2	LESS: ALLOWANCES AND DISCOUNTS ON	1454,231,562
3	NET PATIENT REVENUES	1806,902,622
4	LESS: TOTAL OPERATING EXPENSES	2052,147,622
5	NET INCOME FROM SERVICE TO PATIENT	-245,245,000
	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 MISC. INCOME	292,849,000
25	TOTAL OTHER INCOME	292,849,000
26	TOTAL	47,604,000
	OTHER EXPENSES	
27	LOSS ON INVESTMENTS	1,124,000
28		
29		
30	TOTAL OTHER EXPENSES	1,124,000
31	NET INCOME (OR LOSS) FOR THE PERIO	46,480,000

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	4,596,795	1,111,240			1,544,790	7,252,825
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,698,551	349,560			275,191	2,323,302
7	PHYSICAL THERAPY	553,804	125,950			205,896	885,650
8	OCCUPATIONAL THERAPY	161,136	42,801			32,523	236,460
9	SPEECH PATHOLOGY	22,497	2,947			2,588	28,032
10	MEDICAL SOCIAL SERVICES	56,860	10,713			4,852	72,425
11	HOME HEALTH AIDE	274,406	92,335			74,528	441,269
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY	661,249	162,395			6,280,768	7,104,412
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	3,299,977	664,760			7,499,688	11,464,425
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	11,325,275	2,562,701			15,920,824	29,808,800

		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		7,252,825		7,252,825
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE	-259,353	2,063,949		2,063,949
7	PHYSICAL THERAPY		885,650		885,650
8	OCCUPATIONAL THERAPY		236,460		236,460
9	SPEECH PATHOLOGY		28,032		28,032
10	MEDICAL SOCIAL SERVICES		72,425		72,425
11	HOME HEALTH AIDE		441,269		441,269
12	SUPPLIES				
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY		7,104,412		7,104,412
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	259,353	11,723,778		11,723,778
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)		29,808,800		29,808,800

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	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	7,252,825					7,252,825	7,252,825
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	2,063,949					2,063,949	663,659
7	PHYSICAL THERAPY	885,650					885,650	284,779
8	OCCUPATIONAL THERAPY	236,460					236,460	76,033
9	SPEECH PATHOLOGY	28,032					28,032	9,014
10	MEDICAL SOCIAL SERVICES	72,425					72,425	23,288
11	HOME HEALTH AIDE	441,269					441,269	141,889
12	SUPPLIES							
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY	7,104,412					7,104,412	2,284,409
17	PRIVATE DUTY NURSING							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS	11,723,778					11,723,778	3,769,754
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	29,808,800					29,808,800	

		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	2,727,608
7	PHYSICAL THERAPY	1,170,429
8	OCCUPATIONAL THERAPY	312,493
9	SPEECH PATHOLOGY	37,046
10	MEDICAL SOCIAL SERVICES	95,713
11	HOME HEALTH AIDE	583,158
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	9,388,821
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	15,493,532
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	29,808,800

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					-7,252,825	22,555,975
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						2,063,949
7	PHYSICAL THERAPY						885,650
8	OCCUPATIONAL THERAPY						236,460
9	SPEECH PATHOLOGY						28,032
10	MEDICAL SOCIAL SERVICES						72,425
11	HOME HEALTH AIDE						441,269
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						7,104,412
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						11,723,778
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-7,252,825	22,555,975
25	COST TO BE ALLOCATED						7,252,825
26	UNIT COST MULIPLIER						.321548

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET H-5 PART I

HHA NO: 15-7158

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-INTERE 3.01	NEW CAP REL COSTS-MVBLE 4
1	ADMIN & GENERAL				141,390	148,071	7,637
2	SKILLED NURSING CARE	2,727,608					
3	PHYSICAL THERAPY	1,170,429					
4	OCCUPATIONAL THERAPY	312,493					
5	SPEECH PATHOLOGY	37,046					
6	MEDICAL SOCIAL SERVICES	95,713					
7	HOME HEALTH AIDE	583,158					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	9,388,821					
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER	15,493,532					
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	29,808,800			141,390	148,071	7,637
21	UNIT COST MULIPLIER						

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

	HHA COST CENTER	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING, & 6.03	ADMITTING 6.04	CASHIERING 6.05
1	ADMIN & GENERAL	724,353	93,797	3,018,409	1		
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)	724,353	93,797	3,018,409	1		
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	SUBTOTAL 6A.05	OTHER ADMINISTRATIVE AND 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	IU LEASED SPACE 8.01	LAUNDRY & LINEN SERVICE 9
1	ADMIN & GENERAL	4,133,658	684,782	186,660	491,027		
2	SKILLED NURSING CARE	2,727,608	451,856				
3	PHYSICAL THERAPY	1,170,429	193,893				
4	OCCUPATIONAL THERAPY	312,493	51,768				
5	SPEECH PATHOLOGY	37,046	6,137				
6	MEDICAL SOCIAL SERVICES	95,713	15,856				
7	HOME HEALTH AIDE	583,158	96,606				
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	9,388,821	1,555,352				
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER	15,493,532	2,566,658				
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	33,942,458	5,622,908	186,660	491,027		
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 1

HHA COST CENTER	HOUSEKEEPING 10	HOUSEKEEPING - UNIVERSIT 10.01	HOUSEKEEPING - RILEY 10.02	HOUSEKEEPING - METHODIST 10.03	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL		1,076	7,292	25,778		
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)		1,076	7,292	25,778		
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	MAINTENANCE OF PERSONNEL 13	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18
1 ADMIN & GENERAL			3			
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)			3			
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	PATIENT TRAN SPORTATION 19	NONPHYSICIAN ANESTHETIST 20	NURSING SCHO OL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM 24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULIPLIER						

