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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0056	PERIOD FROM 1/ 1/2010 TO 12/31/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 7/26/2011 TIME 15:52

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/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XIX B	
		1	2	3	4
1	HOSPITAL	0	5,482,452	2,225,416	0
2	SUBPROVIDER	0	-3,291	-17	0
7	HOSPITAL-BASED HHA	0	1	1	0
9 .10	FQHC	0	0	-7,143	0
100	TOTAL	0	5,479,162	2,218,257	0

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

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

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

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6
02.00 HOSPITAL	CLARIAN HEALTH PARTNERS, INC.	15-0056		7/ 1/1966	N	P	P
03.00 SUBPROVIDER	CLARIAN BEHAVIORAL CARE CTR.	15-S056		7/ 1/1984	N	P	N
09.00 HOSPITAL-BASED HHA	CLARIAN HOME CARE-INDIANAPOLIS	15-7158		8/ 5/1985	N	P	N
12.00 HOSP-BASED HOSPICE	YELLOW ROSE UNIT	15-1511		7/ 1/1966			
14.10 HOSPITAL-BASED FQHC	HEALTHNET BARRINGTON	15-1804		7/ 1/1966	N	O	N
16.00 RENAL DIALYSIS	CLARIAN DIALYSIS	15-3510		1/ 1/1997			
16.01 RENAL DIALYSIS 2	CLARIAN	15-3515		4/26/2002			
16.02 RENAL DIALYSIS 3	RILEY HOSPITAL DIALYSIS	15-2320		4/ 9/2007			
16.03 RENAL DIALYSIS 4	CLARIAN HEALTH PARTNERS	15-3521		1/30/2009			
16.04 RENAL DIALYSIS 5	METHODIST DIALYSIS	15-2306		10/15/2001			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010

		1	2
18	TYPE OF CONTROL	2	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER	4	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N	26900
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1			
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1			
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO.	N			
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO.(SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)	N	N		
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	3	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	Y			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			10/17/1996	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			10/17/1996	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			3/11/1993	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			2/ 2/1995	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			7/ 1/1999	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			6/ 7/2005	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)				/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).				/ /

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

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

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

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

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

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

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1. Y

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURING IN ALL NON-PROVIDER SETTINGS. 414.80

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09		0000	0.00
25.10	FAMILY MEDICINE	1350	26.26
25.11	INTERNAL MEDICINE	1400	57.64
25.12	INTERNAL MEDICINE GERIATRIC	1408	0.26
25.13	INTERNAL MEDICINE PEDIATRICS	1450	12.89
25.14	IM PREVENTIVE	2765	0.08

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

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

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

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

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

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

1	2	3	4
0	0.0000	0.0000	

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

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

		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

TITLE XIX INPATIENT SERVICES

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

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

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

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N	
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 160,816
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, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). Y N 0

MULTICAMPUS

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

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

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 5/ 3/2011

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. Y

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH	I/P DAYS / O/P VISITS / TRIPS: TITLE V	TITLE XVIII	NOT LTCH	TOTAL TITLE XIX
		1	2	N/A 2.01	3	4	N/A 4.01	5
1	ADULTS & PEDIATRICS	1,229	448,585			80,451		31,730
2	HMO					13,563		76,176
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	1,229	448,585			80,451		31,730
6	INTENSIVE CARE UNIT	57	20,805			7,465		2,453
7	CORONARY CARE UNIT	52	18,980			6,179		1,655
7 01	NEONATAL INTENSIVE CARE UNIT	35	12,775					997
8	BURN INTENSIVE CARE UNIT	7	2,555					195
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC	18	6,570			2,513		686
9 03	UH NS 3IC	9	3,285			800		279
9 04	RH PED IC	34	12,410			60		1,125
9 05	TRANSPLANT ICU	12	4,380			1,539		503
9 07	PEDIATRIC CANCER CENTER	8	2,920			3		263
11	NURSERY							7,008
12	TOTAL	1,461	533,265			99,010		46,894
13	RPCH VISITS							
14	SUBPROVIDER	45	16,425			1,721		
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY					25,106		
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE		2,341					
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C					1,310		
25	TOTAL	1,506						
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS					299		
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							3,026

	COMPONENT	I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED	NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS: TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES: TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			265,954				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			265,954				
6	INTENSIVE CARE UNIT			20,560				
7	CORONARY CARE UNIT			13,859				
7 01	NEONATAL INTENSIVE CARE UNIT			8,352				
8	BURN INTENSIVE CARE UNIT			1,652				
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC			5,748				
9 03	UH NS 3IC			2,339				
9 04	RH PED IC			9,422				
9 05	TRANSPLANT ICU			4,196				
9 07	PEDIATRIC CANCER CENTER			2,206				
11	NURSERY			12,439				
12	TOTAL			346,727			615.79	
13	RPCH VISITS							
14	SUBPROVIDER			6,845			1.83	
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY			57,141				
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE			2,341			.04	
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C			16,296				
25	TOTAL						617.66	
26	OBSERVATION BED DAYS			10,726				
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS			4,408				

	COMPONENT	I & R FTES NET	FULL TIME EQUIV: EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES: TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					15,099	6,333	57,317

	COMPONENT	I & R FTES NET	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
7 01	NEONATAL INTENSIVE CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
9 02	UH SURG 6IC							
9 03	UH NS 3IC							
9 04	RH PED IC							
9 05	TRANSPLANT ICU							
9 07	PEDIATRIC CANCER CENTER							
11	NURSERY							
12	TOTAL	615.79	10,749.92			15,099	6,333	57,317
13	RPCH VISITS							
14	SUBPROVIDER	1.83	57.39			185		934
15	SKILLED NURSING FACILITY							
16	NURSING FACILITY							
16 01	ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY		353.85					
20	AMBULATORY SURGICAL CENTER (							
21	HOSPICE	.04	41.54					
23	CORF							
24 10	FEDERALLY QUALIFIED HEALTH C		45.28					
25	TOTAL	617.66	11,247.98					
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	544,326,509	-2,660,787	541,665,722	19,224,052.34	28.18	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	528,546		528,546	3,760.60	140.55	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	220,026		220,026	2,085.72	105.49	
5 PHYSICIAN - PART B	3,225,135		3,225,135	66,181.73	48.73	
5.01 NON-PHYSICIAN - PART B	582,078		582,078	18,116.80	32.13	
6 INTERNS & RESIDENTS (APPRVD)	25,902,990		25,902,990	1,080,747.20	23.97	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	64,320,928	-1,148,665	63,172,263	2,071,596.80	30.49	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:		2,660,787	2,660,787	46,060.36	57.77	
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	106,784,106		106,784,106	4,166,680.00	25.63	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	202,495,687		202,495,687			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	18,911,680		18,911,680			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	126,020		126,020			CMS 339
18.01 PART A TEACHING PHYSICIANS	56,100		56,100			CMS 339
19 PHYSICIAN PART B	1,071,467		1,071,467			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)	236,566		236,566			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	10,204,210		10,204,210			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	12,354,425	-17,317	12,337,108	437,985.73	28.17	
22.01 A & G UNDER CONTRACT		774,923	774,923	4,996.85	155.08	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,687,950		2,687,950	223,828.80	12.01	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	7,807,587	-14,800	7,792,787	391,892.80	19.88	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	13,791,345	-597,895	13,193,450	464,490.61	28.40	
31 CENTRAL SERVICE AND SUPPLY	2,331,801	-1,980	2,329,821	128,564.80	18.12	
32 PHARMACY	24,506,537	-711,702	23,794,835	657,924.80	36.17	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	190,078		190,078	9,900.80	19.20	
34 SOCIAL SERVICE	3,801,223		3,801,223	153,441.60	24.77	
35 OTHER GENERAL SERVICE	1,968,214		1,968,214	145,537.00	13.52	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	514,396,280	-1,885,864	512,510,416	18,061,917.74	28.38	
2 EXCLUDED AREA SALARIES	64,320,928	-1,148,665	63,172,263	2,071,596.80	30.49	
3 SUBTOTAL SALARIES	450,075,352	-737,199	449,338,153	15,990,320.94	28.10	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	106,784,106	2,660,787	109,444,893	4,212,740.36	25.98	
5 SUBTOTAL WAGE-RELATED COSTS	202,621,707		202,621,707		45.09	
6 TOTAL	759,481,165	1,923,588	761,404,753	20,203,061.30	37.69	
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	69,439,160	-568,771	68,870,389	2,618,563.79	26.30	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET S-4
HHA NO:	TO 12/31/2010	
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	27,377	4,437	1,282
2	UNDUPLICATED CENSUS COUNT		1,286.00		

		TOTAL 5
1	HOME HEALTH AIDE HOURS	33,096
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)	1.19		1.19
5	OTHER ADMINISTRATIVE PERSONEL	150.36		150.36
6	DIRECTING NURSING SERVICE	64.24		64.24
7	NURSING SUPERVISOR			
8	PHYSICAL THERAPY SERVICE	17.25		17.25
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE	4.85		4.85
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE			
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE	5.13		5.13
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	15.91		15.91
17	HOME HEALTH AIDE SUPERVISOR			
18	INFUSION	72.67		72.67
18.01	RESPIRATORY THERAPY	22.25		22.25

	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	7
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).		11300
20.01			14020
20.02			26900
20.03			29020
20.04			29140
20.05			34620
20.06			99915

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	10,028	167	568	325
22	SKILLED NURSING VISIT CHARGES	1,843,177	30,685	109,465	60,635
23	PHYSICAL THERAPY VISITS	6,940	18	150	256
24	PHYSICAL THERAPY VISIT CHARGES	1,389,377	3,690	31,000	50,900
25	OCCUPATIONAL THERAPY VISITS	1,461	2	14	38
26	OCCUPATIONAL THERAPY VISIT CHARGES	295,521	410	2,840	7,555
27	SPEECH PATHOLOGY VISITS	254	0	0	14
28	SPEECH PATHOLOGY VISIT CHARGES	51,635	0	0	2,835
29	MEDICAL SOCIAL SERVICE VISITS	274	6	4	11
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	58,480	1,230	790	1,725
31	HOME HEALTH AIDE VISITS	4,319	117	16	124
32	HOME HEALTH AIDE VISIT CHARGES	334,116	9,945	1,145	8,365
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	23,276	310	752	768
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	3,972,306	45,960	145,240	132,015
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,345	0	278	54
37	TOTAL NUMBER OF OUTLIER EPISODES	0	6	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	75,184	273	2,081	1,692

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET S-4
HHA NO:	TO 12/31/2010	
15-7158		
COUNTY:		

HHA 1

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

		SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21	SKILLED NURSING VISITS	0	0	11,088
22	SKILLED NURSING VISIT CHARGES	0	0	2,043,962
23	PHYSICAL THERAPY VISITS	0	0	7,364
24	PHYSICAL THERAPY VISIT CHARGES	0	0	1,474,967
25	OCCUPATIONAL THERAPY VISITS	0	0	1,515
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	306,326
27	SPEECH PATHOLOGY VISITS	0	0	268
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	54,470
29	MEDICAL SOCIAL SERVICE VISITS	0	0	295
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	62,225
31	HOME HEALTH AIDE VISITS	0	0	4,576
32	HOME HEALTH AIDE VISIT CHARGES	0	0	353,571
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	25,106
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	4,295,521
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	1,677
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	6
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	79,230

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET S-5

	DESCRIPTION	OUTPATIENT REGULAR 1	OUTPATIENT HIGH FLUX 2	TRAINING HEMO-DIALYSIS 3	TRAINING CAPD CCPD 4	HOME HEMO-DIALYSIS 5	HOME CAPD CCPD 6
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	3	223		25	63	50
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	5.50		10.00		
4	CAPD EXCHANGES PER DAY				4.00		4.00
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365	316				
6	NUMBER OF STATIONS		55				
7	TREATMENT CAPACITY PER DAY PER STATION		2				
8	UTILIZATION (SEE INSTRUCTIONS)		82.00				
9	AVERAGE TIMES DIALYZERS RE-USED						
10	PERCENTAGE OF PATIENTS RE-USING DIALYSIZERS						
	TRANSPLANT INFORMATION						
11	NUMBER OF PATIENTS ON TRANSPLANT LIST	87					
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	33					
	EPOIETIN						
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
	PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15	MCP [X] INITIAL METHOD [ ]						
	ARANESP						
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER PROVIDER STATISTICAL DATA	PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2010 TO 12/31/2010
	COMPONENT NO: 15-1804	

PREPARED 7/26/2011
WORKSHEET S-8

FQHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 3401 EAST RAYMOND STREET

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

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

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

		PHYSICIAN NAME	BILLING NUMBER
9	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		

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

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) Y 1

FACILITY HOURS OF OPERATIONS (1)

	TYPE OPERATION 0	SUNDAY FROM 1	SUNDAY TO 2	MONDAY FROM 3	MONDAY TO 4	TUESDAY FROM 5	TUESDAY TO 6	WEDNESDAY FROM 7	WEDNESDAY TO 8	THURSDAY FROM 9	THURSDAY TO 10	FRIDAY FROM 11	FRIDAY TO 12	SATURDAY FROM 13	SATURDAY TO 14
12	CLINIC			800	1700	800	2000	800	1700	800	1700	800	1700		
12.01	BARRINGTON X-RAY			800	1700	800	2000	800	1700	800	1700	800	1700		

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER:

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET S-10
	TO 12/31/2010	

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	2793,923,000
17.01	GROSS MEDICAID REVENUES	800,614,000
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	3594,537,000
	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)	.288598
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET S-10

	DESCRIPTION	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	961,614,000
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	277,519,877
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2793,923,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	806,320,590
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	277,519,877

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				6,391,095	6,391,095
3.01	0301	NEW CAP REL COSTS-INTEREST					
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				29,720,541	29,720,541
5	0500	EMPLOYEE BENEFITS				111,833,170	111,833,170
6.01	0610	NONPATIENT TELEPHONES				2,909,352	2,909,352
6.02	0611	DATA PROCESSING					
6.03	0612	PURCHASING, RECEIVING, & STORES		-1,913,705	-1,913,705	2,039,660	125,955
6.04	0613	ADMITTING					
6.05	0614	CASHIERING					
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	12,354,425	441,995,274	454,349,699	-3,357,641	450,992,058
7	0700	MAINTENANCE & REPAIRS		25,140	25,140	-25,140	
7.03	0703	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	2,687,950	862,992	3,550,942	-608,263	2,942,679
8.01	0801	IU LEASED SPACE					
9	0900	LAUNDRY & LINEN SERVICE		2,775,331	2,775,331	-103,498	2,671,833
10	1000	HOUSEKEEPING					
10.01	1001	HOUSEKEEPING - UNIVERSITY					
10.02	1002	HOUSEKEEPING - RILEY					
10.03	1003	HOUSEKEEPING - METHODIST					
11	1100	DIETARY	7,807,587	4,840,337	12,647,924	-2,014,522	10,633,402
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	13,791,345	7,439,592	21,230,937	-5,510,988	15,719,949
15	1500	CENTRAL SERVICES & SUPPLY	2,331,801	6,930,816	9,262,617	101,237,318	110,499,935
16	1600	PHARMACY	24,506,537	89,727,852	114,234,389	-63,151,305	51,083,084
17	1700	MEDICAL RECORDS & LIBRARY	190,078	327,269	517,347	-51,188	466,159
18	1800	SOCIAL SERVICE	3,801,223	3,213,850	7,015,073	-849,571	6,165,502
19	1950	PATIENT TRANSPORTATION	1,968,214	633,223	2,601,437	-456,458	2,144,979
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	25,902,990	9,213,703	35,116,693	-10,346	35,106,347
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,191,506	5,302,768	6,494,274	-465,844	6,028,430
24	2400	PARAMED ED PRGM					
24.01	2401	PARAMED ED CLINIC LAB	182,707	128,882	311,589	-44,610	266,979
24.02	2402	PARAMED RADIOLOGY-METHODIST	360,416	114,395	474,811	-79,619	395,192
24.03	2403	PARAMED RESPIRATORY THERAPY	333,273	171,716	504,989	-77,909	427,080
24.04	2404	DIETARY INTERNSHIP PROG					
24.05	2405	PARAMED EMERGENCY METHODIST	229,365	87,281	316,646	-51,815	264,831
24.06	2406	PARAMED PASTORAL ED	529,449	182,944	712,393	-118,827	593,566
24.07	2407	PARAMED PHYSICAL THERAPY	201,883	79,775	281,658	-55,039	226,619
24.08	2408	PARAMED OCCUP THERAPY					
24.09	2409	PARAMED PERFUSION					
24.10	2410	PARAMED PHARMACY	516,874	208,020	724,894	667,574	1,392,468
24.11	2411	PARAMED NEUROPHYSIOLOGY					
24.12	2412	RADIATION THERAPY ED-IUMC				284,513	284,513
24.13	2413	NUCLEAR MED ED-IUMC				59,061	59,061
24.14	2414	MEDICAL ASSISTING PROGRAM		486	486	-486	
24.15	2415	SURGICAL TECHNOLOGY PROGRAM	71,905	25,581	97,486	-15,637	81,849
24.16	2416	PARAMED SPEECH					
24.17	2417	PARAMED ED PRGM	165,778	55,345	221,123	-39,753	181,370
24.18	2418	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	133,937,813	60,365,162	194,302,975	-45,310,213	148,992,762
26	2600	INTENSIVE CARE UNIT	14,639,625	6,899,647	21,539,272	-5,587,068	15,952,204
27	2700	CORONARY CARE UNIT	10,825,114	5,218,296	16,043,410	-4,220,515	11,822,895
27.01	2701	NEONATAL INTENSIVE CARE UNIT	4,151,607	1,755,285	5,906,892	-1,364,312	4,542,580
28	2800	BURN INTENSIVE CARE UNIT	1,300,731	501,937	1,802,668	-410,268	1,392,400
29	2900	SURGICAL INTENSIVE CARE UNIT					
29.02	2902	UH SURG 6IC	4,430,920	2,426,890	6,857,810	-2,008,170	4,849,640
29.03	2903	UH NS 3IC	1,675,404	974,139	2,649,543	-823,109	1,826,434
29.04	2904	RH PED IC	8,312,763	4,464,108	12,776,871	-2,970,995	9,805,876
29.05	2905	TRANSPLANT ICU	2,917,601	1,598,963	4,516,564	-1,319,784	3,196,780
29.07	2907	PEDIATRIC CANCER CENTER	1,312,160	572,970	1,885,130	-418,744	1,466,386
31	3100	SUBPROVIDER	3,358,728	2,117,663	5,476,391	-802,450	4,673,941
33	3300	NURSERY	2,594,922	1,036,826	3,631,748	493,972	4,125,720
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	32,652,906	101,742,668	134,395,574	-95,874,939	38,520,635
37.01	3701	ENDOSCOPY	910,897	1,216,535	2,127,432	-1,001,924	1,125,508
38	3800	RECOVERY ROOM	5,280,975	2,181,604	7,462,579	-1,710,851	5,751,728
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY	1,527,014	12,416,105	13,943,119	-5,388,692	8,554,427
40.01	4001	PULMONARY FUNCTION TESTING	2,473,969	1,393,760	3,867,729	-1,118,780	2,748,949
41	4100	RADIOLOGY-DIAGNOSTIC	22,851,164	35,592,520	58,443,684	-26,642,305	31,801,379
42	4200	RADIOLOGY-THERAPEUTIC	4,451,358	4,472,585	8,923,943	-4,155,297	4,768,646
43	4300	RADIOISOTOPE	920,773	4,590,687	5,511,460	-4,480,978	1,030,482
44	4400	LABORATORY	23,584,201	51,241,481	74,825,682	-27,056,404	47,769,278
44.01	4401	TRANSPLANT IMMUNOLOGY	818,158	3,253,911	4,072,069	-1,575,288	2,496,781
44.02	4402	BONE MARROW TRANSPLANT LAB	1,055,920	1,495,136	2,551,056	-1,373,304	1,177,752
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010 I PREPARED 7/26/2011 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		ANCILLARY SRVC COST CNTRS					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.	3,080,380	17,141,839	20,222,219	-16,858,500	3,363,719
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	19,609,537	11,740,636	31,350,173	-9,850,155	21,500,018
50	5000	PHYSICAL THERAPY	7,092,154	3,133,472	10,225,626	-2,185,196	8,040,430
51	5100	OCCUPATIONAL THERAPY	1,997,967	713,233	2,711,200	-542,184	2,169,016
52	5200	SPEECH PATHOLOGY	2,898,254	3,679,831	6,578,085	-3,398,270	3,179,815
53	5300	ELECTROCARDIOLOGY	2,852,607	2,272,293	5,124,900	-1,303,898	3,821,002
54	5400	ELECTROENCEPHALOGRAPHY	2,630,340	1,950,661	4,581,001	-1,027,493	3,553,508
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	229,936	249,338	479,274	46,303,175	46,782,449
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				53,535,955	53,535,955
56	5600	DRUGS CHARGED TO PATIENTS				91,373,323	91,373,323
56.01	5601	RENAL-RILEY					
56.02	5602	RENAL-ADULT					
56.03	5603	OUTPATIENT RETAIL PHARMACY	5,197,779	28,280,571	33,478,350	-25,137,226	8,341,124
57	5700	RENAL DIALYSIS	7,180,742	9,813,487	16,994,229	-9,371,404	7,622,825
58	5800	ASC (NON-DISTINCT PART)					
58.04	5804	BMTU OUTPATIENT					
59	3020	RH NBN ECMO IC	315,306	226,157	541,463	-201,299	340,164
59.01	3021	CARDIOLOGY	1,778,004	14,221,571	15,999,575	-11,880,699	4,118,876
59.02	3022	PSYCH OTHER ANCILLARY	135,216	1,584,761	1,719,977	-69,389	1,650,588
59.03	3023	CARDIAC CATHERIZATION	3,290,656	11,035,520	14,326,176	-8,166,033	6,160,143
59.04	3024	DAY SURGERY	4,222,022	1,733,756	5,955,778	-1,321,429	4,634,349
59.05	3025	ONCOLOGY	290,881	6,446,865	6,737,746	-6,331,896	405,850
59.06	3026	DAY SURGERY-RILEY					
59.07	3027	CARDIOLOGY-RILEY					
59.97	3997	CARDIAC REHABILITATION				282,834	282,834
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	6001	AMB SVC-OB & GYN	1,104,647	589,528	1,694,175	-496,458	1,197,717
60.02	6002	MEDICINE/DIAGNOSTIC	5,066,051	8,164,442	13,230,493	-4,451,713	8,778,780
60.03	6003	AMB SVC-OPTHALMOLOGY	164,161	116,518	280,679	-88,530	192,149
60.04	6004	AMB SVC-PSYCH ADULT	407,847	160,707	568,554	-101,991	466,563
60.05	6005	AMB SVC-DIABETES ADULT		337	337	-185	152
60.06	6006	OUTPATIENT SURGERY	2,048,888	852,004	2,900,892	-683,804	2,217,088
60.07	6007	AMB SVC-RILEY CLINICS	4,411,097	2,534,325	6,945,422	-2,026,339	4,919,083
60.08	6008	DENTAL CLINIC					
60.09	6009	MOTILITY LAB	113,642	129,611	243,253	-117,025	126,228
60.10	6010	AMB SVC-PSYCH CHILD	201,503	113,213	314,716	-53,964	260,752
60.13	6013	ARTHRITIS CENTER					
60.14	6014	GERIATRICS CLINIC	223,376	601,730	825,106	-63,134	761,972
60.15	6015	SLEEP DISORDER CENTER				3,165,116	3,165,116
60.16	6016	O/P CLINIC-ADULT	243,345	97,597	340,942	-64,411	276,531
60.17	6017	O/P CLINIC-PEDIATRIC					
60.18	6018	ARTHRITIS/INFUSION CENTER	179,263	5,552,769	5,732,032	-4,559,811	1,172,221
60.19	6019	NEUROLOGY UH	1,138,612	413,241	1,551,853	-309,104	1,242,749
60.20	6020	ORTHOPEDICS UH	328,482	129,235	457,717	-109,891	347,826
60.21	6021	AMB SVC-UH PHYSICAL MEDICINE	843,120	369,929	1,213,049	-297,936	915,113
60.22	6022	AMB SVC-DERMATOLOGY CLINIC	228,840	189,807	418,647	-150,860	267,787
60.24	6024	IU CANCER PAVILLION	5,516	1,552	7,068	-1,130	5,938
60.25	6025	CARDIO CLINIC	293,678	114,100	407,778	-84,907	322,871
61	6100	EMERGENCY	18,812,998	11,385,198	30,198,196	-7,684,896	22,513,300
61.01	6101	EMERGENCY-RILEY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	FAMILY PRACTICE					
63.60	6320	FEDERALLY QUALIFIED HEALTH CTR	2,229,083	1,376,691	3,605,774	-123,702	3,482,072
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS				1,116,833	1,116,833
65	6500	AMBULANCE SERVICES	6,834,829	13,554,567	20,389,396	-2,989,149	17,400,247
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	25,569,185	30,624,662	56,193,847	-12,530,846	43,663,001
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION	479,545	2,123,592	2,603,137	-361,321	2,241,816
83	8300	KIDNEY ACQUISITION	3,996,315	10,862,302	14,858,617	-4,344,875	10,513,742
84	8400	LIVER ACQUISITION	1,021,005	7,817,069	8,838,074	-553,820	8,284,254
85	8500	HEART ACQUISITION	444,263	1,178,488	1,622,751	-374,699	1,248,052
85.01	8510	PANCREAS ACQUISITION	142,178	2,820,218	2,962,396	-41,010	2,921,386
85.02	8520	INTESTINE ACQUISITION	189,854	1,220,719	1,410,573	-74,779	1,335,794
86	8600	OTHER ORGAN ACQUISITION	173,961	183,218	357,179	-118,341	238,838
86.01	8601	POST TRANSPLANT EXPENSES				3,174,750	3,174,750
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		19,880	19,880	4,144,478	4,164,358
95		SUBTOTALS	524,807,094	1,097,478,985	1,622,286,079	5,526,169	1,627,812,248
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		20,553	20,553	-17	20,536
97	9700	RESEARCH	8,195,977	12,360,753	20,556,730	-2,574,529	17,982,201
97.01	9701	RESEARCH-GCRC		304,011	304,011	-65,263	238,748
98	9800	PHYSICIANS' PRIVATE OFFICES	477,088	9,183,099	9,660,187	-144,694	9,515,493
98.01	9801	OTHER NONREIMBURSABLE-METHODIST	6,462,252	20,739,646	27,201,898	-2,911,782	24,290,116

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		NONREIMBURS COST CENTERS					
98.02	9802	CAFETERIA-IUMC					
98.03	9803	ORGAN PROC ORG					
98.04	9804	OTHER NONREIMBURSABLE-IUMC	147,184	1,568,412	1,715,596	-31,642	1,683,954
98.05	9805	AOC-PRIVATE PHYSICIANS		542,857	542,857	-477	542,380
98.06	9806	NONALLOWABLE ADVERTISING					
98.07	9807	PHYSICIANS' PRIVATE OFFICES					
98.08	9808	MHH NON-REIMBURSABLE RADIOLOGY	97,374	104,754	202,128	-44,897	157,231
98.09	9809	MHH NON-REIMBURSABLE LABORATORY	179,378	96,206	275,584	-65,238	210,346
98.10	9810	SURGERY CENTER	63,304	234,758	298,062	-16,439	281,623
98.11	9811	UNUSED SPACE					
98.12	9812	RHI LAB	143,774	107,132	250,906	-49,825	201,081
98.13	9813	NONALLOWABLE ADVERTISING	2,880,287	23,729,299	26,609,586	1,256,836	27,866,422
98.14	9814	NONALLOWABLE					
98.15	9815	ARTHRITIS CLINIC - NR	148,279	2,446,163	2,594,442	-680,652	1,913,790
98.16	9816	CARDIO PHYSICIANS	724,518	590,022	1,314,540	-197,550	1,116,990
99	9900	NONPAID WORKERS					
101		TOTAL	544,326,509	1,169,506,650	1,713,833,159	-0-	1,713,833,159

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	26,912,029	33,303,124
3.01	0301	NEW CAP REL COSTS-INTEREST		
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	36,679,907	66,400,448
5	0500	EMPLOYEE BENEFITS	10,426,014	122,259,184
6.01	0610	NONPATIENT TELEPHONES	-566,126	2,343,226
6.02	0611	DATA PROCESSING	50,829,612	50,829,612
6.03	0612	PURCHASING, RECEIVING, & STORES	15,828,871	15,954,826
6.04	0613	ADMITTING	10,733,952	10,733,952
6.05	0614	CASHIERING	31,793,100	31,793,100
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-331,031,305	119,960,753
7	0700	MAINTENANCE & REPAIRS	15,990,608	15,990,608
7.03	0703	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT	45,622,414	48,565,093
8.01	0801	IU LEASED SPACE	66,986	66,986
9	0900	LAUNDRY & LINEN SERVICE		2,671,833
10	1000	HOUSEKEEPING		
10.01	1001	HOUSEKEEPING - UNIVERSITY	4,310,831	4,310,831
10.02	1002	HOUSEKEEPING - RILEY	2,201,900	2,201,900
10.03	1003	HOUSEKEEPING - METHODIST	4,962,199	4,962,199
11	1100	DIETARY	-435,026	10,198,376
12	1200	CAFETERIA	1,224,281	1,224,281
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION	4,006,683	19,726,632
15	1500	CENTRAL SERVICES & SUPPLY		110,499,935
16	1600	PHARMACY	-1,658,739	49,424,345
17	1700	MEDICAL RECORDS & LIBRARY	10,697,514	11,163,673
18	1800	SOCIAL SERVICE	-2,700	6,162,802
19	1950	PATIENT TRANSPORTATION		2,144,979
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	-12,500	35,093,847
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,527,148	12,555,578
24	2400	PARAMED ED PRGM		
24.01	2401	PARAMED ED CLINIC LAB	-8,499	258,480
24.02	2402	PARAMED RADIOLOGY-METHODIST	-156,170	239,022
24.03	2403	PARAMED RESPIRATORY THERAPY	-427,080	
24.04	2404	DIETARY INTERNSHIP PROG		
24.05	2405	PARAMED EMERGENCY METHODIST	-62,796	202,035
24.06	2406	PARAMED PASTORAL ED		593,566
24.07	2407	PARAMED PHYSICAL THERAPY	-51,674	174,945
24.08	2408	PARAMED OCCUP THERAPY		
24.09	2409	PARAMED PERFUSION		
24.10	2410	PARAMED PHARMACY	7,923	1,400,391
24.11	2411	PARAMED NEUROPHYSIOLOGY		
24.12	2412	RADIATION THERAPY ED-IUMC		284,513
24.13	2413	NUCLEAR MED ED-IUMC		59,061
24.14	2414	MEDICAL ASSISTING PROGRAM		
24.15	2415	SURGICAL TECHNOLOGY PROGRAM	-55,443	26,406
24.16	2416	PARAMED SPEECH		
24.17	2417	PARAMED ED PRGM	-25,835	155,535
24.18	2418	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-3,388,285	145,604,477
26	2600	INTENSIVE CARE UNIT		15,952,204
27	2700	CORONARY CARE UNIT		11,822,895
27.01	2701	NEONATAL INTENSIVE CARE UNIT	-30,942	4,511,638
28	2800	BURN INTENSIVE CARE UNIT	-9,223	1,383,177
29	2900	SURGICAL INTENSIVE CARE UNIT		
29.02	2902	UH SURG 6IC		4,849,640
29.03	2903	UH NS 3IC		1,826,434
29.04	2904	RH PED IC	-748,575	9,057,301
29.05	2905	TRANSPLANT ICU		3,196,780
29.07	2907	PEDIATRIC CANCER CENTER	-35,000	1,431,386
31	3100	SUBPROVIDER	-82,573	4,591,368
33	3300	NURSERY		4,125,720
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	-1,141,695	37,378,940
37.01	3701	ENDOSCOPY		1,125,508
38	3800	RECOVERY ROOM	194	5,751,922
39	3900	DELIVERY ROOM & LABOR ROOM		
40	4000	ANESTHESIOLOGY	-6,802,211	1,752,216
40.01	4001	PULMONARY FUNCTION TESTING	-5,490	2,743,459
41	4100	RADIOLOGY-DIAGNOSTIC	-25,116	31,776,263
42	4200	RADIOLOGY-THERAPEUTIC	-12,175	4,756,471
43	4300	RADIOISOTOPE	-3,882	1,026,600
44	4400	LABORATORY	-16,273,857	31,495,421
44.01	4401	TRANSPLANT IMMUNOLOGY	-2,072	2,494,709
44.02	4402	BONE MARROW TRANSPLANT LAB		1,177,752
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		ANCILLARY SRVC COST CNTRS		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.	-30,259	3,333,460
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY	-46,770	21,453,248
50	5000	PHYSICAL THERAPY	-5,197	8,035,233
51	5100	OCCUPATIONAL THERAPY		2,169,016
52	5200	SPEECH PATHOLOGY	582	3,180,397
53	5300	ELECTROCARDIOLOGY	-958,722	2,862,280
54	5400	ELECTROENCEPHALOGRAPHY	-427	3,553,081
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	60	46,782,509
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		53,535,955
56	5600	DRUGS CHARGED TO PATIENTS	2,628	91,375,951
56.01	5601	RENAL-RILEY		
56.02	5602	RENAL-ADULT		
56.03	5603	OUTPATIENT RETAIL PHARMACY	-1,771,011	6,570,113
57	5700	RENAL DIALYSIS	-172,778	7,450,047
58	5800	ASC (NON-DISTINCT PART)		
58.04	5804	BMTU OUTPATIENT		
59	3020	RH NBN ECMO IC		340,164
59.01	3021	CARDIOLOGY	-96,805	4,022,071
59.02	3022	PSYCH OTHER ANCILLARY		1,650,588
59.03	3023	CARDIAC CATHERIZATION	-1,733,628	4,426,515
59.04	3024	DAY SURGERY		4,634,349
59.05	3025	ONCOLOGY		405,850
59.06	3026	DAY SURGERY-RILEY		
59.07	3027	CARDIOLOGY-RILEY		
59.97	3997	CARDIAC REHABILITATION		282,834
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
60.01	6001	AMB SVC-OB & GYN		1,197,717
60.02	6002	MEDICINE/DIAGNOSTIC	-3,034,819	5,743,961
60.03	6003	AMB SVC-OPTHALMOLOGY		192,149
60.04	6004	AMB SVC-PSYCH ADULT		466,563
60.05	6005	AMB SVC-DIABETES ADULT		152
60.06	6006	OUTPATIENT SURGERY		2,217,088
60.07	6007	AMB SVC-RILEY CLINICS	-280	4,918,803
60.08	6008	DENTAL CLINIC		
60.09	6009	MOTILITY LAB		126,228
60.10	6010	AMB SVC-PSYCH CHILD		260,752
60.13	6013	ARTHRITIS CENTER		
60.14	6014	GERIATRICS CLINIC	-322,258	439,714
60.15	6015	SLEEP DISORDER CENTER	-109,571	3,055,545
60.16	6016	O/P CLINIC-ADULT		276,531
60.17	6017	O/P CLINIC-PEDIATRIC		
60.18	6018	ARTHRITIS/INFUSION CENTER	-3,905	1,168,316
60.19	6019	NEUROLOGY UH		1,242,749
60.20	6020	ORTHOPEDICS UH		347,826
60.21	6021	AMB SVC-UH PHYSICAL MEDICINE		915,113
60.22	6022	AMB SVC-DERMATOLOGY CLINIC		267,787
60.24	6024	IU CANCER PAVILLION		5,938
60.25	6025	CARDIO CLINIC		322,871
61	6100	EMERGENCY	-743,023	21,770,277
61.01	6101	EMERGENCY-RILEY		
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950	FAMILY PRACTICE		
63.60	6320	FEDERALLY QUALIFIED HEALTH CTR	-166,106	3,315,966
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		1,116,833
65	6500	AMBULANCE SERVICES		17,400,247
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	-6,895,231	36,767,770
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION	-4,875	2,236,941
83	8300	KIDNEY ACQUISITION	-332,998	10,180,744
84	8400	LIVER ACQUISITION	-2,301,612	5,982,642
85	8500	HEART ACQUISITION		1,248,052
85.01	8510	PANCREAS ACQUISITION		2,921,386
85.02	8520	INTESTINE ACQUISITION		1,335,794
86	8600	OTHER ORGAN ACQUISITION		238,838
86.01	8601	POST TRANSPLANT EXPENSES		3,174,750
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	-64,411	4,099,947
95		SUBTOTALS	-103,024,239	1,524,788,009
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		20,536
97	9700	RESEARCH	-10,509,557	7,472,644
97.01	9701	RESEARCH-GCRC		238,748
98	9800	PHYSICIANS' PRIVATE OFFICES	-3,215,910	6,299,583
98.01	9801	OTHER NONREIMBURSABLE-METHODIST	-9,725,412	14,564,704

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0056 I
I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I
I PREPARED 7/26/2011 I WORKSHEET A I

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		NONREIMBURS COST CENTERS		
98.02	9802	CAFETERIA-IUMC		
98.03	9803	ORGAN PROC ORG		
98.04	9804	OTHER NONREIMBURSABLE-IUMC	-1,645,365	38,589
98.05	9805	AOC-PRIVATE PHYSICIANS		542,380
98.06	9806	NONALLOWABLE ADVERTISING		
98.07	9807	PHYSICIANS' PRIVATE OFFICES		
98.08	9808	MHH NON-REIMBURSABLE RADIOLOGY		157,231
98.09	9809	MHH NON-REIMBURSABLE LABORATORY		210,346
98.10	9810	SURGERY CENTER	-198,871	82,752
98.11	9811	UNUSED SPACE		
98.12	9812	RHI LAB		201,081
98.13	9813	NONALLOWABLE ADVERTISING		27,866,422
98.14	9814	NONALLOWABLE		
98.15	9815	ARTHRITIS CLINIC - NR	-1,505,235	408,555
98.16	9816	CARDIO PHYSICIANS	-185,242	931,748
99	9900	NONPAID WORKERS		
101		TOTAL	-130,009,831	1,583,823,328