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

HHA 1

HHA COST CENTER	PARAMED ED CLINIC LAB 24.01	PARAMED RADIOLOGY-METHOD 24.02	PARAMED RESPIRATORY THER 24.03	DIETARY INTERNSHIP PROG 24.04	PARAMED EMERGENCY METHOD 24.05	PARAMED PASTORAL ED 24.06
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULIPLIER						

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

HHA COST CENTER	PARAMED PHYSICAL THERAPY 24.07	PARAMED OCCUP THERAPY 24.08	PARAMED PERFUSION 24.09	PARAMED PHARMACY 24.10	PARAMED NEUROPHYSIOLOGY 24.11	RADIATION THERAPY ED-IUM 24.12
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULIPLIER						

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

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET H-5
HHA NO:	TO 12/31/2007	PART I
15-7158		

HHA 1

	HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL	5,530,276		5,530,276		
2	SKILLED NURSING CARE	3,179,464		3,179,464	506,040	3,685,504
3	PHYSICAL THERAPY	1,364,322		1,364,322	217,144	1,581,466
4	OCCUPATIONAL THERAPY	364,261		364,261	57,975	422,236
5	SPEECH PATHOLOGY	43,183		43,183	6,873	50,056
6	MEDICAL SOCIAL SERVICES	111,569		111,569	17,757	129,326
7	HOME HEALTH AIDE	679,764		679,764	108,191	787,955
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY	10,944,173		10,944,173	1,741,864	12,686,037
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	18,060,190		18,060,190	2,874,432	20,934,622
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)	40,277,202		40,277,202	5,530,276	40,277,202
21	UNIT COST MULIPLIER				0.159159	

(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 1

	HHA COST CENTER	OLD CAP REL COSTS-BLDG & SQUARE FEET 1	OLD CAP REL COSTS-MVBLE DOLLAR VALUE 2	NEW CAP REL COSTS-BLDG & SQUARE FEET 3	NEW CAP REL COSTS-INTERE SQUARE FEET 3.01	NEW CAP REL COSTS-MVBLE DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5
1	ADMIN & GENERAL			25,613	25,613	7,759	11,325,275
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)			25,613	25,613	7,759	11,325,275
21	COST TO BE ALLOCATED			141,390	148,071	7,637	724,353
22	UNIT COST MULIPLIER			5.520244	5.781088	0.984276	0.063959

	HHA COST CENTER	NONPATIENT TELEPHONES PHONE LINES 6.01	DATA PROCESSING PHONE LINES 6.02	PURCHASING, RECEIVING, & COSTED REQ 6.03	ADMITTING INPATIENT HARGES 6.04	CASHIERING TOTAL HARGES 6.05	RECONCILIATION C 6A.06
1	ADMIN & GENERAL	405	405	22			
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)	405	405	22			
21	COST TO BE ALLOCATED	93,797	3,018,409	1			
22	UNIT COST MULIPLIER	231.597531	7452.861728	0.045455			

	HHA COST CENTER	OTHER ADMINISTRATIVE AND ACCUM. COST 6.06	MAINTENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	IU LEASED SPACE SQUARE FEET 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSEKEEPING HOURS OF SERVICE 10
1	ADMIN & GENERAL	4,133,658	25,613	25,613			
2	SKILLED NURSING CARE	2,727,608					
3	PHYSICAL THERAPY	1,170,429					
4	OCCUPATIONAL THERAPY	312,493					
5	SPEECH PATHOLOGY	37,046					
6	MEDICAL SOCIAL SERVICES	95,713					
7	HOME HEALTH AIDE	583,158					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	9,388,821					
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER	15,493,532					
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	33,942,458	25,613	25,613			
21	COST TO BE ALLOCATED	5,622,908	186,660	491,027			
22	UNIT COST MULIPLIER	0.165660	7.287705	19.171007			

HHA 1

HHA COST CENTER	HOUSEKEEPING - UNIVERSIT (UH SQUARE EET) 10.01	HOUSEKEEPING - RILEY (RILEY SQUAREF EET) 10.02	HOUSEKEEPING - METHODIST (MH SQUARE EET) 10.03	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13
1 ADMIN & GENERAL	156	1,122	3,212			
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)	156	1,122	3,212			
21 COST TO BE ALLOCATED	1,076	7,292	25,778			
22 UNIT COST MULIPLIER	6.897436	6.499109	8.025529			

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRAR (TOTAL HARGES) 17	SOCIAL SERVICE (TIME SPENT) 18	PATIENT TRANSPORTATION (TOTAL HARGES) 19
1 ADMIN & GENERAL		22				
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)		22				
21 COST TO BE ALLOCATED		3				
22 UNIT COST MULIPLIER		0.136364				

HHA COST CENTER	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23	PARAMED ED PRGM (ASSIGNED TIME) 24	PARAMED ED CLINIC LAB (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 1

HHA COST CENTER	PARAMED RADIOLOGY-METHOD (ASSIGNED TIME) 24.02	PARAMED RESPIRATORY THER (ASSIGNED TIME) 24.03	DIETARY INTERNSHIP PROG (MEALS SERVED) 24.04	PARAMED EMERGENCY METHOD (ASSIGNED TIME) 24.05	PARAMED PASTORAL ED (TIME SPENT) 24.06	PARAMED PHYSICAL THERAPY (ASSIGNED TIME) 24.07
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 OCCUP THERAPY (ASSIGNED TIME) 24.08	PARAMED PERFUSION (ASSIGNED TIME) 24.09	PARAMED PHARMACY (ASSIGNED TIME) 24.10	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME) 24.11	RADIATION THERAPY ED-IUM (ASSIGNED TIME) 24.12	NUCLEAR MED ED-IUMC (ASSIGNED TIME) 24.13
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	MEDICAL ASSISTING PROGRA (ASSIGNED TIME) 24.14	SURGICAL TECHNOLOGY PROG (ASSIGNED TIME) 24.15	PARAMED SPEECH (ASSIGNED TIME) 24.16	PARAMED ED PRGM (ASSIGNED TIME) 24.17	PARAMED ED PRGM (ASSIGNED TIME) 24.18
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)					
21 COST TO BE ALLOCATED					
22 UNIT COST MULIPLIER					

[ ] 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	3,685,504		3,685,504	18,648	197.64	6,111
2	PHYSICAL THERAPY	3	1,581,466		1,581,466	8,143	194.21	3,931
3	OCCUPATIONAL THERAPY	4	422,236		422,236	2,471	170.88	1,158
4	SPEECH PATHOLOGY	5	50,056		50,056	294	170.26	121
5	MEDICAL SOCIAL SERVICES	6	129,326		129,326	4,272	30.27	246
6	HOME HEALTH AIDE SERVICES	7	787,955		787,955	5,508	143.06	1,155
7	TOTAL		6,656,543		6,656,543	39,336		12,722

		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	2,795		1,207,778	552,404		1,760,182
2	PHYSICAL THERAPY	1,578		763,440	306,463		1,069,903
3	OCCUPATIONAL THERAPY	651		197,879	111,243		309,122
4	SPEECH PATHOLOGY	102		20,601	17,367		37,968
5	MEDICAL SOCIAL SERVICES	117		7,446	3,542		10,988
6	HOME HEALTH AIDE SERVICES	2,086		165,234	298,423		463,657
7	TOTAL	7,329		2,362,378	1,289,442		3,651,820

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

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICES						
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) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15	COST OF MEDICAL SUPPLIES	8						
16	COST OF DRUGS	9						
16.20	COST OF DRUGS	9						

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

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

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

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1	PHYSICAL THERAPY	50	.431014			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.534863			COL 2, LN 3
3	SPEECH PATHOLOGY	52	.654604			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.068896			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.319630			COL 2, LN 16
5.01	RENAL-RILEY	56.01				
5.02	RENAL-ADULT	56.02				

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE: PROGRAM VISITS PRIOR 1/1/1998 2.01	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS PRIOR 1/1/1998 3.01	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
1	PHYSICAL THERAPY	2	194.21					
2	OCCUPATIONAL THERAPY	3	170.88					
3	SPEECH PATHOLOGY	4	170.26					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

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

PERIOD: FROM 1/ 1/2007 TO 12/31/2007

PREPARED 5/29/2008
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	2,057,895	1,031,826	
	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	2,057,895	1,031,826	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,057,895	1,031,826	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	1,815,764	808,125
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	26,607	26,756
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	33,724	20,359
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	14,203	7,121
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	1,390	6,815
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	8,208	7,514
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	59	1,727
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	1,899,955	878,417
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,899,955	878,417
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,899,955	878,417
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,899,955	878,417
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	1,899,955	878,417
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,899,955	878,417
25	INTERIM PAYMENTS	1,928,795	898,051
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM	-28,840	-19,634
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

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

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

PERIOD: FROM 1/ 1/2007 TO 12/31/2007

PREPARED 5/29/2008
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			1,928,795		898,051
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			1,928,795		898,051
	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: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET I-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1	REGISTERED NURSES	4,779,928	HOURS OF SERVICE	131,330.64	63.14
2	LICENSED PRACTICAL NURSES	99,298	HOURS OF SERVICE	4,940.10	2.38
3	NURSES AIDES	497	HOURS OF SERVICE	22.24	.01
4	TECHNICIANS	990,740	HOURS OF SERVICE	65,983.94	31.72
5	SOCIAL WORKERS	52,158	HOURS OF SERVICE	2,016.30	.97
6	DIETICIANS	44,122	HOURS OF SERVICE	2,123.39	1.02
7	PHYSICIANS		ACCUMULATED COST		
8	NON-PATIENT CARE SALARY	266,484	ACCUMULATED COST		
9	SUBTOTAL (SUM OF LINES 1-8)	6,233,227			
10	EMPLOYEE BENEFITS	393,091	SALARY		
11	OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12	OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13	MACHINE COSTS & REPAIRS	41,423	PERCENTAGE OF TIME		
14	SUPPLIES	2,699,017	REQUISITIONS		
15	DRUGS	2,893,446	REQUISITIONS		
16	OTHER	462,477	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	12,722,681			
18	OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19	OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20	NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	434,661	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	276,703	PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS	398,671	SALARY		
23	ADMINISTRATIVE AND GENERAL	4,267,292	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	1,289,851	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS				
26	CENTRAL SERVICES & SUPPLIES	355,235	REQUISITIONS		
27	PHARMACY	4,300,123	REQUISITIONS		
28	OTHER ALLOCATED COST	1,069,662	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	25,114,879			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	25,114,879			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET I-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS BUILDING 1	CAPITAL AND RELATED COSTS EQUIPMENT 2	DIRECT PATIENT CARE SALARY RNS 3	DIRECT PATIENT CARE SALARY OTHER 4	EMPLOYEE BENEFITS 5
1	TOTAL RENAL DEPARTMENT COSTS	1,724,512	318,126	4,779,928	1,186,815	791,762
	MAINTENANCE					
2	HEMODIALYSIS	1,074,896	198,289	2,979,352	739,748	493,508
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	69	13	191	47	32
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	365,325	67,393	1,012,591	251,418	167,729
11	CCDP	284,222	52,431	787,794	195,602	130,493
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	1,724,512	318,126	4,779,928	1,186,815	791,762
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS 6	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10
1	TOTAL RENAL DEPARTMENT COSTS	7,193,569	3,054,252		19,048,964	6,065,915
	MAINTENANCE					
2	HEMODIALYSIS	4,483,785	1,903,730		11,873,308	3,780,913
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	288	122		762	243
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	1,523,903	647,020		4,035,379	1,285,018
11	CCDP	1,185,593	503,380		3,139,515	999,741
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	7,193,569	3,054,252		19,048,964	6,065,915
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	TOTAL (COL. 9 + COL. 10) 11
1	TOTAL RENAL DEPARTMENT COSTS	25,114,879
	MAINTENANCE	
2	HEMODIALYSIS	15,654,221
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	1,005
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
	HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	5,320,397
11	CCDP	4,139,256
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	25,114,879
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	25,114,879