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-INTEREST	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING, & STORES	0612	NONPATIENT TELEPHONES
6.04	ADMITTING	0613	NONPATIENT TELEPHONES
6.05	CASHIERING	0614	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.03	MAINTENANCE & REPAIRS	0703	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
8.01	IU LEASED SPACE	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING - UNIVERSITY	1001	HOUSEKEEPING
10.02	HOUSEKEEPING - RILEY	1002	HOUSEKEEPING
10.03	HOUSEKEEPING - METHODIST	1003	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PATIENT TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED CLINIC LAB	2401	PARAMED ED PRGM
24.02	PARAMED RADIOLOGY-METHODIST	2402	PARAMED ED PRGM
24.03	PARAMED RESPIRATORY THERAPY	2403	PARAMED ED PRGM
24.04	DIETARY INTERNSHIP PROG	2404	PARAMED ED PRGM
24.05	PARAMED EMERGENCY METHODIST	2405	PARAMED ED PRGM
24.06	PARAMED PASTORAL ED	2406	PARAMED ED PRGM
24.07	PARAMED PHYSICAL THERAPY	2407	PARAMED ED PRGM
24.08	PARAMED OCCUP THERAPY	2408	PARAMED ED PRGM
24.09	PARAMED PERFUSION	2409	PARAMED ED PRGM
24.10	PARAMED PHARMACY	2410	PARAMED ED PRGM
24.11	PARAMED NEUROPHYSIOLOGY	2411	PARAMED ED PRGM
24.12	RADIATION THERAPY ED-IUMC	2412	PARAMED ED PRGM
24.13	NUCLEAR MED ED-IUMC	2413	PARAMED ED PRGM
24.14	MEDICAL ASSISTING PROGRAM	2414	PARAMED ED PRGM
24.15	SURGICAL TECHNOLOGY PROGRAM	2415	PARAMED ED PRGM
24.16	PARAMED SPEECH	2416	PARAMED ED PRGM
24.17	PARAMED ED PRGM	2417	PARAMED ED PRGM
24.18	PARAMED ED PRGM	2418	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	NEONATAL INTENSIVE CARE UNIT	2701	CORONARY CARE UNIT
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
29.02	UH SURG 6IC	2902	SURGICAL INTENSIVE CARE UNIT
29.03	UH NS 3IC	2903	SURGICAL INTENSIVE CARE UNIT
29.04	RH PED IC	2904	SURGICAL INTENSIVE CARE UNIT
29.05	TRANSPLANT ICU	2905	SURGICAL INTENSIVE CARE UNIT
29.07	PEDIATRIC CANCER CENTER	2907	SURGICAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PULMONARY FUNCTION TESTING	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	TRANSPLANT IMMUNOLOGY	4401	LABORATORY
44.02	BONE MARROW TRANSPLANT LAB	4402	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	ANCILLARY SRVC COST		
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	RENAL-RILEY	5601	DRUGS CHARGED TO PATIENTS
56.02	RENAL-ADULT	5602	DRUGS CHARGED TO PATIENTS
56.03	OUTPATIENT RETAIL PHARMACY	5603	DRUGS CHARGED TO PATIENTS
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.04	BMTU OUTPATIENT	5804	ASC (NON-DISTINCT PART)
59	RH NBN ECMO IC	3020	ACUPUNCTURE
59.01	CARDIOLOGY	3021	ACUPUNCTURE
59.02	PSYCH OTHER ANCILLARY	3022	ACUPUNCTURE
59.03	CARDIAC CATHERIZATION	3023	ACUPUNCTURE
59.04	DAY SURGERY	3024	ACUPUNCTURE
59.05	ONCOLOGY	3025	ACUPUNCTURE
59.06	DAY SURGERY-RILEY	3026	ACUPUNCTURE
59.07	CARDIOLOGY-RILEY	3027	ACUPUNCTURE
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	AMB SVC-OB & GYN	6001	CLINIC
60.02	MEDICINE/DIAGNOSTIC	6002	CLINIC
60.03	AMB SVC-OPTHALMOLOGY	6003	CLINIC
60.04	AMB SVC-PSYCH ADULT	6004	CLINIC
60.05	AMB SVC-DIABETES ADULT	6005	CLINIC
60.06	OUTPATIENT SURGERY	6006	CLINIC
60.07	AMB SVC-RILEY CLINICS	6007	CLINIC
60.08	DENTAL CLINIC	6008	CLINIC
60.09	MOTILITY LAB	6009	CLINIC
60.10	AMB SVC-PSYCH CHILD	6010	CLINIC
60.13	ARTHRITIS CENTER	6013	CLINIC
60.14	GERIATRICS CLINIC	6014	CLINIC
60.15	SLEEP DISORDER CENTER	6015	CLINIC
60.16	O/P CLINIC-ADULT	6016	CLINIC
60.17	O/P CLINIC-PEDIATRIC	6017	CLINIC
60.18	ARTHRITIS/INFUSION CENTER	6018	CLINIC
60.19	NEUROLOGY UH	6019	CLINIC
60.20	ORTHOPEDICS UH	6020	CLINIC
60.21	AMB SVC-UH PHYSICAL MEDICINE	6021	CLINIC
60.22	AMB SVC-DERMATOLOGY CLINIC	6022	CLINIC
60.24	IU CANCER PAVILLION	6024	CLINIC
60.25	CARDIO CLINIC	6025	CLINIC
61	EMERGENCY	6100	
61.01	EMERGENCY-RILEY	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY PRACTICE	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.60	FEDERALLY QUALIFIED HEALTH CTR	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINE ACQUISITION	8520	
86	OTHER ORGAN ACQUISITION	8600	
86.01	POST TRANSPLANT EXPENSES	8601	OTHER ORGAN ACQUISITION (SPECIFY)
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	RESEARCH-GCRC	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NONREIMBURSABLE-METHODIST	9801	PHYSICIANS' PRIVATE OFFICES
98.02	CAFETERIA-IUMC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	ORGAN PROC ORG	9803	PHYSICIANS' PRIVATE OFFICES
98.04	OTHER NONREIMBURSABLE-IUMC	9804	PHYSICIANS' PRIVATE OFFICES

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
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 ADVERTISING	9813	PHYSICIANS' PRIVATE OFFICES
98.14	NONALLOWABLE	9814	PHYSICIANS' PRIVATE OFFICES
98.15	ARTHRITIS CLINIC - NR	9815	PHYSICIANS' PRIVATE OFFICES
98.16	CARDIO PHYSICIANS	9816	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER 1	2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		101,502,578
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	EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER 1	2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	EMPLOYEE BENEFITS	A				
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27	DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		6,306,017
28			NEW CAP REL COSTS-MVBLE EQUIP	4		29,235,705
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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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27	PTO	C	EMPLOYEE BENEFITS	5		5,904,549
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	EXPLANATION OF RECLASSIFICATION	INCREASE CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
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16	TELEPHONE	D	NONPATIENT TELEPHONES	6.01		2,748,689
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	EXPLANATION OF RECLASSIFICATION	INCREASE CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
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	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	TELEPHONE	D				
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6	CONTRACT LABOR	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		17,317
7			NURSING ADMINISTRATION	14		597,895
8			CENTRAL SERVICES & SUPPLY	15		1,980
9			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		93,095
10			ADULTS & PEDIATRICS	25		2,245
11			OPERATING ROOM	37		376,865
12			RECOVERY ROOM	38		37,148
13			RADIOLOGY-DIAGNOSTIC	41		2,750
14			LABORATORY	44		137,757
15			RESPIRATORY THERAPY	49		102,032
16			PHYSICAL THERAPY	50		252
17			OUTPATIENT RETAIL PHARMACY	56.03		75
18			RENAL DIALYSIS	57		270,563
19			CARDIAC CATHERIZATION	59.03		68,840
20			MEDICINE/DIAGNOSTIC	60.02		87,262
21			ARTHRITIS/INFUSION CENTER	60.18		9,750
22			EMERGENCY	61		38,400
23			HOME HEALTH AGENCY	71		473,587
24			KIDNEY ACQUISITION	83		3,849
25			HOSPICE	93		245,053
26			RESEARCH	97		24
27			PHYSICIANS' PRIVATE OFFICES	98	1,690	
28			OTHER NONREIMBURSABLE-METHODIST	98.01		48,587
29			MHH NON-REIMBURSABLE LABORATORY	98.09		7,897
30			CARDIO PHYSICIANS	98.16		39,254
31	IU ADJUSTMENT CENTER RECLASS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		11,828
32	CARDIAC REHAB RECLASS	G	CARDIAC REHABILITATION	59.97	247,245	35,589
33	DRUGS RECLASS	H	PURCHASING, RECEIVING, & STORES	6.03		7,045
34			OTHER ADMINISTRATIVE AND GENERAL	6.06		17,953
35			LAUNDRY & LINEN SERVICE	9		92

1	DRUGS RECLASS	H	DIETARY	11		327
2			CENTRAL SERVICES & SUPPLY	15		103
3			PHARMACY	16		37,966,222
4			HOME HEALTH AGENCY	71		17
5			PHYSICIANS' PRIVATE OFFICES	98		30
6			RHI LAB	98.12		11,585
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	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
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1	DRUGS RECLASS	H				
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23	MEDICARE BILLABLE DRUGS RECLASS	I	DRUGS CHARGED TO PATIENTS	56		91,373,323
24	MEDICARE SUPPLIES RECLASS	J	PURCHASING, RECEIVING, & STORES	6.03		2,057,983
25			OTHER ADMINISTRATIVE AND GENERAL	6.06		77,299
26			OPERATION OF PLANT	8		49
27			CENTRAL SERVICES & SUPPLY	15		202,025,531
28			SURGICAL TECHNOLOGY PROGRAM	24.15		310
29			HOME HEALTH AGENCY	71		557
30			MHH NON-REIMBURSABLE RADIOLOGY	98.08		230
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1	MEDICARE SUPPLIES RECLASS	J				
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	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
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1	MEDICARE SUPPLIES RECLASS	J				
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1	MEDICARE SUPPLIES RECLASS	J				
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6	BILLABLE SUPPLIES RECLASS	K	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		100,059,168
7	IMPLANTABLE SUPPLIES RECLASS	L	IMPL. DEV. CHARGED TO PATIENT	55.30		53,535,955
8	HHA DEPRECIATION RECLASS	M	NEW CAP REL COSTS-BLDG & FIXT	3		85,078
9			NEW CAP REL COSTS-MVBLE EQUIP	4		484,836
10	HHA PTO RECLASS	N	EMPLOYEE BENEFITS	5		33,412
11	HHA PHONES RECLASS	O	NONPATIENT TELEPHONES	6.01		160,663
12	HHA BENEFITS RECLASS	P	EMPLOYEE BENEFITS	5		4,392,631
13	IPA-BEHAV CARE RECLASS	Q	ADULTS & PEDIATRICS	25		5,955
14			EMERGENCY	61		6,424
15	NURSERY RECLASS	R	NURSERY	33	1,199,793	114,933
16	PARAMED RAD THERAPY RECLASS	S	RADIATION THERAPY ED-IUMC	24.12	264,294	20,219
17	PARAMED NUC MED RECLASS	T	NUCLEAR MED ED-IUMC	24.13	54,864	4,197
18	PARAMED PHARMACY RES RECLASS	U	PARAMED PHARMACY	24.10	722,352	55,260
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21	RENAL HOME DIALYSIS RECLASS	V	HOME PROGRAM DIALYSIS	64	706,902	238,198
22	RENAL ADMIN RECLASS	W	HOME PROGRAM DIALYSIS	64	144,661	27,072
23	HHA SLEEP LAB RECLASS	X	SLEEP DISORDER CENTER	60.15	2,302,363	862,753
24	HHA HOSPICE RECLASS	Y	HOSPICE	93	2,778,545	1,384,263
25	ORGAN RECLASS	Z	LUNG ACQUISITION	82	145,649	24,329
26			LIVER ACQUISITION	84	507,684	86,015
27			HEART ACQUISITION	85	67,250	11,410
28			PANCREAS ACQUISITION	85.01	154,862	37,088
29			INTESTINE ACQUISITION	85.02	174,664	26,105
30	PRE-POST TRANSPLANT RECLASS	AA	POST TRANSPLANT EXPENSES	86.01	2,772,792	401,958
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	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	ACQ/WORKUP EXPENSE RECLASS	AB	KIDNEY ACQUISITION	83		88,998
2			HEART ACQUISITION	85		2,710
3			INTESTINE ACQUISITION	85.02		10,841
4	NON-TRANSPLANT EMPLOYEES RECLASS	AC	KIDNEY ACQUISITION	83	14,800	
5	FQHC NON-REIMBURSABLE RECLASS	AD	OTHER NONREIMBURSABLE-METHODIST	98.01	70,790	52,912
6	MARKETING RECLASS	AE	NONALLOWABLE ADVERTISING	98.13		1,934,505
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36	TOTAL RECLASSIFICATIONS				12,331,200	646,093,976

(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	EMPLOYEE BENEFITS	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		2,455,256	
2			OPERATION OF PLANT	8		549,399	
3			DIETARY	11		1,615,446	
4			NURSING ADMINISTRATION	14		4,180,552	
5			CENTRAL SERVICES & SUPPLY	15		478,547	
6			PHARMACY	16		5,019,646	
7			MEDICAL RECORDS & LIBRARY	17		39,312	
8			SOCIAL SERVICE	18		782,704	
9			PATIENT TRANSPORTATION	19		403,767	
10			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		233,975	
11			PARAMED ED CLINIC LAB	24.01		37,541	
12			PARAMED RADIOLOGY-METHODIST	24.02		74,017	
13			PARAMED RESPIRATORY THERAPY	24.03		68,213	
14			PARAMED EMERGENCY METHODIST	24.05		47,318	
15			PARAMED PASTORAL ED	24.06		108,481	
16			PARAMED PHYSICAL THERAPY	24.07		41,410	
17			PARAMED PHARMACY	24.10		105,639	
18			SURGICAL TECHNOLOGY PROGRAM	24.15		14,767	
19			PARAMED ED PRGM	24.17		34,036	
20			ADULTS & PEDIATRICS	25		27,426,213	
21			INTENSIVE CARE UNIT	26		3,002,070	
22			CORONARY CARE UNIT	27		2,219,552	
23			NEONATAL INTENSIVE CARE UNIT	27.01		850,917	
24			BURN INTENSIVE CARE UNIT	28		267,375	
25			UH SURG 6IC	29.02		910,912	
26			UH NS 3IC	29.03		344,496	
27			RH PED IC	29.04		1,706,402	
28			TRANSPLANT ICU	29.05		596,218	
29			PEDIATRIC CANCER CENTER	29.07		269,534	
30			SUBPROVIDER	31		691,024	
31			NURSERY	33		533,538	
32			OPERATING ROOM	37		6,652,069	
33			ENDOSCOPY	37.01		187,195	
34			RECOVERY ROOM	38		1,086,687	
35			ANESTHESIOLOGY	40		314,256	
1	EMPLOYEE BENEFITS	A	PULMONARY FUNCTION TESTING	40.01		514,354	
2			RADIOLOGY-DIAGNOSTIC	41		4,650,247	
3			RADIOLOGY-THERAPEUTIC	42		1,061,567	
4			RADIOISOTOPE	43		189,221	
5			LABORATORY	44		4,867,316	
6			TRANSPLANT IMMUNOLOGY	44.01		168,044	
7			BONE MARROW TRANSPLANT LAB	44.02		216,611	
8			BLOOD STORING, PROCESSING & TRANS.	47		632,708	
9			RESPIRATORY THERAPY	49		4,004,524	
10			PHYSICAL THERAPY	50		1,452,355	
11			OCCUPATIONAL THERAPY	51		409,485	
12			SPEECH PATHOLOGY	52		581,050	
13			ELECTROCARDIOLOGY	53		586,750	
14			ELECTROENCEPHALOGRAPHY	54		537,476	
15			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		47,264	
16			OUTPATIENT RETAIL PHARMACY	56.03		1,066,033	
17			RENAL DIALYSIS	57		1,417,585	
18			RH NBN ECMO IC	59		64,097	
19			CARDIOLOGY	59.01		373,372	
20			PSYCH OTHER ANCILLARY	59.02		27,768	
21			CARDIAC CATHERIZATION	59.03		654,605	
22			DAY SURGERY	59.04		866,518	
23			ONCOLOGY	59.05		59,543	
24			AMB SVC-OB & GYN	60.01		186,480	
25			MEDICINE/DIAGNOSTIC	60.02		951,246	
26			AMB SVC-OPTHALMOLOGY	60.03		33,785	
27			AMB SVC-PSYCH ADULT	60.04		75,629	
28			OUTPATIENT SURGERY	60.06		329,707	
29			AMB SVC-RILEY CLINICS	60.07		1,021,393	
30			MOTILITY LAB	60.09		23,398	
31			AMB SVC-PSYCH CHILD	60.10		44,548	
32			GERIATRICS CLINIC	60.14		54,064	
33			O/P CLINIC-ADULT	60.16		50,012	
34			ARTHRITIS/INFUSION CENTER	60.18		25,575	
35			NEUROLOGY UH	60.19		238,157	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LINE NO 7	DECREASE SALARY 8	DECREASE OTHER 9	A-7 REF 10
1	EMPLOYEE BENEFITS	A	ORTHOPEDICS UH	60.20		42,886	
2			AMB SVC-UH PHYSICAL MEDICINE	60.21		167,790	
3			AMB SVC-DERMATOLOGY CLINIC	60.22		47,391	
4			IU CANCER PAVILLION	60.24		1,130	
5			CARDIO CLINIC	60.25		57,362	
6			EMERGENCY	61		3,857,145	
7			AMBULANCE SERVICES	65		1,396,721	
8			LUNG ACQUISITION	82		98,509	
9			KIDNEY ACQUISITION	83		821,185	
10			LIVER ACQUISITION	84		209,790	
11			HEART ACQUISITION	85		91,299	
12			PANCREAS ACQUISITION	85.01		29,162	
13			INTESTINE ACQUISITION	85.02		38,994	
14			OTHER ORGAN ACQUISITION	86		35,607	
15			RESEARCH	97		1,682,066	
16			RESEARCH-GCRC	97.01		180	
17			PHYSICIANS' PRIVATE OFFICES	98		83,493	
18			OTHER NONREIMBURSABLE-IUMC	98.04		30,218	
19			MHH NON-REIMBURSABLE RADIOLOGY	98.08		20,022	
20			MHH NON-REIMBURSABLE LABORATORY	98.09		35,252	
21			SURGERY CENTER	98.10		12,901	
22			RHI LAB	98.12		29,512	
23			NONALLOWABLE ADVERTISING	98.13		598,770	
24			ARTHRITIS CLINIC - NR	98.15		14,173	
25			CARDIO PHYSICIANS	98.16		139,196	
26			OTHER NONREIMBURSABLE-METHODIST	98.01		1,130,853	
27	DEPRECIATION	B	PURCHASING, RECEIVING, & STORES	6.03		24,168	9
28			OTHER ADMINISTRATIVE AND GENERAL	6.06		658,040	9
29			MAINTENANCE & REPAIRS	7		25,140	9
30			OPERATION OF PLANT	8		26,016	9
31			DIETARY	11		189,932	9
32			NURSING ADMINISTRATION	14		1,103,429	9
33			CENTRAL SERVICES & SUPPLY	15		215,400	9
34			PHARMACY	16		960,968	9
35			MEDICAL RECORDS & LIBRARY	17		7,425	9

1	DEPRECIATION	B	SOCIAL SERVICE	18		35	9
2			PATIENT TRANSPORTATION	19		2,280	9
3			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		22,249	9
4			PARAMED ED CLINIC LAB	24.01		996	9
5			ADULTS & PEDIATRICS	25		917,594	9
6			INTENSIVE CARE UNIT	26		428,499	9
7			CORONARY CARE UNIT	27		46,720	9
8			NEONATAL INTENSIVE CARE UNIT	27.01		49,692	9
9			BURN INTENSIVE CARE UNIT	28		82,326	9
10			UH SURG 6IC	29.02		139,575	9
11			UH NS 3IC	29.03		7,512	9
12			RH PED IC	29.04		39,131	9
13			PEDIATRIC CANCER CENTER	29.07		468	9
14			SUBPROVIDER	31		210	9
15			NURSERY	33		30,277	9
16			OPERATING ROOM	37		5,078,127	9
17			ENDOSCOPY	37.01		93,473	9
18			RECOVERY ROOM	38		42,082	9
19			ANESTHESIOLOGY	40		571,537	9
20			PULMONARY FUNCTION TESTING	40.01		154,546	9
21			RADIOLOGY-DIAGNOSTIC	41		7,895,768	9
22			RADIOLOGY-THERAPEUTIC	42		2,350,632	9
23			RADIOISOTOPE	43		680,793	9
24			LABORATORY	44		1,510,297	9
25			TRANSPLANT IMMUNOLOGY	44.01		22,162	9
26			BONE MARROW TRANSPLANT LAB	44.02		78,180	9
27			BLOOD STORING, PROCESSING & TRANS.	47		38,744	9
28			RESPIRATORY THERAPY	49		421,370	9
29			PHYSICAL THERAPY	50		35,251	9
30			OCCUPATIONAL THERAPY	51		1,236	9
31			SPEECH PATHOLOGY	52		16,734	9
32			ELECTROCARDIOLOGY	53		241,826	9
33			ELECTROENCEPHALOGRAPHY	54		145,168	9
34			OUTPATIENT RETAIL PHARMACY	56.03		30,514	9
35			RENAL DIALYSIS	57		159,876	9

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	DEPRECIATION	B	RH NBN ECMO IC	59		45,108	9
2			CARDIOLOGY	59.01		529,909	9
3			CARDIAC CATHERIZATION	59.03		708,766	9
4			DAY SURGERY	59.04		63,899	9
5			ONCOLOGY	59.05		6,265,236	9
6			AMB SVC-OB & GYN	60.01		111,840	9
7			MEDICINE/DIAGNOSTIC	60.02		20,586	9
8			AMB SVC-OPTHALMOLOGY	60.03		6,509	9
9			OUTPATIENT SURGERY	60.06		270,108	9
10			AMB SVC-RILEY CLINICS	60.07		101,289	9
11			MOTILITY LAB	60.09		5,504	9
12			GERIATRICS CLINIC	60.14		948	9
13			O/P CLINIC-ADULT	60.16		420	9
14			NEUROLOGY UH	60.19		43,668	9
15			ORTHOPEDICS UH	60.20		972	9
16			EMERGENCY	61		359,237	9
17			AMBULANCE SERVICES	65		1,245,820	9
18			KIDNEY ACQUISITION	83		833,211	9
19			LIVER ACQUISITION	84		7,416	9
20			RESEARCH	97		249,032	9
21			RESEARCH-GCRC	97.01		2,634	9
22			OTHER NONREIMBURSABLE-METHODIST	98.01		63,977	9
23			MHH NON-REIMBURSABLE RADIOLOGY	98.08		23,775	9
24			MHH NON-REIMBURSABLE LABORATORY	98.09		4,872	9
25			CARDIO PHYSICIANS	98.16		27,516	9
26			PSYCH OTHER ANCILLARY	59.02		3,072	9
27	PTO	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		153,283	
28			OPERATION OF PLANT	8		26,481	
29			DIETARY	11		95,455	
30			NURSING ADMINISTRATION	14		170,381	
31			CENTRAL SERVICES & SUPPLY	15		29,032	
32			PHARMACY	16		274,591	
33			MEDICAL RECORDS & LIBRARY	17		2,803	
34			SOCIAL SERVICE	18		43,823	
35			PATIENT TRANSPORTATION	19		23,582	

1	PTO	C	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		21,160	
2			PARAMED ED CLINIC LAB	24.01		2,335	
3			PARAMED RADIOLOGY-METHODIST	24.02		4,282	
4			PARAMED RESPIRATORY THERAPY	24.03		4,391	
5			PARAMED EMERGENCY METHODIST	24.05		2,937	
6			PARAMED PASTORAL ED	24.06		6,780	
7			PARAMED PHYSICAL THERAPY	24.07		2,655	
8			PARAMED PHARMACY	24.10		3,583	
9			SURGICAL TECHNOLOGY PROGRAM	24.15		856	
10			PARAMED ED PRGM	24.17		1,999	
11			ADULTS & PEDIATRICS	25		1,632,724	
12			INTENSIVE CARE UNIT	26		185,458	
13			CORONARY CARE UNIT	27		125,591	
14			NEONATAL INTENSIVE CARE UNIT	27.01		53,027	
15			BURN INTENSIVE CARE UNIT	28		16,680	
16			UH SURG 6IC	29.02		54,744	
17			UH NS 3IC	29.03		24,302	
18			RH PED IC	29.04		106,777	
19			TRANSPLANT ICU	29.05		33,589	
20			PEDIATRIC CANCER CENTER	29.07		14,985	
21			SUBPROVIDER	31		44,688	
22			NURSERY	33		36,030	
23			OPERATING ROOM	37		429,469	
24			ENDOSCOPY	37.01		11,101	
25			RECOVERY ROOM	38		79,021	
26			ANESTHESIOLOGY	40		22,090	
27			PULMONARY FUNCTION TESTING	40.01		30,226	
28			RADIOLOGY-DIAGNOSTIC	41		274,170	
29			RADIOLOGY-THERAPEUTIC	42		44,973	
30			RADIOISOTOPE	43		10,831	
31			LABORATORY	44		276,774	
32			TRANSPLANT IMMUNOLOGY	44.01		11,348	
33			BONE MARROW TRANSPLANT LAB	44.02		12,282	
34			BLOOD STORING, PROCESSING & TRANS.	47		36,135	
35			RESPIRATORY THERAPY	49		224,662	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	PTO	C	PHYSICAL THERAPY	50		74,986	
2			OCCUPATIONAL THERAPY	51		22,916	
3			SPEECH PATHOLOGY	52		31,811	
4			ELECTROCARDIOLOGY	53		37,097	
5			ELECTROENCEPHALOGRAPHY	54		31,220	
6			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,708	
7			OUTPATIENT RETAIL PHARMACY	56.03		55,855	
8			RENAL DIALYSIS	57		80,100	
9			RH NBN ECMO IC	59		4,364	
10			CARDIOLOGY	59.01		23,070	
11			PSYCH OTHER ANCILLARY	59.02		1,588	
12			CARDIAC CATHERIZATION	59.03		42,992	
13			DAY SURGERY	59.04		50,239	
14			ONCOLOGY	59.05		4,166	
15			AMB SVC-OB & GYN	60.01		10,408	
16			MEDICINE/DIAGNOSTIC	60.02		52,557	
17			AMB SVC-OPTHALMOLOGY	60.03		2,236	
18			AMB SVC-PSYCH ADULT	60.04		4,594	
19			OUTPATIENT SURGERY	60.06		19,066	
20			AMB SVC-RILEY CLINICS	60.07		45,308	
21			MOTILITY LAB	60.09		1,328	
22			AMB SVC-PSYCH CHILD	60.10		2,216	
23			GERIATRICS CLINIC	60.14		3,251	
24			O/P CLINIC-ADULT	60.16		2,404	
25			ARTHRITIS/INFUSION CENTER	60.18		791	
26			NEUROLOGY UH	60.19		14,653	
27			ORTHOPEDICS UH	60.20		2,872	
28			AMB SVC-UH PHYSICAL MEDICINE	60.21		9,236	
29			AMB SVC-DERMATOLOGY CLINIC	60.22		2,982	
30			CARDIO CLINIC	60.25		4,299	
31			EMERGENCY	61		234,458	
32			AMBULANCE SERVICES	65		65,965	
33			LUNG ACQUISITION	82		5,994	
34			KIDNEY ACQUISITION	83		51,126	
35			LIVER ACQUISITION	84		11,549	
1	PTO	C	HEART ACQUISITION	85		5,285	
2			PANCREAS ACQUISITION	85.01		903	
3			INTESTINE ACQUISITION	85.02		2,815	
4			OTHER ORGAN ACQUISITION	86		2,529	
5			RESEARCH	97		105,951	
6			PHYSICIANS' PRIVATE OFFICES	98		5,245	
7			OTHER NONREIMBURSABLE-METHODIST	98.01		61,139	
8			OTHER NONREIMBURSABLE-IUMC	98.04		1,424	
9			MHH NON-REIMBURSABLE RADIOLOGY	98.08		1,330	
10			MHH NON-REIMBURSABLE LABORATORY	98.09		2,645	
11			SURGERY CENTER	98.10		721	
12			RHI LAB	98.12		1,621	
13			NONALLOWABLE ADVERTISING	98.13		31,629	
14			ARTHRITIS CLINIC - NR	98.15		375	
15			CARDIO PHYSICIANS	98.16		8,446	
16	TELEPHONE	D	PURCHASING, RECEIVING, & STORES	6.03		1,200	
17			OTHER ADMINISTRATIVE AND GENERAL	6.06		127,492	
18			OPERATION OF PLANT	8		6,416	
19			LAUNDRY & LINEN SERVICE	9		603	
20			DIETARY	11		30,057	
21			NURSING ADMINISTRATION	14		30,078	
22			CENTRAL SERVICES & SUPPLY	15		6,169	
23			PHARMACY	16		74,125	
24			MEDICAL RECORDS & LIBRARY	17		1,648	
25			SOCIAL SERVICE	18		22,443	
26			PATIENT TRANSPORTATION	19		9,631	
27			I&R SERVICES-SALARY & FRINGES APPRVD	22		10,227	
28			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		64,862	
29			PARAMED ED CLINIC LAB	24.01		3,720	
30			PARAMED RADIOLOGY-METHODIST	24.02		1,320	
31			PARAMED RESPIRATORY THERAPY	24.03		1,276	
32			PARAMED EMERGENCY METHODIST	24.05		1,560	
33			PARAMED PASTORAL ED	24.06		3,566	
34			PARAMED PHYSICAL THERAPY	24.07		4,294	
35			PARAMED PHARMACY	24.10		816	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	TELEPHONE	D	MEDICAL ASSISTING PROGRAM	24.14		486	
2			SURGICAL TECHNOLOGY PROGRAM	24.15		324	
3			PARAMED ED PRGM	24.17		1,281	
4			ADULTS & PEDIATRICS	25		631,024	
5			INTENSIVE CARE UNIT	26		74,467	
6			CORONARY CARE UNIT	27		54,651	
7			NEONATAL INTENSIVE CARE UNIT	27.01		15,957	
8			BURN INTENSIVE CARE UNIT	28		5,306	
9			UH SURG 6IC	29.02		26,176	
10			UH NS 3IC	29.03		3,873	
11			RH PED IC	29.04		21,136	
12			TRANSPLANT ICU	29.05		2,880	
13			PEDIATRIC CANCER CENTER	29.07		5,205	
14			SUBPROVIDER	31		20,814	
15			NURSERY	33		10,111	
16			OPERATING ROOM	37		126,453	
17			ENDOSCOPY	37.01		9,209	
18			RECOVERY ROOM	38		32,482	
19			ANESTHESIOLOGY	40		6,835	
20			PULMONARY FUNCTION TESTING	40.01		12,595	
21			RADIOLOGY-DIAGNOSTIC	41		177,781	
22			RADIOLOGY-THERAPEUTIC	42		31,355	
23			RADIOISOTOPE	43		11,041	
24			LABORATORY	44		212,773	
25			TRANSPLANT IMMUNOLOGY	44.01		1,944	
26			BONE MARROW TRANSPLANT LAB	44.02		5,688	
27			BLOOD STORING, PROCESSING & TRANS.	47		15,085	
28			RESPIRATORY THERAPY	49		32,980	
29			PHYSICAL THERAPY	50		14,321	
30			OCCUPATIONAL THERAPY	51		8,610	
31			SPEECH PATHOLOGY	52		21,122	
32			ELECTROCARDIOLOGY	53		17,930	
33			ELECTROENCEPHALOGRAPHY	54		11,161	
34			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		926	
35			OUTPATIENT RETAIL PHARMACY	56.03		57,960	
1	TELEPHONE	D	RENAL DIALYSIS	57		28,685	
2			RH NBN ECMO IC	59		358	
3			CARDIOLOGY	59.01		16,216	
4			PSYCH OTHER ANCILLARY	59.02		8,587	
5			CARDIAC CATHERIZATION	59.03		42,592	
6			DAY SURGERY	59.04		18,595	
7			ONCOLOGY	59.05		2,905	
8			AMB SVC-OB & GYN	60.01		9,608	
9			MEDICINE/DIAGNOSTIC	60.02		43,651	
10			AMB SVC-OPTHALMOLOGY	60.03		2,596	
11			AMB SVC-PSYCH ADULT	60.04		8,946	
12			OUTPATIENT SURGERY	60.06		11,975	
13			AMB SVC-RILEY CLINICS	60.07		45,099	
14			MOTILITY LAB	60.09		217	
15			AMB SVC-PSYCH CHILD	60.10		5,388	
16			GERIATRICS CLINIC	60.14		2,590	
17			O/P CLINIC-ADULT	60.16		7,474	
18			ARTHRITIS/INFUSION CENTER	60.18		3,678	
19			NEUROLOGY UH	60.19		5,811	
20			ORTHOPEDICS UH	60.20		8,311	
21			AMB SVC-UH PHYSICAL MEDICINE	60.21		10,686	
22			AMB SVC-DERMATOLOGY CLINIC	60.22		837	
23			CARDIO CLINIC	60.25		6,134	
24			EMERGENCY	61		117,950	
25			AMBULANCE SERVICES	65		18,159	
26			LUNG ACQUISITION	82		3,000	
27			KIDNEY ACQUISITION	83		38,133	
28			LIVER ACQUISITION	84		4,023	
29			HEART ACQUISITION	85		3,137	
30			INTESTINE ACQUISITION	85.02		439	
31			RESEARCH	97		74,475	
32			RESEARCH-GCRC	97.01		3,517	
33			PHYSICIANS' PRIVATE OFFICES	98		2,712	
34			OTHER NONREIMBURSABLE-METHODIST	98.01		69,490	
35			AOC-PRIVATE PHYSICIANS	98.05		477	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	TELEPHONE	D	MHH NON-REIMBURSABLE LABORATORY	98.09		352	
2			SURGERY CENTER	98.10		1,098	
3			NONALLOWABLE ADVERTISING	98.13		28,029	
4			ARTHRITIS CLINIC - NR	98.15		162	
5			CARDIO PHYSICIANS	98.16		9,152	
6	CONTRACT LABOR	E	OTHER ADMINISTRATIVE AND GENERAL	6.06	17,317		
7			NURSING ADMINISTRATION	14	597,895		
8			CENTRAL SERVICES & SUPPLY	15	1,980		
9			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	93,095		
10			ADULTS & PEDIATRICS	25	2,245		
11			OPERATING ROOM	37	376,865		
12			RECOVERY ROOM	38	37,148		
13			RADIOLOGY-DIAGNOSTIC	41	2,750		
14			LABORATORY	44	137,757		
15			RESPIRATORY THERAPY	49	102,032		
16			PHYSICAL THERAPY	50	252		
17			OUTPATIENT RETAIL PHARMACY	56.03	75		
18			RENAL DIALYSIS	57	270,563		
19			CARDIAC CATHERIZATION	59.03	68,840		
20			MEDICINE/DIAGNOSTIC	60.02	87,262		
21			ARTHRITIS/INFUSION CENTER	60.18	9,750		
22			EMERGENCY	61	38,400		
23			HOME HEALTH AGENCY	71	473,587		
24			KIDNEY ACQUISITION	83	3,849		
25			HOSPICE	93	245,053		
26			RESEARCH	97	24		
27			PHYSICIANS' PRIVATE OFFICES	98		1,690	
28			OTHER NONREIMBURSABLE-METHODIST	98.01	48,587		
29			MHH NON-REIMBURSABLE LABORATORY	98.09	7,897		
30			PHYSICIANS' PRIVATE OFFICES	98	39,254		
31	IU ADJUSTMENT CENTER RECLASS	F	OTHER NONREIMBURSABLE-METHODIST	98.01		11,828	
32	CARDIAC REHAB RECLASS	G	ELECTROCARDIOLOGY	53	247,245	35,589	
33	DRUGS RECLASS	H	NURSING ADMINISTRATION	14		120	
34			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		73,431	
35			ADULTS & PEDIATRICS	25		76,128	

1	DRUGS RECLASS	H	INTENSIVE CARE UNIT	26		981	
2			CORONARY CARE UNIT	27		11,278	
3			NEONATAL INTENSIVE CARE UNIT	27.01		602	
4			BURN INTENSIVE CARE UNIT	28		287	
5			UH SURG 6IC	29.02		1,482	
6			UH NS 3IC	29.03		79	
7			RH PED IC	29.04		20,027	
8			TRANSPLANT ICU	29.05		1,561	
9			PEDIATRIC CANCER CENTER	29.07		1,431	
10			SUBPROVIDER	31		93	
11			NURSERY	33		40	
12			OPERATING ROOM	37		954,539	
13			ENDOSCOPY	37.01		48	
14			RECOVERY ROOM	38		713	
15			ANESTHESIOLOGY	40		852,200	
16			PULMONARY FUNCTION TESTING	40.01		39,978	
17			RADIOLOGY-DIAGNOSTIC	41		465,126	
18			RADIOLOGY-THERAPEUTIC	42		7,114	
19			RADIOISOTOPE	43		205,356	
20			LABORATORY	44		5,760	
21			BONE MARROW TRANSPLANT LAB	44.02		23,483	
22			BLOOD STORING, PROCESSING & TRANS.	47		139	
23			RESPIRATORY THERAPY	49		1,725	
24			PHYSICAL THERAPY	50		2,160	
25			SPEECH PATHOLOGY	52		10,301	
26			ELECTROCARDIOLOGY	53		377	
27			ELECTROENCEPHALOGRAPHY	54		73	
28			OUTPATIENT RETAIL PHARMACY	56.03		23,893,798	
29			RENAL DIALYSIS	57		2,221,054	
30			CARDIOLOGY	59.01		8,761	
31			PSYCH OTHER ANCILLARY	59.02		1,644	
32			CARDIAC CATHERIZATION	59.03		34,439	
33			DAY SURGERY	59.04		275	
34			AMB SVC-OB & GYN	60.01		14,901	
35			MEDICINE/DIAGNOSTIC	60.02		3,068,223	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	DRUGS RECLASS	H	AMB SVC-OPTHALMOLOGY	60.03		37,363	
2			AMB SVC-PSYCH ADULT	60.04		339	
3			OUTPATIENT SURGERY	60.06		11,777	
4			AMB SVC-RILEY CLINICS	60.07		477,865	
5			MOTILITY LAB	60.09		15	
6			GERIATRICS CLINIC	60.14		189	
7			O/P CLINIC-ADULT	60.16		1,465	
8			ARTHRITIS/INFUSION CENTER	60.18		4,504,438	
9			NEUROLOGY UH	60.19		433	
10			ORTHOPEDICS UH	60.20		48,940	
11			AMB SVC-UH PHYSICAL MEDICINE	60.21		80,389	
12			AMB SVC-DERMATOLOGY CLINIC	60.22		13,181	
13			CARDIO CLINIC	60.25		531	
14			EMERGENCY	61		14,044	
15			AMBULANCE SERVICES	65		46,498	
16			KIDNEY ACQUISITION	83		24,460	
17			RESEARCH	97		1,070	
18			RESEARCH-GCRC	97.01		6,445	
19			OTHER NONREIMBURSABLE-METHODIST	98.01		37,828	
20			SURGERY CENTER	98.10		5	
21			ARTHRITIS CLINIC - NR	98.15		661,988	
22			CARDIO PHYSICIANS	98.16		34,384	
23	MEDICARE BILLABLE DRUGS RECLASS	I	PHARMACY	16		91,373,323	
24	MEDICARE SUPPLIES RECLASS	J	LAUNDRY & LINEN SERVICE	9		102,987	
25			DIETARY	11		69,159	
26			NURSING ADMINISTRATION	14		23,906	
27			PHARMACY	16		2,645,749	
28			SOCIAL SERVICE	18		566	
29			PATIENT TRANSPORTATION	19		17,198	
30			I&R SERVICES-SALARY & FRINGES APPRVD	22		119	
31			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		50,167	
32			PARAMED ED CLINIC LAB	24.01		18	
33			PARAMED RESPIRATORY THERAPY	24.03		4,029	
34			PARAMED PHYSICAL THERAPY	24.07		6,680	
35			PARAMED ED PRGM	24.17		2,437	
1	MEDICARE SUPPLIES RECLASS	J	ADULTS & PEDIATRICS	25		13,317,601	
2			INTENSIVE CARE UNIT	26		1,895,593	
3			CORONARY CARE UNIT	27		1,762,723	
4			NEONATAL INTENSIVE CARE UNIT	27.01		394,117	
5			BURN INTENSIVE CARE UNIT	28		38,294	
6			UH SURG 6IC	29.02		875,281	
7			UH NS 3IC	29.03		442,847	
8			RH PED IC	29.04		1,077,522	
9			TRANSPLANT ICU	29.05		685,536	
10			PEDIATRIC CANCER CENTER	29.07		127,121	
11			SUBPROVIDER	31		45,621	
12			NURSERY	33		210,758	
13			OPERATING ROOM	37		82,634,282	
14			ENDOSCOPY	37.01		700,898	
15			RECOVERY ROOM	38		469,866	
16			ANESTHESIOLOGY	40		3,621,774	
17			PULMONARY FUNCTION TESTING	40.01		367,081	
18			RADIOLOGY-DIAGNOSTIC	41		13,178,465	
19			RADIOLOGY-THERAPEUTIC	42		375,143	
20			RADIOISOTOPE	43		3,324,675	
21			LABORATORY	44		20,183,200	
22			TRANSPLANT IMMUNOLOGY	44.01		1,371,790	
23			BONE MARROW TRANSPLANT LAB	44.02		1,037,060	
24			BLOOD STORING, PROCESSING & TRANS.	47		16,135,689	
25			RESPIRATORY THERAPY	49		5,164,894	
26			PHYSICAL THERAPY	50		605,994	
27			OCCUPATIONAL THERAPY	51		99,937	
28			SPEECH PATHOLOGY	52		2,737,252	
29			ELECTROCARDIOLOGY	53		136,785	
30			ELECTROENCEPHALOGRAPHY	54		302,395	
31			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		169,140	
32			OUTPATIENT RETAIL PHARMACY	56.03		799	
33			RENAL DIALYSIS	57		4,347,271	
34			RH NBN ECMO IC	59		87,372	
35			CARDIOLOGY	59.01		10,929,371	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	MEDICARE SUPPLIES RECLASS	J	PSYCH OTHER ANCILLARY	59.02		14,351	
2			CARDIAC CATHERIZATION	59.03		6,611,856	
3			DAY SURGERY	59.04		321,903	
4			ONCOLOGY	59.05		46	
5			AMB SVC-OB & GYN	60.01		163,221	
6			MEDICINE/DIAGNOSTIC	60.02		306,771	
7			AMB SVC-OPTHALMOLOGY	60.03		6,041	
8			AMB SVC-PSYCH ADULT	60.04		12,483	
9			AMB SVC-DIABETES ADULT	60.05		185	
10			OUTPATIENT SURGERY	60.06		41,171	
11			AMB SVC-RILEY CLINICS	60.07		335,385	
12			MOTILITY LAB	60.09		86,563	
13			AMB SVC-PSYCH CHILD	60.10		1,812	
14			GERIATRICS CLINIC	60.14		354	
15			O/P CLINIC-ADULT	60.16		2,636	
16			ARTHRITIS/INFUSION CENTER	60.18		24,728	
17			NEUROLOGY UH	60.19		6,382	
18			ORTHOPEDICS UH	60.20		5,910	
19			AMB SVC-UH PHYSICAL MEDICINE	60.21		29,835	
20			AMB SVC-DERMATOLOGY CLINIC	60.22		86,469	
21			CARDIO CLINIC	60.25		16,581	
22			EMERGENCY	61		3,090,733	
23			AMBULANCE SERVICES	65		192,752	
24			KIDNEY ACQUISITION	83		304,339	
25			LIVER ACQUISITION	84		24	
26			HEART ACQUISITION	85		73	
27			PANCREAS ACQUISITION	85.01		5	
28			OTHER ORGAN ACQUISITION	86		80,205	
29			HOSPICE	93		18,330	
30			GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		17	
31			RESEARCH	97		459,510	
32			RESEARCH-GCRC	97.01		52,487	
33			PHYSICIANS' PRIVATE OFFICES	98		12,067	
34			OTHER NONREIMBURSABLE-METHODIST	98.01		14,715	
35			MHH NON-REIMBURSABLE LABORATORY	98.09		22,117	
1	MEDICARE SUPPLIES RECLASS	J	SURGERY CENTER	98.10		205	
2			RHI LAB	98.12		30,277	
3			NONALLOWABLE ADVERTISING	98.13		19,241	
4			ARTHRITIS CLINIC - NR	98.15		3,954	
5			CARDIO PHYSICIANS	98.16		9,063	
6	BILLABLE SUPPLIES RECLASS	K	CENTRAL SERVICES & SUPPLY	15		100,059,168	
7	IMPLANTABLE SUPPLIES RECLASS	L	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		53,535,955	
8	HHA DEPRECIATION RECLASS	M	HOME HEALTH AGENCY	71		569,914	9
9							9
10	HHA PTO RECLASS	N	HOME HEALTH AGENCY	71		33,412	
11	HHA PHONES RECLASS	O	HOME HEALTH AGENCY	71		160,663	
12	HHA BENEFITS RECLASS	P	HOME HEALTH AGENCY	71		4,392,631	
13	IPA-BEHAV CARE RECLASS	Q	PSYCH OTHER ANCILLARY	59.02		12,379	
14							
15	NURSERY RECLASS	R	ADULTS & PEDIATRICS	25	1,199,793	114,933	
16	PARAMED RAD THERAPY RECLASS	S	RADIOLOGY-THERAPEUTIC	42	264,294	20,219	
17	PARAMED NUC MED RECLASS	T	RADIOISOTOPE	43	54,864	4,197	
18	PARAMED PHARMACY RES RECLASS	U	PHARMACY	16	711,702	54,445	
19			EMERGENCY	61	2,246	172	
20			CARDIO PHYSICIANS	98.16	8,404	643	
21	RENAL HOME DIALYSIS RECLASS	V	RENAL DIALYSIS	57	706,902	238,198	
22	RENAL ADMIN RECLASS	W	RENAL DIALYSIS	57	144,661	27,072	
23	HHA SLEEP LAB RECLASS	X	HOME HEALTH AGENCY	71	2,302,363	862,753	
24	HHA HOSPICE RECLASS	Y	HOME HEALTH AGENCY	71	2,778,545	1,384,263	
25	ORGAN RECLASS	Z	KIDNEY ACQUISITION	83	1,050,109	184,947	
26							
27							
28							
29							
30	PRE-POST TRANSPLANT RECLASS	AA	LUNG ACQUISITION	82	367,222	56,574	
31			KIDNEY ACQUISITION	83	971,510	165,210	
32			LIVER ACQUISITION	84	774,297	94,362	
33			HEART ACQUISITION	85	317,288	38,987	
34			PANCREAS ACQUISITION	85.01	125,262	20,211	
35			INTESTINE ACQUISITION	85.02	217,213	26,614	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	ACQ/WORKUP EXPENSE RECLASS	AB	LIVER ACQUISITION	84		45,132	
2			PANCREAS ACQUISITION	85.01		57,417	
3							
4	NON-TRANSPLANT EMPLOYEES RECLASS	AC	DIETARY	11	14,800		
5	FQHC NON-REIMBURSABLE RECLASS	AD	FEDERALLY QUALIFIED HEALTH CTR	63.60	70,790	52,912	
6	MARKETING RECLASS	AE	OTHER ADMINISTRATIVE AND GENERAL	6.06		70,650	
7			NURSING ADMINISTRATION	14		2,522	
8			PHARMACY	16		2,978	
9			ADULTS & PEDIATRICS	25		158	
10			RADIOLOGY-DIAGNOSTIC	41		748	
11			LABORATORY	44		284	
12			PHYSICAL THERAPY	50		129	
13			ELECTROCARDIOLOGY	53		299	
14			OUTPATIENT RETAIL PHARMACY	56.03		32,267	
15			CARDIAC CATHERIZATION	59.03		70,783	
16			MEDICINE/DIAGNOSTIC	60.02		8,679	
17			GERIATRICS CLINIC	60.14		1,738	
18			ARTHRITIS/INFUSION CENTER	60.18		601	
19			EMERGENCY	61		15,335	
20			AMBULANCE SERVICES	65		23,234	
21			HOME HEALTH AGENCY	71		46,876	
22			KIDNEY ACQUISITION	83		4,443	
23			LIVER ACQUISITION	84		926	
24			INTESTINE ACQUISITION	85.02		314	
25			RESEARCH	97		2,425	
26			PHYSICIANS' PRIVATE OFFICES	98		1,953	
27			OTHER NONREIMBURSABLE-METHODIST	98.01		1,645,654	
28			SURGERY CENTER	98.10		1,509	
36	TOTAL RECLASSIFICATIONS				14,991,987	643,433,189	