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET I-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT ___ HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS BUILDING 1 (SQUARE FEET)	CAPITAL AND RELATED COSTS EQUIPMENT 2 (% OF TIME)	DIRECT PATIENT CARE SALARY RNS 3 (HOURS)	DIRECT PATIENT CARE SALARY OTHER 4 (HOURS)	EMPLOYEE BENEFITS 5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS	1,724,512	318,126	4,779,928	1,186,815	791,762
	MAINTENANCE					
2	HEMODIALYSIS	31,159	31,159.00	31,159.00	31,159.00	31,159
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	2	2.00	2.00	2.00	2
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	10,590	10,590.00	10,590.00	10,590.00	10,590
11	CCDP	8,239	8,239.00	8,239.00	8,239.00	8,239
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
15	OTHER					
16	TOTAL STATISTICAL BASIS	49,990	49,990.00	49,990.00	49,990.00	49,990
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	34.497139	6.363793	95.617684	23.741048	15.838408

	COMPOSITE PAYMENT SERVICES	DRUGS 6 (REQUIST.)	MEDICAL SUPPLIES 7 (REQUIST.)	ROUTINE ANCILLARY SERVICES 8 (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8) 9	OVERHEAD 10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS	7,193,569	3,054,252		19,048,964	6,065,915
	MAINTENANCE					
2	HEMODIALYSIS	31,159	31,159	31,159		
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS	2	2	2		
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	10,590	10,590	10,590		
11	CCDP	8,239	8,239	8,239		
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
15	OTHER					
16	TOTAL STATISTICAL BASIS	49,990	49,990	49,990		19,048,964
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	143.900160	61.097259			.318438

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET I-4
RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

		NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. I-2,COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
		1	2	3	4	4.01
1	MAINTENANCE - HEMODIALYSIS	311,159	15,654,221	50.31	25,291	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS	2	1,005	502.50	2	
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7	HOME PROGRAM - HEMODIALYSIS					
8	HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS			PATIENT WEEKS	
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	1,513	5,320,397	3,516.46	1,208	
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	1,177	4,139,256	3,516.79	613	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	311,161	25,114,879		25,293	

		TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
		5	6	6.01	7
1	MAINTENANCE - HEMODIALYSIS	1,272,390	241.66		6,111,823
2	MAINTENANCE - PERITONEAL DIALYSIS				
3	TRAINING - HEMODIALYSIS	1,005			
4	TRAINING - PERITONEAL DIALYSIS				
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7	HOME PROGRAM - HEMODIALYSIS		241.66		
8	HOME PROGRAM - PERITONEAL DIALYSIS				
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	4,247,884	552.65		667,601
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	2,155,792	561.74		344,347
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	7,677,071			7,123,771

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET I-5

		DESCRIPTION	
1		TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	9,218,903
2		TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	9,596,508
3		DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4		COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5		BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	608,683
5	01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	596,958
6		NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	-608,683
7		PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	7,677,206
8		UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	2,150,380
9		REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	608,683

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
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	732,878	53,545		
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	477,010	34,851		
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	240,074	17,540		
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			57,351	
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	145,128	10,603		
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,595,090	116,539	57,351	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

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

PERIOD: FROM 1/ 1/2007 TO 12/31/2007

PREPARED 5/29/2008
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	222,127	1,008,550		1,008,550
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	400,230	400,230		400,230
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE		511,861		511,861
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES		257,614		257,614
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	153,800	153,800		153,800
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	762,202	762,202		762,202
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	403,551	403,551		403,551
22	PATIENT TRANSPORTATION		57,351		57,351
23	IMAGING SERVICES	13,944	13,944		13,944
24	LABS AND DIAGNOSTICS	37,465	37,465		37,465
25	MEDICAL SUPPLIES	40,601	40,601		40,601
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS		155,731		155,731
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	2,033,920	3,802,900		3,802,900

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K
HOSPICE NO:	TO 12/31/2007	
15-1511		

HOSPICE 1

		ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
	GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.		
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3	PLANT OPERATION AND MAINTENANCE		
4	TRANSPORTATION - STAFF		
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL		1,008,550
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		400,230
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		511,861
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		257,614
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		153,800
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		762,202
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		403,551
22	PATIENT TRANSPORTATION		57,351
23	IMAGING SERVICES		13,944
24	LABS AND DIAGNOSTICS		37,465
25	MEDICAL SUPPLIES		40,601
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		155,731
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)		3,802,900

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I 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				
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			240,074	
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)			240,074	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2007	
15-1511		

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	411,056			321,822
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	477,010			
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				145,128
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	888,066			466,950

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2007	
15-1511		

HOSPICE 1

		TOTAL (1) 9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	732,878
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	477,010
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	240,074
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	145,128
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,595,090

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2007	
15-1511		

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				
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			17,540	
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)			17,540	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2007	
15-1511		

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	30,032			23,513
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	34,851			
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				10,603
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	64,883			34,116

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2007	
15-1511		

HOSPICE 1

		TOTAL (1) 9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	53,545
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	34,851
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	17,540
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	10,603
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	116,539

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

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

PERIOD: FROM 1/ 1/2007 TO 12/31/2007

PREPARED 5/29/2008
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	1,008,550			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	400,230			
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	511,861			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	257,614			
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	153,800			
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	762,202			
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	403,551			
22	PATIENT TRANSPORTATION	57,351			
23	IMAGING SERVICES	13,944			
24	LABS AND DIAGNOSTICS	37,465			
25	MEDICAL SUPPLIES	40,601			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS	155,731			
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	3,802,900			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-4
HOSPICE NO:	TO 12/31/2007	PART I
15-1511		

HOSPICE 1

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL			1,008,550	1,008,550
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE			400,230	144,453
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE			511,861	184,743
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			257,614	92,979
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			153,800	55,510
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			762,202	275,098
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			403,551	145,652
22	PATIENT TRANSPORTATION			57,351	20,699
23	IMAGING SERVICES			13,944	5,033
24	LABS AND DIAGNOSTICS			37,465	13,522
25	MEDICAL SUPPLIES			40,601	14,654
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS			155,731	56,207
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)			2,794,350	1,008,550

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-4
HOSPICE NO:	TO 12/31/2007	PART I
15-1511		

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	544,683
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	696,604
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	350,593
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	209,310
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	1,037,300
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	549,203
22	PATIENT TRANSPORTATION	78,050
23	IMAGING SERVICES	18,977
24	LABS AND DIAGNOSTICS	50,987
25	MEDICAL SUPPLIES	55,255
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	211,938
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	3,802,900

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511
I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007
I PREPARED 5/29/2008 I WORKSHEET K-4 I 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

HOSPICE 1

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL		-1,008,550	2,794,350
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			400,230
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			511,861
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			257,614
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			153,800
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			762,202
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			403,551
22	PATIENT TRANSPORTATION			57,351
23	IMAGING SERVICES			13,944
24	LABS AND DIAGNOSTICS			37,465
25	MEDICAL SUPPLIES			40,601
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30				155,731
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			1,008,550
35	UNIT COST MULTIPLIER	.000000		.360925

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2007	PART I
15-1511		

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				11,813
2.00	INPATIENT - GENERAL CARE	7	544,683			
3.00	INPATIENT - RESPITE CARE	8				
4.00	PHYSICIAN SERVICES	9				
5.00	NURSING CARE	10	696,604			
5.20	NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00	PHYSICAL THERAPY	11				
7.00	OCCUPATIONAL THERAPY	12				
8.00	SPEECH/LANGUAGE PATHOLOGY	13				
9.00	MEDICAL SOCIAL SERVICES	14	350,593			
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	209,310			
14.00	OTHER	19				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	20	1,037,300			
15.30	ANALGESICS	20.30				
15.31	SEDATIVES / HYPNOTICS	20.31				
15.32	OTHER -- SPECIFY	20.32				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	21	549,203			
17.00	PATIENT TRANSPORTATION	22	78,050			
18.00	IMAGING SERVICES	23	18,977			
19.00	LABS AND DIAGNOSTICS	24	50,987			
20.00	MEDICAL SUPPLIES	25	55,255			
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00	RADIATION THERAPY	27				
23.00	CHEMOTHERAPY	28				
24.00	OTHER	29				
25.00	BEREAVEMENT PROGRAM COSTS	30	211,938			
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)		3,802,900			11,813
30.00	UNIT COST MULIPLIER					

	HOSPICE COST CENTER	NEW CAP REL COSTS-INTEREST	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
		3.01	4	5	6.01
1.00	ADMINISTRATIVE AND GENERAL	12,372	31,197	102,020	12,043
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	OTHER				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER -- SPECIFY				
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	OTHER				
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)	12,372	31,197	102,020	12,043
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET K-5 PART I

HOSPICE NO: 15-1511

HOSPICE 1

	HOSPICE COST CENTER	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING
		6.02	6.03	6.04	6.05
1.00	ADMINISTRATIVE AND GENERAL	387,549	2,488		82,507
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	OTHER				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER -- SPECIFY				
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	OTHER				
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)	387,549	2,488		82,507
30.00	UNIT COST MULIPLIER				

	HOSPICE COST CENTER	SUBTOTAL	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
		6A.05	6.06	7	8
1.00	ADMINISTRATIVE AND GENERAL	641,989	106,352	15,596	41,026
2.00	INPATIENT - GENERAL CARE	544,683	90,232		
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE	696,604	115,399		
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	350,593	58,079		
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	209,310	34,674		
14.00	OTHER				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	1,037,300	171,838		
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER -- SPECIFY				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	549,203	90,981		
17.00	PATIENT TRANSPORTATION	78,050	12,930		
18.00	IMAGING SERVICES	18,977	3,144		
19.00	LABS AND DIAGNOSTICS	50,987	8,447		
20.00	MEDICAL SUPPLIES	55,255	9,154		
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00	OTHER				
25.00	BEREAVEMENT PROGRAM COSTS	211,938	35,110		
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	4,444,889	736,340	15,596	41,026
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2007	PART I
15-1511		