(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 : EMPLOYEE BENEFITS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	101,502,578	OTHER ADMINISTRATIVE AND GENER	6.06	2,455,256
2.00			0	OPERATION OF PLANT	8	549,399
3.00			0	DIETARY	11	1,615,446
4.00			0	NURSING ADMINISTRATION	14	4,180,552
5.00			0	CENTRAL SERVICES & SUPPLY	15	478,547
6.00			0	PHARMACY	16	5,019,646
7.00			0	MEDICAL RECORDS & LIBRARY	17	39,312
8.00			0	SOCIAL SERVICE	18	782,704
9.00			0	PATIENT TRANSPORTATION	19	403,767
10.00			0	I&R SERVICES-OTHER PRGM COSTS	23	233,975
11.00			0	PARAMED ED CLINIC LAB	24.01	37,541
12.00			0	PARAMED RADIOLOGY-METHODIST	24.02	74,017
13.00			0	PARAMED RESPIRATORY THERAPY	24.03	68,213
14.00			0	PARAMED EMERGENCY METHODIST	24.05	47,318
15.00			0	PARAMED PASTORAL ED	24.06	108,481
16.00			0	PARAMED PHYSICAL THERAPY	24.07	41,410
17.00			0	PARAMED PHARMACY	24.10	105,639
18.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	14,767
19.00			0	PARAMED ED PRGM	24.17	34,036
20.00			0	ADULTS & PEDIATRICS	25	27,426,213
21.00			0	INTENSIVE CARE UNIT	26	3,002,070
22.00			0	CORONARY CARE UNIT	27	2,219,552
23.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	850,917
24.00			0	BURN INTENSIVE CARE UNIT	28	267,375
25.00			0	UH SURG 6IC	29.02	910,912
26.00			0	UH NS 3IC	29.03	344,496
27.00			0	RH PED IC	29.04	1,706,402
28.00			0	TRANSPLANT ICU	29.05	596,218
29.00			0	PEDIATRIC CANCER CENTER	29.07	269,534
30.00			0	SUBPROVIDER	31	691,024
31.00			0	NURSERY	33	533,538
32.00			0	OPERATING ROOM	37	6,652,069
33.00			0	ENDOSCOPY	37.01	187,195
34.00			0	RECOVERY ROOM	38	1,086,687
35.00			0	ANESTHESIOLOGY	40	314,256
36.00			0	PULMONARY FUNCTION TESTING	40.01	514,354
37.00			0	RADIOLOGY-DIAGNOSTIC	41	4,650,247
38.00			0	RADIOLOGY-THERAPEUTIC	42	1,061,567
39.00			0	RADIOISOTOPE	43	189,221
40.00			0	LABORATORY	44	4,867,316
41.00			0	TRANSPLANT IMMUNOLOGY	44.01	168,044
42.00			0	BONE MARROW TRANSPLANT LAB	44.02	216,611
43.00			0	BLOOD STORING, PROCESSING & TR	47	632,708
44.00			0	RESPIRATORY THERAPY	49	4,004,524
45.00			0	PHYSICAL THERAPY	50	1,452,355
46.00			0	OCCUPATIONAL THERAPY	51	409,485
47.00			0	SPEECH PATHOLOGY	52	581,050
48.00			0	ELECTROCARDIOLOGY	53	586,750
49.00			0	ELECTROENCEPHALOGRAPHY	54	537,476
50.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	47,264
51.00			0	OUTPATIENT RETAIL PHARMACY	56.03	1,066,033
52.00			0	RENAL DIALYSIS	57	1,417,585
53.00			0	RH NBN ECMO IC	59	64,097
54.00			0	CARDIOLOGY	59.01	373,372
55.00			0	PSYCH OTHER ANCILLARY	59.02	27,768
56.00			0	CARDIAC CATHERIZATION	59.03	654,605
57.00			0	DAY SURGERY	59.04	866,518
58.00			0	ONCOLOGY	59.05	59,543
59.00			0	AMB SVC-OB & GYN	60.01	186,480
60.00			0	MEDICINE/DIAGNOSTIC	60.02	951,246
61.00			0	AMB SVC-OPTHALMOLOGY	60.03	33,785
62.00			0	AMB SVC-PSYCH ADULT	60.04	75,629
63.00			0	OUTPATIENT SURGERY	60.06	329,707
64.00			0	AMB SVC-RILEY CLINICS	60.07	1,021,393
65.00			0	MOTILITY LAB	60.09	23,398
66.00			0	AMB SVC-PSYCH CHILD	60.10	44,548
67.00			0	GERIATRICS CLINIC	60.14	54,064
68.00			0	O/P CLINIC-ADULT	60.16	50,012
69.00			0	ARTHRITIS/INFUSION CENTER	60.18	25,575
70.00			0	NEUROLOGY UH	60.19	238,157
71.00			0	ORTHOPEDICS UH	60.20	42,886
72.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	167,790
73.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	47,391
74.00			0	IU CANCER PAVILLION	60.24	1,130

RECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
75.00			0	CARDIO CLINIC	60.25	57,362
76.00			0	EMERGENCY	61	3,857,145
77.00			0	AMBULANCE SERVICES	65	1,396,721
78.00			0	LUNG ACQUISITION	82	98,509
79.00			0	KIDNEY ACQUISITION	83	821,185
80.00			0	LIVER ACQUISITION	84	209,790
81.00			0	HEART ACQUISITION	85	91,299
82.00			0	PANCREAS ACQUISITION	85.01	29,162
83.00			0	INTESTINE ACQUISITION	85.02	38,994
84.00			0	OTHER ORGAN ACQUISITION	86	35,607
85.00			0	RESEARCH	97	1,682,066
86.00			0	RESEARCH-GCRC	97.01	180
87.00			0	PHYSICIANS' PRIVATE OFFICES	98	83,493
88.00			0	OTHER NONREIMBURSABLE-IUMC	98.04	30,218
89.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	20,022
90.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	35,252
91.00			0	SURGERY CENTER	98.10	12,901
92.00			0	RHI LAB	98.12	29,512
93.00			0	NONALLOWABLE ADVERTISING	98.13	598,770
94.00			0	ARTHRITIS CLINIC - NR	98.15	14,173
95.00			0	CARDIO PHYSICIANS	98.16	139,196
96.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	1,130,853
TOTAL RECLASSIFICATIONS FOR CODE A			101,502,578			101,502,578

RECLASS CODE: B
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,306,017	PURCHASING, RECEIVING, & STORE	6.03	24,168
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	29,235,705	OTHER ADMINISTRATIVE AND GENER	6.06	658,040
3.00			0	MAINTENANCE & REPAIRS	7	25,140
4.00			0	OPERATION OF PLANT	8	26,016
5.00			0	DIETARY	11	189,932
6.00			0	NURSING ADMINISTRATION	14	1,103,429
7.00			0	CENTRAL SERVICES & SUPPLY	15	215,400
8.00			0	PHARMACY	16	960,968
9.00			0	MEDICAL RECORDS & LIBRARY	17	7,425
10.00			0	SOCIAL SERVICE	18	35
11.00			0	PATIENT TRANSPORTATION	19	2,280
12.00			0	I&R SERVICES-OTHER PRGM COSTS	23	22,249
13.00			0	PARAMED ED CLINIC LAB	24.01	996
14.00			0	ADULTS & PEDIATRICS	25	917,594
15.00			0	INTENSIVE CARE UNIT	26	428,499
16.00			0	CORONARY CARE UNIT	27	46,720
17.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	49,692
18.00			0	BURN INTENSIVE CARE UNIT	28	82,326
19.00			0	UH SURG 6IC	29.02	139,575
20.00			0	UH NS 3IC	29.03	7,512
21.00			0	RH PED IC	29.04	39,131
22.00			0	PEDIATRIC CANCER CENTER	29.07	468
23.00			0	SUBPROVIDER	31	210
24.00			0	NURSERY	33	30,277
25.00			0	OPERATING ROOM	37	5,078,127
26.00			0	ENDOSCOPY	37.01	93,473
27.00			0	RECOVERY ROOM	38	42,082
28.00			0	ANESTHESIOLOGY	40	571,537
29.00			0	PULMONARY FUNCTION TESTING	40.01	154,546
30.00			0	RADIOLOGY-DIAGNOSTIC	41	7,895,768
31.00			0	RADIOLOGY-THERAPEUTIC	42	2,350,632
32.00			0	RADIOISOTOPE	43	680,793
33.00			0	LABORATORY	44	1,510,297
34.00			0	TRANSPLANT IMMUNOLOGY	44.01	22,162
35.00			0	BONE MARROW TRANSPLANT LAB	44.02	78,180
36.00			0	BLOOD STORING, PROCESSING & TR	47	38,744
37.00			0	RESPIRATORY THERAPY	49	421,370
38.00			0	PHYSICAL THERAPY	50	35,251
39.00			0	OCCUPATIONAL THERAPY	51	1,236
40.00			0	SPEECH PATHOLOGY	52	16,734
41.00			0	ELECTROCARDIOLOGY	53	241,826
42.00			0	ELECTROENCEPHALOGRAPHY	54	145,168
43.00			0	OUTPATIENT RETAIL PHARMACY	56.03	30,514
44.00			0	RENAL DIALYSIS	57	159,876

RECLASS CODE: B
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
45.00			0	RH NBN ECMO IC	59	45,108
46.00			0	CARDIOLOGY	59.01	529,909
47.00			0	CARDIAC CATHERIZATION	59.03	708,766
48.00			0	DAY SURGERY	59.04	63,899
49.00			0	ONCOLOGY	59.05	6,265,236
50.00			0	AMB SVC-OB & GYN	60.01	111,840
51.00			0	MEDICINE/DIAGNOSTIC	60.02	20,586
52.00			0	AMB SVC-OPTHALMOLOGY	60.03	6,509
53.00			0	OUTPATIENT SURGERY	60.06	270,108
54.00			0	AMB SVC-RILEY CLINICS	60.07	101,289
55.00			0	MOTILITY LAB	60.09	5,504
56.00			0	GERIATRICS CLINIC	60.14	948
57.00			0	O/P CLINIC-ADULT	60.16	420
58.00			0	NEUROLOGY UH	60.19	43,668
59.00			0	ORTHOPEDICS UH	60.20	972
60.00			0	EMERGENCY	61	359,237
61.00			0	AMBULANCE SERVICES	65	1,245,820
62.00			0	KIDNEY ACQUISITION	83	833,211
63.00			0	LIVER ACQUISITION	84	7,416
64.00			0	RESEARCH	97	249,032
65.00			0	RESEARCH-GCRC	97.01	2,634
66.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	63,977
67.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	23,775
68.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	4,872
69.00			0	CARDIO PHYSICIANS	98.16	27,516
70.00			0	PSYCH OTHER ANCILLARY	59.02	3,072
TOTAL RECLASSIFICATIONS FOR CODE B			35,541,722			35,541,722

RECLASS CODE: C
EXPLANATION : PTO

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	5,904,549	OTHER ADMINISTRATIVE AND GENER	6.06	153,283
2.00			0	OPERATION OF PLANT	8	26,481
3.00			0	DIETARY	11	95,455
4.00			0	NURSING ADMINISTRATION	14	170,381
5.00			0	CENTRAL SERVICES & SUPPLY	15	29,032
6.00			0	PHARMACY	16	274,591
7.00			0	MEDICAL RECORDS & LIBRARY	17	2,803
8.00			0	SOCIAL SERVICE	18	43,823
9.00			0	PATIENT TRANSPORTATION	19	23,582
10.00			0	I&R SERVICES-OTHER PRGM COSTS	23	21,160
11.00			0	PARAMED ED CLINIC LAB	24.01	2,335
12.00			0	PARAMED RADIOLOGY-METHODIST	24.02	4,282
13.00			0	PARAMED RESPIRATORY THERAPY	24.03	4,391
14.00			0	PARAMED EMERGENCY METHODIST	24.05	2,937
15.00			0	PARAMED PASTORAL ED	24.06	6,780
16.00			0	PARAMED PHYSICAL THERAPY	24.07	2,655
17.00			0	PARAMED PHARMACY	24.10	3,583
18.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	856
19.00			0	PARAMED ED PRGM	24.17	1,999
20.00			0	ADULTS & PEDIATRICS	25	1,632,724
21.00			0	INTENSIVE CARE UNIT	26	185,458
22.00			0	CORONARY CARE UNIT	27	125,591
23.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	53,027
24.00			0	BURN INTENSIVE CARE UNIT	28	16,680
25.00			0	UH SURG 6IC	29.02	54,744
26.00			0	UH NS 3IC	29.03	24,302
27.00			0	RH PED IC	29.04	106,777
28.00			0	TRANSPLANT ICU	29.05	33,589
29.00			0	PEDIATRIC CANCER CENTER	29.07	14,985
30.00			0	SUBPROVIDER	31	44,688
31.00			0	NURSERY	33	36,030
32.00			0	OPERATING ROOM	37	429,469
33.00			0	ENDOSCOPY	37.01	11,101
34.00			0	RECOVERY ROOM	38	79,021
35.00			0	ANESTHESIOLOGY	40	22,090
36.00			0	PULMONARY FUNCTION TESTING	40.01	30,226
37.00			0	RADIOLOGY-DIAGNOSTIC	41	274,170
38.00			0	RADIOLOGY-THERAPEUTIC	42	44,973
39.00			0	RADIOISOTOPE	43	10,831
40.00			0	LABORATORY	44	276,774

RECLASS CODE: C
EXPLANATION : PTO

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
41.00			0	TRANSPLANT IMMUNOLOGY	44.01	11,348
42.00			0	BONE MARROW TRANSPLANT LAB	44.02	12,282
43.00			0	BLOOD STORING, PROCESSING & TR	47	36,135
44.00			0	RESPIRATORY THERAPY	49	224,662
45.00			0	PHYSICAL THERAPY	50	74,986
46.00			0	OCCUPATIONAL THERAPY	51	22,916
47.00			0	SPEECH PATHOLOGY	52	31,811
48.00			0	ELECTROCARDIOLOGY	53	37,097
49.00			0	ELECTROENCEPHALOGRAPHY	54	31,220
50.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	2,708
51.00			0	OUTPATIENT RETAIL PHARMACY	56.03	55,855
52.00			0	RENAL DIALYSIS	57	80,100
53.00			0	RH NBN ECMO IC	59	4,364
54.00			0	CARDIOLOGY	59.01	23,070
55.00			0	PSYCH OTHER ANCILLARY	59.02	1,588
56.00			0	CARDIAC CATHERIZATION	59.03	42,992
57.00			0	DAY SURGERY	59.04	50,239
58.00			0	ONCOLOGY	59.05	4,166
59.00			0	AMB SVC-OB & GYN	60.01	10,408
60.00			0	MEDICINE/DIAGNOSTIC	60.02	52,557
61.00			0	AMB SVC-OPTHALMOLOGY	60.03	2,236
62.00			0	AMB SVC-PSYCH ADULT	60.04	4,594
63.00			0	OUTPATIENT SURGERY	60.06	19,066
64.00			0	AMB SVC-RILEY CLINICS	60.07	45,308
65.00			0	MOTILITY LAB	60.09	1,328
66.00			0	AMB SVC-PSYCH CHILD	60.10	2,216
67.00			0	GERIATRICS CLINIC	60.14	3,251
68.00			0	O/P CLINIC-ADULT	60.16	2,404
69.00			0	ARTHRITIS/INFUSION CENTER	60.18	791
70.00			0	NEUROLOGY UH	60.19	14,653
71.00			0	ORTHOPEDICS UH	60.20	2,872
72.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	9,236
73.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	2,982
74.00			0	CARDIO CLINIC	60.25	4,299
75.00			0	EMERGENCY	61	234,458
76.00			0	AMBULANCE SERVICES	65	65,965
77.00			0	LUNG ACQUISITION	82	5,994
78.00			0	KIDNEY ACQUISITION	83	51,126
79.00			0	LIVER ACQUISITION	84	11,549
80.00			0	HEART ACQUISITION	85	5,285
81.00			0	PANCREAS ACQUISITION	85.01	903
82.00			0	INTESTINE ACQUISITION	85.02	2,815
83.00			0	OTHER ORGAN ACQUISITION	86	2,529
84.00			0	RESEARCH	97	105,951
85.00			0	PHYSICIANS' PRIVATE OFFICES	98	5,245
86.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	61,139
87.00			0	OTHER NONREIMBURSABLE-IUMC	98.04	1,424
88.00			0	MHH NON-REIMBURSABLE RADIOLOGY	98.08	1,330
89.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	2,645
90.00			0	SURGERY CENTER	98.10	721
91.00			0	RHI LAB	98.12	1,621
92.00			0	NONALLOWABLE ADVERTISING	98.13	31,629
93.00			0	ARTHRITIS CLINIC - NR	98.15	375
94.00			0	CARDIO PHYSICIANS	98.16	8,446
TOTAL RECLASSIFICATIONS FOR CODE C			5,904,549			5,904,549

RECLASS CODE: D
EXPLANATION : TELEPHONE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	2,748,689	PURCHASING, RECEIVING, & STORE	6.03	1,200
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	127,492
3.00			0	OPERATION OF PLANT	8	6,416
4.00			0	LAUNDRY & LINEN SERVICE	9	603
5.00			0	DIETARY	11	30,057
6.00			0	NURSING ADMINISTRATION	14	30,078
7.00			0	CENTRAL SERVICES & SUPPLY	15	6,169
8.00			0	PHARMACY	16	74,125
9.00			0	MEDICAL RECORDS & LIBRARY	17	1,648
10.00			0	SOCIAL SERVICE	18	22,443
11.00			0	PATIENT TRANSPORTATION	19	9,631
12.00			0	I&R SERVICES-SALARY & FRINGES	22	10,227

RECLASS CODE: D
EXPLANATION : TELEPHONE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
13.00			0	I&R SERVICES-OTHER PRGM COSTS	23	64,862
14.00			0	PARAMED ED CLINIC LAB	24.01	3,720
15.00			0	PARAMED RADIOLOGY-METHODIST	24.02	1,320
16.00			0	PARAMED RESPIRATORY THERAPY	24.03	1,276
17.00			0	PARAMED EMERGENCY METHODIST	24.05	1,560
18.00			0	PARAMED PASTORAL ED	24.06	3,566
19.00			0	PARAMED PHYSICAL THERAPY	24.07	4,294
20.00			0	PARAMED PHARMACY	24.10	816
21.00			0	MEDICAL ASSISTING PROGRAM	24.14	486
22.00			0	SURGICAL TECHNOLOGY PROGRAM	24.15	324
23.00			0	PARAMED ED PRGM	24.17	1,281
24.00			0	ADULTS & PEDIATRICS	25	631,024
25.00			0	INTENSIVE CARE UNIT	26	74,467
26.00			0	CORONARY CARE UNIT	27	54,651
27.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	15,957
28.00			0	BURN INTENSIVE CARE UNIT	28	5,306
29.00			0	UH SURG 6IC	29.02	26,176
30.00			0	UH NS 3IC	29.03	3,873
31.00			0	RH PED IC	29.04	21,136
32.00			0	TRANSPLANT ICU	29.05	2,880
33.00			0	PEDIATRIC CANCER CENTER	29.07	5,205
34.00			0	SUBPROVIDER	31	20,814
35.00			0	NURSERY	33	10,111
36.00			0	OPERATING ROOM	37	126,453
37.00			0	ENDOSCOPY	37.01	9,209
38.00			0	RECOVERY ROOM	38	32,482
39.00			0	ANESTHESIOLOGY	40	6,835
40.00			0	PULMONARY FUNCTION TESTING	40.01	12,595
41.00			0	RADIOLOGY-DIAGNOSTIC	41	177,781
42.00			0	RADIOLOGY-THERAPEUTIC	42	31,355
43.00			0	RADIOISOTOPE	43	11,041
44.00			0	LABORATORY	44	212,773
45.00			0	TRANSPLANT IMMUNOLOGY	44.01	1,944
46.00			0	BONE MARROW TRANSPLANT LAB	44.02	5,688
47.00			0	BLOOD STORING, PROCESSING & TR	47	15,085
48.00			0	RESPIRATORY THERAPY	49	32,980
49.00			0	PHYSICAL THERAPY	50	14,321
50.00			0	OCCUPATIONAL THERAPY	51	8,610
51.00			0	SPEECH PATHOLOGY	52	21,122
52.00			0	ELECTROCARDIOLOGY	53	17,930
53.00			0	ELECTROENCEPHALOGRAPHY	54	11,161
54.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	926
55.00			0	OUTPATIENT RETAIL PHARMACY	56.03	57,960
56.00			0	RENAL DIALYSIS	57	28,685
57.00			0	RH NBN ECMO IC	59	358
58.00			0	CARDIOLOGY	59.01	16,216
59.00			0	PSYCH OTHER ANCILLARY	59.02	8,587
60.00			0	CARDIAC CATHERIZATION	59.03	42,592
61.00			0	DAY SURGERY	59.04	18,595
62.00			0	ONCOLOGY	59.05	2,905
63.00			0	AMB SVC-OB & GYN	60.01	9,608
64.00			0	MEDICINE/DIAGNOSTIC	60.02	43,651
65.00			0	AMB SVC-OPTHALMOLOGY	60.03	2,596
66.00			0	AMB SVC-PSYCH ADULT	60.04	8,946
67.00			0	OUTPATIENT SURGERY	60.06	11,975
68.00			0	AMB SVC-RILEY CLINICS	60.07	45,099
69.00			0	MOTILITY LAB	60.09	217
70.00			0	AMB SVC-PSYCH CHILD	60.10	5,388
71.00			0	GERIATRICS CLINIC	60.14	2,590
72.00			0	O/P CLINIC-ADULT	60.16	7,474
73.00			0	ARTHRITIS/INFUSION CENTER	60.18	3,678
74.00			0	NEUROLOGY UH	60.19	5,811
75.00			0	ORTHOPEDICS UH	60.20	8,311
76.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	10,686
77.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	837
78.00			0	CARDIO CLINIC	60.25	6,134
79.00			0	EMERGENCY	61	117,950
80.00			0	AMBULANCE SERVICES	65	18,159
81.00			0	LUNG ACQUISITION	82	3,000
82.00			0	KIDNEY ACQUISITION	83	38,133
83.00			0	LIVER ACQUISITION	84	4,023
84.00			0	HEART ACQUISITION	85	3,137
85.00			0	INTESTINE ACQUISITION	85.02	439
86.00			0	RESEARCH	97	74,475

RECLASS CODE: D
EXPLANATION : TELEPHONE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
87.00			0	RESEARCH-GCRC	97.01	3,517
88.00			0	PHYSICIANS' PRIVATE OFFICES	98	2,712
89.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	69,490
90.00			0	AOC-PRIVATE PHYSICIANS	98.05	477
91.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	352
92.00			0	SURGERY CENTER	98.10	1,098
93.00			0	NONALLOWABLE ADVERTISING	98.13	28,029
94.00			0	ARTHRITIS CLINIC - NR	98.15	162
95.00			0	CARDIO PHYSICIANS	98.16	9,152
TOTAL RECLASSIFICATIONS FOR CODE D			2,748,689			2,748,689

RECLASS CODE: E
EXPLANATION : CONTRACT LABOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	17,317	OTHER ADMINISTRATIVE AND GENER	6.06	17,317
2.00	NURSING ADMINISTRATION	14	597,895	NURSING ADMINISTRATION	14	597,895
3.00	CENTRAL SERVICES & SUPPLY	15	1,980	CENTRAL SERVICES & SUPPLY	15	1,980
4.00	I&R SERVICES-OTHER PRGM COSTS	23	93,095	I&R SERVICES-OTHER PRGM COSTS	23	93,095
5.00	ADULTS & PEDIATRICS	25	2,245	ADULTS & PEDIATRICS	25	2,245
6.00	OPERATING ROOM	37	376,865	OPERATING ROOM	37	376,865
7.00	RECOVERY ROOM	38	37,148	RECOVERY ROOM	38	37,148
8.00	RADIOLOGY-DIAGNOSTIC	41	2,750	RADIOLOGY-DIAGNOSTIC	41	2,750
9.00	LABORATORY	44	137,757	LABORATORY	44	137,757
10.00	RESPIRATORY THERAPY	49	102,032	RESPIRATORY THERAPY	49	102,032
11.00	PHYSICAL THERAPY	50	252	PHYSICAL THERAPY	50	252
12.00	OUTPATIENT RETAIL PHARMACY	56.03	75	OUTPATIENT RETAIL PHARMACY	56.03	75
13.00	RENAL DIALYSIS	57	270,563	RENAL DIALYSIS	57	270,563
14.00	CARDIAC CATHERIZATION	59.03	68,840	CARDIAC CATHERIZATION	59.03	68,840
15.00	MEDICINE/DIAGNOSTIC	60.02	87,262	MEDICINE/DIAGNOSTIC	60.02	87,262
16.00	ARTHRITIS/INFUSION CENTER	60.18	9,750	ARTHRITIS/INFUSION CENTER	60.18	9,750
17.00	EMERGENCY	61	38,400	EMERGENCY	61	38,400
18.00	HOME HEALTH AGENCY	71	473,587	HOME HEALTH AGENCY	71	473,587
19.00	KIDNEY ACQUISITION	83	3,849	KIDNEY ACQUISITION	83	3,849
20.00	HOSPICE	93	245,053	HOSPICE	93	245,053
21.00	RESEARCH	97	24	RESEARCH	97	24
22.00	PHYSICIANS' PRIVATE OFFICES	98	1,690	PHYSICIANS' PRIVATE OFFICES	98	1,690
23.00	OTHER NONREIMBURSABLE-METHODIS	98.01	48,587	OTHER NONREIMBURSABLE-METHODIS	98.01	48,587
24.00	MHH NON-REIMBURSABLE LABORATOR	98.09	7,897	MHH NON-REIMBURSABLE LABORATOR	98.09	7,897
25.00	CARDIO PHYSICIANS	98.16	39,254	PHYSICIANS' PRIVATE OFFICES	98	39,254
TOTAL RECLASSIFICATIONS FOR CODE E			2,664,167			2,664,167

RECLASS CODE: F
EXPLANATION : IU ADJUSTMENT CENTER RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	11,828	OTHER NONREIMBURSABLE-METHODIS	98.01	11,828
TOTAL RECLASSIFICATIONS FOR CODE F			11,828			11,828

RECLASS CODE: G
EXPLANATION : CARDIAC REHAB RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CARDIAC REHABILITATION	59.97	282,834	ELECTROCARDIOLOGY	53	282,834
TOTAL RECLASSIFICATIONS FOR CODE G			282,834			282,834

RECLASS CODE: H
EXPLANATION : DRUGS RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PURCHASING, RECEIVING, & STORE	6.03	7,045	NURSING ADMINISTRATION	14	120
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	17,953	I&R SERVICES-OTHER PRGM COSTS	23	73,431
3.00	LAUNDRY & LINEN SERVICE	9	92	ADULTS & PEDIATRICS	25	76,128
4.00	DIETARY	11	327	INTENSIVE CARE UNIT	26	981
5.00	CENTRAL SERVICES & SUPPLY	15	103	CORONARY CARE UNIT	27	11,278
6.00	PHARMACY	16	37,966,222	NEONATAL INTENSIVE CARE UNIT	27.01	602

RECLASS CODE: H
EXPLANATION : DRUGS RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
7.00	HOME HEALTH AGENCY	71	17	BURN INTENSIVE CARE UNIT	28	287
8.00	PHYSICIANS' PRIVATE OFFICES	98	30	UH SURG 6IC	29.02	1,482
9.00	RHI LAB	98.12	11,585	UH NS 3IC	29.03	79
10.00			0	RH PED IC	29.04	20,027
11.00			0	TRANSPLANT ICU	29.05	1,561
12.00			0	PEDIATRIC CANCER CENTER	29.07	1,431
13.00			0	SUBPROVIDER	31	93
14.00			0	NURSERY	33	40
15.00			0	OPERATING ROOM	37	954,539
16.00			0	ENDOSCOPY	37.01	48
17.00			0	RECOVERY ROOM	38	713
18.00			0	ANESTHESIOLOGY	40	852,200
19.00			0	PULMONARY FUNCTION TESTING	40.01	39,978
20.00			0	RADIOLOGY-DIAGNOSTIC	41	465,126
21.00			0	RADIOLOGY-THERAPEUTIC	42	7,114
22.00			0	RADIOISOTOPE	43	205,356
23.00			0	LABORATORY	44	5,760
24.00			0	BONE MARROW TRANSPLANT LAB	44.02	23,483
25.00			0	BLOOD STORING, PROCESSING & TR	47	139
26.00			0	RESPIRATORY THERAPY	49	1,725
27.00			0	PHYSICAL THERAPY	50	2,160
28.00			0	SPEECH PATHOLOGY	52	10,301
29.00			0	ELECTROCARDIOLOGY	53	377
30.00			0	ELECTROENCEPHALOGRAPHY	54	73
31.00			0	OUTPATIENT RETAIL PHARMACY	56.03	23,893,798
32.00			0	RENAL DIALYSIS	57	2,221,054
33.00			0	CARDIOLOGY	59.01	8,761
34.00			0	PSYCH OTHER ANCILLARY	59.02	1,644
35.00			0	CARDIAC CATHERIZATION	59.03	34,439
36.00			0	DAY SURGERY	59.04	275
37.00			0	AMB SVC-OB & GYN	60.01	14,901
38.00			0	MEDICINE/DIAGNOSTIC	60.02	3,068,223
39.00			0	AMB SVC-OPTHALMOLOGY	60.03	37,363
40.00			0	AMB SVC-PSYCH ADULT	60.04	339
41.00			0	OUTPATIENT SURGERY	60.06	11,777
42.00			0	AMB SVC-RILEY CLINICS	60.07	477,865
43.00			0	MOTILITY LAB	60.09	15
44.00			0	GERIATRICS CLINIC	60.14	189
45.00			0	O/P CLINIC-ADULT	60.16	1,465
46.00			0	ARTHRITIS/INFUSION CENTER	60.18	4,504,438
47.00			0	NEUROLOGY UH	60.19	433
48.00			0	ORTHOPEDICS UH	60.20	48,940
49.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	80,389
50.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	13,181
51.00			0	CARDIO CLINIC	60.25	531
52.00			0	EMERGENCY	61	14,044
53.00			0	AMBULANCE SERVICES	65	46,498
54.00			0	KIDNEY ACQUISITION	83	24,460
55.00			0	RESEARCH	97	1,070
56.00			0	RESEARCH-GCRC	97.01	6,445
57.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	37,828
58.00			0	SURGERY CENTER	98.10	5
59.00			0	ARTHRITIS CLINIC - NR	98.15	661,988
60.00			0	CARDIO PHYSICIANS	98.16	34,384
TOTAL RECLASSIFICATIONS FOR CODE H			38,003,374			38,003,374

RECLASS CODE: I
EXPLANATION : MEDICARE BILLABLE DRUGS RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	91,373,323	PHARMACY	16	91,373,323
TOTAL RECLASSIFICATIONS FOR CODE I			91,373,323			91,373,323

RECLASS CODE: J
EXPLANATION : MEDICARE SUPPLIES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PURCHASING, RECEIVING, & STORE	6.03	2,057,983	LAUNDRY & LINEN SERVICE	9	102,987
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	77,299	DIETARY	11	69,159
3.00	OPERATION OF PLANT	8	49	NURSING ADMINISTRATION	14	23,906

RECLASS CODE: J
EXPLANATION : MEDICARE SUPPLIES RECLASS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
4.00	CENTRAL SERVICES & SUPPLY	15	202,025,531	PHARMACY	16	2,645,749
5.00	SURGICAL TECHNOLOGY PROGRAM	24.15	310	SOCIAL SERVICE	18	566
6.00	HOME HEALTH AGENCY	71	557	PATIENT TRANSPORTATION	19	17,198
7.00	MHH NON-REIMBURSABLE RADIOLOGY	98.08	230	I&R SERVICES-SALARY & FRINGES	22	119
8.00			0	I&R SERVICES-OTHER PRGM COSTS	23	50,167
9.00			0	PARAMED ED CLINIC LAB	24.01	18
10.00			0	PARAMED RESPIRATORY THERAPY	24.03	4,029
11.00			0	PARAMED PHYSICAL THERAPY	24.07	6,680
12.00			0	PARAMED ED PRGM	24.17	2,437
13.00			0	ADULTS & PEDIATRICS	25	13,317,601
14.00			0	INTENSIVE CARE UNIT	26	1,895,593
15.00			0	CORONARY CARE UNIT	27	1,762,723
16.00			0	NEONATAL INTENSIVE CARE UNIT	27.01	394,117
17.00			0	BURN INTENSIVE CARE UNIT	28	38,294
18.00			0	UH SURG 6IC	29.02	875,281
19.00			0	UH NS 3IC	29.03	442,847
20.00			0	RH PED IC	29.04	1,077,522
21.00			0	TRANSPLANT ICU	29.05	685,536
22.00			0	PEDIATRIC CANCER CENTER	29.07	127,121
23.00			0	SUBPROVIDER	31	45,621
24.00			0	NURSERY	33	210,758
25.00			0	OPERATING ROOM	37	82,634,282
26.00			0	ENDOSCOPY	37.01	700,898
27.00			0	RECOVERY ROOM	38	469,866
28.00			0	ANESTHESIOLOGY	40	3,621,774
29.00			0	PULMONARY FUNCTION TESTING	40.01	367,081
30.00			0	RADIOLOGY-DIAGNOSTIC	41	13,178,465
31.00			0	RADIOLOGY-THERAPEUTIC	42	375,143
32.00			0	RADIOISOTOPE	43	3,324,675
33.00			0	LABORATORY	44	20,183,200
34.00			0	TRANSPLANT IMMUNOLOGY	44.01	1,371,790
35.00			0	BONE MARROW TRANSPLANT LAB	44.02	1,037,060
36.00			0	BLOOD STORING, PROCESSING & TR	47	16,135,689
37.00			0	RESPIRATORY THERAPY	49	5,164,894
38.00			0	PHYSICAL THERAPY	50	605,994
39.00			0	OCCUPATIONAL THERAPY	51	99,937
40.00			0	SPEECH PATHOLOGY	52	2,737,252
41.00			0	ELECTROCARDIOLOGY	53	136,785
42.00			0	ELECTROENCEPHALOGRAPHY	54	302,395
43.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	169,140
44.00			0	OUTPATIENT RETAIL PHARMACY	56.03	799
45.00			0	RENAL DIALYSIS	57	4,347,271
46.00			0	RH NBN ECMO IC	59	87,372
47.00			0	CARDIOLOGY	59.01	10,929,371
48.00			0	PSYCH OTHER ANCILLARY	59.02	14,351
49.00			0	CARDIAC CATHERIZATION	59.03	6,611,856
50.00			0	DAY SURGERY	59.04	321,903
51.00			0	ONCOLOGY	59.05	46
52.00			0	AMB SVC-OB & GYN	60.01	163,221
53.00			0	MEDICINE/DIAGNOSTIC	60.02	306,771
54.00			0	AMB SVC-OPTHALMOLOGY	60.03	6,041
55.00			0	AMB SVC-PSYCH ADULT	60.04	12,483
56.00			0	AMB SVC-DIABETES ADULT	60.05	185
57.00			0	OUTPATIENT SURGERY	60.06	41,171
58.00			0	AMB SVC-RILEY CLINICS	60.07	335,385
59.00			0	MOTILITY LAB	60.09	86,563
60.00			0	AMB SVC-PSYCH CHILD	60.10	1,812
61.00			0	GERIATRICS CLINIC	60.14	354
62.00			0	O/P CLINIC-ADULT	60.16	2,636
63.00			0	ARTHRITIS/INFUSION CENTER	60.18	24,728
64.00			0	NEUROLOGY UH	60.19	6,382
65.00			0	ORTHOPEDICS UH	60.20	5,910
66.00			0	AMB SVC-UH PHYSICAL MEDICINE	60.21	29,835
67.00			0	AMB SVC-DERMATOLOGY CLINIC	60.22	86,469
68.00			0	CARDIO CLINIC	60.25	16,581
69.00			0	EMERGENCY	61	3,090,733
70.00			0	AMBULANCE SERVICES	65	192,752
71.00			0	KIDNEY ACQUISITION	83	304,339
72.00			0	LIVER ACQUISITION	84	24
73.00			0	HEART ACQUISITION	85	73
74.00			0	PANCREAS ACQUISITION	85.01	5
75.00			0	OTHER ORGAN ACQUISITION	86	80,205
76.00			0	HOSPICE	93	18,330
77.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	17

RECLASS CODE: J
EXPLANATION : MEDICARE SUPPLIES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
78.00			0	RESEARCH	97	459,510
79.00			0	RESEARCH-GCRC	97.01	52,487
80.00			0	PHYSICIANS' PRIVATE OFFICES	98	12,067
81.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	14,715
82.00			0	MHH NON-REIMBURSABLE LABORATOR	98.09	22,117
83.00			0	SURGERY CENTER	98.10	205
84.00			0	RHI LAB	98.12	30,277
85.00			0	NONALLOWABLE ADVERTISING	98.13	19,241
86.00			0	ARTHRITIS CLINIC - NR	98.15	3,954
87.00			0	CARDIO PHYSICIANS	98.16	9,063
TOTAL RECLASSIFICATIONS FOR CODE J			204,161,959			204,161,959

RECLASS CODE: K
EXPLANATION : BILLABLE SUPPLIES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	100,059,168	CENTRAL SERVICES & SUPPLY	15	100,059,168
TOTAL RECLASSIFICATIONS FOR CODE K			100,059,168			100,059,168

RECLASS CODE: L
EXPLANATION : IMPLANTABLE SUPPLIES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	53,535,955	MEDICAL SUPPLIES CHARGED TO PA	55	53,535,955
TOTAL RECLASSIFICATIONS FOR CODE L			53,535,955			53,535,955

RECLASS CODE: M
EXPLANATION : HHA DEPRECIATION RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	85,078	HOME HEALTH AGENCY	71	569,914
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	484,836			0
TOTAL RECLASSIFICATIONS FOR CODE M			569,914			569,914

RECLASS CODE: N
EXPLANATION : HHA PTO RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	33,412	HOME HEALTH AGENCY	71	33,412
TOTAL RECLASSIFICATIONS FOR CODE N			33,412			33,412

RECLASS CODE: O
EXPLANATION : HHA PHONES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	160,663	HOME HEALTH AGENCY	71	160,663
TOTAL RECLASSIFICATIONS FOR CODE O			160,663			160,663

RECLASS CODE: P
EXPLANATION : HHA BENEFITS RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	4,392,631	HOME HEALTH AGENCY	71	4,392,631
TOTAL RECLASSIFICATIONS FOR CODE P			4,392,631			4,392,631

RECLASS CODE: Q
EXPLANATION : IPA-BEHAV CARE RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	5,955	PSYCH OTHER ANCILLARY	59.02	12,379

RECLASS CODE: Q
EXPLANATION : IPA-BEHAV CARE RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	EMERGENCY	61	6,424			0
TOTAL RECLASSIFICATIONS FOR CODE Q			12,379			12,379

RECLASS CODE: R
EXPLANATION : NURSERY RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	1,314,726	ADULTS & PEDIATRICS	25	1,314,726
TOTAL RECLASSIFICATIONS FOR CODE R			1,314,726			1,314,726

RECLASS CODE: S
EXPLANATION : PARAMED RAD THERAPY RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIATION THERAPY ED-IUMC	24.12	284,513	RADIOLOGY-THERAPEUTIC	42	284,513
TOTAL RECLASSIFICATIONS FOR CODE S			284,513			284,513

RECLASS CODE: T
EXPLANATION : PARAMED NUC MED RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NUCLEAR MED ED-IUMC	24.13	59,061	RADIOISOTOPE	43	59,061
TOTAL RECLASSIFICATIONS FOR CODE T			59,061			59,061

RECLASS CODE: U
EXPLANATION : PARAMED PHARMACY RES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED PHARMACY	24.10	777,612	PHARMACY	16	766,147
2.00			0	EMERGENCY	61	2,418
3.00			0	CARDIO PHYSICIANS	98.16	9,047
TOTAL RECLASSIFICATIONS FOR CODE U			777,612			777,612

RECLASS CODE: V
EXPLANATION : RENAL HOME DIALYSIS RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOME PROGRAM DIALYSIS	64	945,100	RENAL DIALYSIS	57	945,100
TOTAL RECLASSIFICATIONS FOR CODE V			945,100			945,100

RECLASS CODE: W
EXPLANATION : RENAL ADMIN RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOME PROGRAM DIALYSIS	64	171,733	RENAL DIALYSIS	57	171,733
TOTAL RECLASSIFICATIONS FOR CODE W			171,733			171,733

RECLASS CODE: X
EXPLANATION : HHA SLEEP LAB RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SLEEP DISORDER CENTER	60.15	3,165,116	HOME HEALTH AGENCY	71	3,165,116
TOTAL RECLASSIFICATIONS FOR CODE X			3,165,116			3,165,116

RECLASS CODE: Y
EXPLANATION : HHA HOSPICE RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	4,162,808	HOME HEALTH AGENCY	71	4,162,808
TOTAL RECLASSIFICATIONS FOR CODE Y			4,162,808			4,162,808

RECLASS CODE: Z
EXPLANATION : ORGAN RECLASS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	169,978	KIDNEY ACQUISITION	83	1,235,056
2.00	LIVER ACQUISITION	84	593,699			0
3.00	HEART ACQUISITION	85	78,660			0
4.00	PANCREAS ACQUISITION	85.01	191,950			0
5.00	INTESTINE ACQUISITION	85.02	200,769			0
TOTAL RECLASSIFICATIONS FOR CODE Z			1,235,056			1,235,056

RECLASS CODE: AA
EXPLANATION : PRE-POST TRANSPLANT RECLASS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	POST TRANSPLANT EXPENSES	86.01	3,174,750	LUNG ACQUISITION	82	423,796
2.00			0	KIDNEY ACQUISITION	83	1,136,720
3.00			0	LIVER ACQUISITION	84	868,659
4.00			0	HEART ACQUISITION	85	356,275
5.00			0	PANCREAS ACQUISITION	85.01	145,473
6.00			0	INTESTINE ACQUISITION	85.02	243,827
TOTAL RECLASSIFICATIONS FOR CODE AA			3,174,750			3,174,750

RECLASS CODE: AB
EXPLANATION : ACQ/WORKUP EXPENSE RECLASS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	88,998	LIVER ACQUISITION	84	45,132
2.00	HEART ACQUISITION	85	2,710	PANCREAS ACQUISITION	85.01	57,417
3.00	INTESTINE ACQUISITION	85.02	10,841			0
TOTAL RECLASSIFICATIONS FOR CODE AB			102,549			102,549

RECLASS CODE: AC
EXPLANATION : NON-TRANSPLANT EMPLOYEES RECLASS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	14,800	DIETARY	11	14,800
TOTAL RECLASSIFICATIONS FOR CODE AC			14,800			14,800

RECLASS CODE: AD
EXPLANATION : FQHC NON-REIMBURSABLE RECLASS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE-METHODIS	98.01	123,702	FEDERALLY QUALIFIED HEALTH CTR	63.60	123,702
TOTAL RECLASSIFICATIONS FOR CODE AD			123,702			123,702

RECLASS CODE: AE
EXPLANATION : MARKETING RECLASS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONALLOWABLE ADVERTISING	98.13	1,934,505	OTHER ADMINISTRATIVE AND GENER	6.06	70,650
2.00			0	NURSING ADMINISTRATION	14	2,522
3.00			0	PHARMACY	16	2,978
4.00			0	ADULTS & PEDIATRICS	25	158
5.00			0	RADIOLOGY-DIAGNOSTIC	41	748
6.00			0	LABORATORY	44	284
7.00			0	PHYSICAL THERAPY	50	129
8.00			0	ELECTROCARDIOLOGY	53	299
9.00			0	OUTPATIENT RETAIL PHARMACY	56.03	32,267
10.00			0	CARDIAC CATHERIZATION	59.03	70,783
11.00			0	MEDICINE/DIAGNOSTIC	60.02	8,679
12.00			0	GERIATRICS CLINIC	60.14	1,738
13.00			0	ARTHRITIS/INFUSION CENTER	60.18	601
14.00			0	EMERGENCY	61	15,335
15.00			0	AMBULANCE SERVICES	65	23,234
16.00			0	HOME HEALTH AGENCY	71	46,876
17.00			0	KIDNEY ACQUISITION	83	4,443
18.00			0	LIVER ACQUISITION	84	926

RECLASS CODE: AE
EXPLANATION : MARKETING RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
19.00			0	INTESTINE ACQUISITION	85.02	314
20.00			0	RESEARCH	97	2,425
21.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,953
22.00			0	OTHER NONREIMBURSABLE-METHODIS	98.01	1,645,654
23.00			0	SURGERY CENTER	98.10	1,509
TOTAL RECLASSIFICATIONS FOR CODE AE			1,934,505			1,934,505

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

PROVIDER NO: 15-0056

PERIOD: FROM 1/ 1/2010 TO 12/31/2010

PREPARED 7/26/2011

WORKSHEET A-7

PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	134,840,000	58,000		58,000		134,898,000	
2	LAND IMPROVEMENTS	16,203,000					16,203,000	
3	BUILDINGS & FIXTURE	585,418,000				1,711,000	583,707,000	
4	BUILDING IMPROVEMEN	560,613,000	16,568,000		16,568,000		577,181,000	
5	FIXED EQUIPMENT	48,195,000	1,647,000		1,647,000		49,842,000	
6	MOVABLE EQUIPMENT	1,063,489,000	423,578,000		423,578,000		1,487,067,000	
7	SUBTOTAL	2,408,758,000	441,851,000		441,851,000	1,711,000	2,848,898,000	
8	RECONCILING ITEMS		28,582,000		28,582,000		28,582,000	
9	TOTAL	2,408,758,000	413,269,000		413,269,000	1,711,000	2,820,316,000	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	1226,933,000		1226,933,000	.456887				
3 01	NEW CAP REL COSTS-IN								
4	NEW CAP REL COSTS-MV	1487,067,000	28,582,000	1458,485,000	.543113				
5	TOTAL	2714,000,000	28,582,000	2685,418,000	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	33,303,124						33,303,124
3 01	NEW CAP REL COSTS-IN							
4	NEW CAP REL COSTS-MV	66,400,448						66,400,448
5	TOTAL	99,703,572						99,703,572

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

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

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-0056 | I PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES	B	-207	LABORATORY	44	
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-35,822,790			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	234,095,280			
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	BENEFITS EXP TO HOME OFFICE	A	-101,502,578	EMPLOYEE BENEFITS	5	
38	DEPREC EXP TO HOME OFFICE	A	-6,306,017	NEW CAP REL COSTS-BLDG &	3	9
39	PTO EXPENSE TO HOME OFFICE	A	-5,904,549	EMPLOYEE BENEFITS	5	
40	PHONE EXPENSE TO HOME OFFICE	A	-2,748,689	NONPATIENT TELEPHONES	6.01	
41	HHA DEPRECIATION TO HOME OFFICE	A	-85,078	NEW CAP REL COSTS-BLDG &	3	9
42	HHA MME DEPRECIATION TO HOME OFFICE	A	-484,836	NEW CAP REL COSTS-MVBLE E	4	9
43	HHA PTO EXPENSE TO HOME OFFICE	A	-33,412	EMPLOYEE BENEFITS	5	
44	HHA PHONE EXPENSE TO HOME OFFICE	A	-160,663	NONPATIENT TELEPHONES	6.01	
45	HHA BENEFITS EXP TO HOME OFFICE	A	-4,392,631	EMPLOYEE BENEFITS	5	
46	CLARIAN NORTH SLEEP LAB - SALARY	A	-345,314	HOME HEALTH AGENCY	71	
47	CLARIAN NORTH SLEEP LAB - OTHER	A	-33,639	HOME HEALTH AGENCY	71	
48	IOPO PAYMENTS	A	8,052	KIDNEY ACQUISITION	83	
49	FQHC BAD DEBT	A	-137,647	FEDERALLY QUALIFIED HEALT	63.60	
49.01	FQHC BAD DEBT	A	-5,659	OTHER NONREIMBURSABLE-MET	98.01	
49.02	PKG GARAGE DIRECT EXPENSE - SALARY	A	-69,994	OPERATION OF PLANT	8	
49.03	PKG GARAGE DIRECT EXPENSE - OTHER	A	-14,946	OPERATION OF PLANT	8	
49.04	PKG GARAGE DIRECT EXPENSE - OTHER	A	-307,896	OTHER ADMINISTRATIVE AND	6.06	
49.05	PKG GARAGE DIRECT EXPENSE - OTHER	A	-429,251	NEW CAP REL COSTS-BLDG &	3	9
49.06	PHARMACY RESEARCH - SALARY	A	-520,000	PHARMACY	16	
49.07	PHARMACY RESEARCH - OTHER	A	-72,554	PHARMACY	16	
49.08	BAD DEBT EXPENSE	A	-104,846,712	OTHER ADMINISTRATIVE AND	6.06	
49.09	BAD DEBT EXPENSE	A	44	OPERATING ROOM	37	
49.10	BAD DEBT EXPENSE	A	-1,324,463	OUTPATIENT RETAIL PHARMAC	56.03	
49.11	BAD DEBT EXPENSE	A	-1,995	CARDIOLOGY	59.01	
49.12	BAD DEBT EXPENSE	A	-3,982,377	HOME HEALTH AGENCY	71	
49.13	BAD DEBT EXPENSE	A	12,664	OTHER NONREIMBURSABLE-MET	98.01	
49.14	BAD DEBT EXPENSE	A	-1,490,677	ARTHRITIS CLINIC - NR	98.15	
49.15	UNIVERSITY BUILDING LEASE	A	66,986	IU LEASED SPACE	8.01	
49.16	MEDICAL EDUCATION SUPPORT	A	10,000,000	I&R SERVICES-OTHER PRGM C	23	
49.17	IU REVENUE SHARE	A	-61,353,000	OTHER ADMINISTRATIVE AND	6.06	
49.18	LATE CHARGE EXPENSE - INTEREST	A	-60,555	PHARMACY	16	
49.19	LATE CHARGE EXPENSE - INTEREST	A	-3,387	RADIOLOGY-DIAGNOSTIC	41	
49.20	PHYSICIAN BILLING FEES	A	-85,093	GERIATRICS CLINIC	60.14	
49.21	MALPRACTICE INS - PHYSICIANS	A	7,950	OTHER ADMINISTRATIVE AND	6.06	
49.22	MALPRACTICE INS - PHYSICIANS	A	-167,221	OTHER NONREIMBURSABLE-MET	98.01	
49.23	MALPRACTICE INS - PHYSICIANS	A	-1,545	ARTHRITIS CLINIC - NR	98.15	
49.24	IHHA LOBBYING	A	-8,123	OTHER ADMINISTRATIVE AND	6.06	
49.25	AHA LOBBYING	A	-20,281	OTHER ADMINISTRATIVE AND	6.06	
49.26	CLASS/LECTURE REVENUE	B	-158,557	NURSING ADMINISTRATION	14	
49.27	CLASS/LECTURE REVENUE	B	-2,700	SOCIAL SERVICE	18	
49.28	CLASS/LECTURE REVENUE	B	-8,499	PARAMED ED CLINIC LAB	24.01	
49.29	CLASS/LECTURE REVENUE	B	-156,170	PARAMED RADIOLOGY-METHODI	24.02	
49.30	CLASS/LECTURE REVENUE	B	-426,579	PARAMED RESPIRATORY THERA	24.03	
49.31	CLASS/LECTURE REVENUE	B	-62,796	PARAMED EMERGENCY METHODI	24.05	
49.32	CLASS/LECTURE REVENUE	B	-51,674	PARAMED PHYSICAL THERAPY	24.07	
49.33	CLASS/LECTURE REVENUE	B	-55,443	SURGICAL TECHNOLOGY PROGR	24.15	
49.34	CLASS/LECTURE REVENUE	B	-25,835	PARAMED ED PRGM	24.17	
49.35	CLASS/LECTURE REVENUE	B	-9,190	ADULTS & PEDIATRICS	25	

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
49.36	CATERING/FOOD REVENUE	B	-387,738	DIETARY	11	
49.37	RENT & LEASE REVENUE	B	-2,110,704	OTHER ADMINISTRATIVE AND	6.06	
49.38	RENT & LEASE REVENUE	B	-315,287	I&R SERVICES-OTHER PRGM C	23	
49.39	RENT & LEASE REVENUE	B	-24,312	LABORATORY	44	
49.40	NON-PATIENT LAB REVENUE	B	-2,841,636	LABORATORY	44	
49.41	NON-PATIENT LAB REVENUE	B	-29,695	BLOOD STORING, PROCESSING	47	
49.42	SHARED PROFESSIONAL REVENUE	B	-392,613	EMERGENCY	61	
49.43	MANAGEMENT FEE REVENUE	B	-117,191	OTHER ADMINISTRATIVE AND	6.06	
49.44	MISC. OPERATING REVENUE	B	-1,615	PURCHASING, RECEIVING, &	6.03	
49.45	MISC. OPERATING REVENUE	B	-349,706	OTHER ADMINISTRATIVE AND	6.06	
49.46	MISC. OPERATING REVENUE	B	-7,052	OPERATION OF PLANT	8	
49.47	MISC. OPERATING REVENUE	B	-2,288	DIETARY	11	
49.48	MISC. OPERATING REVENUE	B	-1,500	NURSING ADMINISTRATION	14	
49.49	MISC. OPERATING REVENUE	B	-763,516	PHARMACY	16	
49.50	MISC. OPERATING REVENUE	B	-577,004	ADULTS & PEDIATRICS	25	
49.51	MISC. OPERATING REVENUE	B	-473	BURN INTENSIVE CARE UNIT	28	
49.52	MISC. OPERATING REVENUE	B	-408	OPERATING ROOM	37	
49.53	MISC. OPERATING REVENUE	B	-5,490	PULMONARY FUNCTION TESTIN	40.01	
49.54	MISC. OPERATING REVENUE	B	-20,432	RADIOLOGY-DIAGNOSTIC	41	
49.55	MISC. OPERATING REVENUE	B	-1,608	RADIOLOGY-DIAGNOSTIC	41	
49.56	MISC. OPERATING REVENUE	B	-2,700	RADIOLOGY-THERAPEUTIC	42	
49.57	MISC. OPERATING REVENUE	B	-3,908,761	LABORATORY	44	
49.58	MISC. OPERATING REVENUE	B	-1,767	PHYSICAL THERAPY	50	
49.59	MISC. OPERATING REVENUE	B	-10,083	ELECTROCARDIOLOGY	53	
49.60	MISC. OPERATING REVENUE	B	-427	ELECTROENCEPHALOGRAPHY	54	
49.61	MISC. OPERATING REVENUE	B	-446,548	OUTPATIENT RETAIL PHARMAC	56.03	
49.62	MISC. OPERATING REVENUE	B	-7,855	RENAL DIALYSIS	57	
49.63	MISC. OPERATING REVENUE	B	-94,810	CARDIOLOGY	59.01	
49.64	MISC. OPERATING REVENUE	B	-16,267	CARDIAC CATHERIZATION	59.03	
49.65	MISC. OPERATING REVENUE	B	-280	AMB SVC-RILEY CLINICS	60.07	
49.66	MISC. OPERATING REVENUE	B	-6,000	GERIATRICS CLINIC	60.14	
49.67	MISC. OPERATING REVENUE	B	-8,720	SLEEP DISORDER CENTER	60.15	
49.68	MISC. OPERATING REVENUE	B	-2,477	ARTHRITIS/INFUSION CENTER	60.18	
49.69	MISC. OPERATING REVENUE	B	-362,648	EMERGENCY	61	
49.70	MISC. OPERATING REVENUE	B	-1,686,429	HOME HEALTH AGENCY	71	
49.71	MISC. OPERATING REVENUE	B	-241,717	KIDNEY ACQUISITION	83	
49.72	PHYS FEES - LUNG	A	-4,875	LUNG ACQUISITION	82	
49.73	PHYS FEES - KIDNEY	A	-99,333	KIDNEY ACQUISITION	83	
49.74	PHYS FEES - LIVER	A	-2,301,612	LIVER ACQUISITION	84	
49.75	PHYS FEES - HOSPITALISTS & OTHERS	A	-10,509,557	RESEARCH	97	
49.76	PHYS FEES - PHYS PRACTICES	A	-1,085,913	PHYSICIANS' PRIVATE OFFIC	98	
49.77	PHYS FEES - VARIOUS	A	-9,565,196	OTHER NONREIMBURSABLE-MET	98.01	
49.78	PHYS FEES - PEDS	A	-1,645,365	OTHER NONREIMBURSABLE-IUM	98.04	
49.79	PHYS FEES - RILEY P.O.W.E.R.	A	-198,871	SURGERY CENTER	98.10	
49.80	PHYS FEES - VARIOUS	A	-13,013	ARTHRITIS CLINIC - NR	98.15	
49.81	PHYS FEES - ADV HEART CARE	A	-185,242	CARDIO PHYSICIANS	98.16	
49.82	FQHC MISCELLANEOUS REVENUE	B	-28,459	FEDERALLY QUALIFIED HEALT	63.60	
49.83	PHYS FEES - HOME CARE	A	-77,904	HOME HEALTH AGENCY	71	
49.84	PHYS FEES - HOSPICE	A	-64,411	HOSPICE	93	
49.85	PHARMACY RESIDENCY - SAL FROM HO	A	7,360	PARAMED PHARMACY	24.10	
49.86	PHARMACY RESIDENCY - OTHER FROM HO	A	563	PARAMED PHARMACY	24.10	
49.87						
49.88						
49.89						
49.90						
49.91						
49.92						
49.93						
49.94						
49.95						
49.96						
49.97						
49.98						
49.99						
50	TOTAL (SUM OF LINES 1 THRU 49)		-130,009,831			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 6	6 OTHER ADMINISTRATIVE AND	OTHER A&G		234,590,970	-234,590,970	
2 6	6 OTHER ADMINISTRATIVE AND	EMGI-PHYS. FEES		97,230	-97,230	
3 16	PHARMACY	SHARED EMPLOYEES	32,464	32,464		
4 41	RADIOLOGY-DIAGNOSTIC	SHARED EMPLOYEES	402,555	402,555		
4.01 56	3 OUTPATIENT RETAIL PHARMAC	SHARED EMPLOYEES	1,212	1,212		
4.02 59	1 CARDIOLOGY	SHARED EMPLOYEES	20,773	20,773		
4.03 86	OTHER ORGAN ACQUISITION	SHARED EMPLOYEES	91	91		
4.04 98	PHYSICIANS' PRIVATE OFFIC	HEM/ONC CLINIC LEASE		160,983	-160,983	
4.05 53	ELECTROCARDIOLOGY	EKG PHYS INTERP FEES		120,660	-120,660	
4.06 98	PHYSICIANS' PRIVATE OFFIC	PHYS OFFICES - CTI FEES	720,672	2,829,384	-2,108,712	
4.07 24	1 PARAMED ED CLINIC LAB	EOHS CHARGEBACKS	3,113	3,113		
4.08 60	4 AMB SVC-PSYCH ADULT	EOHS CHARGEBACKS	8,262	8,262		
4.09 16	PHARMACY	RILEY HEM/ONC NORTH EXP.		139,214	-139,214	
4.10 98	PHYSICIANS' PRIVATE OFFIC	RILEY HEM/ONC NORTH EXP.	528,353	389,139	139,214	
4.11 65	AMBULANCE SERVICES	CHC REV CYCLE IC SERVICES	139,351	139,351		
4.12 98	13 NONALLOWABLE ADVERTISING	MOHC COMMUNITY STAFFING	24,722	24,722		
4.13 71	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE CO 1		769,568	-769,568	
4.14 25	ADULTS & PEDIATRICS	IC PURCHASED SERVICES	3,169		3,169	
4.15 37	OPERATING ROOM	IC PURCHASED SERVICES	13,460		13,460	
4.16 38	RECOVERY ROOM	IC PURCHASED SERVICES	156		156	
4.17 41	RADIOLOGY-DIAGNOSTIC	IC PURCHASED SERVICES	27,566		27,566	
4.18 42	RADIOLOGY-THERAPEUTIC	IC PURCHASED SERVICES	555		555	
4.19 44	LABORATORY	IC PURCHASED SERVICES	14,927		14,927	
4.20 47	BLOOD STORING, PROCESSING	IC PURCHASED SERVICES	462		462	
4.21 49	RESPIRATORY THERAPY	IC PURCHASED SERVICES	319		319	
4.22 50	PHYSICAL THERAPY	IC PURCHASED SERVICES	1,253		1,253	
4.23 52	SPEECH PATHOLOGY	IC PURCHASED SERVICES	582		582	
4.24 53	ELECTROCARDIOLOGY	IC PURCHASED SERVICES	891		891	
4.25 55	MEDICAL SUPPLIES CHARGED	IC PURCHASED SERVICES	708		708	
4.26 56	DRUGS CHARGED TO PATIENTS	IC PURCHASED SERVICES	3,867		3,867	
4.27 59	3 CARDIAC CATHERIZATION	IC PURCHASED SERVICES	17,090		17,090	
4.28 60	15 SLEEP DISORDER CENTER	IC PURCHASED SERVICES	490		490	
4.29 61	EMERGENCY	IC PURCHASED SERVICES	19,073		19,073	
4.30 98	PHYSICIANS' PRIVATE OFFIC	IC PURCHASED SERVICES	484		484	
4.31 25	ADULTS & PEDIATRICS	IC PURCHASED SERVICES		3,525	-3,525	
4.32 37	OPERATING ROOM	IC PURCHASED SERVICES		909	-909	
4.33 38	RECOVERY ROOM	IC PURCHASED SERVICES		-38	38	
4.34 41	RADIOLOGY-DIAGNOSTIC	IC PURCHASED SERVICES		27,255	-27,255	
4.35 42	RADIOLOGY-THERAPEUTIC	IC PURCHASED SERVICES		10,030	-10,030	
4.36 43	RADIOISOTOPE	IC PURCHASED SERVICES		3,882	-3,882	
4.37 44	LABORATORY	IC PURCHASED SERVICES		6,615,990	-6,615,990	
4.38 44	1 TRANSPLANT IMMUNOLOGY	IC PURCHASED SERVICES		2,072	-2,072	
4.39 47	BLOOD STORING, PROCESSING	IC PURCHASED SERVICES		1,026	-1,026	
4.40 49	RESPIRATORY THERAPY	IC PURCHASED SERVICES		47,089	-47,089	
4.41 50	PHYSICAL THERAPY	IC PURCHASED SERVICES		4,683	-4,683	
4.42 53	ELECTROCARDIOLOGY	IC PURCHASED SERVICES		52,788	-52,788	
4.43 55	MEDICAL SUPPLIES CHARGED	IC PURCHASED SERVICES		648	-648	
4.44 56	DRUGS CHARGED TO PATIENTS	IC PURCHASED SERVICES		1,239	-1,239	
4.45 59	3 CARDIAC CATHERIZATION	IC PURCHASED SERVICES		9,037	-9,037	
4.46 60	2 MEDICINE/DIAGNOSTIC	IC PURCHASED SERVICES		256	-256	
4.47 60	15 SLEEP DISORDER CENTER	IC PURCHASED SERVICES		8,666	-8,666	
4.48 60	18 ARTHRITIS/INFUSION CENTER	IC PURCHASED SERVICES		1,428	-1,428	
4.49 61	EMERGENCY	IC PURCHASED SERVICES		6,835	-6,835	
4.50 3	NEW CAP REL COSTS-BLDG &	HOME OFFICE ALLOCATION	33,732,375		33,732,375	9
4.51 3	1 NEW CAP REL COSTS-INTERES	HOME OFFICE ALLOCATION				11
4.52 4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE ALLOCATION	37,164,743		37,164,743	9
4.53 5	EMPLOYEE BENEFITS	HOME OFFICE ALLOCATION	122,259,184		122,259,184	9
4.54 6	1 NONPATIENT TELEPHONES	HOME OFFICE ALLOCATION	2,343,226		2,343,226	
4.55 6	2 DATA PROCESSING	HOME OFFICE ALLOCATION	50,829,612		50,829,612	
4.56 6	3 PURCHASING, RECEIVING, &	HOME OFFICE ALLOCATION	15,830,486		15,830,486	
4.57 6	4 ADMITTING	HOME OFFICE ALLOCATION	10,733,952		10,733,952	
4.58 6	5 CASHIERING	HOME OFFICE ALLOCATION	31,793,100		31,793,100	
4.59 6	6 OTHER ADMINISTRATIVE AND	HOME OFFICE ALLOCATION	84,627,599		84,627,599	
4.60 7	MAINTENANCE & REPAIRS	HOME OFFICE ALLOCATION	15,990,608		15,990,608	
4.61 8	OPERATION OF PLANT	HOME OFFICE ALLOCATION	45,714,406		45,714,406	
4.62 10	1 HOUSEKEEPING - UNIVERSITY	HOME OFFICE ALLOCATION	4,310,831		4,310,831	
4.63 10	2 HOUSEKEEPING - RILEY	HOME OFFICE ALLOCATION	2,201,900		2,201,900	
4.64 10	3 HOUSEKEEPING - METHODIST	HOME OFFICE ALLOCATION	4,962,199		4,962,199	
4.65 12	CAFETERIA	HOME OFFICE ALLOCATION	1,224,281		1,224,281	
4.66 14	NURSING ADMINISTRATION	HOME OFFICE ALLOCATION	4,219,655		4,219,655	
4.67 17	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOCATION	10,697,514		10,697,514	
5	TOTALS		480,622,291	246,527,011	234,095,280	

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

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

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

FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN-ERATION	PROFES-SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	6	6 A&G VARIOUS	11,865,041	11,865,041					
2	11	DIETARY VARIOUS	45,000	45,000					
3	14	NURSING ADMIN VARIOUS	52,915	52,915					
4	16	PHARMACY VARIOUS	102,900	102,900					
5	22	I&R VARIOUS	12,500	12,500					
6	23	I&R VARIOUS	3,157,565	3,157,565					
7	24	3 PARAMED RT	501	501					
8	25	ADULTS & PEDS VARIOUS	2,801,735	2,801,735					
9	27	1 NICU VARIOUS	30,942	30,942					
10	28	BURN ICU VARIOUS	8,750	8,750					
11	29	4 RH PEDS IC VARIOUS	748,575	748,575					
12	29	7 PEDS CANCER CENTER VARIOU	35,000	35,000					
13	31	PSYCH VARIOUS	82,573	82,573					
14	37	OPERATING ROOM VARIOUS	1,153,882	1,153,882					
15	40	ANESTHESIOLOGY VARIOUS	6,802,211	6,802,211					
16	44	LABORATORY VARIOUS	2,897,878	2,897,878					
17	53	EKG VARIOUS	776,082	776,082					
18	57	RENAL VARIOUS	164,923	164,923					
19	59	3 CARDIAC CATH VARIOUS	1,725,414	1,725,414					
20	60	2 MEDICINE/DIAGNOSTIC VARIO	3,034,563	3,034,563					
21	60	14 GERIATRICS CLINIC VARIOUS	231,165	231,165					
22	60	15 SLEEP LAB VARIOUS	92,675	92,675					
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	35,822,790	35,822,790					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	6	6 A&G VARIOUS							11,865,041
2	11	DIETARY VARIOUS							45,000
3	14	NURSING ADMIN VARIOUS							52,915
4	16	PHARMACY VARIOUS							102,900
5	22	I&R VARIOUS							12,500
6	23	I&R VARIOUS							3,157,565
7	24	3 PARAMED RT							501
8	25	ADULTS & PEDS VARIOUS							2,801,735
9	27	1 NICU VARIOUS							30,942
10	28	BURN ICU VARIOUS							8,750
11	29	4 RH PEDS IC VARIOUS							748,575
12	29	7 PEDS CANCER CENTER VARIOU							35,000
13	31	PSYCH VARIOUS							82,573
14	37	OPERATING ROOM VARIOUS							1,153,882
15	40	ANESTHESIOLOGY VARIOUS							6,802,211
16	44	LABORATORY VARIOUS							2,897,878
17	53	EKG VARIOUS							776,082
18	57	RENAL VARIOUS							164,923
19	59	3 CARDIAC CATH VARIOUS							1,725,414
20	60	2 MEDICINE/DIAGNOSTIC VARIO							3,034,563
21	60	14 GERIATRICS CLINIC VARIOUS							231,165
22	60	15 SLEEP LAB VARIOUS							92,675
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							35,822,790

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-INTERES	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS
		0	1	2	3	3.01	4	5
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	33,303,124			33,303,124			
003	01 NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E	66,400,448					66,400,448	
005	EMPLOYEE BENEFITS	122,259,184			15,401			122,274,585
006	01 NONPATIENT TELEPHONES	2,343,226						59,422
006	02 DATA PROCESSING	50,829,612						2,980,834
006	03 PURCHASING, RECEIVING, &	15,954,826			1,606		51,977	1,583,408
006	04 ADMITTING	10,733,952						1,590,463
006	05 CASHIERING	31,793,100						2,288,935
006	06 OTHER ADMINISTRATIVE AND	119,960,753			637,656		1,351,232	7,316,209
007	MAINTENANCE & REPAIRS	15,990,608			601,275			786,484
007	03 MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	48,565,093			13,479		94,554	1,889,483
008	01 IU LEASED SPACE	66,986						
009	LAUNDRY & LINEN SERVICE	2,671,833			337,780		1,733	
010	HOUSEKEEPING							
010	01 HOUSEKEEPING - UNIVERSITY	4,310,831						572,143
010	02 HOUSEKEEPING - RILEY	2,201,900						292,241
010	03 HOUSEKEEPING - METHODIST	4,962,199						658,594
011	DIETARY	10,198,376			336,526		332,403	1,488,531
012	CAFETERIA	1,224,281						169,881
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	19,726,632			282,749		2,256,638	3,249,284
015	CENTRAL SERVICES & SUPPLY	110,499,935			312,362		356,883	445,028
016	PHARMACY	49,424,345			553,123		1,971,194	4,445,819
017	MEDICAL RECORDS & LIBRARY	11,163,673			8,810		15,031	1,387,344
018	SOCIAL SERVICE	6,162,802			43,065		1,490	726,087
019	PATIENT TRANSPORTATION	2,144,979			16,320		7,774	375,956
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	35,093,847			43,696			4,947,834
023	I&R SERVICES-OTHER PRGM C	12,555,578			394,342		59,891	209,812
024	PARAMED ED PRGM							
024	01 PARAMED ED CLINIC LAB	258,480			110,405		18,434	34,900
024	02 PARAMED RADIOLOGY-METHODI	239,022			35,870			68,845
024	03 PARAMED RESPIRATORY THERA				34,701			63,660
024	04 DIETARY INTERNSHIP PROG							
024	05 PARAMED EMERGENCY METHODI	202,035			31,405			43,812
024	06 PARAMED PASTORAL ED	593,566			7,501			101,132
024	07 PARAMED PHYSICAL THERAPY	174,945						38,562
024	08 PARAMED OCCUP THERAPY							
024	09 PARAMED PERFUSION							
024	10 PARAMED PHARMACY	1,400,391						238,115
024	11 PARAMED NEUROPHYSIOLOGY							
024	12 RADIATION THERAPY ED-IUMC	284,513						50,484
024	13 NUCLEAR MED ED-IUMC	59,061						10,480
024	14 MEDICAL ASSISTING PROGRAM				14,510			
024	15 SURGICAL TECHNOLOGY PROGR	26,406			20,711			13,735
024	16 PARAMED SPEECH							
024	17 PARAMED ED PRGM	155,535			37,300			31,666
024	18 PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	145,604,477			6,460,599		2,237,496	25,354,619
026	INTENSIVE CARE UNIT	15,952,204			507,867		410,013	2,796,373
027	CORONARY CARE UNIT	11,822,895			361,396		103,198	2,067,748
027	01 NEONATAL INTENSIVE CARE U	4,511,638			74,127		79,843	793,015
028	BURN INTENSIVE CARE UNIT	1,383,177			38,906		167,339	248,458
029	SURGICAL INTENSIVE CARE U							
029	02 UH SURG 6IC	4,849,640					289,365	846,368
029	03 UH NS 3IC	1,826,434			62,829		15,199	320,026
029	04 RH PED IC	9,057,301			268,239		79,685	1,587,854
029	05 TRANSPLANT ICU	3,196,780			125,574			557,303
029	07 PEDIATRIC CANCER CENTER	1,431,386			56,507		941	250,641
031	SUBPROVIDER	4,591,368			195,004		6,834	641,564
033	NURSERY	4,125,720			150,750		61,763	724,844
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	37,378,940			2,046,155		10,347,500	6,165,176
037	01 ENDOSCOPY	1,125,508			105,420		189,058	173,994
038	RECOVERY ROOM	5,751,922			346,237		88,721	1,001,644
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	1,752,216			17,387		1,189,599	291,681
040	01 PULMONARY FUNCTION TESTIN	2,743,459			184,495		316,279	472,563
041	RADIOLOGY-DIAGNOSTIC	31,776,263			1,666,099		15,893,884	4,364,367
042	RADIOLOGY-THERAPEUTIC	4,756,471			374,133		4,366,542	799,788
043	RADIOISOTOPE	1,026,600			174,441		1,332,199	165,401
044	LABORATORY	31,495,421			1,554,273		2,545,939	4,478,599
044	01 TRANSPLANT IMMUNOLOGY	2,494,709			42,313		54,860	156,280
044	02 BONE MARROW TRANSPLANT LA	1,177,752			128,155		164,845	201,696