HOSPICE 1

HOSPICE COST CENTER	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
	8.01	9	10	10.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA
	10.02	10.03	11	12
1.00 ADMINISTRATIVE AND GENERAL		17,174		21,607
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 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
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)		17,174		21,607
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-5
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HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	13	14	15	16
1.00 ADMINISTRATIVE AND GENERAL		81,154	8,585	1,134,227
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 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
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)		81,154	8,585	1,134,227
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS
	17	18	19	20
1.00 ADMINISTRATIVE AND GENERAL	49,876		8,031	
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 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
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)	49,876		8,031	
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
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HOSPICE 1

HOSPICE COST CENTER	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	PARAMED ED CLINIC LAB	PARAMED RADIOLOGY-METHO DIST	PARAMED RESPIRATORY THERAPY	DIETARY INTERNSHIP PROG
	24.01	24.02	24.03	24.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2007	PREPARED 5/29/2008
HOSPICE NO: 15-1511	TO 12/31/2007	WORKSHEET K-5 PART I

HOSPICE 1

HOSPICE COST CENTER	PARAMED EMERGENCY METHODIST	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY
	24.05	24.06	24.07	24.08
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC
	24.09	24.10	24.11	24.12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

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HOSPICE 1

HOSPICE COST CENTER	NUCLEAR MED ED-IUMC	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGRAM	PARAMED SPEECH
	24.13	24.14	24.15	24.16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	PARAMED ED PRGM	PARAMED ED PRGM	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD
	24.17	24.18	25	26
1.00 ADMINISTRATIVE AND GENERAL			2,125,617	
2.00 INPATIENT - GENERAL CARE			634,915	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			812,003	
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			408,672	
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			243,984	
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			1,209,138	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			640,184	
17.00 PATIENT TRANSPORTATION			90,980	
18.00 IMAGING SERVICES			22,121	
19.00 LABS AND DIAGNOSTICS			59,434	
20.00 MEDICAL SUPPLIES			64,409	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS			247,048	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			6,558,505	
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008 | WORKSHEET K-5 | PART I

HOSPICE NO: 15-1511

HOSPICE 1

	HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
		27	28	29
1.00	ADMINISTRATIVE AND GENERAL	2,125,617		
2.00	INPATIENT - GENERAL CARE	634,915	304,449	939,364
3.00	INPATIENT - RESPITE CARE			
4.00	PHYSICIAN SERVICES			
5.00	NURSING CARE	812,003	389,364	1,201,367
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	408,672	195,963	604,635
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	243,984	116,993	360,977
14.00	OTHER			
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	1,209,138	579,794	1,788,932
15.30	ANALGESICS			
15.31	SEDATIVES / HYPNOTICS			
15.32	OTHER -- SPECIFY			
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	640,184	306,975	947,159
17.00	PATIENT TRANSPORTATION	90,980	43,626	134,606
18.00	IMAGING SERVICES	22,121	10,607	32,728
19.00	LABS AND DIAGNOSTICS	59,434	28,499	87,933
20.00	MEDICAL SUPPLIES	64,409	30,885	95,294
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00	RADIATION THERAPY			
23.00	CHEMOTHERAPY			
24.00	OTHER			
25.00	BEREAVEMENT PROGRAM COSTS	247,048	118,462	365,510
26.00	VOLUNTEER PROGRAM COSTS			
27.00	FUNDRAISING			
28.00	OTHER PROGRAM COSTS			
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	6,558,505		6,558,505
30.00	UNIT COST MULIPLIER		.479511	

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

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

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PART II

HOSPICE 1

	HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-INTEREST (SQUARE FEET)
		1	2	3	3.01
1.00	ADMINISTRATIVE AND GENERAL			2,140	2,140
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	OTHER				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER -- SPECIFY				
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	OTHER				
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)			2,140	2,140
30.00	TOTAL COST TO BE ALLOCATED			11,813	12,372
31.00	UNIT COST MULIPLIER	.000000	.000000	5.520093	5.781308

	HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)
		4	5	6.01	6.02
1.00	ADMINISTRATIVE AND GENERAL	31,695	1,595,089	52	52
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	OTHER				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER -- SPECIFY				
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	OTHER				
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)	31,695	1,595,089	52	52
30.00	TOTAL COST TO BE ALLOCATED	31,197	102,020	12,043	387,549
31.00	UNIT COST MULIPLIER	.984288	.063959	231.596154	7452.865385

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

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HOSPICE NO: 15-1511

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING, & STORES (COSTED REQ) 6.03	ADMITTING (INPATIENT CHARGES) 6.04	CASHIERING (TOTAL CHARGES) 6.05	RECONCILIATION 6A.06
1.00 ADMINISTRATIVE AND GENERAL	66,425		7,347,649	
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 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
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)	66,425		7,347,649	
30.00 TOTAL COST TO BE ALLOCATED	2,488		82,507	
31.00 UNIT COST MULIPLIER	.037456	.000000	.011229	

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST) 6.06	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	IU LEASED SPACE (SQUARE FEET) 8.01
1.00 ADMINISTRATIVE AND GENERAL	641,989	2,140	2,140	
2.00 INPATIENT - GENERAL CARE	544,683			
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	696,604			
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	350,593			
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	209,310			
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	1,037,300			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	549,203			
17.00 PATIENT TRANSPORTATION	78,050			
18.00 IMAGING SERVICES	18,977			
19.00 LABS AND DIAGNOSTICS	50,987			
20.00 MEDICAL SUPPLIES	55,255			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS	211,938			
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,444,889	2,140	2,140	
30.00 TOTAL COST TO BE ALLOCATED	736,340	15,596	41,026	
31.00 UNIT COST MULIPLIER	.165660	7.287850	19.171028	.000000

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET) 10.01	HOUSEKEEPING - RILEY (RILEY SQUAREFEET) 10.02
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	HOUSEKEEPING - METHODIST (MH SQUARE FEET) 10.03	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13
1.00 ADMINISTRATIVE AND GENERAL	2,140		2,834	
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 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
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)	2,140		2,834	
30.00 TOTAL COST TO BE ALLOCATED	17,174		21,607	
31.00 UNIT COST MULIPLIER	8.025234	.000000	7.624206	.000000

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

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HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES) 17
1.00 ADMINISTRATIVE AND GENERAL	769	66,425	762,202	7,347,649
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 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
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)	769	66,425	762,202	7,347,649
30.00 TOTAL COST TO BE ALLOCATED	81,154	8,585	1,134,227	49,876
31.00 UNIT COST MULIPLIER	105.531860	.129244	1.488092	.006788

HOSPICE COST CENTER	SOCIAL SERVICE (TIME SPENT) 18	PATIENT TRANSPORTATION (TOTAL CHARGES) 19	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21
1.00 ADMINISTRATIVE AND GENERAL		7,347,649		
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 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		7,347,649		
30.00 TOTAL COST TO BE ALLOCATED		8,031		
31.00 UNIT COST MULIPLIER	.000000	.001093	.000000	.000000

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

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HOSPICE 1

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME) 22	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME) 23	PARAMED ED PRGM (ASSIGNED TIME) 24	PARAMED ED CLINIC LAB (ASSIGNED TIME) 24.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PARAMED RADIOLOGY-METHO DIST (ASSIGNED TIME) 24.02	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME) 24.03	DIETARY INTERNSHIP PROG (MEALS SERVED) 24.04	PARAMED EMERGENCY METHODIST (ASSIGNED TIME) 24.05
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008
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HOSPICE 1

HOSPICE COST CENTER	PARAMED PASTORAL ED (TIME SPENT)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)
	24.06	24.07	24.08	24.09
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PARAMED PHARMACY (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)	NUCLEAR MED ED-IUMC (ASSIGNED TIME)
	24.10	24.11	24.12	24.13
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2007	PART II
15-1511		

HOSPICE 1

HOSPICE COST CENTER	MEDICAL ASSISTING PROGRAM (ASSIGNED TIME) 24.14	SURGICAL TECHNOLOGY PROGRAM (ASSIGNED TIME) 24.15	PARAMED SPEECH (ASSIGNED TIME) 24.16	PARAMED ED PRGM (ASSIGNED TIME) 24.17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
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 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PARAMED ED PRGM (ASSIGNED TIME) 24.18
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00 OTHER	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER -- SPECIFY	
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 OTHER	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28)	
30.00 TOTAL COST TO BE ALLOCATED	
31.00 UNIT COST MULIPLIER	.000000

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

PROVIDER NO: 15-0056
HOSPICE NO: 1S-1511
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
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	.431014		
2	OCCUPATIONAL THERAPY	51	.534863		
3	SPEECH PATHOLOGY	52	.654604		
4	DRUGS CHARGED TO PATIENTS	56	.319630		
4.01	RENAL-RILEY	56.01			
4.02	RENAL-ADULT	56.02			
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.213069		
6.01	TRANSPLANT IMMUNOLOGY	44.01	.410395		
6.02	BONE MARROW TRANSPLANT LAB	44.02	.661751		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.068896		
8	EMERGENCY	61	.281290		
8.01	EMERGENCY-RILEY	61.01			
9	RADIOLOGY-DIAGNOSTIC	41	.204706		
10	RH NBN ECMO IC	59	.798419		
10.01	CARDIOLOGY	59.01	.272942		
10.02	PSYCH OTHER ANCILLARY	59.02	1.897930		
10.03	CARDIAC CATHERIZATION	59.03	.270980		
10.04	DAY SURGERY	59.04	2.965456		
10.05	ONCOLOGY	59.05	1.011644		
10.06	DAY SURGERY-RILEY	59.06			
10.07	CARDIOLOGY-RILEY	59.07			
11	TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET K-6
HOSPICE NO:	TO 12/31/2007	
15-1511		

HOSPICE 1

COMPUTATION OF PER DIEM COST

		TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
		1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				6,558,505
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				31,128
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				210.69
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	25,531			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	5,379,126			
6	UNDUPLICATED MEDICAID DAYS		2,309		
7	AGGREGATE MEDICAID COST		486,483		
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	4,851			
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,022,057			
10	UNDUPLICATED NF DAYS		33		
11	AGGREGATE NF COST		6,953		
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			3,288	
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			692,749	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET L
COMPONENT NO:	TO 12/31/2007	PARTS I-IV
15-0056		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	12,053,467
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,262,284
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	847.09
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	548.81
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	20.06
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2,417,925
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	6.62
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	34.82
5 .02	SUM OF 5 AND 5.01	41.44
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	8.75
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	1,054,678
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	16,788,354
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	

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

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/29/2008 I WORKSHEET M-1
I COMPONENT NO: 15-1804