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
		0	1	2	3	3.01	4	5
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	3,333,460			91,282		97,799	588,396
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	21,453,248			221,916		882,031	3,726,207
050	PHYSICAL THERAPY	8,035,233			233,640		56,605	1,354,653
051	OCCUPATIONAL THERAPY	2,169,016			151,855		8,237	381,640
052	SPEECH PATHOLOGY	3,180,397			198,949		50,566	553,607
053	ELECTROCARDIOLOGY	2,862,280			59,895		460,763	497,661
054	ELECTROENCEPHALOGRAPHY	3,553,081			64,240		354,796	502,432
055	MEDICAL SUPPLIES CHARGED	46,782,509			29,901			43,921
055 30	IMPL. DEV. CHARGED TO PAT	53,535,955						
056	DRUGS CHARGED TO PATIENTS	91,375,951						
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	6,570,113					92,809	992,834
057	RENAL DIALYSIS	7,450,047			310,580		318,257	1,157,280
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	340,164					91,317	60,228
059 01	CARDIOLOGY	4,022,071			105,300		1,435,188	339,624
059 02	PSYCH OTHER ANCILLARY	1,650,588			26,355		9,340	25,828
059 03	CARDIAC CATHERIZATION	4,426,515			298,289		1,429,757	615,412
059 04	DAY SURGERY	4,634,349			231,282		133,160	806,465
059 05	ONCOLOGY	405,850			37,885		6,216,909	55,562
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION	282,834			16,914		5,812	47,227
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	1,197,717			149,423		246,635	211,003
060 02	MEDICINE/DIAGNOSTIC	5,743,961			584,138		39,777	951,018
060 03	AMB SVC-OPTHALMOLOGY	192,149			48,087		22,999	31,357
060 04	AMB SVC-PSYCH ADULT	466,563			161,185		9,549	77,904
060 05	AMB SVC-DIABETES ADULT	152			17,620			
060 06	OUTPATIENT SURGERY	2,217,088			88,079		560,285	391,366
060 07	AMB SVC-RILEY CLINICS	4,918,803			308,315		223,343	842,581
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	126,228			4,688		21,256	21,707
060 10	AMB SVC-PSYCH CHILD	260,752			14,686			38,490
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	439,714			42,879		3,935	42,668
060 15	SLEEP DISORDER CENTER	3,055,545			161,992		39,426	439,784
060 16	O/P CLINIC-ADULT	276,531			93,213		2,658	46,482
060 17	O/P CLINIC-PEDIATRIC				12,579			
060 18	ARTHRITIS/INFUSION CENTER	1,168,316					4,156	32,379
060 19	NEUROLOGY UH	1,242,749			40,234		88,681	217,491
060 20	ORTHOPEDICS UH	347,826			89,398		2,397	62,745
060 21	AMB SVC-UH PHYSICAL MEDIC	915,113			91,366		2,298	161,048
060 22	AMB SVC-DERMATOLOGY CLINI	267,787			59,441		41,928	43,712
060 24	IU CANCER PAVILLION	5,938						1,054
060 25	CARDIO CLINIC	322,871					3,126	56,097
061	EMERGENCY	21,770,277			832,428		445,639	3,585,782
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT	3,315,966						
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	1,116,833			51,058		23,221	162,660
065	AMBULANCE SERVICES	17,400,247					2,436,302	1,305,548
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	36,767,770			28,370		899,416	3,823,086
082	LUNG ACQUISITION	2,236,941			17,564		21,752	49,276
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	10,180,744			35,007		223,278	379,286
084	LIVER ACQUISITION	5,982,642			6,136		82,715	144,099
085	HEART ACQUISITION	1,248,052			8,559		9,751	37,100
085 01	PANCREAS ACQUISITION	2,921,386			3,509		55,500	32,812
085 02	INTESTINE ACQUISITION	1,335,794			1,532		16,934	28,137
086	OTHER ORGAN ACQUISITION	238,838						33,229
086 01	POST TRANSPLANT EXPENSES	3,174,750			58,856		306,473	529,642
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	4,099,947			65,224		42,637	417,973
095	SUBTOTALS	1,524,788,009			23,985,348		63,979,749	118,565,678
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	20,536			125,305			
097	RESEARCH	7,472,644			348,465		2,004,145	1,565,542
097 01	RESEARCH-GCRC	238,748			157,611		4,986	
098	PHYSICIANS' PRIVATE OFFIC	6,299,583			11,298		549	91,453
098 01	OTHER NONREIMBURSABLE-MET	14,564,704			1,350,673		293,359	1,225,100
098 02	CAFETERIA-IUMC							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-INTERES	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS
			0	1	2	3	3.01	4	5
		NONREIMBURS COST CENTERS							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM	38,589			2,525			28,114
098	05	AOC-PRIVATE PHYSICIANS	542,380			3,775,333			
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI	157,231					48,172	18,600
098	09	MHH NON-REIMBURSABLE LABO	210,346			733		9,869	32,755
098	10	SURGERY CENTER	82,752						12,092
098	11	UNUSED SPACE				3,468,661			
098	12	RHI LAB	201,081						27,463
098	13	NONALLOWABLE ADVERTISING	27,866,422			77,172		6,929	550,175
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	408,555						28,323
098	16	CARDIO PHYSICIANS	931,748					52,690	129,290
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	1,583,823,328			33,303,124		66,400,448	122,274,585

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE AND
		6.01	6.02	6.03	6.04	6.05	6a.05	6.06
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES	2,402,648						
006 02	DATA PROCESSING		53,810,446					
006 03	PURCHASING, RECEIVING, &	1,149	25,739	17,618,705				
006 04	ADMITTING				12,324,415			
006 05	CASHIERING					34,082,035		
006 06	OTHER ADMINISTRATIVE AND	113,087	2,532,741				131,911,678	131,911,678
007	MAINTENANCE & REPAIRS						17,378,367	1,578,894
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	230	5,148				50,567,987	4,594,304
008 01	IU LEASED SPACE						66,986	6,086
009	LAUNDRY & LINEN SERVICE	2,069	46,331	8,746			3,068,492	278,785
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY						4,882,974	443,638
010 02	HOUSEKEEPING - RILEY						2,494,141	226,603
010 03	HOUSEKEEPING - METHODIST						5,620,793	510,672
011	DIETARY	26,433	592,002	5,873			12,980,144	1,179,298
012	CAFETERIA						1,394,162	126,665
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	30,111	674,368	2,030			26,221,812	2,382,357
015	CENTRAL SERVICES & SUPPLY	11,493	257,392	281,535			112,164,628	10,190,605
016	PHARMACY	74,012	1,657,607	224,674			58,350,774	5,301,401
017	MEDICAL RECORDS & LIBRARY	2,069	46,331				12,623,258	1,146,873
018	SOCIAL SERVICE	24,594	550,820	48			7,508,906	682,214
019	PATIENT TRANSPORTATION	7,355	164,731	1,460			2,718,575	246,993
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	12,412	277,984	10			40,375,783	3,668,301
023	I&R SERVICES-OTHER PRGM C	26,203	586,855	4,260			13,836,941	1,257,141
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	1,609	36,035	2			459,865	41,781
024 02	PARAMED RADIOLOGY-METHODI	1,149	25,739				370,625	33,673
024 03	PARAMED RESPIRATORY THERA	1,609	36,035	342			136,347	12,388
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	1,379	30,887				309,518	28,121
024 06	PARAMED PASTORAL ED	3,448	77,218				782,865	71,126
024 07	PARAMED PHYSICAL THERAPY	2,299	51,478	567			267,851	24,335
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	460	10,296				1,649,262	149,842
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC						334,997	30,436
024 13	NUCLEAR MED ED-IUMC						69,541	6,318
024 14	MEDICAL ASSISTING PROGRAM						14,510	1,318
024 15	SURGICAL TECHNOLOGY PROGR	460	10,296				71,608	6,506
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	1,379	30,887	207			256,974	23,347
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	439,017	9,832,385	1,124,834	2,498,343	4,297,006	197,848,776	17,975,050
026	INTENSIVE CARE UNIT	55,394	1,240,631	160,972	263,267	447,348	21,834,069	1,983,713
027	CORONARY CARE UNIT	42,293	947,204	149,689	179,510	304,892	15,978,825	1,451,740
027 01	NEONATAL INTENSIVE CARE U	9,424	211,062	33,468	83,545	141,936	5,938,058	539,496
028	BURN INTENSIVE CARE UNIT	3,218	72,070	3,252	22,610	38,412	1,977,442	179,659
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	27,123	607,446	74,328	74,669	126,857	6,895,796	626,511
029 03	UH NS 3IC	2,988	66,922	37,606	29,964	50,907	2,412,875	219,219
029 04	RH PED IC	5,976	133,844	91,502	158,998	270,125	11,653,524	1,058,769
029 05	TRANSPLANT ICU			58,215	53,007	90,055	4,080,934	370,769
029 07	PEDIATRIC CANCER CENTER	2,528	56,626	10,795	34,293	58,261	1,901,978	172,802
031	SUBPROVIDER	17,009	380,941	3,874	44,280	76,508	5,957,382	541,252
033	NURSERY	15,170	339,758	23,981	90,124	153,192	5,685,302	516,532
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	131,016	2,934,273	7,017,156	1,499,883	3,978,677	71,498,776	6,495,950
037 01	ENDOSCOPY	9,654	216,210	59,520	39,045	94,648	2,013,057	182,894
038	RECOVERY ROOM	30,341	679,516	39,901	111,692	396,614	8,446,588	767,406
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	6,666	149,288	307,557	96,884	230,182	4,041,460	367,183
040 01	PULMONARY FUNCTION TESTIN	12,412	277,984	31,172	11,226	168,300	4,217,890	383,212
041	RADIOLOGY-DIAGNOSTIC	166,413	3,727,041	1,119,102	765,349	3,421,819	62,900,337	5,714,747
042	RADIOLOGY-THERAPEUTIC	32,639	730,994	31,857	24,107	549,945	11,666,476	1,059,946
043	RADIOISOTOPE	9,424	211,062	282,328	25,132	138,517	3,365,104	305,733
044	LABORATORY	136,073	3,047,525	1,713,937	1,395,530	4,453,017	50,820,314	4,617,229
044 01	TRANSPLANT IMMUNOLOGY	1,609	36,035	116,491	13,219	156,433	3,071,949	279,099
044 02	BONE MARROW TRANSPLANT LA	5,287	118,400	88,066	18,083	80,772	1,983,056	180,169

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE AND
		6.01	6.02	6.03	6.04	6.05	6a.05	6.06
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	9,884	221,357	1,370,227	226,816	449,354	6,388,575	580,428
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	34,018	761,881	438,598	485,336	836,987	28,840,222	2,620,250
050	PHYSICAL THERAPY	11,033	247,097	51,460	102,007	286,334	10,378,062	942,888
051	OCCUPATIONAL THERAPY	10,573	236,801	8,487	31,038	70,340	3,067,987	278,739
052	SPEECH PATHOLOGY	23,215	519,933	232,445	16,504	73,767	4,849,383	440,586
053	ELECTROCARDIOLOGY	15,170	339,758	11,217	166,239	382,369	4,795,352	435,677
054	ELECTROENCEPHALOGRAPHY	12,412	277,984	25,679	68,627	171,233	5,030,484	457,040
055	MEDICAL SUPPLIES CHARGED	919	20,591	14,363	236,009	589,662	47,717,875	4,335,360
055 30	IMPL. DEV. CHARGED TO PAT				784,547	1,882,459	56,202,961	5,106,264
056	DRUGS CHARGED TO PATIENTS				1,720,719	4,061,627	97,158,297	8,827,220
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	30,111	674,368	68		322,301	8,682,604	788,849
057	RENAL DIALYSIS	25,054	561,115	198,002	72,196	221,904	10,314,435	937,108
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	460	10,296	7,420	5,499	9,343	524,727	47,674
059 01	CARDIOLOGY	6,666	149,288	928,111	97,864	481,822	7,565,934	687,395
059 02	PSYCH OTHER ANCILLARY	8,734	195,618	1,219	1,198	7,053	1,925,933	174,979
059 03	CARDIAC CATHERIZATION	33,558	751,586	561,472	125,899	440,496	8,682,984	788,884
059 04	DAY SURGERY	8,505	190,470	27,336	3,471	59,952	6,094,990	553,754
059 05	ONCOLOGY	2,758	61,774	4		19	6,780,761	616,059
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION	1,149	25,739	399	1,110	5,606	386,790	35,141
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	11,493	257,392	13,861	2,877	51,799	2,142,200	194,627
060 02	MEDICINE/DIAGNOSTIC	62,060	1,389,919	26,051	1,417	120,891	8,919,232	810,348
060 03	AMB SVC-OPTHALMOLOGY	3,448	77,218	513	75	8,496	384,342	34,919
060 04	AMB SVC-PSYCH ADULT	8,045	180,175	1,060	3	17,406	921,890	83,757
060 05	AMB SVC-DIABETES ADULT			16			17,788	1,616
060 06	OUTPATIENT SURGERY	13,331	298,575	3,496	23,415	96,871	3,692,506	335,479
060 07	AMB SVC-RILEY CLINICS	45,741	1,024,422	28,481	1,780	51,647	7,445,113	676,418
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	230	5,148	7,351	141	5,290	192,039	17,448
060 10	AMB SVC-PSYCH CHILD	3,448	77,218	154		10	394,758	35,865
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	1,839	41,183	30	8	838	573,094	52,068
060 15	SLEEP DISORDER CENTER	11,493	257,392		221	120,387	4,086,240	371,251
060 16	O/P CLINIC-ADULT	6,666	149,288	224	7	1,324	576,393	52,368
060 17	O/P CLINIC-PEDIATRIC						12,579	1,143
060 18	ARTHRITIS/INFUSION CENTER			2,100	10	22,912	1,229,873	111,739
060 19	NEUROLOGY UH	6,206	138,992	542	9	5,693	1,740,597	158,140
060 20	ORTHOPEDICS UH	5,057	113,253	502	5	2,072	623,255	56,625
060 21	AMB SVC-UH PHYSICAL MEDIC	8,275	185,322	2,534	25	7,744	1,373,725	124,808
060 22	AMB SVC-DERMATOLOGY CLINI	919	20,591	7,343	6	6,238	447,965	40,699
060 24	IU CANCER PAVILLION						6,992	635
060 25	CARDIO CLINIC	5,057	113,253	1,408	31	1,727	503,570	45,751
061	EMERGENCY	102,974	2,306,236	262,462	341,939	1,776,345	31,424,082	2,855,004
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT					14,461	3,330,427	302,583
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	3,678	82,366	171,164	128	91,980	1,703,088	154,732
065	AMBULANCE SERVICES	16,549	370,645	16,368	1,284	293,589	21,840,532	1,984,300
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	128,028	2,867,351			764,422	45,278,443	4,113,728
082	LUNG ACQUISITION	1,379	30,887	785	22,586	38,372	2,419,542	219,825
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	13,791	308,871	8,057	119,012	202,337	11,470,383	1,042,130
084	LIVER ACQUISITION	5,287	118,400	2,985	71,169	120,911	6,534,344	593,671
085	HEART ACQUISITION	690	15,444	352	13,252	22,514	1,355,714	123,172
085 01	PANCREAS ACQUISITION	3,448	77,218	2,003	31,324	53,217	3,180,417	288,954
085 02	INTESTINE ACQUISITION	1,149	25,739	611	15,846	26,922	1,452,664	131,980
086	OTHER ORGAN ACQUISITION	460	10,296	6,811			289,634	26,314
086 01	POST TRANSPLANT EXPENSES	19,078	427,271	11,060			4,527,130	411,308
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE			1,557		56,506	4,683,844	425,546
095	SUBTOTALS	2,230,721	49,959,858	17,565,745	12,324,409	34,059,972	1,505,243,083	124,772,347
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	4,367	97,809	1			248,018	22,533
097	RESEARCH	74,012	1,657,607	39,021			13,161,436	1,195,769
097 01	RESEARCH-GCRC	3,907	87,513	4,457			497,222	45,175
098	PHYSICIANS' PRIVATE OFFIC	1,379	30,887	1,025		8,813	6,444,987	585,553
098 01	OTHER NONREIMBURSABLE-MET	57,233	1,281,814	1,250	4	9,064	18,783,201	1,706,529
098 02	CAFETERIA-IUMC							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	SUBTOTAL	OTHER ADMINISTRATIVE AND
			6.01	6.02	6.03	6.04	6.05	6a.05	6.06
		NONREIMBURS COST CENTERS							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM						69,228	6,290
098	05	AOC-PRIVATE PHYSICIANS	919	20,591				4,339,223	394,236
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI					2,742	226,745	20,601
098	09	MHH NON-REIMBURSABLE LABO	919	20,591	1,878	2	1,444	278,537	25,306
098	10	SURGERY CENTER	919	20,591	17			116,371	10,573
098	11	UNUSED SPACE						3,468,661	315,142
098	12	RHI LAB			2,571			231,115	20,998
098	13	NONALLOWABLE ADVERTISING	20,917	468,454	1,634			28,991,703	2,634,012
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	230	5,148	336			442,592	40,211
098	16	CARDIO PHYSICIANS	7,125	159,583	770			1,281,206	116,403
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	2,402,648	53,810,446	17,618,705	12,324,415	34,082,035	1,583,823,328	131,911,678

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	18,957,261						
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	7,974		55,170,265				
008 01	IU LEASED SPACE				73,072			
009	LAUNDRY & LINEN SERVICE	199,811		581,743		4,128,831		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							5,326,612
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY	199,070		579,585				61,397
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	167,258		486,966				20,407
015	CENTRAL SERVICES & SUPPLY	184,775		537,968		2,268		35,265
016	PHARMACY	327,195		952,619		9,846		120,292
017	MEDICAL RECORDS & LIBRARY	5,211		15,173	73,072			4,382
018	SOCIAL SERVICE	25,475		74,169		531		503
019	PATIENT TRANSPORTATION	9,654		28,107				7,770
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	25,848		75,256		584		3,029
023	I&R SERVICES-OTHER PRGM C	233,270		679,159		12,010		18,884
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	65,309		190,147				
024 02	PARAMED RADIOLOGY-METHODI	21,219		61,778				
024 03	PARAMED RESPIRATORY THERA	20,527		59,764				
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	18,577		54,088				
024 06	PARAMED PASTORAL ED	4,437		12,918				
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM	8,583		24,989				
024 15	SURGICAL TECHNOLOGY PROGR	12,251		35,669				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	22,065		64,240				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,821,718		11,126,812		2,406,926		1,066,974
026	INTENSIVE CARE UNIT	300,425		874,677		267,016		
027	CORONARY CARE UNIT	213,781		622,417		172,903		78,734
027 01	NEONATAL INTENSIVE CARE U	43,849		127,665		21,055		
028	BURN INTENSIVE CARE UNIT	23,015		67,006		6,435		
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC					43,995		
029 03	UH NS 3IC	37,166		108,208		22,983		31,248
029 04	RH PED IC	158,675		461,976		17,242		
029 05	TRANSPLANT ICU	74,282		216,271		870		62,455
029 07	PEDIATRIC CANCER CENTER	33,426		97,320		5,655		
031	SUBPROVIDER	115,353		335,846		48,355		
033	NURSERY	89,175		259,631		36,519		44,670
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,210,387		3,524,003		472,551		444,099
037 01	ENDOSCOPY	62,361		181,561		16,952		
038	RECOVERY ROOM	204,814		596,309		32,139		36,078
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	10,285		29,946				706
040 01	PULMONARY FUNCTION TESTIN	109,137		317,748		68		13,856
041	RADIOLOGY-DIAGNOSTIC	985,568		2,869,450		88,204		359,395
042	RADIOLOGY-THERAPEUTIC	221,315		644,353		8,762		98,772
043	RADIOISOTOPE	103,189		300,433		3,582		36,673
044	LABORATORY	919,418		2,676,857				33,958
044 01	TRANSPLANT IMMUNOLOGY	25,030		72,874				
044 02	BONE MARROW TRANSPLANT LA	75,809		220,716		228		41,733

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	53,997		157,211		2,902		5,614
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	131,272		382,196		410		17,462
050	PHYSICAL THERAPY	138,208		402,389		10,298		14,913
051	OCCUPATIONAL THERAPY	89,829		261,533				13,897
052	SPEECH PATHOLOGY	117,687		342,641		78		20,961
053	ELECTROCARDIOLOGY	35,431		103,155		6,458		
054	ELECTROENCEPHALOGRAPHY	38,001		110,638		648		
055	MEDICAL SUPPLIES CHARGED	17,688		51,498				
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC					267		
057	RENAL DIALYSIS	183,721		534,898		404		90,836
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	62,289		181,353		2,794		8,569
059 02	PSYCH OTHER ANCILLARY	15,590		45,390				
059 03	CARDIAC CATHERIZATION	176,450		513,730		42,237		10,536
059 04	DAY SURGERY	136,813		398,328		27,811		97,761
059 05	ONCOLOGY	22,410		65,247				1,454
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION	10,005		29,130				
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	88,390		257,345		3,004		74,316
060 02	MEDICINE/DIAGNOSTIC	345,542		1,006,036		1,022		239,255
060 03	AMB SVC-OPTHALMOLOGY	28,446		82,818				23,916
060 04	AMB SVC-PSYCH ADULT	95,348		277,602				31,539
060 05	AMB SVC-DIABETES ADULT	10,423		30,345				8,763
060 06	OUTPATIENT SURGERY	52,103		151,695		714		43,806
060 07	AMB SVC-RILEY CLINICS	182,381		530,997		10,821		
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	2,773		8,074				
060 10	AMB SVC-PSYCH CHILD	8,687		25,293		77		
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	25,365		73,849				
060 15	SLEEP DISORDER CENTER	95,825		278,993				19,572
060 16	O/P CLINIC-ADULT	55,139		160,537				
060 17	O/P CLINIC-PEDIATRIC	7,441		21,664				
060 18	ARTHRITIS/INFUSION CENTER							
060 19	NEUROLOGY UH	23,800		69,292				20,010
060 20	ORTHOPEDICS UH	52,882		153,965				44,462
060 21	AMB SVC-UH PHYSICAL MEDIC	54,047		157,355				45,441
060 22	AMB SVC-DERMATOLOGY CLINI	35,162		102,372		435		29,563
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY	492,416		1,433,654		252,858		20,435
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	30,203		87,935				25,394
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	16,782		48,860				1,514
082	LUNG ACQUISITION	10,390		30,250				
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	20,708		60,291				4,649
084	LIVER ACQUISITION	3,630		10,568				3,052
085	HEART ACQUISITION	5,063		14,741				
085 01	PANCREAS ACQUISITION	2,076		6,044				1,745
085 02	INTESTINE ACQUISITION	906		2,638				762
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	34,816		101,365				8,306
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	38,583		112,332		632		2,382
095	SUBTOTALS	13,445,405		39,122,664	73,072	4,061,549		3,552,165
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	74,123		215,807				19,008
097	RESEARCH	206,132		600,146		3,425		3,555
097 01	RESEARCH-GCRC	93,233		271,446		32,751		78,388
098	PHYSICIANS' PRIVATE OFFIC	6,683		19,458				5,619
098 01	OTHER NONREIMBURSABLE-MET	798,980		2,326,206		31,106		29,498
098 02	CAFETERIA-IUMC							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART I

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	NONREIMBURS COST CENTERS							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM	1,494		4,349				
098 05	AOC-PRIVATE PHYSICIANS	2,233,268		6,502,092				614,846
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							
098 09	MHH NON-REIMBURSABLE LABO	434		1,263				
098 10	SURGERY CENTER							
098 11	UNUSED SPACE	2,051,859		5,973,925				1,023,533
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTISING	45,650		132,909				
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	18,957,261		55,170,265	73,072	4,128,831		5,326,612

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.02	10.03	11	12	13	14	15
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY	2,720,744						
010 03	HOUSEKEEPING - METHODIST		6,131,465					
011	DIETARY	10,356	89,986	15,099,836				
012	CAFETERIA				1,520,827			
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	3,673	104,679		48,299		29,435,451	
015	CENTRAL SERVICES & SUPPLY	25,688	86,221		10,566		3,367	123,241,351
016	PHARMACY	53,076	88,608		54,072		34,763	1,598,628
017	MEDICAL RECORDS & LIBRARY				25,784			
018	SOCIAL SERVICE	11,239	7,376		12,611			342
019	PATIENT TRANSPORTATION		332		11,961			10,391
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	15,901			88,821			72
023	I&R SERVICES-OTHER PRGM C		170,054		3,638		27,271	30,312
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB		52,683		489			11
024 02	PARAMED RADIOLOGY-METHODI		17,117		858			
024 03	PARAMED RESPIRATORY THERA		16,558		774			2,434
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI		14,986		668			
024 06	PARAMED PASTORAL ED	2,410	859		2,368			
024 07	PARAMED PHYSICAL THERAPY				513			4,036
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				3,303			
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC				615			
024 13	NUCLEAR MED ED-IUMC				113			
024 14	MEDICAL ASSISTING PROGRAM		6,924					
024 15	SURGICAL TECHNOLOGY PROGR		9,883		171			
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM		17,799		506			1,472
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	498,326	1,496,652	12,249,224	373,605		14,454,150	8,003,541
026	INTENSIVE CARE UNIT		242,343	254,158	38,777		1,675,597	1,145,365
027	CORONARY CARE UNIT		96,914	999,260	28,006		1,227,385	1,065,081
027 01	NEONATAL INTENSIVE CARE U		35,372	83,638	10,614		463,868	238,135
028	BURN INTENSIVE CARE UNIT	16,447		66,051	3,168		119,692	23,138
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC			261,252	12,221		553,258	528,867
029 03	UH NS 3IC			93,135	3,974		172,130	267,579
029 04	RH PED IC	113,392		378,306	22,681		993,137	651,066
029 05	TRANSPLANT ICU				7,992		367,744	414,218
029 07	PEDIATRIC CANCER CENTER	23,887		52,098	3,862		138,209	76,810
031	SUBPROVIDER		93,051	314,639	9,811		218,424	27,565
033	NURSERY		29,077		9,807		415,469	170,632
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	155,814	374,411		100,263		2,226,330	49,929,746
037 01	ENDOSCOPY		50,304		2,518		73,229	423,500
038	RECOVERY ROOM	59,594	63,332		13,961		546,103	283,905
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	271	7,314		5,301		132,317	2,188,366
040 01	PULMONARY FUNCTION TESTIN	55,258	12,368		7,557		66,074	221,800
041	RADIOLOGY-DIAGNOSTIC	193,617	206,479		61,937		375,488	7,962,758
042	RADIOLOGY-THERAPEUTIC		83,758		8,414		61,866	226,671
043	RADIOISOTOPE	7,998	39,026		1,952		16,750	2,008,852
044	LABORATORY	28,734	48,475		75,739			12,195,194
044 01	TRANSPLANT IMMUNOLOGY	977	19,088		2,231			828,870
044 02	BONE MARROW TRANSPLANT LA	4,093	16,496		2,976		53,785	626,618

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.02	10.03	11	12	13	14	15
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	844	11,526		8,515		7,575	9,749,587
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	34,781	49,879		56,111		18,349	3,120,758
050	PHYSICAL THERAPY	10,529	70,282		18,255			366,157
051	OCCUPATIONAL THERAPY	19,103	37,564		6,344			60,384
052	SPEECH PATHOLOGY	56,996	10,485		8,195		16,666	1,653,916
053	ELECTROCARDIOLOGY		28,581		8,592		31,901	79,809
054	ELECTROENCEPHALOGRAPHY	10,768	18,499		6,915		168	182,715
055	MEDICAL SUPPLIES CHARGED	12,640			685			102,199
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC				14,587			483
057	RENAL DIALYSIS	22,125	36,076		19,278		451,158	1,408,844
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				499		20,706	52,792
059 01	CARDIOLOGY	37,230			4,908		60,603	6,603,799
059 02	PSYCH OTHER ANCILLARY		12,576		345		13,972	8,671
059 03	CARDIAC CATHERIZATION		132,224	81,625	7,547		136,105	3,995,049
059 04	DAY SURGERY	12,593	2,357		12,211		411,429	194,502
059 05	ONCOLOGY		16,678		795		10,016	28
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION		8,071		738		11,026	2,840
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				3,545		61,024	98,622
060 02	MEDICINE/DIAGNOSTIC		49,188		19,689		263,540	185,359
060 03	AMB SVC-OPTHALMOLOGY				776		505	3,650
060 04	AMB SVC-PSYCH ADULT		46,659		1,525		9,259	7,543
060 05	AMB SVC-DIABETES ADULT							112
060 06	OUTPATIENT SURGERY				6,060		36,278	24,877
060 07	AMB SVC-RILEY CLINICS	130,333			14,778		280,038	202,648
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	1,982			181		13,131	52,304
060 10	AMB SVC-PSYCH CHILD	6,208			826			1,095
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		20,461		853		8,165	214
060 15	SLEEP DISORDER CENTER		58,526		7,310			
060 16	O/P CLINIC-ADULT		44,479		887		11,363	1,593
060 17	O/P CLINIC-PEDIATRIC		6,002					
060 18	ARTHRITIS/INFUSION CENTER				330		15,235	14,941
060 19	NEUROLOGY UH				4,646		64,980	3,856
060 20	ORTHOPEDICS UH				1,328		11,531	3,571
060 21	AMB SVC-UH PHYSICAL MEDIC				3,992		40,571	18,027
060 22	AMB SVC-DERMATOLOGY CLINI				1,033		11,952	52,247
060 24	IU CANCER PAVILLION				39			
060 25	CARDIO CLINIC				1,162		18,939	10,019
061	EMERGENCY	73,612	274,259		53,644		1,942,505	1,867,498
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				2,328		57,236	1,217,886
065	AMBULANCE SERVICES				17,771		316,231	116,466
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	4,854	3,482		60,489			
082	LUNG ACQUISITION		8,381		472			5,585
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION		12,244		4,836			57,331
084	LIVER ACQUISITION				1,792			21,239
085	HEART ACQUISITION		4,084		212			2,504
085 01	PANCREAS ACQUISITION				1,202			14,251
085 02	INTESTINE ACQUISITION				368			4,348
086	OTHER ORGAN ACQUISITION				321		14,141	48,462
086 01	POST TRANSPLANT EXPENSES		20,115		6,638			78,694
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		28,838		7,101			11,075
095	SUBTOTALS	1,715,349	4,610,041	14,833,386	1,474,151		28,782,704	122,864,525
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	23,879	27,890					10
097	RESEARCH		162,869		19,527		448,885	277,647
097 01	RESEARCH-GCRC			266,450				31,714
098	PHYSICIANS' PRIVATE OFFIC				947		23,736	7,291
098 01	OTHER NONREIMBURSABLE-MET	3,041	600,616		15,657		129,540	8,891
098 02	CAFETERIA-IUMC							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			10.02	10.03	11	12	13	14	15
		NONREIMBURS COST CENTERS							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM		1,205		149		3,114	
098	05	AOC-PRIVATE PHYSICIANS	751,165	363,678					
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI				178			
098	09	MHH NON-REIMBURSABLE LABO				742			13,364
098	10	SURGERY CENTER				282			124
098	11	UNUSED SPACE	227,310	357,715					
098	12	RHI LAB				590			18,294
098	13	NONALLOWABLE ADVERTISING		7,451		6,737			11,626
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR						84	2,389
098	16	CARDIO PHYSICIANS				1,867		47,388	5,476
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	2,720,744	6,131,465	15,099,836	1,520,827		29,435,451	123,241,351

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	66,891,274						
017	MEDICAL RECORDS & LIBRARY		13,893,753					
018	SOCIAL SERVICE			8,323,366				
019	PATIENT TRANSPORTATION				3,033,783			
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							44,253,595
023	I&R SERVICES-OTHER PRGM C	129,249						
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	133,753	1,751,627	6,245,325	382,553			10,990,422
026	INTENSIVE CARE UNIT	1,727	182,356	474,933	39,826			1,192,656
027	CORONARY CARE UNIT	19,851	124,286	320,141	27,144			
027 01	NEONATAL INTENSIVE CARE U	1,060	57,858	192,930	12,636			235,878
028	BURN INTENSIVE CARE UNIT	505	15,658	38,161	3,420			
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	2,609	51,712	132,778	11,294			
029 03	UH NS 3IC	139	20,752	54,031	4,532			
029 04	RH PED IC	35,250	110,113	217,647	24,049			523,354
029 05	TRANSPLANT ICU	2,748	36,710	96,927	8,017			
029 07	PEDIATRIC CANCER CENTER	2,519	23,750	50,958	5,187			
031	SUBPROVIDER	164	31,188	158,119	6,811			269,785
033	NURSERY	313	62,447	287,339	13,638			
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,680,128	1,621,864		354,213			3,650,207
037 01	ENDOSCOPY	84	38,582		8,426			157,743
038	RECOVERY ROOM	1,255	161,675		35,310			2,886,553
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	1,499,996	93,831		20,493			538,096
040 01	PULMONARY FUNCTION TESTIN	70,367	68,606		14,983			439,322
041	RADIOLOGY-DIAGNOSTIC	818,690	1,394,866		304,637			2,597,603
042	RADIOLOGY-THERAPEUTIC	12,522	224,179		48,960			36,856
043	RADIOISOTOPE	361,457	56,465		12,332			224,084
044	LABORATORY	10,138	1,815,816		395,976			2,103,734
044 01	TRANSPLANT IMMUNOLOGY		63,768		13,927			
044 02	BONE MARROW TRANSPLANT LA	41,334	32,926		7,191			

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	245	183,174		40,005			
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	3,036	341,188		74,515			32,433
050	PHYSICAL THERAPY	3,802	116,721		25,492			468,807
051	OCCUPATIONAL THERAPY		28,673		6,262			86,980
052	SPEECH PATHOLOGY	18,131	30,070		6,567			
053	ELECTROCARDIOLOGY	664	155,868		34,041			73,712
054	ELECTROENCEPHALOGRAPHY	128	69,801		15,244			318,435
055	MEDICAL SUPPLIES CHARGED		240,369		52,496			
055 30	IMPL. DEV. CHARGED TO PAT		767,363		167,591			
056	DRUGS CHARGED TO PATIENTS		1,655,677		361,598			85,506
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	42,056,569	131,383		28,694			
057	RENAL DIALYSIS	2,830,165	90,457		19,756			1,085,037
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC		3,809		832			
059 01	CARDIOLOGY	15,421	196,409		42,896			719,427
059 02	PSYCH OTHER ANCILLARY	2,894	2,875		628			
059 03	CARDIAC CATHERIZATION	60,618	179,563		39,216			1,322,389
059 04	DAY SURGERY	484	24,439		5,337			
059 05	ONCOLOGY		8		2			253,568
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION		2,285		499			
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	26,230	21,115		4,612			
060 02	MEDICINE/DIAGNOSTIC	5,400,520	49,280		10,763			2,801,047
060 03	AMB SVC-OPTHALMOLOGY	65,764	3,463		756			85,506
060 04	AMB SVC-PSYCH ADULT	597	7,095		1,550			294,847
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY	20,729	39,488		8,624			
060 07	AMB SVC-RILEY CLINICS	841,112	21,053		4,598			2,591,706
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	26	2,156		471			
060 10	AMB SVC-PSYCH CHILD		4		1			178,382
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	333	342		75			7,371
060 15	SLEEP DISORDER CENTER		49,074		10,718			
060 16	O/P CLINIC-ADULT	2,579	540		118			
060 17	O/P CLINIC-PEDIATRIC							
060 18	ARTHRITIS/INFUSION CENTER	7,928,469	9,340		2,040			56,021
060 19	NEUROLOGY UH	762	2,321		507			143,001
060 20	ORTHOPEDICS UH	86,142	845		184			58,969
060 21	AMB SVC-UH PHYSICAL MEDIC	141,496	3,157		689			
060 22	AMB SVC-DERMATOLOGY CLINI	23,200	2,543		555			86,980
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC	935	704		154			
061	EMERGENCY	24,719	724,107		158,144			1,657,040
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT		5,895		1,287			
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	1,079,214	37,495		8,189			
065	AMBULANCE SERVICES	81,843	119,678		26,138			
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		311,608		68,055			
082	LUNG ACQUISITION	1,308	15,642		3,416			
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	13,418	82,481		18,014			148,898
084	LIVER ACQUISITION	4,971	49,288		10,764			
085	HEART ACQUISITION	586	9,177		2,004			
085 01	PANCREAS ACQUISITION	3,335	21,693		4,738			
085 02	INTESTINE ACQUISITION	1,017	10,974		2,397			
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	18,418						
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		23,034	54,077	5,031			5,897
095	SUBTOTALS	65,585,738	13,884,759	8,323,366	3,031,818			38,408,252
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH	1,883						
097 01	RESEARCH-GCRC	11,344						
098	PHYSICIANS' PRIVATE OFFIC		3,592		785			2,714,067
098 01	OTHER NONREIMBURSABLE-MET	66,583	3,695		807			3,131,276
098 02	CAFETERIA-IUMC							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART I

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	NONREIMBURS COST CENTERS							
098 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		1,118		244			
098 09	MHH NON-REIMBURSABLE LABO		589		129			
098 10	SURGERY CENTER	9						
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR	1,165,196						
098 16	CARDIO PHYSICIANS	60,521						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	66,891,274	13,893,753	8,323,366	3,033,783			44,253,595

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	16,397,929						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB			810,285				
024 02	PARAMED RADIOLOGY-METHODI			86,193	591,463			
024 03	PARAMED RESPIRATORY THERA			91,672		340,464		
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI			57,481				483,439
024 06	PARAMED PASTORAL ED			129,322				
024 07	PARAMED PHYSICAL THERAPY			51,130				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			274,192				
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC			51,648				
024 13	NUCLEAR MED ED-IUMC			10,721				
024 14	MEDICAL ASSISTING PROGRAM			88				
024 15	SURGICAL TECHNOLOGY PROGR			17,697				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			40,141				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	4,072,443						
026	INTENSIVE CARE UNIT	441,932						
027	CORONARY CARE UNIT							
027 01	NEONATAL INTENSIVE CARE U	87,403						
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	193,926						
029 05	TRANSPLANT ICU							
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER	99,967						
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	1,352,564						
037 01	ENDOSCOPY	58,451						
038	RECOVERY ROOM	1,069,596						
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	199,389						
040 01	PULMONARY FUNCTION TESTIN	162,788						
041	RADIOLOGY-DIAGNOSTIC	962,528			591,463			
042	RADIOLOGY-THERAPEUTIC	13,657						
043	RADIOISOTOPE	83,033						
044	LABORATORY	779,527						
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	12,018				340,464		
050	PHYSICAL THERAPY	173,714						
051	OCCUPATIONAL THERAPY	32,230						
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	27,313						
054	ELECTROENCEPHALOGRAPHY	117,994						
055	MEDICAL SUPPLIES CHARGED							
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS	31,684						
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							
057	RENAL DIALYSIS	402,055						
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	266,580						
059 02	PSYCH OTHER ANCILLARY							
059 03	CARDIAC CATHERIZATION	490,004						
059 04	DAY SURGERY							
059 05	ONCOLOGY	93,958						
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							
060 02	MEDICINE/DIAGNOSTIC	1,037,913						
060 03	AMB SVC-OPTHALMOLOGY	31,684						
060 04	AMB SVC-PSYCH ADULT	109,254						
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS	960,342						
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD	66,099						
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	2,731						
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT							
060 17	O/P CLINIC-PEDIATRIC							
060 18	ARTHRITIS/INFUSION CENTER	20,758						
060 19	NEUROLOGY UH	52,988						
060 20	ORTHOPEDICS UH	21,851						
060 21	AMB SVC-UH PHYSICAL MEDIC							
060 22	AMB SVC-DERMATOLOGY CLINI	32,230						
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY	614,007						483,439
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	55,173						
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	2,185						
095	SUBTOTALS	14,231,969		810,285	591,463	340,464		483,439
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
097 01	RESEARCH-GCRC							
098	PHYSICIANS' PRIVATE OFFIC	1,005,683						
098 01	OTHER NONREIMBURSABLE-MET	1,160,277						
098 02	CAFETERIA-IUMC							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART I

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	NONREIMBURS COST CENTERS							
098 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 ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	16,397,929		810,285	591,463	340,464		483,439

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED	1,006,305						
024 07	PARAMED PHYSICAL THERAPY		347,865					
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY					2,076,599		
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							417,696
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	755,067				4,160		
026	INTENSIVE CARE UNIT	57,420				54		
027	CORONARY CARE UNIT	38,705				617		
027 01	NEONATAL INTENSIVE CARE U	23,325				33		
028	BURN INTENSIVE CARE UNIT	4,614				16		
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	16,053				81		
029 03	UH NS 3IC	6,532				4		
029 04	RH PED IC	26,314				1,096		
029 05	TRANSPLANT ICU	11,719				85		
029 07	PEDIATRIC CANCER CENTER	6,161				78		
031	SUBPROVIDER	19,117				5		
033	NURSERY	34,740				10		
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM					52,259		
037 01	ENDOSCOPY					3		
038	RECOVERY ROOM					39		
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY					46,656		
040 01	PULMONARY FUNCTION TESTIN					2,189		
041	RADIOLOGY-DIAGNOSTIC					25,465		
042	RADIOLOGY-THERAPEUTIC					389		417,696
043	RADIOISOTOPE					11,243		
044	LABORATORY		347,865			315		
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA					1,286		

	COST CENTER DESCRIPTION	PARAMED RAL ED	PASTO CAL THERAPY	PARAMED PHYSI THERAPY	PARAMED OCCUP SION	PARAMED PERFU ACY	PARAMED PHARM PHYSIOLOGY	PARAMED NEURO RAPY ED-IUMC	RADIATION THE
		24.06	24.07	24.08	24.09	24.10	24.11	24.12	
	ANCILLARY SRVC COST CNTRS								
045	PBP CLINICAL LAB SERVICES								
046	WHOLE BLOOD & PACKED RED								
047	BLOOD STORING, PROCESSING					8			
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY					94			
050	PHYSICAL THERAPY					118			
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY					564			
053	ELECTROCARDIOLOGY					21			
054	ELECTROENCEPHALOGRAPHY					4			
055	MEDICAL SUPPLIES CHARGED								
055 30	IMPL. DEV. CHARGED TO PAT								
056	DRUGS CHARGED TO PATIENTS								
056 01	RENAL-RILEY								
056 02	RENAL-ADULT								
056 03	OUTPATIENT RETAIL PHARMAC					1,308,154			
057	RENAL DIALYSIS					88,030			
058	ASC (NON-DISTINCT PART)								
058 04	BMTU OUTPATIENT								
059	RH NBN ECMO IC								
059 01	CARDIOLOGY					480			
059 02	PSYCH OTHER ANCILLARY					90			
059 03	CARDIAC CATHERIZATION					1,885			
059 04	DAY SURGERY					15			
059 05	ONCOLOGY								
059 06	DAY SURGERY-RILEY								
059 07	CARDIOLOGY-RILEY								
059 97	CARDIAC REHABILITATION								
	OUTPAT SERVICE COST CNTRS								
060	CLINIC								
060 01	AMB SVC-OB & GYN					816			
060 02	MEDICINE/DIAGNOSTIC					167,979			
060 03	AMB SVC-OPTHALMOLOGY					2,046			
060 04	AMB SVC-PSYCH ADULT					19			
060 05	AMB SVC-DIABETES ADULT								
060 06	OUTPATIENT SURGERY					645			
060 07	AMB SVC-RILEY CLINICS					26,162			
060 08	DENTAL CLINIC								
060 09	MOTILITY LAB					1			
060 10	AMB SVC-PSYCH CHILD								
060 13	ARTHRITIS CENTER								
060 14	GERIATRICS CLINIC					10			
060 15	SLEEP DISORDER CENTER								
060 16	O/P CLINIC-ADULT					80			
060 17	O/P CLINIC-PEDIATRIC								
060 18	ARTHRITIS/INFUSION CENTER					246,609			
060 19	NEUROLOGY UH					24			
060 20	ORTHOPEDICS UH					2,679			
060 21	AMB SVC-UH PHYSICAL MEDIC					4,401			
060 22	AMB SVC-DERMATOLOGY CLINI					722			
060 24	IU CANCER PAVILLION								
060 25	CARDIO CLINIC					29			
061	EMERGENCY					769			
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					33,568			
065	AMBULANCE SERVICES					2,546			
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					41			
	SPEC PURPOSE COST CENTERS								
083	KIDNEY ACQUISITION					417			
084	LIVER ACQUISITION					155			
085	HEART ACQUISITION					18			
085 01	PANCREAS ACQUISITION					104			
085 02	INTESTINE ACQUISITION					32			
086	OTHER ORGAN ACQUISITION								
086 01	POST TRANSPLANT EXPENSES					573			
092	AMBULATORY SURGICAL CENTE								
093	HOSPICE	6,538							
095	SUBTOTALS	1,006,305	347,865			2,035,991			417,696
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP								
097	RESEARCH					59			
097 01	RESEARCH-GCRC					353			
098	PHYSICIANS' PRIVATE OFFIC								
098 01	OTHER NONREIMBURSABLE-MET					2,071			
098 02	CAFETERIA-IUMC								

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART I

	COST CENTER DESCRIPTION	PARAMEDICAL EDUCATION	PASTORAL THERAPY	PARAMEDICAL THERAPY	OCCUPATIONAL THERAPY	PARAMEDICAL PERFUSION	PARAMEDICAL PHARMACY	PARAMEDICAL NEUROPHYSIOLOGY	RADIATION THERAPY	THE ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12		
	NONREIMBURS COST CENTERS									
098 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 ADVERTISING									
098 14	NONALLOWABLE									
098 15	ARTHRITIS CLINIC - NR						36,243			
098 16	CARDIO PHYSICIANS						1,882			
099	NONPAID WORKERS									
101	CROSS FOOT ADJUSTMENT									
102	NEGATIVE COST CENTER									
103	TOTAL	1,006,305	347,865				2,076,599			417,696

	COST CENTER DESCRIPTION	NUCLEAR MED ED-IUMC	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMED SPEECH	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC	86,693						
024 14	MEDICAL ASSISTING PROGRAM		56,412					
024 15	SURGICAL TECHNOLOGY PROGR			153,785				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM					426,544		
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		56,412					295,713,516
026	INTENSIVE CARE UNIT							31,007,044
027	CORONARY CARE UNIT							22,465,790
027 01	NEONATAL INTENSIVE CARE U							8,112,873
028	BURN INTENSIVE CARE UNIT							2,544,427
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							9,136,427
029 03	UH NS 3IC							3,454,507
029 04	RH PED IC							16,640,517
029 05	TRANSPLANT ICU							5,751,741
029 07	PEDIATRIC CANCER CENTER							2,594,700
031	SUBPROVIDER							8,246,834
033	NURSERY							7,655,301
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			153,785				145,297,350
037 01	ENDOSCOPY							3,269,665
038	RECOVERY ROOM							15,204,657
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							9,181,610
040 01	PULMONARY FUNCTION TESTIN							6,163,223
041	RADIOLOGY-DIAGNOSTIC							88,413,232
042	RADIOLOGY-THERAPEUTIC							14,834,592
043	RADIOISOTOPE	86,693						7,024,599
044	LABORATORY							76,869,289
044 01	TRANSPLANT IMMUNOLOGY							4,377,813
044 02	BONE MARROW TRANSPLANT LA							3,288,416

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC	MEDICAL ASSIS TING PROGRAM	SURGICAL TECH NOLOGY PROGR	PARAMED SPEEC H	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							17,190,206
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							36,075,438
050	PHYSICAL THERAPY							13,140,635
051	OCCUPATIONAL THERAPY							3,989,525
052	SPEECH PATHOLOGY							7,572,926
053	ELECTROCARDIOLOGY							5,816,575
054	ELECTROENCEPHALOGRAPHY							6,377,482
055	MEDICAL SUPPLIES CHARGED							52,530,810
055 30	IMPL. DEV. CHARGED TO PAT							62,244,179
056	DRUGS CHARGED TO PATIENTS					426,544		108,546,526
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							53,011,590
057	RENAL DIALYSIS							18,514,383
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							651,039
059 01	CARDIOLOGY							16,456,087
059 02	PSYCH OTHER ANCILLARY							2,203,943
059 03	CARDIAC CATHERIZATION							16,661,046
059 04	DAY SURGERY							7,972,824
059 05	ONCOLOGY							7,860,984
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION							486,525
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							2,975,846
060 02	MEDICINE/DIAGNOSTIC							21,306,713
060 03	AMB SVC-OPTHALMOLOGY							748,591
060 04	AMB SVC-PSYCH ADULT							1,888,484
060 05	AMB SVC-DIABETES ADULT							69,047
060 06	OUTPATIENT SURGERY							4,413,004
060 07	AMB SVC-RILEY CLINICS							13,918,500
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							290,586
060 10	AMB SVC-PSYCH CHILD							717,295
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							764,931
060 15	SLEEP DISORDER CENTER							4,977,509
060 16	O/P CLINIC-ADULT							906,076
060 17	O/P CLINIC-PEDIATRIC							48,829
060 18	ARTHRITIS/INFUSION CENTER							9,635,355
060 19	NEUROLOGY UH							2,284,924
060 20	ORTHOPEDICS UH							1,118,289
060 21	AMB SVC-UH PHYSICAL MEDIC							1,967,709
060 22	AMB SVC-DERMATOLOGY CLINI							867,658
060 24	IU CANCER PAVILLION							7,666
060 25	CARDIO CLINIC							581,263
061	EMERGENCY							44,352,192
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							3,640,192
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							4,437,268
065	AMBULANCE SERVICES							24,505,505
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							49,907,815
082	LUNG ACQUISITION							2,714,852
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							12,990,973
084	LIVER ACQUISITION							7,233,474
085	HEART ACQUISITION							1,517,275
085 01	PANCREAS ACQUISITION							3,524,559
085 02	INTESTINE ACQUISITION							1,608,086
086	OTHER ORGAN ACQUISITION							378,872
086 01	POST TRANSPLANT EXPENSES							5,207,363
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							5,407,095
095	SUBTOTALS	86,693	56,412	153,785		426,544		1,461,464,642
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							631,268
097	RESEARCH							16,081,333
097 01	RESEARCH-GCRC							1,328,076
098	PHYSICIANS' PRIVATE OFFIC							10,818,401
098 01	OTHER NONREIMBURSABLE-MET							28,797,974
098 02	CAFETERIA-IUMC							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC	MEDICAL ASSIS TING PROGRAM	SURGICAL TECH NOLOGY PROGR	PARAMED SPEEC H	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
			24.13	24.14	24.15	24.16	24.17	24.18	25
		NONREIMBURS COST CENTERS							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM							85,829
098	05	AOC-PRIVATE PHYSICIANS							15,198,508
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							248,886
098	09	MHH NON-REIMBURSABLE LABO							320,364
098	10	SURGERY CENTER							127,359
098	11	UNUSED SPACE							13,418,145
098	12	RHI LAB							270,997
098	13	NONALLOWABLE ADVERTISING							31,830,088
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR							1,686,715
098	16	CARDIO PHYSICIANS							1,514,743
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	86,693	56,412	153,785		426,544		1,583,823,328

		COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
		GENERAL SERVICE COST CNTR		
001		OLD CAP REL COSTS-BLDG &		
002		OLD CAP REL COSTS-MVBLE E		
003		NEW CAP REL COSTS-BLDG &		
003	01	NEW CAP REL COSTS-INTERES		
004		NEW CAP REL COSTS-MVBLE E		
005		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING, RECEIVING, &		
006	04	ADMITTING		
006	05	CASHIERING		
006	06	OTHER ADMINISTRATIVE AND		
007		MAINTENANCE & REPAIRS		
007	03	MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
008	01	IU LEASED SPACE		
009		LAUNDRY & LINEN SERVICE		
010		HOUSEKEEPING		
010	01	HOUSEKEEPING - UNIVERSITY		
010	02	HOUSEKEEPING - RILEY		
010	03	HOUSEKEEPING - METHODIST		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSONNEL		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SUPPLY		
016		PHARMACY		
017		MEDICAL RECORDS & LIBRARY		
018		SOCIAL SERVICE		
019		PATIENT TRANSPORTATION		
020		NONPHYSICIAN ANESTHETISTS		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY & FRI		
023		I&R SERVICES-OTHER PRGM C		
024		PARAMED ED PRGM		
024	01	PARAMED ED CLINIC LAB		
024	02	PARAMED RADIOLOGY-METHODI		
024	03	PARAMED RESPIRATORY THERA		
024	04	DIETARY INTERNSHIP PROG		
024	05	PARAMED EMERGENCY METHODI		
024	06	PARAMED PASTORAL ED		
024	07	PARAMED PHYSICAL THERAPY		
024	08	PARAMED OCCUP THERAPY		
024	09	PARAMED PERFUSION		
024	10	PARAMED PHARMACY		
024	11	PARAMED NEUROPHYSIOLOGY		
024	12	RADIATION THERAPY ED-IUMC		
024	13	NUCLEAR MED ED-IUMC		
024	14	MEDICAL ASSISTING PROGRAM		
024	15	SURGICAL TECHNOLOGY PROGR		
024	16	PARAMED SPEECH		
024	17	PARAMED ED PRGM		
024	18	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
025		ADULTS & PEDIATRICS	-15,062,865	280,650,651
026		INTENSIVE CARE UNIT	-1,634,588	29,372,456
027		CORONARY CARE UNIT		22,465,790
027	01	NEONATAL INTENSIVE CARE U	-323,281	7,789,592
028		BURN INTENSIVE CARE UNIT		2,544,427
029		SURGICAL INTENSIVE CARE U		
029	02	UH SURG 6IC		9,136,427
029	03	UH NS 3IC		3,454,507
029	04	RH PED IC	-717,280	15,923,237
029	05	TRANSPLANT ICU		5,751,741
029	07	PEDIATRIC CANCER CENTER		2,594,700
031		SUBPROVIDER	-369,752	7,877,082
033		NURSERY		7,655,301
034		SKILLED NURSING FACILITY		
035		NURSING FACILITY		
035	01	ICF/MR		
036		OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
037		OPERATING ROOM	-5,002,771	140,294,579
037	01	ENDOSCOPY	-216,194	3,053,471
038		RECOVERY ROOM	-3,956,149	11,248,508
039		DELIVERY ROOM & LABOR ROO		
040		ANESTHESIOLOGY	-737,485	8,444,125
040	01	PULMONARY FUNCTION TESTIN	-602,110	5,561,113
041		RADIOLOGY-DIAGNOSTIC	-3,560,131	84,853,101
042		RADIOLOGY-THERAPEUTIC	-50,513	14,784,079
043		RADIOISOTOPE	-307,117	6,717,482
044		LABORATORY	-2,883,261	73,986,028
044	01	TRANSPLANT IMMUNOLOGY		4,377,813
044	02	BONE MARROW TRANSPLANT LA		3,288,416

	COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	ANCILLARY SRVC COST CNTRS		
045	PBP CLINICAL LAB SERVICES		
046	WHOLE BLOOD & PACKED RED		
047	BLOOD STORING, PROCESSING		17,190,206
048	INTRAVENOUS THERAPY		
049	RESPIRATORY THERAPY	-44,451	36,030,987
050	PHYSICAL THERAPY	-642,521	12,498,114
051	OCCUPATIONAL THERAPY	-119,210	3,870,315
052	SPEECH PATHOLOGY		7,572,926
053	ELECTROCARDIOLOGY	-101,025	5,715,550
054	ELECTROENCEPHALOGRAPHY	-436,429	5,941,053
055	MEDICAL SUPPLIES CHARGED		52,530,810
055 30	IMPL. DEV. CHARGED TO PAT		62,244,179
056	DRUGS CHARGED TO PATIENTS	-117,190	108,429,336
056 01	RENAL-RILEY		
056 02	RENAL-ADULT		
056 03	OUTPATIENT RETAIL PHARMAC		53,011,590
057	RENAL DIALYSIS	-1,487,092	17,027,291
058	ASC (NON-DISTINCT PART)		
058 04	BMTU OUTPATIENT		
059	RH NBN ECMO IC		651,039
059 01	CARDIOLOGY	-986,007	15,470,080
059 02	PSYCH OTHER ANCILLARY		2,203,943
059 03	CARDIAC CATHERIZATION	-1,812,393	14,848,653
059 04	DAY SURGERY		7,972,824
059 05	ONCOLOGY	-347,526	7,513,458
059 06	DAY SURGERY-RILEY		
059 07	CARDIOLOGY-RILEY		
059 97	CARDIAC REHABILITATION		486,525
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		
060 01	AMB SVC-OB & GYN		2,975,846
060 02	MEDICINE/DIAGNOSTIC	-3,838,960	17,467,753
060 03	AMB SVC-OPTHALMOLOGY	-117,190	631,401
060 04	AMB SVC-PSYCH ADULT	-404,101	1,484,383
060 05	AMB SVC-DIABETES ADULT		69,047
060 06	OUTPATIENT SURGERY		4,413,004
060 07	AMB SVC-RILEY CLINICS	-3,552,048	10,366,452
060 08	DENTAL CLINIC		
060 09	MOTILITY LAB		290,586
060 10	AMB SVC-PSYCH CHILD	-244,481	472,814
060 13	ARTHRITIS CENTER		
060 14	GERIATRICS CLINIC	-10,102	754,829
060 15	SLEEP DISORDER CENTER		4,977,509
060 16	O/P CLINIC-ADULT		906,076
060 17	O/P CLINIC-PEDIATRIC		48,829
060 18	ARTHRITIS/INFUSION CENTER	-76,779	9,558,576
060 19	NEUROLOGY UH	-195,989	2,088,935
060 20	ORTHOPEDICS UH	-80,820	1,037,469
060 21	AMB SVC-UH PHYSICAL MEDIC		1,967,709
060 22	AMB SVC-DERMATOLOGY CLINI	-119,210	748,448
060 24	IU CANCER PAVILLION		7,666
060 25	CARDIO CLINIC		581,263
061	EMERGENCY	-2,271,047	42,081,145
061 01	EMERGENCY-RILEY		
062	OBSERVATION BEDS (NON-DIS		
063	FAMILY PRACTICE		
063 60	FEDERALLY QUALIFIED HEALT		3,640,192
	OTHER REIMBURS COST CNTRS		
064	HOME PROGRAM DIALYSIS		4,437,268
065	AMBULANCE SERVICES		24,505,505
066	DURABLE MEDICAL EQUIP-REN		
067	DURABLE MEDICAL EQUIP-SOL		
069	CORF		
070	I&R SERVICES-NOT APPRVD P		
071	HOME HEALTH AGENCY		49,907,815
082	LUNG ACQUISITION		2,714,852
	SPEC PURPOSE COST CENTERS		
083	KIDNEY ACQUISITION	-204,071	12,786,902
084	LIVER ACQUISITION		7,233,474
085	HEART ACQUISITION		1,517,275
085 01	PANCREAS ACQUISITION		3,524,559
085 02	INTESTINE ACQUISITION		1,608,086
086	OTHER ORGAN ACQUISITION		378,872
086 01	POST TRANSPLANT EXPENSES		5,207,363
092	AMBULATORY SURGICAL CENTE		
093	HOSPICE	-8,082	5,399,013
095	SUBTOTALS	-52,640,221	1,408,824,421
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		631,268
097	RESEARCH		16,081,333
097 01	RESEARCH-GCRC		1,328,076
098	PHYSICIANS' PRIVATE OFFIC	-3,719,750	7,098,651
098 01	OTHER NONREIMBURSABLE-MET	-4,291,553	24,506,421
098 02	CAFETERIA-IUMC		

		COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ	TOTAL
			26	27
		NONREIMBURS COST CENTERS		
098	03	ORGAN PROC ORG		
098	04	OTHER NONREIMBURSABLE-IUM		85,829
098	05	AOC-PRIVATE PHYSICIANS		15,198,508
098	06	NONALLOWABLE ADVERTISING		
098	07	PHYSICIANS' PRIVATE OFFIC		
098	08	MHH NON-REIMBURSABLE RADI		248,886
098	09	MHH NON-REIMBURSABLE LABO		320,364
098	10	SURGERY CENTER		127,359
098	11	UNUSED SPACE		13,418,145
098	12	RHI LAB		270,997
098	13	NONALLOWABLE ADVERTISING		31,830,088
098	14	NONALLOWABLE		
098	15	ARTHRITIS CLINIC - NR		1,686,715
098	16	CARDIO PHYSICIANS		1,514,743
099		NONPAID WORKERS		
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		
103		TOTAL	-60,651,524	1,523,171,804

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
		0	1	2	3	3.01	4	4a
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				15,401			15,401
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &				1,606		51,977	53,583
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND				637,656		1,351,232	1,988,888
007	MAINTENANCE & REPAIRS				601,275			601,275
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT				13,479		94,554	108,033
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE				337,780		1,733	339,513
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY				336,526		332,403	668,929
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				282,749		2,256,638	2,539,387
015	CENTRAL SERVICES & SUPPLY				312,362		356,883	669,245
016	PHARMACY				553,123		1,971,194	2,524,317
017	MEDICAL RECORDS & LIBRARY				8,810		15,031	23,841
018	SOCIAL SERVICE				43,065		1,490	44,555
019	PATIENT TRANSPORTATION				16,320		7,774	24,094
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI				43,696			43,696
023	I&R SERVICES-OTHER PRGM C				394,342		59,891	454,233
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB				110,405		18,434	128,839
024 02	PARAMED RADIOLOGY-METHODI				35,870			35,870
024 03	PARAMED RESPIRATORY THERA				34,701			34,701
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI				31,405			31,405
024 06	PARAMED PASTORAL ED				7,501			7,501
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				14,510			14,510
024 15	SURGICAL TECHNOLOGY PROGR				20,711			20,711
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM				37,300			37,300
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				6,460,599		2,237,496	8,698,095
026	INTENSIVE CARE UNIT				507,867		410,013	917,880
027	CORONARY CARE UNIT				361,396		103,198	464,594
027 01	NEONATAL INTENSIVE CARE U				74,127		79,843	153,970
028	BURN INTENSIVE CARE UNIT				38,906		167,339	206,245
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC						289,365	289,365
029 03	UH NS 3IC				62,829		15,199	78,028
029 04	RH PED IC				268,239		79,685	347,924
029 05	TRANSPLANT ICU				125,574			125,574
029 07	PEDIATRIC CANCER CENTER				56,507		941	57,448
031	SUBPROVIDER				195,004		6,834	201,838
033	NURSERY				150,750		61,763	212,513
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				2,046,155		10,347,500	12,393,655
037 01	ENDOSCOPY				105,420		189,058	294,478
038	RECOVERY ROOM				346,237		88,721	434,958
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY				17,387		1,189,599	1,206,986
040 01	PULMONARY FUNCTION TESTIN				184,495		316,279	500,774
041	RADIOLOGY-DIAGNOSTIC				1,666,099		15,893,884	17,559,983
042	RADIOLOGY-THERAPEUTIC				374,133		4,366,542	4,740,675
043	RADIOISOTOPE				174,441		1,332,199	1,506,640
044	LABORATORY				1,554,273		2,545,939	4,100,212
044 01	TRANSPLANT IMMUNOLOGY				42,313		54,860	97,173
044 02	BONE MARROW TRANSPLANT LA				128,155		164,845	293,000

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
		0	1	2	3	3.01	4	4a
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING				91,282		97,799	189,081
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				221,916		882,031	1,103,947
050	PHYSICAL THERAPY				233,640		56,605	290,245
051	OCCUPATIONAL THERAPY				151,855		8,237	160,092
052	SPEECH PATHOLOGY				198,949		50,566	249,515
053	ELECTROCARDIOLOGY				59,895		460,763	520,658
054	ELECTROENCEPHALOGRAPHY				64,240		354,796	419,036
055	MEDICAL SUPPLIES CHARGED				29,901			29,901
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC						92,809	92,809
057	RENAL DIALYSIS				310,580		318,257	628,837
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC						91,317	91,317
059 01	CARDIOLOGY				105,300		1,435,188	1,540,488
059 02	PSYCH OTHER ANCILLARY				26,355		9,340	35,695
059 03	CARDIAC CATHERIZATION				298,289		1,429,757	1,728,046
059 04	DAY SURGERY				231,282		133,160	364,442
059 05	ONCOLOGY				37,885		6,216,909	6,254,794
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION				16,914		5,812	22,726
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				149,423		246,635	396,058
060 02	MEDICINE/DIAGNOSTIC				584,138		39,777	623,915
060 03	AMB SVC-OPTHALMOLOGY				48,087		22,999	71,086
060 04	AMB SVC-PSYCH ADULT				161,185		9,549	170,734
060 05	AMB SVC-DIABETES ADULT				17,620			17,620
060 06	OUTPATIENT SURGERY				88,079		560,285	648,364
060 07	AMB SVC-RILEY CLINICS				308,315		223,343	531,658
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB				4,688		21,256	25,944
060 10	AMB SVC-PSYCH CHILD				14,686			14,686
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC				42,879		3,935	46,814
060 15	SLEEP DISORDER CENTER				161,992		39,426	201,418
060 16	O/P CLINIC-ADULT				93,213		2,658	95,871
060 17	O/P CLINIC-PEDIATRIC				12,579			12,579
060 18	ARTHRITIS/INFUSION CENTER						4,156	4,156
060 19	NEUROLOGY UH				40,234		88,681	128,915
060 20	ORTHOPEDICS UH				89,398		2,397	91,795
060 21	AMB SVC-UH PHYSICAL MEDIC				91,366		2,298	93,664
060 22	AMB SVC-DERMATOLOGY CLINI				59,441		41,928	101,369
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC						3,126	3,126
061	EMERGENCY				832,428		445,639	1,278,067
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				51,058		23,221	74,279
065	AMBULANCE SERVICES						2,436,302	2,436,302
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY				28,370		899,416	927,786
082	LUNG ACQUISITION				17,564		21,752	39,316
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION				35,007		223,278	258,285
084	LIVER ACQUISITION				6,136		82,715	88,851
085	HEART ACQUISITION				8,559		9,751	18,310
085 01	PANCREAS ACQUISITION				3,509		55,500	59,009
085 02	INTESTINE ACQUISITION				1,532		16,934	18,466
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES				58,856		306,473	365,329
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE				65,224		42,637	107,861
095	SUBTOTALS				23,985,348		63,979,749	87,965,097
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				125,305			125,305
097	RESEARCH				348,465		2,004,145	2,352,610
097 01	RESEARCH-GCRC				157,611		4,986	162,597
098	PHYSICIANS' PRIVATE OFFIC				11,298		549	11,847
098 01	OTHER NONREIMBURSABLE-MET				1,350,673		293,359	1,644,032
098 02	CAFETERIA-IUMC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-INTERES	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
			0	1	2	3	3.01	4	4a
		NONREIMBURS COST CENTERS							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM				2,525			2,525
098	05	AOC-PRIVATE PHYSICIANS				3,775,333			3,775,333
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI						48,172	48,172
098	09	MHH NON-REIMBURSABLE LABO				733		9,869	10,602
098	10	SURGERY CENTER							
098	11	UNUSED SPACE				3,468,661			3,468,661
098	12	RHI LAB							
098	13	NONALLOWABLE ADVERTISING				77,172		6,929	84,101
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS						52,690	52,690
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL				33,303,124		66,400,448	99,703,572

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING, & 6.03	ADMITTING 6.04	CASHIERING 6.05	OTHER ADMINISTRATIVE AND 6.06
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	15,401						
006 01	NONPATIENT TELEPHONES	7	7					
006 02	DATA PROCESSING	375		375				
006 03	PURCHASING, RECEIVING, &	199			53,782			
006 04	ADMITTING	200				200		
006 05	CASHIERING	288					288	
006 06	OTHER ADMINISTRATIVE AND	919		18				1,989,825
007	MAINTENANCE & REPAIRS	99						23,808
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	237						69,278
008 01	IU LEASED SPACE							92
009	LAUNDRY & LINEN SERVICE				27			4,204
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY	72						6,690
010 02	HOUSEKEEPING - RILEY	37						3,417
010 03	HOUSEKEEPING - METHODIST	83						7,700
011	DIETARY	187		4	18			17,783
012	CAFETERIA	21						1,910
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	408		5	6			35,924
015	CENTRAL SERVICES & SUPPLY	56		2	859			153,666
016	PHARMACY	559		12	685			79,941
017	MEDICAL RECORDS & LIBRARY	174						17,294
018	SOCIAL SERVICE	91		4				10,287
019	PATIENT TRANSPORTATION	47		1	4			3,724
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	622		2				55,315
023	I&R SERVICES-OTHER PRGM C	26		4	13			18,957
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	4						630
024 02	PARAMED RADIOLOGY-METHODI	9						508
024 03	PARAMED RESPIRATORY THERA	8			1			187
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	6						424
024 06	PARAMED PASTORAL ED	13		1				1,073
024 07	PARAMED PHYSICAL THERAPY	5			2			367
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	30						2,259
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC	6						459
024 13	NUCLEAR MED ED-IUMC	1						95
024 14	MEDICAL ASSISTING PROGRAM							20
024 15	SURGICAL TECHNOLOGY PROGR	2						98
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	4			1			352
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,222	7	69	3,431	200		271,753
026	INTENSIVE CARE UNIT	351		9	491			29,913
027	CORONARY CARE UNIT	260		7	457			21,891
027 01	NEONATAL INTENSIVE CARE U	100		1	102			8,135
028	BURN INTENSIVE CARE UNIT	31		1	10			2,709
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	106		4	227			9,447
029 03	UH NS 3IC	40			115			3,306
029 04	RH PED IC	200		1	279			15,965
029 05	TRANSPLANT ICU	70			178			5,591
029 07	PEDIATRIC CANCER CENTER	31			33			2,606
031	SUBPROVIDER	81		3	12			8,162
033	NURSERY	91		2	73			7,789
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	775		20	21,446			97,953
037 01	ENDOSCOPY	22		2	182			2,758
038	RECOVERY ROOM	126		5	122			11,572
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	37		1	938			5,537
040 01	PULMONARY FUNCTION TESTIN	59		2	95			5,779
041	RADIOLOGY-DIAGNOSTIC	548		26	3,413			86,173
042	RADIOLOGY-THERAPEUTIC	100		5	97			15,983
043	RADIOISOTOPE	21		1	861			4,610
044	LABORATORY	563		21	5,227		288	69,624
044 01	TRANSPLANT IMMUNOLOGY	20			355			4,209
044 02	BONE MARROW TRANSPLANT LA	25		1	269			2,717

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	OTHER ADMINISTRATIVE AND
		5	6.01	6.02	6.03	6.04	6.05	6.06
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	74		2	4,179			8,752
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	468		5	1,338			39,511
050	PHYSICAL THERAPY	170		2	157			14,218
051	OCCUPATIONAL THERAPY	48		2	26			4,203
052	SPEECH PATHOLOGY	70		4	709			6,644
053	ELECTROCARDIOLOGY	63		2	34			6,570
054	ELECTROENCEPHALOGRAPHY	63		2	78			6,892
055	MEDICAL SUPPLIES CHARGED	6			44			65,373
055 30	IMPL. DEV. CHARGED TO PAT							76,998
056	DRUGS CHARGED TO PATIENTS							133,107
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	125		5				11,895
057	RENAL DIALYSIS	145		4	604			14,131
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC	8			23			719
059 01	CARDIOLOGY	43		1	2,831			10,365
059 02	PSYCH OTHER ANCILLARY	3		1	4			2,639
059 03	CARDIAC CATHERIZATION	77		5	1,712			11,896
059 04	DAY SURGERY	101		1	83			8,350
059 05	ONCOLOGY	7						9,290
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION	6			1			530
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	27		2	42			2,935
060 02	MEDICINE/DIAGNOSTIC	119		10	79			12,219
060 03	AMB SVC-OPTHALMOLOGY	4		1	2			527
060 04	AMB SVC-PSYCH ADULT	10		1	3			1,263
060 05	AMB SVC-DIABETES ADULT							24
060 06	OUTPATIENT SURGERY	49		2	11			5,059
060 07	AMB SVC-RILEY CLINICS	106		7	87			10,200
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	3			22			263
060 10	AMB SVC-PSYCH CHILD	5		1				541
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	5						785
060 15	SLEEP DISORDER CENTER	55		2				5,598
060 16	O/P CLINIC-ADULT	6		1	1			790
060 17	O/P CLINIC-PEDIATRIC							17
060 18	ARTHRITIS/INFUSION CENTER	4			6			1,685
060 19	NEUROLOGY UH	27		1	2			2,385
060 20	ORTHOPEDICS UH	8		1	2			854
060 21	AMB SVC-UH PHYSICAL MEDIC	20		1	8			1,882
060 22	AMB SVC-DERMATOLOGY CLINI	5			22			614
060 24	IU CANCER PAVILLION							10
060 25	CARDIO CLINIC	7		1	4			690
061	EMERGENCY	451		16	800			43,051
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							4,563
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	20		1	522			2,333
065	AMBULANCE SERVICES	164		3	50			29,922
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	480		20				62,031
082	LUNG ACQUISITION	6			2			3,315
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	48		2	25			15,714
084	LIVER ACQUISITION	18		1	9			8,952
085	HEART ACQUISITION	5			1			1,857
085 01	PANCREAS ACQUISITION	4		1	6			4,357
085 02	INTESTINE ACQUISITION	4			2			1,990
086	OTHER ORGAN ACQUISITION	4			21			397
086 01	POST TRANSPLANT EXPENSES	67		3	34			6,202
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	53			5			6,417
095	SUBTOTALS	14,935	7	348	53,620	200	288	1,882,169
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			1				340
097	RESEARCH	197		12	119			18,031
097 01	RESEARCH-GCRC			1	14			681
098	PHYSICIANS' PRIVATE OFFIC	11			3			8,830
098 01	OTHER NONREIMBURSABLE-MET	154		9	4			25,733
098 02	CAFETERIA-IUMC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, &	ADMITTING	CASHIERING	OTHER ADMINISTRATIVE AND
			5	6.01	6.02	6.03	6.04	6.05	6.06
		NONREIMBURS COST CENTERS							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM	4						95
098	05	AOC-PRIVATE PHYSICIANS							5,945
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI	2						311
098	09	MHH NON-REIMBURSABLE LABO	4			6			382
098	10	SURGERY CENTER	2						159
098	11	UNUSED SPACE							4,752
098	12	RHI LAB	3			8			317
098	13	NONALLOWABLE ADVERTISING	69		3	5			39,719
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	4			1			606
098	16	CARDIO PHYSICIANS	16		1	2			1,755
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	15,401	7	375	53,782	200	288	1,989,825

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	625,182						
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	263		177,811				
008 01	IU LEASED SPACE				92			
009	LAUNDRY & LINEN SERVICE	6,589		1,875		352,208		
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							6,762
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY	6,565		1,868				78
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	5,516		1,569				26
015	CENTRAL SERVICES & SUPPLY	6,094		1,734		194		45
016	PHARMACY	10,790		3,070		840		153
017	MEDICAL RECORDS & LIBRARY	172		49	92			6
018	SOCIAL SERVICE	840		239		45		1
019	PATIENT TRANSPORTATION	318		91				10
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	852		243		50		4
023	I&R SERVICES-OTHER PRGM C	7,693		2,189		1,025		24
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	2,154		613				
024 02	PARAMED RADIOLOGY-METHODI	700		199				
024 03	PARAMED RESPIRATORY THERA	677		193				
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI	613		174				
024 06	PARAMED PASTORAL ED	146		42				
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	283		81				
024 15	SURGICAL TECHNOLOGY PROGR	404		115				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	728		207				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	126,041		35,861		205,320		1,351
026	INTENSIVE CARE UNIT	9,908		2,819		22,778		
027	CORONARY CARE UNIT	7,050		2,006		14,749		100
027 01	NEONATAL INTENSIVE CARE U	1,446		411		1,796		
028	BURN INTENSIVE CARE UNIT	759		216		549		
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC					3,753		
029 03	UH NS 3IC	1,226		349		1,961		40
029 04	RH PED IC	5,233		1,489		1,471		
029 05	TRANSPLANT ICU	2,450		697		74		79
029 07	PEDIATRIC CANCER CENTER	1,102		314		482		
031	SUBPROVIDER	3,804		1,082		4,125		
033	NURSERY	2,941		837		3,115		57
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	39,917		11,358		40,311		564
037 01	ENDOSCOPY	2,057		585		1,446		
038	RECOVERY ROOM	6,754		1,922		2,742		46
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	339		97				1
040 01	PULMONARY FUNCTION TESTIN	3,599		1,024		6		18
041	RADIOLOGY-DIAGNOSTIC	32,503		9,248		7,524		456
042	RADIOLOGY-THERAPEUTIC	7,299		2,077		747		125
043	RADIOISOTOPE	3,403		968		306		47
044	LABORATORY	30,321		8,627				43
044 01	TRANSPLANT IMMUNOLOGY	825		235				
044 02	BONE MARROW TRANSPLANT LA	2,500		711		19		53

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
		7	7.03	8	8.01	9	10	10.01
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	1,781		507		248		7
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	4,329		1,232		35		22
050	PHYSICAL THERAPY	4,558		1,297		879		19
051	OCCUPATIONAL THERAPY	2,962		843				18
052	SPEECH PATHOLOGY	3,881		1,104		7		27
053	ELECTROCARDIOLOGY	1,168		332		551		
054	ELECTROENCEPHALOGRAPHY	1,253		357		55		
055	MEDICAL SUPPLIES CHARGED	583		166				
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC					23		
057	RENAL DIALYSIS	6,059		1,724		34		115
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	2,054		584		238		11
059 02	PSYCH OTHER ANCILLARY	514		146				
059 03	CARDIAC CATHERIZATION	5,819		1,656		3,603		13
059 04	DAY SURGERY	4,512		1,284		2,372		124
059 05	ONCOLOGY	739		210				2
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION	330		94				
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	2,915		829		256		94
060 02	MEDICINE/DIAGNOSTIC	11,395		3,242		87		304
060 03	AMB SVC-OPTHALMOLOGY	938		267				30
060 04	AMB SVC-PSYCH ADULT	3,144		895				40
060 05	AMB SVC-DIABETES ADULT	344		98				11
060 06	OUTPATIENT SURGERY	1,718		489		61		56
060 07	AMB SVC-RILEY CLINICS	6,015		1,711		923		
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	91		26				
060 10	AMB SVC-PSYCH CHILD	286		82		7		
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	836		238				
060 15	SLEEP DISORDER CENTER	3,160		899				25
060 16	O/P CLINIC-ADULT	1,818		517				
060 17	O/P CLINIC-PEDIATRIC	245		70				
060 18	ARTHRITIS/INFUSION CENTER							
060 19	NEUROLOGY UH	785		223				25
060 20	ORTHOPEDICS UH	1,744		496				56
060 21	AMB SVC-UH PHYSICAL MEDIC	1,782		507				58
060 22	AMB SVC-DERMATOLOGY CLINI	1,160		330		37		38
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY	16,239		4,621		21,570		26
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	996		283				32
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	553		157				2
082	LUNG ACQUISITION	343		97				
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	683		194				6
084	LIVER ACQUISITION	120		34				4
085	HEART ACQUISITION	167		48				
085 01	PANCREAS ACQUISITION	68		19				2
085 02	INTESTINE ACQUISITION	30		9				1
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	1,148		327				11
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	1,272		362		54		3
095	SUBTOTALS	443,411		126,090	92	346,468		4,509
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	2,444		696				24
097	RESEARCH	6,798		1,934		292		5
097 01	RESEARCH-GCRC	3,075		875		2,794		100
098	PHYSICIANS' PRIVATE OFFIC	220		63				7
098 01	OTHER NONREIMBURSABLE-MET	26,349		7,497		2,654		37
098 02	CAFETERIA-IUMC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
			7	7.03	8	8.01	9	10	10.01
		NONREIMBURS COST CENTERS							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM	49		14				
098	05	AOC-PRIVATE PHYSICIANS	73,650		20,956				781
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO	14		4				
098	10	SURGERY CENTER							
098	11	UNUSED SPACE	67,667		19,254				1,299
098	12	RHI LAB							
098	13	NONALLOWABLE ADVERTISING	1,505		428				
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS							
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	625,182		177,811	92	352,208		6,762

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		10.02	10.03	11	12	13	14	15
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY	3,454						
010 03	HOUSEKEEPING - METHODIST		7,783					
011	DIETARY	13	114	695,559				
012	CAFETERIA				1,931			
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	5	133		61		2,583,040	
015	CENTRAL SERVICES & SUPPLY	33	109		13		295	832,345
016	PHARMACY	67	112		69		3,051	10,797
017	MEDICAL RECORDS & LIBRARY				33			
018	SOCIAL SERVICE	14	9		16			2
019	PATIENT TRANSPORTATION				15			70
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI	20			113			
023	I&R SERVICES-OTHER PRGM C		216		5		2,393	205
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB		67		1			
024 02	PARAMED RADIOLOGY-METHODI		22		1			
024 03	PARAMED RESPIRATORY THERA		21		1			16
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI		19		1			
024 06	PARAMED PASTORAL ED	3	1		3			
024 07	PARAMED PHYSICAL THERAPY				1			27
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				4			
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC				1			
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM		9					
024 15	SURGICAL TECHNOLOGY PROGR		13					
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM		23		1			10
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	633	1,901	564,247	474		1,268,395	54,057
026	INTENSIVE CARE UNIT		308	11,708	49		147,038	7,736
027	CORONARY CARE UNIT		123	46,030	36		107,706	7,194
027 01	NEONATAL INTENSIVE CARE U		45	3,853	13		40,706	1,608
028	BURN INTENSIVE CARE UNIT	21		3,043	4		10,503	156
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC			12,034	16		48,550	3,572
029 03	UH NS 3IC			4,290	5		15,105	1,807
029 04	RH PED IC	144		17,426	29		87,150	4,397
029 05	TRANSPLANT ICU				10		32,271	2,798
029 07	PEDIATRIC CANCER CENTER	30		2,400	5		12,128	519
031	SUBPROVIDER		118	14,494	12		19,167	186
033	NURSERY		37		12		36,459	1,152
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	198	475		127		195,366	337,193
037 01	ENDOSCOPY		64		3		6,426	2,860
038	RECOVERY ROOM	76	80		18		47,922	1,918
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY		9		7		11,611	14,780
040 01	PULMONARY FUNCTION TESTIN	70	16		10		5,798	1,498
041	RADIOLOGY-DIAGNOSTIC	246	262		79		32,950	53,781
042	RADIOLOGY-THERAPEUTIC		106		11		5,429	1,531
043	RADIOISOTOPE	10	50		2		1,470	13,568
044	LABORATORY	36	62		96			82,368
044 01	TRANSPLANT IMMUNOLOGY	1	24		3			5,598
044 02	BONE MARROW TRANSPLANT LA	5	21		4		4,720	4,232