FQHC 1

		COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFICATION 4
	FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	2,541,733		2,541,733	
2	PHYSICIAN ASSISTANT				
3	NURSE PRACTITIONER	315,059		315,059	
4	VISITING NURSE				
5	OTHER NURSE	1,673,496		1,673,496	
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	232,090		232,090	
8	LABORATORY TECHNICIAN	3,039		3,039	
9	OTHER FACILITY HEALTH CARE STAFF COSTS	4,393,043	2,096,787	6,489,830	
10	SUBTOTAL (SUM OF LINES 1-9)	9,158,460	2,096,787	11,255,247	
	COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT				
12	PHYSICIAN SUPERVISION UNDER AGREEMENT				
13	OTHER COSTS UNDER AGREEMENT				
14	SUBTOTAL (SUM OF LINES 11-13)				
	OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		626,364	626,364	
16	TRANSPORTATION (HEALTH CARE STAFF)				
17	DEPRECIATION-MEDICAL EQUIPMENT		66,333	66,333	
18	PROFESSIONAL LIABILITY INSURANCE				
19	OTHER HEALTH CARE COSTS		2,253,604	2,253,604	
20	ALLOWABLE GME COSTS				
21	SUBTOTAL (SUM OF LINES 15-20)		2,946,301	2,946,301	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	9,158,460	5,043,088	14,201,548	
	COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY				
24	DENTAL				
25	OPTOMETRY				
26	ALL OTHER NONREIMBURSABLE COSTS	8,205,266	4,150,410	12,355,676	
27	NONALLOWABLE GME COSTS				
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	8,205,266	4,150,410	12,355,676	
	FACILITY OVERHEAD				
29	FACILITY COSTS		646,552	646,552	
30	ADMINISTRATIVE COSTS	2,445,796	1,270,050	3,715,846	
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	2,445,796	1,916,602	4,362,398	
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	19,809,522	11,110,100	30,919,622	

		RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
	FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	2,541,733		2,541,733
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	315,059		315,059
4	VISITING NURSE			
5	OTHER NURSE	1,673,496		1,673,496
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER	232,090		232,090
8	LABORATORY TECHNICIAN	3,039		3,039
9	OTHER FACILITY HEALTH CARE STAFF COSTS	6,489,830		6,489,830
10	SUBTOTAL (SUM OF LINES 1-9)	11,255,247		11,255,247
	COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
	OTHER HEALTH CARE COSTS			
15	MEDICAL SUPPLIES	626,364		626,364
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT	66,333		66,333
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS	2,253,604	-606,929	1,646,675
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	2,946,301	-606,929	2,339,372
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	14,201,548	-606,929	13,594,619
	COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS	12,355,676	-441,082	11,914,594
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	12,355,676	-441,082	11,914,594
	FACILITY OVERHEAD			
29	FACILITY COSTS	646,552		646,552
30	ADMINISTRATIVE COSTS	3,715,846	-1,926,231	1,789,615
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	4,362,398	-1,926,231	2,436,167
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	30,919,622	-2,974,242	27,945,380

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/29/2008
COMPONENT NO: 15-1804 | WORKSHEET M-2

FQHC 1

VISITS AND PRODUCTIVITY

		NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
	POSITIONS				
1	PHYSICIANS	16.49	82,227	4,200	69,258
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	3.53	14,201	2,100	7,413
4	SUBTOTAL (SUM OF LINES 1-3)	20.02	96,428		76,671
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	5.97	697		
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	25.99	97,125		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	13,594,619
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	11,914,594
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	25,509,213
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.532930
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	2,436,167
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	7,338,493
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	9,774,660
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)	
18	SUBTRACT LINE 17 FROM LINE 16	9,774,660
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	5,209,210
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	18,803,829

		GREATER OF COL. 2 OR COL. 4 5
	POSITIONS	
1	PHYSICIANS	
2	PHYSICIAN ASSISTANTS	
3	NURSE PRACTITIONERS	
4	SUBTOTAL (SUM OF LINES 1-3)	96,428
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	697
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	97,125
9	PHYSICIAN SERVICES UNDER AGREEMENTS	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 5/29/2008
15-0056	FROM 1/ 1/2007	WORKSHEET M-3
COMPONENT NO:	TO 12/31/2007	
15-1804		

TITLE XVIII FQHC 1

	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	18,803,829
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	18,803,829
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	97,125
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	97,125
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	193.60

		CALCULATION OF LIMIT (1)	
		PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)		115.33
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)		115.33
	CALCULATION OF SETTLEMENT		
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		5,101
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		588,298
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		588,298
16.01	PRIMARY PAYER AMOUNT		
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		588,298
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		470,638
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		470,638
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23	OTHER ADJUSTMENTS (SPECIFY)		
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		470,638
25	INTERIM PAYMENTS		463,767
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		6,871
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2		

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

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

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES
[ ] RHC [X] FQHC

PROVIDER NO: 15-0056
COMPONENT NO: -
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
PREPARED 5/29/2008
WORKSHEET M-5

FQHC 1

	DESCRIPTION		PART B MM/DD/YYYY 1	AMOUNT 2
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			463,767
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	ADJUSTMENTS TO PROVIDER	.01		
	ADJUSTMENTS TO PROVIDER	.02		
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	SUBTOTAL	.99		NONE
4	TOTAL INTERIM PAYMENTS			463,767
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER	.01		
	TENTATIVE TO PROVIDER	.02		
	TENTATIVE TO PROVIDER	.03		
	TENTATIVE TO PROGRAM	.50		
	TENTATIVE TO PROGRAM	.51		
	TENTATIVE TO PROGRAM	.52		
	SUBTOTAL	.99		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02		
7	TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:
INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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