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		10.02	10.03	11	12	13	14	15
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	1	15		11		665	65,850
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	44	63		71		1,610	21,078
050	PHYSICAL THERAPY	13	89		23			2,473
051	OCCUPATIONAL THERAPY	24	48		8			408
052	SPEECH PATHOLOGY	72	13		10		1,462	11,171
053	ELECTROCARDIOLOGY		36		11		2,799	539
054	ELECTROENCEPHALOGRAPHY	14	23		9		15	1,234
055	MEDICAL SUPPLIES CHARGED	16			1			690
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC				19			3
057	RENAL DIALYSIS	28	46		24		39,590	9,515
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				1		1,817	357
059 01	CARDIOLOGY	47			6		5,318	44,603
059 02	PSYCH OTHER ANCILLARY		16				1,226	59
059 03	CARDIAC CATHERIZATION		168	3,760	10		11,944	26,983
059 04	DAY SURGERY	16	3		16		36,104	1,314
059 05	ONCOLOGY		21		1		879	
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION		10		1		968	19
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN				5		5,355	666
060 02	MEDICINE/DIAGNOSTIC		62		25		23,126	1,252
060 03	AMB SVC-OPTHALMOLOGY				1		44	25
060 04	AMB SVC-PSYCH ADULT		59		2		812	51
060 05	AMB SVC-DIABETES ADULT							1
060 06	OUTPATIENT SURGERY				8		3,183	168
060 07	AMB SVC-RILEY CLINICS	165			19		24,574	1,369
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	3					1,152	353
060 10	AMB SVC-PSYCH CHILD	8			1			7
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		26		1		716	1
060 15	SLEEP DISORDER CENTER		74		9			
060 16	O/P CLINIC-ADULT		56		1		997	11
060 17	O/P CLINIC-PEDIATRIC		8					
060 18	ARTHRITIS/INFUSION CENTER						1,337	101
060 19	NEUROLOGY UH				6		5,702	26
060 20	ORTHOPEDICS UH				2		1,012	24
060 21	AMB SVC-UH PHYSICAL MEDIC				5		3,560	122
060 22	AMB SVC-DERMATOLOGY CLINI				1		1,049	353
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC				1		1,662	68
061	EMERGENCY	93	348		68		170,460	12,613
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				3		5,023	8,226
065	AMBULANCE SERVICES				23		27,750	787
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	6	4		77			
082	LUNG ACQUISITION		11		1			38
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION		16		6			387
084	LIVER ACQUISITION				2			143
085	HEART ACQUISITION		5					17
085 01	PANCREAS ACQUISITION				2			96
085 02	INTESTINE ACQUISITION							29
086	OTHER ORGAN ACQUISITION						1,241	327
086 01	POST TRANSPLANT EXPENSES		26		8			532
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		37		9			75
095	SUBTOTALS	2,175	5,852	683,285	1,872		2,525,761	829,800
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	30	35					
097	RESEARCH		207		25		39,391	1,875
097 01	RESEARCH-GCRC			12,274				214
098	PHYSICIANS' PRIVATE OFFIC				1		2,083	49
098 01	OTHER NONREIMBURSABLE-MET	4	762		20		11,367	60
098 02	CAFETERIA-IUMC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			10.02	10.03	11	12	13	14	15
		NONREIMBURS COST CENTERS							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE-IUM		2				273	
098	05	AOC-PRIVATE PHYSICIANS	956	462					
098	06	NONALLOWABLE ADVERTISING							
098	07	PHYSICIANS' PRIVATE OFFIC							
098	08	MHH NON-REIMBURSABLE RADI							
098	09	MHH NON-REIMBURSABLE LABO				1			90
098	10	SURGERY CENTER							1
098	11	UNUSED SPACE	289	454					
098	12	RHI LAB				1			124
098	13	NONALLOWABLE ADVERTISING		9		9			79
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR						7	16
098	16	CARDIO PHYSICIANS				2		4,158	37
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	3,454	7,783	695,559	1,931		2,583,040	832,345

		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY	2,634,463						
017	MEDICAL RECORDS & LIBRARY		41,661					
018	SOCIAL SERVICE			56,103				
019	PATIENT TRANSPORTATION				28,374			
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							100,917
023	I&R SERVICES-OTHER PRGM C	5,090						
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	5,268	5,371	42,097	3,581			
026	INTENSIVE CARE UNIT	68	559	3,201	373			
027	CORONARY CARE UNIT	782	381	2,158	254			
027 01	NEONATAL INTENSIVE CARE U	42	177	1,300	118			
028	BURN INTENSIVE CARE UNIT	20	48	257	32			
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC	103	159	895	106			
029 03	UH NS 3IC	5	64	364	42			
029 04	RH PED IC	1,388	338	1,467	225			
029 05	TRANSPLANT ICU	108	113	653	75			
029 07	PEDIATRIC CANCER CENTER	99	73	343	49			
031	SUBPROVIDER	6	96	1,066	64			
033	NURSERY	12	191	1,937	128			
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	66,171	4,973		3,316			
037 01	ENDOSCOPY	3	118		79			
038	RECOVERY ROOM	49	496		331			
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	59,076	288		192			
040 01	PULMONARY FUNCTION TESTIN	2,771	210		140			
041	RADIOLOGY-DIAGNOSTIC	32,243	4,277		2,852			
042	RADIOLOGY-THERAPEUTIC	493	687		458			
043	RADIOISOTOPE	14,236	173		115			
044	LABORATORY	399	4,622		3,681			
044 01	TRANSPLANT IMMUNOLOGY		196		130			
044 02	BONE MARROW TRANSPLANT LA	1,628	101		67			

		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	10	562		374			
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	120	1,046		697			
050	PHYSICAL THERAPY	150	358		239			
051	OCCUPATIONAL THERAPY		88		59			
052	SPEECH PATHOLOGY	714	92		61			
053	ELECTROCARDIOLOGY	26	478		319			
054	ELECTROENCEPHALOGRAPHY	5	214		143			
055	MEDICAL SUPPLIES CHARGED		737		491			
055 30	IMPL. DEV. CHARGED TO PAT		2,353		1,569			
056	DRUGS CHARGED TO PATIENTS		5,077		3,385			
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC	1,656,369	403		269			
057	RENAL DIALYSIS	111,464	277		185			
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC		12		8			
059 01	CARDIOLOGY	607	602		402			
059 02	PSYCH OTHER ANCILLARY	114	9		6			
059 03	CARDIAC CATHERIZATION	2,387	551		367			
059 04	DAY SURGERY	19	75		50			
059 05	ONCOLOGY							
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION		7		5			
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN	1,033	65		43			
060 02	MEDICINE/DIAGNOSTIC	212,695	151		101			
060 03	AMB SVC-OPTHALMOLOGY	2,590	11		7			
060 04	AMB SVC-PSYCH ADULT	24	22		15			
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY	816	121		81			
060 07	AMB SVC-RILEY CLINICS	33,127	65		43			
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	1	7		4			
060 10	AMB SVC-PSYCH CHILD							
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	13	1		1			
060 15	SLEEP DISORDER CENTER		150		100			
060 16	O/P CLINIC-ADULT	102	2		1			
060 17	O/P CLINIC-PEDIATRIC							
060 18	ARTHRITIS/INFUSION CENTER	312,257	29		19			
060 19	NEUROLOGY UH	30	7		5			
060 20	ORTHOPEDICS UH	3,393	3		2			
060 21	AMB SVC-UH PHYSICAL MEDIC	5,573	10		6			
060 22	AMB SVC-DERMATOLOGY CLINI	914	8		5			
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC	37	2		1			
061	EMERGENCY	974	2,220		1,480			
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT		18		12			
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	42,504	115		77			
065	AMBULANCE SERVICES	3,223	367		245			
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		956		637			
082	LUNG ACQUISITION	52	48		32			
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	528	253		169			
084	LIVER ACQUISITION	196	151		101			
085	HEART ACQUISITION	23	28		19			
085 01	PANCREAS ACQUISITION	131	67		44			
085 02	INTESTINE ACQUISITION	40	34		22			
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES	725						
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		71	365	47			
095	SUBTOTALS	2,583,046	41,634	56,103	28,356			
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH	74						
097 01	RESEARCH-GCRC	447						
098	PHYSICIANS' PRIVATE OFFIC		11		7			
098 01	OTHER NONREIMBURSABLE-MET	2,622	11		8			
098 02	CAFETERIA-IUMC							

		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		16	17	18	19	20	21	22
	NONREIMBURS COST CENTERS							
098 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		3		2			
098 09	MHH NON-REIMBURSABLE LABO		2		1			
098 10	SURGERY CENTER							
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR	45,890						
098 16	CARDIO PHYSICIANS	2,384						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							100,917
102	NEGATIVE COST CENTER							
103	TOTAL	2,634,463	41,661	56,103	28,374			100,917

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	492,073						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB			132,308				
024 02	PARAMED RADIOLOGY-METHODI			14,074	51,383			
024 03	PARAMED RESPIRATORY THERA			14,969		50,774		
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI			9,386				42,028
024 06	PARAMED PASTORAL ED			21,117				
024 07	PARAMED PHYSICAL THERAPY			8,349				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			44,769				
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC			8,434				
024 13	NUCLEAR MED ED-IUMC			1,751				
024 14	MEDICAL ASSISTING PROGRAM			14				
024 15	SURGICAL TECHNOLOGY PROGR			2,890				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			6,555				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
027 01	NEONATAL INTENSIVE CARE U							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							
029 03	UH NS 3IC							
029 04	RH PED IC							
029 05	TRANSPLANT ICU							
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
037 01	ENDOSCOPY							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED CL INIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY							
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY							
059 02	PSYCH OTHER ANCILLARY							
059 03	CARDIAC CATHERIZATION							
059 04	DAY SURGERY							
059 05	ONCOLOGY							
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							
060 02	MEDICINE/DIAGNOSTIC							
060 03	AMB SVC-OPTHALMOLOGY							
060 04	AMB SVC-PSYCH ADULT							
060 05	AMB SVC-DIABETES ADULT							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS							
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD							
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT							
060 17	O/P CLINIC-PEDIATRIC							
060 18	ARTHRITIS/INFUSION CENTER							
060 19	NEUROLOGY UH							
060 20	ORTHOPEDICS UH							
060 21	AMB SVC-UH PHYSICAL MEDIC							
060 22	AMB SVC-DERMATOLOGY CLINI							
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY							
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINE ACQUISITION							
086	OTHER ORGAN ACQUISITION							
086 01	POST TRANSPLANT EXPENSES							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS			132,308				
	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							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PARAMED ED CLINIC LAB	PARAMED RADIOLOGY-METHODI	PARAMED RESPIRATORY THERA	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODI
		23	24	24.01	24.02	24.03	24.04	24.05
	NONREIMBURS COST CENTERS							
098 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 ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS	492,073			51,383	50,774		42,028
102	NEGATIVE COST CENTER							
103	TOTAL	492,073		132,308	51,383	50,774		42,028

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEUROPHYSIOLOGY	RADIATION THERAPY ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED	29,900						
024 07	PARAMED PHYSICAL THERAPY		8,751					
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY					47,062		
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							8,900
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PROGRAM							
024 15	SURGICAL TECHNOLOGY PROGR							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
027 01	NEONATAL INTENSIVE CARE U							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							
029 03	UH NS 3IC							
029 04	RH PED IC							
029 05	TRANSPLANT ICU							
029 07	PEDIATRIC CANCER CENTER							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
037 01	ENDOSCOPY							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
040 01	PULMONARY FUNCTION TESTIN							
041	RADIOLOGY-DIAGNOSTIC							
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY							
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLANT LA							

COST CENTER DESCRIPTION	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY	PARAMED OCCUP THERAPY	PARAMED PERFUSION	PARAMED PHARMACY	PARAMED NEURO PHYSIOLOGY	RADIATION THERAPY ED-IUMC
	24.06	24.07	24.08	24.09	24.10	24.11	24.12
ANCILLARY SRVC COST CNTRS							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
056 01 RENAL-RILEY							
056 02 RENAL-ADULT							
056 03 OUTPATIENT RETAIL PHARMAC							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 04 BMTU OUTPATIENT							
059 RH NBN ECMO IC							
059 01 CARDIOLOGY							
059 02 PSYCH OTHER ANCILLARY							
059 03 CARDIAC CATHERIZATION							
059 04 DAY SURGERY							
059 05 ONCOLOGY							
059 06 DAY SURGERY-RILEY							
059 07 CARDIOLOGY-RILEY							
059 97 CARDIAC REHABILITATION							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 AMB SVC-OB & GYN							
060 02 MEDICINE/DIAGNOSTIC							
060 03 AMB SVC-OPTHALMOLOGY							
060 04 AMB SVC-PSYCH ADULT							
060 05 AMB SVC-DIABETES ADULT							
060 06 OUTPATIENT SURGERY							
060 07 AMB SVC-RILEY CLINICS							
060 08 DENTAL CLINIC							
060 09 MOTILITY LAB							
060 10 AMB SVC-PSYCH CHILD							
060 13 ARTHRITIS CENTER							
060 14 GERIATRICS CLINIC							
060 15 SLEEP DISORDER CENTER							
060 16 O/P CLINIC-ADULT							
060 17 O/P CLINIC-PEDIATRIC							
060 18 ARTHRITIS/INFUSION CENTER							
060 19 NEUROLOGY UH							
060 20 ORTHOPEDICS UH							
060 21 AMB SVC-UH PHYSICAL MEDIC							
060 22 AMB SVC-DERMATOLOGY CLINI							
060 24 IU CANCER PAVILLION							
060 25 CARDIO CLINIC							
061 EMERGENCY							
061 01 EMERGENCY-RILEY							
062 OBSERVATION BEDS (NON-DIS							
063 FAMILY PRACTICE							
063 60 FEDERALLY QUALIFIED HEALT							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINE ACQUISITION							
086 OTHER ORGAN ACQUISITION							
086 01 POST TRANSPLANT EXPENSES							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 RESEARCH-GCRC							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 OTHER NONREIMBURSABLE-MET							
098 02 CAFETERIA-IUMC							

	COST CENTER DESCRIPTION	PARAMEDICAL EDUCATION	PARAMEDICAL THERAPY	OCCUPATIONAL THERAPY	PERFUSION	PARAMEDICAL PHARMACY	PARAMEDICAL PHYSIOLOGY	THERAPEUTIC RADIATION ED-IUMC
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	NONREIMBURS COST CENTERS							
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 ADVERTISING							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS	29,900	8,751			47,062		8,900
102	NEGATIVE COST CENTER							
103	TOTAL	29,900	8,751			47,062		8,900

	COST CENTER DESCRIPTION	NUCLEAR MED ED-IUMC	MEDICAL ASSISTING PROGRAM	SURGICAL TECHNOLOGY PROGR	PARAMED SPEECH	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-INTERES							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING, &							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVERSITY							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHODIST							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATION							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-METHODI							
024 03	PARAMED RESPIRATORY THERA							
024 04	DIETARY INTERNSHIP PROG							
024 05	PARAMED EMERGENCY METHODI							
024 06	PARAMED PASTORAL ED							
024 07	PARAMED PHYSICAL THERAPY							
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY							
024 11	PARAMED NEUROPHYSIOLOGY							
024 12	RADIATION THERAPY ED-IUMC							
024 13	NUCLEAR MED ED-IUMC	1,847						
024 14	MEDICAL ASSISTING PROGRAM		14,917					
024 15	SURGICAL TECHNOLOGY PROGR			24,233				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM					45,181		
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							11,291,374
026	INTENSIVE CARE UNIT							1,155,189
027	CORONARY CARE UNIT							675,778
027 01	NEONATAL INTENSIVE CARE U							213,823
028	BURN INTENSIVE CARE UNIT							224,604
029	SURGICAL INTENSIVE CARE U							
029 02	UH SURG 6IC							368,337
029 03	UH NS 3IC							106,747
029 04	RH PED IC							485,126
029 05	TRANSPLANT ICU							170,741
029 07	PEDIATRIC CANCER CENTER							77,662
031	SUBPROVIDER							254,316
033	NURSERY							267,346
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							13,213,818
037 01	ENDOSCOPY							311,083
038	RECOVERY ROOM							509,137
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							1,299,899
040 01	PULMONARY FUNCTION TESTIN							521,869
041	RADIOLOGY-DIAGNOSTIC							17,826,564
042	RADIOLOGY-THERAPEUTIC							4,775,823
043	RADIOISOTOPE							1,546,481
044	LABORATORY							4,306,190
044 01	TRANSPLANT IMMUNOLOGY							108,769
044 02	BONE MARROW TRANSPLANT LA							310,073

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC	MEDICAL ASSIS TING PROGRAM	SURGICAL TECH NOLOGY PROGR	PARAMED SPEEC H	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	ANCILLARY SRVC COST CNTRS							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							272,119
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							1,175,616
050	PHYSICAL THERAPY							314,890
051	OCCUPATIONAL THERAPY							168,829
052	SPEECH PATHOLOGY							275,556
053	ELECTROCARDIOLOGY							533,586
054	ELECTROENCEPHALOGRAPHY							429,393
055	MEDICAL SUPPLIES CHARGED							98,008
055 30	IMPL. DEV. CHARGED TO PAT							80,920
056	DRUGS CHARGED TO PATIENTS							141,569
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHARMAC							1,761,920
057	RENAL DIALYSIS							812,782
058	ASC (NON-DISTINCT PART)							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							94,262
059 01	CARDIOLOGY							1,608,200
059 02	PSYCH OTHER ANCILLARY							40,432
059 03	CARDIAC CATHERIZATION							1,798,997
059 04	DAY SURGERY							418,866
059 05	ONCOLOGY							6,265,943
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATION							24,697
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	AMB SVC-OB & GYN							410,325
060 02	MEDICINE/DIAGNOSTIC							888,782
060 03	AMB SVC-OPTHALMOLOGY							75,533
060 04	AMB SVC-PSYCH ADULT							177,075
060 05	AMB SVC-DIABETES ADULT							18,098
060 06	OUTPATIENT SURGERY							660,186
060 07	AMB SVC-RILEY CLINICS							610,069
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							27,869
060 10	AMB SVC-PSYCH CHILD							15,624
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC							49,437
060 15	SLEEP DISORDER CENTER							211,490
060 16	O/P CLINIC-ADULT							100,174
060 17	O/P CLINIC-PEDIATRIC							12,919
060 18	ARTHRITIS/INFUSION CENTER							319,594
060 19	NEUROLOGY UH							138,139
060 20	ORTHOPEDICS UH							99,392
060 21	AMB SVC-UH PHYSICAL MEDIC							107,198
060 22	AMB SVC-DERMATOLOGY CLINI							105,905
060 24	IU CANCER PAVILLION							10
060 25	CARDIO CLINIC							5,599
061	EMERGENCY							1,553,097
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON-DIS							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED HEALT							4,593
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							134,414
065	AMBULANCE SERVICES							2,498,836
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							992,709
082	LUNG ACQUISITION							43,261
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							276,316
084	LIVER ACQUISITION							98,582
085	HEART ACQUISITION							20,480
085 01	PANCREAS ACQUISITION							63,806
085 02	INTESTINE ACQUISITION							20,627
086	OTHER ORGAN ACQUISITION							1,990
086 01	POST TRANSPLANT EXPENSES							374,412
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							116,631
095	SUBTOTALS							86,570,506
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							128,875
097	RESEARCH							2,421,570
097 01	RESEARCH-GCRC							183,072
098	PHYSICIANS' PRIVATE OFFIC							23,132
098 01	OTHER NONREIMBURSABLE-MET							1,721,323
098 02	CAFETERIA-IUMC							

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC	MEDICAL ASSIS TING PROGRAM	SURGICAL TECH NOLOGY PROGR	PARAMED SPEEC H	PARAMED ED PR GM	PARAMED ED PR GM	SUBTOTAL
		24.13	24.14	24.15	24.16	24.17	24.18	25
	NONREIMBURS COST CENTERS							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE-IUM							2,962
098 05	AOC-PRIVATE PHYSICIANS							3,878,083
098 06	NONALLOWABLE ADVERTISING							
098 07	PHYSICIANS' PRIVATE OFFIC							
098 08	MHH NON-REIMBURSABLE RADI							48,490
098 09	MHH NON-REIMBURSABLE LABO							11,106
098 10	SURGERY CENTER							162
098 11	UNUSED SPACE							3,562,376
098 12	RHI LAB							453
098 13	NONALLOWABLE ADVERTISING							125,927
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							46,524
098 16	CARDIO PHYSICIANS							61,045
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS	1,847	14,917	24,233		45,181		917,966
102	NEGATIVE COST CENTER							
103	TOTAL	1,847	14,917	24,233		45,181		99,703,572

			POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		GENERAL SERVICE COST CNTR		
001		OLD CAP REL COSTS-BLDG &		
002		OLD CAP REL COSTS-MVBLE E		
003		NEW CAP REL COSTS-BLDG &		
003	01	NEW CAP REL COSTS-INTERES		
004		NEW CAP REL COSTS-MVBLE E		
005		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING, RECEIVING, &		
006	04	ADMITTING		
006	05	CASHIERING		
006	06	OTHER ADMINISTRATIVE AND		
007		MAINTENANCE & REPAIRS		
007	03	MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
008	01	IU LEASED SPACE		
009		LAUNDRY & LINEN SERVICE		
010		HOUSEKEEPING		
010	01	HOUSEKEEPING - UNIVERSITY		
010	02	HOUSEKEEPING - RILEY		
010	03	HOUSEKEEPING - METHODIST		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSONNEL		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SUPPLY		
016		PHARMACY		
017		MEDICAL RECORDS & LIBRARY		
018		SOCIAL SERVICE		
019		PATIENT TRANSPORTATION		
020		NONPHYSICIAN ANESTHETISTS		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY & FRI		
023		I&R SERVICES-OTHER PRGM C		
024		PARAMED ED PRGM		
024	01	PARAMED ED CLINIC LAB		
024	02	PARAMED RADIOLOGY-METHODI		
024	03	PARAMED RESPIRATORY THERA		
024	04	DIETARY INTERNSHIP PROG		
024	05	PARAMED EMERGENCY METHODI		
024	06	PARAMED PASTORAL ED		
024	07	PARAMED PHYSICAL THERAPY		
024	08	PARAMED OCCUP THERAPY		
024	09	PARAMED PERFUSION		
024	10	PARAMED PHARMACY		
024	11	PARAMED NEUROPHYSIOLOGY		
024	12	RADIATION THERAPY ED-IUMC		
024	13	NUCLEAR MED ED-IUMC		
024	14	MEDICAL ASSISTING PROGRAM		
024	15	SURGICAL TECHNOLOGY PROGR		
024	16	PARAMED SPEECH		
024	17	PARAMED ED PRGM		
024	18	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
025		ADULTS & PEDIATRICS		11,291,374
026		INTENSIVE CARE UNIT		1,155,189
027		CORONARY CARE UNIT		675,778
027	01	NEONATAL INTENSIVE CARE U		213,823
028		BURN INTENSIVE CARE UNIT		224,604
029		SURGICAL INTENSIVE CARE U		
029	02	UH SURG 6IC		368,337
029	03	UH NS 3IC		106,747
029	04	RH PED IC		485,126
029	05	TRANSPLANT ICU		170,741
029	07	PEDIATRIC CANCER CENTER		77,662
031		SUBPROVIDER		254,316
033		NURSERY		267,346
034		SKILLED NURSING FACILITY		
035		NURSING FACILITY		
035	01	ICF/MR		
036		OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
037		OPERATING ROOM		13,213,818
037	01	ENDOSCOPY		311,083
038		RECOVERY ROOM		509,137
039		DELIVERY ROOM & LABOR ROO		
040		ANESTHESIOLOGY		1,299,899
040	01	PULMONARY FUNCTION TESTIN		521,869
041		RADIOLOGY-DIAGNOSTIC		17,826,564
042		RADIOLOGY-THERAPEUTIC		4,775,823
043		RADIOISOTOPE		1,546,481
044		LABORATORY		4,306,190
044	01	TRANSPLANT IMMUNOLOGY		108,769
044	02	BONE MARROW TRANSPLANT LA		310,073

			POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		ANCILLARY SRVC COST CNTRS		
045		PBP CLINICAL LAB SERVICES		
046		WHOLE BLOOD & PACKED RED		
047		BLOOD STORING, PROCESSING		272,119
048		INTRAVENOUS THERAPY		
049		RESPIRATORY THERAPY		1,175,616
050		PHYSICAL THERAPY		314,890
051		OCCUPATIONAL THERAPY		168,829
052		SPEECH PATHOLOGY		275,556
053		ELECTROCARDIOLOGY		533,586
054		ELECTROENCEPHALOGRAPHY		429,393
055		MEDICAL SUPPLIES CHARGED		98,008
055	30	IMPL. DEV. CHARGED TO PAT		80,920
056		DRUGS CHARGED TO PATIENTS		141,569
056	01	RENAL-RILEY		
056	02	RENAL-ADULT		
056	03	OUTPATIENT RETAIL PHARMAC		1,761,920
057		RENAL DIALYSIS		812,782
058		ASC (NON-DISTINCT PART)		
058	04	BMTU OUTPATIENT		
059		RH NBN ECMO IC		94,262
059	01	CARDIOLOGY		1,608,200
059	02	PSYCH OTHER ANCILLARY		40,432
059	03	CARDIAC CATHERIZATION		1,798,997
059	04	DAY SURGERY		418,866
059	05	ONCOLOGY		6,265,943
059	06	DAY SURGERY-RILEY		
059	07	CARDIOLOGY-RILEY		
059	97	CARDIAC REHABILITATION		24,697
		OUTPAT SERVICE COST CNTRS		
060		CLINIC		
060	01	AMB SVC-OB & GYN		410,325
060	02	MEDICINE/DIAGNOSTIC		888,782
060	03	AMB SVC-OPTHALMOLOGY		75,533
060	04	AMB SVC-PSYCH ADULT		177,075
060	05	AMB SVC-DIABETES ADULT		18,098
060	06	OUTPATIENT SURGERY		660,186
060	07	AMB SVC-RILEY CLINICS		610,069
060	08	DENTAL CLINIC		
060	09	MOTILITY LAB		27,869
060	10	AMB SVC-PSYCH CHILD		15,624
060	13	ARTHRITIS CENTER		
060	14	GERIATRICS CLINIC		49,437
060	15	SLEEP DISORDER CENTER		211,490
060	16	O/P CLINIC-ADULT		100,174
060	17	O/P CLINIC-PEDIATRIC		12,919
060	18	ARTHRITIS/INFUSION CENTER		319,594
060	19	NEUROLOGY UH		138,139
060	20	ORTHOPEDICS UH		99,392
060	21	AMB SVC-UH PHYSICAL MEDIC		107,198
060	22	AMB SVC-DERMATOLOGY CLINI		105,905
060	24	IU CANCER PAVILLION		10
060	25	CARDIO CLINIC		5,599
061		EMERGENCY		1,553,097
061	01	EMERGENCY-RILEY		
062		OBSERVATION BEDS (NON-DIS		
063		FAMILY PRACTICE		
063	60	FEDERALLY QUALIFIED HEALT		4,593
		OTHER REIMBURS COST CNTRS		
064		HOME PROGRAM DIALYSIS		134,414
065		AMBULANCE SERVICES		2,498,836
066		DURABLE MEDICAL EQUIP-REN		
067		DURABLE MEDICAL EQUIP-SOL		
069		CORF		
070		I&R SERVICES-NOT APPRVD P		
071		HOME HEALTH AGENCY		992,709
082		LUNG ACQUISITION		43,261
		SPEC PURPOSE COST CENTERS		
083		KIDNEY ACQUISITION		276,316
084		LIVER ACQUISITION		98,582
085		HEART ACQUISITION		20,480
085	01	PANCREAS ACQUISITION		63,806
085	02	INTESTINE ACQUISITION		20,627
086		OTHER ORGAN ACQUISITION		1,990
086	01	POST TRANSPLANT EXPENSES		374,412
092		AMBULATORY SURGICAL CENTE		
093		HOSPICE		116,631
095		SUBTOTALS		86,570,506
		NONREIMBURS COST CENTERS		
096		GIFT, FLOWER, COFFEE SHOP		128,875
097		RESEARCH		2,421,570
097	01	RESEARCH-GCRC		183,072
098		PHYSICIANS' PRIVATE OFFIC		23,132
098	01	OTHER NONREIMBURSABLE-MET		1,721,323
098	02	CAFETERIA-IUMC		

			POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		NONREIMBURS COST CENTERS		
098	03	ORGAN PROC ORG		
098	04	OTHER NONREIMBURSABLE-IUM		2,962
098	05	AOC-PRIVATE PHYSICIANS		3,878,083
098	06	NONALLOWABLE ADVERTISING		
098	07	PHYSICIANS' PRIVATE OFFIC		
098	08	MHH NON-REIMBURSABLE RADI		48,490
098	09	MHH NON-REIMBURSABLE LABO		11,106
098	10	SURGERY CENTER		162
098	11	UNUSED SPACE		3,562,376
098	12	RHI LAB		453
098	13	NONALLOWABLE ADVERTISING		125,927
098	14	NONALLOWABLE		
098	15	ARTHRITIS CLINIC - NR		46,524
098	16	CARDIO PHYSICIANS		61,045
099		NONPAID WORKERS		
101		CROSS FOOT ADJUSTMENTS		917,966
102		NEGATIVE COST CENTER		
103		TOTAL		99,703,572

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-INTERES (SQUARE FEET) 3.01	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD			3,587,449			
003 01	NEW CAP REL COSTS-INT				3,587,449		
004	NEW CAP REL COSTS-MVB					32,800,808	
005	EMPLOYEE BENEFITS			1,659	1,659		640,132,956
006 01	NONPATIENT TELEPHONES						311,089
006 02	DATA PROCESSING						15,605,318
006 03	PURCHASING, RECEIVING			173	173	25,676	8,289,486
006 04	ADMITTING						8,326,419
006 05	CASHIERING						11,983,075
006 06	OTHER ADMINISTRATIVE			68,689	68,689	667,488	38,301,953
007	MAINTENANCE & REPAIRS			64,770	64,770		4,117,413
007 03	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT			1,452	1,452	46,708	9,891,857
008 01	IU LEASED SPACE						
009	LAUNDRY & LINEN SERVI			36,386	36,386	856	
010	HOUSEKEEPING						
010 01	HOUSEKEEPING - UNIVER						2,995,295
010 02	HOUSEKEEPING - RILEY						1,529,946
010 03	HOUSEKEEPING - METHOD						3,447,885
011	DIETARY			36,251	36,251	164,202	7,792,787
012	CAFETERIA						889,364
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO			30,458	30,458	1,114,745	17,010,709
015	CENTRAL SERVICES & SU			33,648	33,648	176,295	2,329,821
016	PHARMACY			59,583	59,583	973,740	23,274,835
017	MEDICAL RECORDS & LIB			949	949	7,425	7,263,047
018	SOCIAL SERVICE			4,639	4,639	736	3,801,223
019	PATIENT TRANSPORTATIO			1,758	1,758	3,840	1,968,214
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &			4,707	4,707		25,902,990
023	I&R SERVICES-OTHER PR			42,479	42,479	29,585	1,098,411
024	PARAMED ED PRGM						
024 01	PARAMED ED CLINIC LAB			11,893	11,893	9,106	182,707
024 02	PARAMED RADIOLOGY-MET			3,864	3,864		360,416
024 03	PARAMED RESPIRATORY T			3,738	3,738		333,273
024 04	DIETARY INTERNSHIP PR						
024 05	PARAMED EMERGENCY MET			3,383	3,383		229,365
024 06	PARAMED PASTORAL ED			808	808		529,449
024 07	PARAMED PHYSICAL THER						201,883
024 08	PARAMED OCCUP THERAPY						
024 09	PARAMED PERFUSION						
024 10	PARAMED PHARMACY						1,246,586
024 11	PARAMED NEUROPHYSIOLO						
024 12	RADIATION THERAPY ED-						264,294
024 13	NUCLEAR MED ED-IUMC						54,864
024 14	MEDICAL ASSISTING PRO			1,563	1,563		
024 15	SURGICAL TECHNOLOGY P			2,231	2,231		71,905
024 16	PARAMED SPEECH						
024 17	PARAMED ED PRGM			4,018	4,018		165,778
024 18	PARAMED ED PRGM						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS			695,943	695,943	1,105,289	132,735,775
026	INTENSIVE CARE UNIT			54,708	54,708	202,540	14,639,625
027	CORONARY CARE UNIT			38,930	38,930	50,978	10,825,114
027 01	NEONATAL INTENSIVE CA			7,985	7,985	39,441	4,151,607
028	BURN INTENSIVE CARE U			4,191	4,191	82,663	1,300,731
029	SURGICAL INTENSIVE CA						
029 02	UH SURG 6IC					142,942	4,430,920
029 03	UH NS 3IC			6,768	6,768	7,508	1,675,404
029 04	RH PED IC			28,895	28,895	39,363	8,312,763
029 05	TRANSPLANT ICU			13,527	13,527		2,917,601
029 07	PEDIATRIC CANCER CENT			6,087	6,087	465	1,312,160
031	SUBPROVIDER			21,006	21,006	3,376	3,358,728
033	NURSERY			16,239	16,239	30,510	3,794,715
034	SKILLED NURSING FACIL						
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			220,414	220,414	5,111,507	32,276,041
037 01	ENDOSCOPY			11,356	11,356	93,392	910,897
038	RECOVERY ROOM			37,297	37,297	43,827	5,243,827
039	DELIVERY ROOM & LABOR						
040	ANESTHESIOLOGY			1,873	1,873	587,644	1,527,014
040 01	PULMONARY FUNCTION TE			19,874	19,874	156,237	2,473,969
041	RADIOLOGY-DIAGNOSTIC			179,474	179,474	7,851,337	22,848,414
042	RADIOLOGY-THERAPEUTIC			40,302	40,302	2,157,005	4,187,064

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERES (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
		1	2	3	3.01	4	5
	ANCILLARY SRVC COST C						
043	RADIOISOTOPE			18,791	18,791	658,086	865,909
044	LABORATORY			167,428	167,428	1,257,655	23,446,444
044 01	TRANSPLANT IMMUNOLOGY			4,558	4,558	27,100	818,158
044 02	BONE MARROW TRANSPLAN			13,805	13,805	81,431	1,055,920
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES			9,833	9,833	48,311	3,080,380
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			23,905	23,905	435,710	19,507,505
050	PHYSICAL THERAPY			25,168	25,168	27,962	7,091,902
051	OCCUPATIONAL THERAPY			16,358	16,358	4,069	1,997,967
052	SPEECH PATHOLOGY			21,431	21,431	24,979	2,898,254
053	ELECTROCARDIOLOGY			6,452	6,452	227,610	2,605,362
054	ELECTROENCEPHALOGRAPH			6,920	6,920	175,264	2,630,340
055	MEDICAL SUPPLIES CHAR			3,221	3,221		229,936
055 30	IMPL. DEV. CHARGED TO						
056	DRUGS CHARGED TO PATI						
056 01	RENAL-RILEY						
056 02	RENAL-ADULT						
056 03	OUTPATIENT RETAIL PHA					45,846	5,197,704
057	RENAL DIALYSIS			33,456	33,456	157,214	6,058,616
058	ASC (NON-DISTINCT PAR						
058 04	BMTU OUTPATIENT						
059	RH NBN ECMO IC					45,109	315,306
059 01	CARDIOLOGY			11,343	11,343	708,961	1,778,004
059 02	PSYCH OTHER ANCILLARY			2,839	2,839	4,614	135,216
059 03	CARDIAC CATHERIZATION			32,132	32,132	706,278	3,221,816
059 04	DAY SURGERY			24,914	24,914	65,779	4,222,022
059 05	ONCOLOGY			4,081	4,081	3,071,058	290,881
059 06	DAY SURGERY-RILEY						
059 07	CARDIOLOGY-RILEY						
059 97	CARDIAC REHABILITATIO			1,822	1,822	2,871	247,245
	OUTPAT SERVICE COST C						
060	CLINIC						
060 01	AMB SVC-OB & GYN			16,096	16,096	121,834	1,104,647
060 02	MEDICINE/DIAGNOSTIC			62,924	62,924	19,649	4,978,789
060 03	AMB SVC-OPTHALMOLOGY			5,180	5,180	11,361	164,161
060 04	AMB SVC-PSYCH ADULT			17,363	17,363	4,717	407,847
060 05	AMB SVC-DIABETES ADUL			1,898	1,898		
060 06	OUTPATIENT SURGERY			9,488	9,488	276,772	2,048,888
060 07	AMB SVC-RILEY CLINICS			33,212	33,212	110,328	4,411,097
060 08	DENTAL CLINIC						
060 09	MOTILITY LAB			505	505	10,500	113,642
060 10	AMB SVC-PSYCH CHILD			1,582	1,582		201,503
060 13	ARTHRITIS CENTER						
060 14	GERIATRICS CLINIC			4,619	4,619	1,944	223,376
060 15	SLEEP DISORDER CENTER			17,450	17,450	19,476	2,302,363
060 16	O/P CLINIC-ADULT			10,041	10,041	1,313	243,345
060 17	O/P CLINIC-PEDIATRIC			1,355	1,355		
060 18	ARTHRITIS/INFUSION CE					2,053	169,513
060 19	NEUROLOGY UH			4,334	4,334	43,807	1,138,612
060 20	ORTHOPEDICS UH			9,630	9,630	1,184	328,482
060 21	AMB SVC-UH PHYSICAL M			9,842	9,842	1,135	843,120
060 22	AMB SVC-DERMATOLOGY C			6,403	6,403	20,712	228,840
060 24	IU CANCER PAVILLION						5,516
060 25	CARDIO CLINIC					1,544	293,678
061	EMERGENCY			89,670	89,670	220,139	18,772,352
061 01	EMERGENCY-RILEY						
062	OBSERVATION BEDS (NON						
063	FAMILY PRACTICE						
063 60	FEDERALLY QUALIFIED H						
	OTHER REIMBURS COST C						
064	HOME PROGRAM DIALYSIS			5,500	5,500	11,471	851,563
065	AMBULANCE SERVICES					1,203,496	6,834,829
066	DURABLE MEDICAL EQUIP						
067	DURABLE MEDICAL EQUIP						
069	CORF						
070	I&R SERVICES-NOT APPR						
071	HOME HEALTH AGENCY			3,056	3,056	444,298	20,014,690
082	LUNG ACQUISITION			1,892	1,892	10,745	257,972
	SPEC PURPOSE COST CEN						
083	KIDNEY ACQUISITION			3,771	3,771	110,296	1,985,647
084	LIVER ACQUISITION			661	661	40,860	754,392
085	HEART ACQUISITION			922	922	4,817	194,225
085 01	PANCREAS ACQUISITION			378	378	27,416	171,778
085 02	INTESTINE ACQUISITION			165	165	8,365	147,305
086	OTHER ORGAN ACQUISITI						173,961
086 01	POST TRANSPLANT EXPEN			6,340	6,340	151,393	2,772,792
092	AMBULATORY SURGICAL C						
093	HOSPICE			7,026	7,026	21,062	2,188,179

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET B-1

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERES (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
		1	2	3	3.01	4	5
	SPEC PURPOSE COST CEN						
095	SUBTOTALS			2,583,728	2,583,728	31,605,020	620,716,017
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE			13,498	13,498		
097	RESEARCH			37,537	37,537	990,017	8,195,953
097 01	RESEARCH-GCRC			16,978	16,978	2,463	
098	PHYSICIANS' PRIVATE O			1,217	1,217	271	478,778
098 01	OTHER NONREIMBURSABLE			145,496	145,496	144,915	6,413,665
098 02	CAFETERIA-IUMC						
098 03	ORGAN PROC ORG						
098 04	OTHER NONREIMBURSABLE			272	272		147,184
098 05	AOC-PRIVATE PHYSICIAN			406,683	406,683		
098 06	NONALLOWABLE ADVERTIS						
098 07	PHYSICIANS' PRIVATE O						
098 08	MHH NON-REIMBURSABLE					23,796	97,374
098 09	MHH NON-REIMBURSABLE			79	79	4,875	171,481
098 10	SURGERY CENTER						63,304
098 11	UNUSED SPACE			373,648	373,648		
098 12	RHI LAB						143,774
098 13	NONALLOWABLE ADVERTIS			8,313	8,313	3,423	2,880,287
098 14	NONALLOWABLE						
098 15	ARTHRITIS CLINIC - NR						148,279
098 16	CARDIO PHYSICIANS					26,028	676,860
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)			33,303,124		66,400,448	122,274,585
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			9.283233		2.024354	.191014
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						15,401
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						.000024

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT HARGES)	CASHIERING C(TOTAL HARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
		6.01	6.02	6.03	6.04	6.05	6a.06	6.06
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES	10,453						
006 02	DATA PROCESSING		10,453					
006 03	PURCHASING, RECEIVING	5	5	207,477,298				
006 04	ADMITTING				2907,842,317			
006 05	CASHIERING					4733,575,639		
006 06	OTHER ADMINISTRATIVE	492	492				-131,911,678	1451,911,650
007	MAINTENANCE & REPAIRS							17,378,367
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1	1					50,567,987
008 01	IU LEASED SPACE							66,986
009	LAUNDRY & LINEN SERVI	9	9	102,987				3,068,492
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							4,882,974
010 02	HOUSEKEEPING - RILEY							2,494,141
010 03	HOUSEKEEPING - METHOD							5,620,793
011	DIETARY	115	115	69,159				12,980,144
012	CAFETERIA							1,394,162
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	131	131	23,906				26,221,812
015	CENTRAL SERVICES & SU	50	50	3,315,339				112,164,628
016	PHARMACY	322	322	2,645,749				58,350,774
017	MEDICAL RECORDS & LIB	9	9					12,623,258
018	SOCIAL SERVICE	107	107	566				7,508,906
019	PATIENT TRANSPORTATIO	32	32	17,198				2,718,575
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	54	54	119				40,375,783
023	I&R SERVICES-OTHER PR	114	114	50,167				13,836,941
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB	7	7	18				459,865
024 02	PARAMED RADIOLOGY-MET	5	5					370,625
024 03	PARAMED RESPIRATORY T	7	7	4,029				136,347
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET	6	6					309,518
024 06	PARAMED PASTORAL ED	15	15					782,865
024 07	PARAMED PHYSICAL THER	10	10	6,680				267,851
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY	2	2					1,649,262
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-							334,997
024 13	NUCLEAR MED ED-IUMC							69,541
024 14	MEDICAL ASSISTING PRO							14,510
024 15	SURGICAL TECHNOLOGY P	2	2					71,608
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM	6	6	2,437				256,974
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1,910	1,910	13,245,961	589,279,232	596,806,384		197,848,776
026	INTENSIVE CARE UNIT	241	241	1,895,593	62,120,636	62,131,663		21,834,069
027	CORONARY CARE UNIT	184	184	1,762,723	42,357,145	42,346,118		15,978,825
027 01	NEONATAL INTENSIVE CA	41	41	394,117	19,713,265	19,713,265		5,938,058
028	BURN INTENSIVE CARE U	14	14	38,294	5,334,952	5,334,952		1,977,442
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	118	118	875,281	17,618,991	17,618,991		6,895,796
029 03	UH NS 3IC	13	13	442,847	7,070,421	7,070,421		2,412,875
029 04	RH PED IC	26	26	1,077,522	37,517,310	37,517,310		11,653,524
029 05	TRANSPLANT ICU			685,536	12,507,602	12,507,602		4,080,934
029 07	PEDIATRIC CANCER CENT	11	11	127,121	8,091,829	8,091,829		1,901,978
031	SUBPROVIDER	74	74	45,621	10,448,273	10,626,165		5,957,382
033	NURSERY	66	66	282,398	21,265,647	21,276,706		5,685,302
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	570	570	82,634,282	353,912,964	552,594,042		71,498,776
037 01	ENDOSCOPY	42	42	700,898	9,213,082	13,145,499		2,013,057
038	RECOVERY ROOM	132	132	469,866	26,354,796	55,085,301		8,446,588
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	29	29	3,621,774	22,860,696	31,969,706		4,041,460
040 01	PULMONARY FUNCTION TE	54	54	367,081	2,648,906	23,375,013		4,217,890
041	RADIOLOGY-DIAGNOSTIC	724	724	13,178,465	180,591,942	475,252,581		62,900,337
042	RADIOLOGY-THERAPEUTIC	142	142	375,143	5,688,242	76,381,208		11,666,476

		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							
043		RADIOISOTOPE	41	41	3,324,675	5,930,091	19,238,416		3,365,104
044		LABORATORY	592	592	20,183,200	329,289,655	618,434,908		50,820,314
044	01	TRANSPLANT IMMUNOLOGY	7	7	1,371,790	3,119,131	21,726,867		3,071,949
044	02	BONE MARROW TRANSPLAN	23	23	1,037,060	4,266,786	11,218,398		1,983,056
045		PBP CLINICAL LAB SERV							
046		WHOLE BLOOD & PACKED							
047		BLOOD STORING, PROCES	43	43	16,135,689	53,519,621	62,410,299		6,388,575
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	148	148	5,164,894	114,520,147	116,248,163		28,840,222
050		PHYSICAL THERAPY	48	48	605,994	24,069,583	39,768,673		10,378,062
051		OCCUPATIONAL THERAPY	46	46	99,937	7,323,777	9,769,404		3,067,987
052		SPEECH PATHOLOGY	101	101	2,737,252	3,894,288	10,245,463		4,849,383
053		ELECTROCARDIOLOGY	66	66	132,085	39,225,745	53,106,744		4,795,352
054		ELECTROENCEPHALOGRAPH	54	54	302,395	16,193,281	23,782,345		5,030,484
055		MEDICAL SUPPLIES CHAR	4	4	169,140	55,688,768	81,897,443		47,717,875
055	30	IMPL. DEV. CHARGED TO				185,122,045	261,452,604		56,202,961
056		DRUGS CHARGED TO PATI				406,021,454	564,114,827		97,158,297
056	01	RENAL-RILEY							
056	02	RENAL-ADULT							
056	03	OUTPATIENT RETAIL PHA	131	131	799		44,764,095		8,682,604
057		RENAL DIALYSIS	109	109	2,331,654	17,035,343	30,820,049		10,314,435
058		ASC (NON-DISTINCT PAR							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC	2	2	87,372	1,297,643	1,297,643		524,727
059	01	CARDIOLOGY	29	29	10,929,371	23,091,964	66,919,677		7,565,934
059	02	PSYCH OTHER ANCILLARY	38	38	14,351	282,669	979,534		1,925,933
059	03	CARDIAC CATHERIZATION	146	146	6,611,856	29,707,062	61,179,973		8,682,984
059	04	DAY SURGERY	37	37	321,903	818,903	8,326,735		6,094,990
059	05	ONCOLOGY	12	12	46		2,594		6,780,761
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
059	97	CARDIAC REHABILITATIO	5	5	4,700	261,942	778,671		386,790
		OUTPAT SERVICE COST C							
060		CLINIC							
060	01	AMB SVC-OB & GYN	50	50	163,221	678,850	7,194,285		2,142,200
060	02	MEDICINE/DIAGNOSTIC	270	270	306,771	334,435	16,790,425		8,919,232
060	03	AMB SVC-OPTHALMOLOGY	15	15	6,041	17,794	1,179,971		384,342
060	04	AMB SVC-PSYCH ADULT	35	35	12,483	670	2,417,445		921,890
060	05	AMB SVC-DIABETES ADUL			185				17,788
060	06	OUTPATIENT SURGERY	58	58	41,171	5,525,118	13,454,304		3,692,506
060	07	AMB SVC-RILEY CLINICS	199	199	335,385	419,952	7,173,137		7,445,113
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	1	1	86,563	33,243	734,655		192,039
060	10	AMB SVC-PSYCH CHILD	15	15	1,812		1,450		394,758
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	8	8	354	1,951	116,430		573,094
060	15	SLEEP DISORDER CENTER	50	50		52,116	16,720,391		4,086,240
060	16	O/P CLINIC-ADULT	29	29	2,636	1,580	183,843		576,393
060	17	O/P CLINIC-PEDIATRIC							12,579
060	18	ARTHRITIS/INFUSION CE			24,728	2,329	3,182,176		1,229,873
060	19	NEUROLOGY UH	27	27	6,382	2,129	790,655		1,740,597
060	20	ORTHOPEDICS UH	22	22	5,910	1,164	287,826		623,255
060	21	AMB SVC-UH PHYSICAL M	36	36	29,835	5,904	1,075,530		1,373,725
060	22	AMB SVC-DERMATOLOGY C	4	4	86,469	1,458	866,457		447,965
060	24	IU CANCER PAVILLION							6,992
060	25	CARDIO CLINIC	22	22	16,581	7,334	239,905		503,570
061		EMERGENCY	448	448	3,090,733	80,683,939	246,714,552		31,424,082
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED H					2,008,403		3,330,427
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS	16	16	2,015,617	30,221	12,775,050		1,703,088
065		AMBULANCE SERVICES	72	72	192,752	303,087	40,776,235		21,840,532
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP							
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY	557	557			106,169,669		45,278,443
082		LUNG ACQUISITION	6	6	9,244	5,329,473	5,329,473		2,419,542
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION	60	60	94,883	28,082,006	28,102,423		11,470,383
084		LIVER ACQUISITION	23	23	35,150	16,793,163	16,793,163		6,534,344
085		HEART ACQUISITION	3	3	4,144	3,126,879	3,126,879		1,355,714
085	01	PANCREAS ACQUISITION	15	15	23,585	7,391,206	7,391,206		3,180,417
085	02	INTESTINE ACQUISITION	5	5	7,196	3,739,101	3,739,101		1,452,664
086		OTHER ORGAN ACQUISITI	2	2	80,205				289,634
086	01	POST TRANSPLANT EXPEN	83	83	130,239				4,527,130
092		AMBULATORY SURGICAL C							
093		HOSPICE			18,330		7,848,000		4,683,844

		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
		SPEC PURPOSE COST CEN							
095		SUBTOTALS	9,705	9,705	206,853,645	2907,840,931	4730,511,320	-131,911,678	1373,331,405
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE	19	19	17				248,018
097		RESEARCH	322	322	459,510				13,161,436
097	01	RESEARCH-GCRC	17	17	52,487				497,222
098		PHYSICIANS' PRIVATE O	6	6	12,067	78	1,223,990		6,444,987
098	01	OTHER NONREIMBURSABLE	249	249	14,715	895	1,258,873		18,783,201
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE							69,228
098	05	AOC-PRIVATE PHYSICIAN	4	4					4,339,223
098	06	NONALLOWABLE ADVERTIS							
098	07	PHYSICIANS' PRIVATE O							
098	08	MHH NON-REIMBURSABLE					380,834		226,745
098	09	MHH NON-REIMBURSABLE	4	4	22,117	413	200,622		278,537
098	10	SURGERY CENTER	4	4	205				116,371
098	11	UNUSED SPACE							3,468,661
098	12	RHI LAB			30,277				231,115
098	13	NONALLOWABLE ADVERTIS	91	91	19,241				28,991,703
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	1	1	3,954				442,592
098	16	CARDIO PHYSICIANS	31	31	9,063				1,281,206
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	2,402,648	53,810,446	17,618,705	12,324,415	34,082,035		131,911,678
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	229.852483	5,147.847125	.084919	.004238	.007200		.090854
105		COST TO BE ALLOCATED (WRKSHT B, PART II)							
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107		COST TO BE ALLOCATED (WRKSHT B, PART III	7	375	53,782	200	288		1,989,825
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000670	.035875	.000259				.001370

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	F
		7	7.03	8	8.01	9	10	10.01	
	GENERAL SERVICE COST								
001	OLD CAP REL COSTS-BLD								
002	OLD CAP REL COSTS-MVB								
003	NEW CAP REL COSTS-BLD								
003 01	NEW CAP REL COSTS-INT								
004	NEW CAP REL COSTS-MVB								
005	EMPLOYEE BENEFITS								
006 01	NONPATIENT TELEPHONES								
006 02	DATA PROCESSING								
006 03	PURCHASING, RECEIVING								
006 04	ADMITTING								
006 05	CASHIERING								
006 06	OTHER ADMINISTRATIVE								
007	MAINTENANCE & REPAIRS	3,452,158							
007 03	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT	1,452		3,450,706					
008 01	IU LEASED SPACE				6,616				
009	LAUNDRY & LINEN SERVI	36,386		36,386		5,241,999			
010	HOUSEKEEPING								
010 01	HOUSEKEEPING - UNIVER							1,153,686	
010 02	HOUSEKEEPING - RILEY								
010 03	HOUSEKEEPING - METHOD								
011	DIETARY	36,251		36,251				13,298	
012	CAFETERIA								
013	MAINTENANCE OF PERSON								
014	NURSING ADMINISTRATIO	30,458		30,458				4,420	
015	CENTRAL SERVICES & SU	33,648		33,648		2,880		7,638	
016	PHARMACY	59,583		59,583		12,501		26,054	
017	MEDICAL RECORDS & LIB	949		949	6,616			949	
018	SOCIAL SERVICE	4,639		4,639		674		109	
019	PATIENT TRANSPORTATIO	1,758		1,758				1,683	
020	NONPHYSICIAN ANESTHET								
021	NURSING SCHOOL								
022	I&R SERVICES-SALARY &	4,707		4,707		742		656	
023	I&R SERVICES-OTHER PR	42,479		42,479		15,248		4,090	
024	PARAMED ED PRGM								
024 01	PARAMED ED CLINIC LAB	11,893		11,893					
024 02	PARAMED RADIOLOGY-MET	3,864		3,864					
024 03	PARAMED RESPIRATORY T	3,738		3,738					
024 04	DIETARY INTERNSHIP PR								
024 05	PARAMED EMERGENCY MET	3,383		3,383					
024 06	PARAMED PASTORAL ED	808		808					
024 07	PARAMED PHYSICAL THER								
024 08	PARAMED OCCUP THERAPY								
024 09	PARAMED PERFUSION								
024 10	PARAMED PHARMACY								
024 11	PARAMED NEUROPHYSIOLO								
024 12	RADIATION THERAPY ED-								
024 13	NUCLEAR MED ED-IUMC								
024 14	MEDICAL ASSISTING PRO	1,563		1,563					
024 15	SURGICAL TECHNOLOGY P	2,231		2,231					
024 16	PARAMED SPEECH								
024 17	PARAMED ED PRGM	4,018		4,018					
024 18	PARAMED ED PRGM								
	INPAT ROUTINE SRVC CN								
025	ADULTS & PEDIATRICS	695,943		695,943		3,055,850		231,094	
026	INTENSIVE CARE UNIT	54,708		54,708		339,006			
027	CORONARY CARE UNIT	38,930		38,930		219,519		17,053	
027 01	NEONATAL INTENSIVE CA	7,985		7,985		26,731			
028	BURN INTENSIVE CARE U	4,191		4,191		8,170			
029	SURGICAL INTENSIVE CA								
029 02	UH SURG 6IC					55,857			
029 03	UH NS 3IC	6,768		6,768		29,180		6,768	
029 04	RH PED IC	28,895		28,895		21,890			
029 05	TRANSPLANT ICU	13,527		13,527		1,104		13,527	
029 07	PEDIATRIC CANCER CENT	6,087		6,087		7,180			
031	SUBPROVIDER	21,006		21,006		61,392			
033	NURSERY	16,239		16,239		46,365		9,675	
034	SKILLED NURSING FACIL								
035	NURSING FACILITY								
035 01	ICF/MR								
036	OTHER LONG TERM CARE								
	ANCILLARY SRVC COST C								
037	OPERATING ROOM	220,414		220,414		599,955		96,187	
037 01	ENDOSCOPY	11,356		11,356		21,523			
038	RECOVERY ROOM	37,297		37,297		40,804		7,814	
039	DELIVERY ROOM & LABOR								
040	ANESTHESIOLOGY	1,873		1,873				153	
040 01	PULMONARY FUNCTION TE	19,874		19,874		86		3,001	
041	RADIOLOGY-DIAGNOSTIC	179,474		179,474		111,985		77,841	
042	RADIOLOGY-THERAPEUTIC	40,302		40,302		11,124		21,393	

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	F
		7	7.03	8	8.01	9	10	10.01	
	ANCILLARY SRVC COST C								
043	RADIOISOTOPE	18,791		18,791		4,548		7,943	
044	LABORATORY	167,428		167,428				7,355	
044 01	TRANSPLANT IMMUNOLOGY	4,558		4,558					
044 02	BONE MARROW TRANSPLAN	13,805		13,805		289		9,039	
045	PBP CLINICAL LAB SERV								
046	WHOLE BLOOD & PACKED								
047	BLOOD STORING, PROCES	9,833		9,833		3,684		1,216	
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY	23,905		23,905		521		3,782	
050	PHYSICAL THERAPY	25,168		25,168		13,075		3,230	
051	OCCUPATIONAL THERAPY	16,358		16,358				3,010	
052	SPEECH PATHOLOGY	21,431		21,431		99		4,540	
053	ELECTROCARDIOLOGY	6,452		6,452		8,199			
054	ELECTROENCEPHALOGRAPH	6,920		6,920		823			
055	MEDICAL SUPPLIES CHAR	3,221		3,221					
055 30	IMPL. DEV. CHARGED TO								
056	DRUGS CHARGED TO PATI								
056 01	RENAL-RILEY								
056 02	RENAL-ADULT								
056 03	OUTPATIENT RETAIL PHA					339			
057	RENAL DIALYSIS	33,456		33,456		513		19,674	
058	ASC (NON-DISTINCT PAR								
058 04	BMTU OUTPATIENT								
059	RH NBN ECMO IC								
059 01	CARDIOLOGY	11,343		11,343		3,547		1,856	
059 02	PSYCH OTHER ANCILLARY	2,839		2,839					
059 03	CARDIAC CATHERIZATION	32,132		32,132		53,624		2,282	
059 04	DAY SURGERY	24,914		24,914		35,309		21,174	
059 05	ONCOLOGY	4,081		4,081				315	
059 06	DAY SURGERY-RILEY								
059 07	CARDIOLOGY-RILEY								
059 97	CARDIAC REHABILITATIO	1,822		1,822					
	OUTPAT SERVICE COST C								
060	CLINIC								
060 01	AMB SVC-OB & GYN	16,096		16,096		3,814		16,096	
060 02	MEDICINE/DIAGNOSTIC	62,924		62,924		1,297		51,820	
060 03	AMB SVC-OPTHALMOLOGY	5,180		5,180				5,180	
060 04	AMB SVC-PSYCH ADULT	17,363		17,363				6,831	
060 05	AMB SVC-DIABETES ADUL	1,898		1,898				1,898	
060 06	OUTPATIENT SURGERY	9,488		9,488		907		9,488	
060 07	AMB SVC-RILEY CLINICS	33,212		33,212		13,738			
060 08	DENTAL CLINIC								
060 09	MOTILITY LAB	505		505					
060 10	AMB SVC-PSYCH CHILD	1,582		1,582		98			
060 13	ARTHRITIS CENTER								
060 14	GERIATRICS CLINIC	4,619		4,619					
060 15	SLEEP DISORDER CENTER	17,450		17,450				4,239	
060 16	O/P CLINIC-ADULT	10,041		10,041					
060 17	O/P CLINIC-PEDIATRIC	1,355		1,355					
060 18	ARTHRITIS/INFUSION CE								
060 19	NEUROLOGY UH	4,334		4,334				4,334	
060 20	ORTHOPEDICS UH	9,630		9,630				9,630	
060 21	AMB SVC-UH PHYSICAL M	9,842		9,842				9,842	
060 22	AMB SVC-DERMATOLOGY C	6,403		6,403		552		6,403	
060 24	IU CANCER PAVILLION								
060 25	CARDIO CLINIC								
061	EMERGENCY	89,670		89,670		321,031		4,426	
061 01	EMERGENCY-RILEY								
062	OBSERVATION BEDS (NON								
063	FAMILY PRACTICE								
063 60	FEDERALLY QUALIFIED H								
	OTHER REIMBURS COST C								
064	HOME PROGRAM DIALYSIS	5,500		5,500				5,500	
065	AMBULANCE SERVICES								
066	DURABLE MEDICAL EQUIP								
067	DURABLE MEDICAL EQUIP								
069	CORF								
070	I&R SERVICES-NOT APPR								
071	HOME HEALTH AGENCY	3,056		3,056				328	
082	LUNG ACQUISITION	1,892		1,892					
	SPEC PURPOSE COST CEN								
083	KIDNEY ACQUISITION	3,771		3,771				1,007	
084	LIVER ACQUISITION	661		661				661	
085	HEART ACQUISITION	922		922					
085 01	PANCREAS ACQUISITION	378		378				378	
085 02	INTESTINE ACQUISITION	165		165				165	
086	OTHER ORGAN ACQUISITI								
086 01	POST TRANSPLANT EXPEN	6,340		6,340				1,799	
092	AMBULATORY SURGICAL C								
093	HOSPICE	7,026		7,026		803		516	

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)
		7	7.03	8	8.01	9	10	10.01
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	2,448,437		2,446,985	6,616	5,156,576		769,360
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	13,498		13,498				4,117
097	RESEARCH	37,537		37,537		4,349		770
097 01	RESEARCH-GCRC	16,978		16,978		41,581		16,978
098	PHYSICIANS' PRIVATE O	1,217		1,217				1,217
098 01	OTHER NONREIMBURSABLE	145,496		145,496		39,493		6,389
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE	272		272				
098 05	AOC-PRIVATE PHYSICIAN	406,683		406,683				133,169
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE							
098 09	MHH NON-REIMBURSABLE	79		79				
098 10	SURGERY CENTER							
098 11	UNUSED SPACE	373,648		373,648				221,686
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTIS	8,313		8,313				
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR							
098 16	CARDIO PHYSICIANS							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	18,957,261		55,170,265	73,072	4,128,831		5,326,612
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.491423		15.988109	11.044740	.787644		4.617038
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	625,182		177,811	92	352,208		6,762
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.181099		.051529	.013906	.067190		.005861

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUAREFEET)	DIETARY (MEALSERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBERHOUSED)	NURSING ADMINISTRATION (DIRECTSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQNR)
		10.02	10.03	11	12	13	14	15
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY	693,309						
010 03	HOUSEKEEPING - METHOD		1,384,157					
011	DIETARY	2,639	20,314	772,702				
012	CAFETERIA				889,657			
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO	936	23,631		28,254		349,709	
015	CENTRAL SERVICES & SU	6,546	19,464		6,181		40	203,965,907
016	PHARMACY	13,525	20,003		31,631		413	2,645,749
017	MEDICAL RECORDS & LIB				15,083			
018	SOCIAL SERVICE	2,864	1,665		7,377			566
019	PATIENT TRANSPORTATIO		75		6,997			17,198
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &	4,052			51,959			119
023	I&R SERVICES-OTHER PR		38,389		2,128		324	50,167
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB		11,893		286			18
024 02	PARAMED RADIOLOGY-MET		3,864		502			
024 03	PARAMED RESPIRATORY T		3,738		453			4,029
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET		3,383		391			
024 06	PARAMED PASTORAL ED	614	194		1,385			
024 07	PARAMED PHYSICAL THER				300			6,680
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY				1,932			
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-				360			
024 13	NUCLEAR MED ED-IUMC				66			
024 14	MEDICAL ASSISTING PRO		1,563					
024 15	SURGICAL TECHNOLOGY P		2,231		100			
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM		4,018		296			2,437
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	126,985	337,865	626,828	218,553		171,723	13,245,961
026	INTENSIVE CARE UNIT		54,708	13,006	22,684		19,907	1,895,593
027	CORONARY CARE UNIT		21,878	51,135	16,383		14,582	1,762,723
027 01	NEONATAL INTENSIVE CA		7,985	4,280	6,209		5,511	394,117
028	BURN INTENSIVE CARE U	4,191		3,380	1,853		1,422	38,294
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC			13,369	7,149		6,573	875,281
029 03	UH NS 3IC			4,766	2,325		2,045	442,847
029 04	RH PED IC	28,895		19,359	13,268		11,799	1,077,522
029 05	TRANSPLANT ICU				4,675		4,369	685,536
029 07	PEDIATRIC CANCER CENT	6,087		2,666	2,259		1,642	127,121
031	SUBPROVIDER		21,006	16,101	5,739		2,595	45,621
033	NURSERY		6,564		5,737		4,936	282,398
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	39,705	84,522		58,652		26,450	82,634,282
037 01	ENDOSCOPY		11,356		1,473		870	700,898
038	RECOVERY ROOM	15,186	14,297		8,167		6,488	469,866
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	69	1,651		3,101		1,572	3,621,774
040 01	PULMONARY FUNCTION TE	14,081	2,792		4,421		785	367,081
041	RADIOLOGY-DIAGNOSTIC	49,338	46,612		36,232		4,461	13,178,465
042	RADIOLOGY-THERAPEUTIC		18,908		4,922		735	375,143

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		(RILEY SQUAREF EET	(MH SQUARE)EET	F(MEALS)ERVED	S(FTE'S)	(NUMBER)HOUSED	(DIRECT)SING HRS	NR(COSTED REQ))
		10.02	10.03	11	12	13	14	15
	ANCILLARY SRVC COST C							
043	RADIOISOTOPE	2,038	8,810		1,142		199	3,324,675
044	LABORATORY	7,322	10,943		44,306			20,183,200
044 01	TRANSPLANT IMMUNOLOGY	249	4,309		1,305			1,371,790
044 02	BONE MARROW TRANSPLAN	1,043	3,724		1,741		639	1,037,060
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES	215	2,602		4,981		90	16,135,689
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	8,863	11,260		32,824		218	5,164,894
050	PHYSICAL THERAPY	2,683	15,866		10,679			605,994
051	OCCUPATIONAL THERAPY	4,868	8,480		3,711			99,937
052	SPEECH PATHOLOGY	14,524	2,367		4,794		198	2,737,252
053	ELECTROCARDIOLOGY		6,452		5,026		379	132,085
054	ELECTROENCEPHALOGRAPH	2,744	4,176		4,045		2	302,395
055	MEDICAL SUPPLIES CHAR	3,221			401			169,140
055 30	IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA				8,533			799
057	RENAL DIALYSIS	5,638	8,144		11,277		5,360	2,331,654
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC				292		246	87,372
059 01	CARDIOLOGY	9,487			2,871		720	10,929,371
059 02	PSYCH OTHER ANCILLARY		2,839		202		166	14,351
059 03	CARDIAC CATHERIZATION		29,849	4,177	4,415		1,617	6,611,856
059 04	DAY SURGERY	3,209	532		7,143		4,888	321,903
059 05	ONCOLOGY		3,765		465		119	46
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATIO		1,822		432		131	4,700
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN				2,074		725	163,221
060 02	MEDICINE/DIAGNOSTIC		11,104		11,518		3,131	306,771
060 03	AMB SVC-OPTHALMOLOGY				454		6	6,041
060 04	AMB SVC-PSYCH ADULT		10,533		892		110	12,483
060 05	AMB SVC-DIABETES ADUL							185
060 06	OUTPATIENT SURGERY				3,545		431	41,171
060 07	AMB SVC-RILEY CLINICS	33,212			8,645		3,327	335,385
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB	505			106		156	86,563
060 10	AMB SVC-PSYCH CHILD	1,582			483			1,812
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC		4,619		499		97	354
060 15	SLEEP DISORDER CENTER		13,212		4,276			
060 16	O/P CLINIC-ADULT		10,041		519		135	2,636
060 17	O/P CLINIC-PEDIATRIC		1,355					
060 18	ARTHRITIS/INFUSION CE				193		181	24,728
060 19	NEUROLOGY UH				2,718		772	6,382
060 20	ORTHOPEDICS UH				777		137	5,910
060 21	AMB SVC-UH PHYSICAL M				2,335		482	29,835
060 22	AMB SVC-DERMATOLOGY C				604		142	86,469
060 24	IU CANCER PAVILLION				23			
060 25	CARDIO CLINIC				680		225	16,581
061	EMERGENCY	18,758	61,913		31,381		23,078	3,090,733
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS				1,362		680	2,015,617
065	AMBULANCE SERVICES				10,396		3,757	192,752
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	1,237	786		35,385			
082	LUNG ACQUISITION		1,892		276			9,244
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION		2,764		2,829			94,883
084	LIVER ACQUISITION				1,048			35,150
085	HEART ACQUISITION		922		124			4,144
085 01	PANCREAS ACQUISITION				703			23,585
085 02	INTESTINE ACQUISITION				215			7,196
086	OTHER ORGAN ACQUISITI				188		168	80,205
086 01	POST TRANSPLANT EXPEN		4,541		3,883			130,239
092	AMBULATORY SURGICAL C							
093	HOSPICE		6,510		4,154			18,330

	COST CENTER DESCRIPTION	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUAREFEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)
		10.02	10.03	11	12	13	14	15
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	437,111	1,040,701	759,067	862,353		341,954	203,342,254
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	6,085	6,296					17
097	RESEARCH		36,767		11,423		5,333	459,510
097 01	RESEARCH-GCRC			13,635				52,487
098	PHYSICIANS' PRIVATE O				554		282	12,067
098 01	OTHER NONREIMBURSABLE	775	135,587		9,159		1,539	14,715
098 02	CAFETERIA-IUMC							
098 03	ORGAN PROC ORG							
098 04	OTHER NONREIMBURSABLE		272		87		37	
098 05	AOC-PRIVATE PHYSICIAN	191,414	82,099					
098 06	NONALLOWABLE ADVERTIS							
098 07	PHYSICIANS' PRIVATE O							
098 08	MHH NON-REIMBURSABLE				104			
098 09	MHH NON-REIMBURSABLE				434			22,117
098 10	SURGERY CENTER				165			205
098 11	UNUSED SPACE	57,924	80,753					
098 12	RHI LAB				345			30,277
098 13	NONALLOWABLE ADVERTIS		1,682		3,941			19,241
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR						1	3,954
098 16	CARDIO PHYSICIANS				1,092		563	9,063
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,720,744	6,131,465	15,099,836	1,520,827		29,435,451	123,241,351
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.924288	4.429747	19.541603	1.709453		84.171271	.604225
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	3,454	7,783	695,559	1,931		2,583,040	832,345
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.004982	.005623	.900165	.002170		7.386255	.004081

	COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TOTAL HARGES	SOCIAL SERVICE (PATIENT AYS	PATIENT TRANSPORTATION (TOTAL HARGES	NONPHYSICIANANESTHETISTS (ASSIGNED TIME	NURSING SCHOOL (ASSIGNED TIME	I&R SERVICES-SALARY & FRI (ASSIGNED TIME
		16	17	18	19	20	21	22
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY	38,003,255						
017	MEDICAL RECORDS & LIB		4733,575,639					
018	SOCIAL SERVICE			360,321				
019	PATIENT TRANSPORTATIO				4733,575,639			
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							30,018
023	I&R SERVICES-OTHER PR	73,431						
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	75,990	596,806,384	270,362	596,806,384			7,455
026	INTENSIVE CARE UNIT	981	62,131,663	20,560	62,131,663			809
027	CORONARY CARE UNIT	11,278	42,346,118	13,859	42,346,118			
027 01	NEONATAL INTENSIVE CA	602	19,713,265	8,352	19,713,265			160
028	BURN INTENSIVE CARE U	287	5,334,952	1,652	5,334,952			
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	1,482	17,618,991	5,748	17,618,991			
029 03	UH NS 3IC	79	7,070,421	2,339	7,070,421			
029 04	RH PED IC	20,027	37,517,310	9,422	37,517,310			355
029 05	TRANSPLANT ICU	1,561	12,507,602	4,196	12,507,602			
029 07	PEDIATRIC CANCER CENT	1,431	8,091,829	2,206	8,091,829			
031	SUBPROVIDER	93	10,626,165	6,845	10,626,165			183
033	NURSERY	178	21,276,706	12,439	21,276,706			
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	954,539	552,594,042		552,594,042			2,476
037 01	ENDOSCOPY	48	13,145,499		13,145,499			107
038	RECOVERY ROOM	713	55,085,301		55,085,301			1,958
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	852,200	31,969,706		31,969,706			365
040 01	PULMONARY FUNCTION TE	39,978	23,375,013		23,375,013			298
041	RADIOLOGY-DIAGNOSTIC	465,126	475,252,581		475,252,581			1,762
042	RADIOLOGY-THERAPEUTIC	7,114	76,381,208		76,381,208			25

		COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TOTAL HARGES	SOCIAL SERVICE (PATIENT DAYS	PATIENT TRANSPORTATION (TOTAL HARGES	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME	NURSING SCHOOL (ASSIGNED TIME	I&R SERVICES-SALARY & FRI (ASSIGNED TIME
			16	17	18	19	20	21	22
		ANCILLARY SRVC COST C							
043		RADIOISOTOPE	205,356	19,238,416		19,238,416			152
044		LABORATORY	5,760	618,434,908		618,434,908			1,427
044	01	TRANSPLANT IMMUNOLOGY		21,726,867		21,726,867			
044	02	BONE MARROW TRANSPLAN	23,483	11,218,398		11,218,398			
045		PBP CLINICAL LAB SERV							
046		WHOLE BLOOD & PACKED							
047		BLOOD STORING, PROCES	139	62,410,299		62,410,299			
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	1,725	116,248,163		116,248,163			22
050		PHYSICAL THERAPY	2,160	39,768,673		39,768,673			318
051		OCCUPATIONAL THERAPY		9,769,404		9,769,404			59
052		SPEECH PATHOLOGY	10,301	10,245,463		10,245,463			
053		ELECTROCARDIOLOGY	377	53,106,744		53,106,744			50
054		ELECTROENCEPHALOGRAPH	73	23,782,345		23,782,345			216
055		MEDICAL SUPPLIES CHAR		81,897,443		81,897,443			
055	30	IMPL. DEV. CHARGED TO		261,452,604		261,452,604			
056		DRUGS CHARGED TO PATI		564,114,827		564,114,827			58
056	01	RENAL-RILEY							
056	02	RENAL-ADULT							
056	03	OUTPATIENT RETAIL PHA	23,893,798	44,764,095		44,764,095			
057		RENAL DIALYSIS	1,607,915	30,820,049		30,820,049			736
058		ASC (NON-DISTINCT PAR							
058	04	BMTU OUTPATIENT							
059		RH NBN ECMO IC		1,297,643		1,297,643			
059	01	CARDIOLOGY	8,761	66,919,677		66,919,677			488
059	02	PSYCH OTHER ANCILLARY	1,644	979,534		979,534			
059	03	CARDIAC CATHERIZATION	34,439	61,179,973		61,179,973			897
059	04	DAY SURGERY	275	8,326,735		8,326,735			
059	05	ONCOLOGY		2,594		2,594			172
059	06	DAY SURGERY-RILEY							
059	07	CARDIOLOGY-RILEY							
059	97	CARDIAC REHABILITATIO		778,671		778,671			
		OUTPAT SERVICE COST C							
060		CLINIC							
060	01	AMB SVC-OB & GYN	14,902	7,194,285		7,194,285			
060	02	MEDICINE/DIAGNOSTIC	3,068,223	16,790,425		16,790,425			1,900
060	03	AMB SVC-OPTHALMOLOGY	37,363	1,179,971		1,179,971			58
060	04	AMB SVC-PSYCH ADULT	339	2,417,445		2,417,445			200
060	05	AMB SVC-DIABETES ADUL							
060	06	OUTPATIENT SURGERY	11,777	13,454,304		13,454,304			
060	07	AMB SVC-RILEY CLINICS	477,865	7,173,137		7,173,137			1,758
060	08	DENTAL CLINIC							
060	09	MOTILITY LAB	15	734,655		734,655			
060	10	AMB SVC-PSYCH CHILD		1,450		1,450			121
060	13	ARTHRITIS CENTER							
060	14	GERIATRICS CLINIC	189	116,430		116,430			5
060	15	SLEEP DISORDER CENTER		16,720,391		16,720,391			
060	16	O/P CLINIC-ADULT	1,465	183,843		183,843			
060	17	O/P CLINIC-PEDIATRIC							
060	18	ARTHRITIS/INFUSION CE	4,504,438	3,182,176		3,182,176			38
060	19	NEUROLOGY UH	433	790,655		790,655			97
060	20	ORTHOPEDICS UH	48,940	287,826		287,826			40
060	21	AMB SVC-UH PHYSICAL M	80,389	1,075,530		1,075,530			
060	22	AMB SVC-DERMATOLOGY C	13,181	866,457		866,457			59
060	24	IU CANCER PAVILLION							
060	25	CARDIO CLINIC	531	239,905		239,905			
061		EMERGENCY	14,044	246,714,552		246,714,552			1,124
061	01	EMERGENCY-RILEY							
062		OBSERVATION BEDS (NON							
063		FAMILY PRACTICE							
063	60	FEDERALLY QUALIFIED H		2,008,403		2,008,403			
		OTHER REIMBURS COST C							
064		HOME PROGRAM DIALYSIS	613,139	12,775,050		12,775,050			
065		AMBULANCE SERVICES	46,498	40,776,235		40,776,235			
066		DURABLE MEDICAL EQUIP							
067		DURABLE MEDICAL EQUIP							
069		CORF							
070		I&R SERVICES-NOT APPR							
071		HOME HEALTH AGENCY		106,169,669		106,169,669			
082		LUNG ACQUISITION	743	5,329,473		5,329,473			
		SPEC PURPOSE COST CEN							
083		KIDNEY ACQUISITION	7,623	28,102,423		28,102,423			101
084		LIVER ACQUISITION	2,824	16,793,163		16,793,163			
085		HEART ACQUISITION	333	3,126,879		3,126,879			
085	01	PANCREAS ACQUISITION	1,895	7,391,206		7,391,206			
085	02	INTESTINE ACQUISITION	578	3,739,101		3,739,101			
086		OTHER ORGAN ACQUISITI							
086	01	POST TRANSPLANT EXPEN	10,464						
092		AMBULATORY SURGICAL C							
093		HOSPICE		7,848,000	2,341	7,848,000			4

		COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TOTAL HARGES	SOCIAL SERVICE (PATIENT AYS	PATIENT TRANSPORTATION (TOTAL HARGES	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME	NURSING SCHOOL (ASSIGNED TIME	I&R SERVICES-SALARY & FRI (ASSIGNED TIME
			16	17	18	19	20	21	22
095		SPEC PURPOSE COST CEN SUBTOTALS	37,261,535	4730,511,320	360,321	4730,511,320			26,053
096		NONREIMBURS COST CENT GIFT, FLOWER, COFFEE							
097		RESEARCH	1,070						
097	01	RESEARCH-GCRC	6,445						
098		PHYSICIANS' PRIVATE O		1,223,990		1,223,990			1,841
098	01	OTHER NONREIMBURSABLE	37,828	1,258,873		1,258,873			2,124
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		380,834		380,834			
098	09	MHH NON-REIMBURSABLE		200,622		200,622			
098	10	SURGERY CENTER	5						
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE ADVERTIS							
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR	661,988						
098	16	CARDIO PHYSICIANS	34,384						
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	66,891,274	13,893,753	8,323,366	3,033,783			44,253,595
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.760146	.002935	23.099864	.000641			1,474.235292
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	2,634,463	41,661	56,103	28,374			100,917
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.069322	.000009	.155703	.000006			3.361883

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED CLINIC LAB (ASSIGNED TIME)	PARAMED RADIOLOGY-METHODI (ASSIGNED TIME)	PARAMED RESPIRATORY THERA (ASSIGNED TIME)	DIETARY INTERNSHIP PROG (MEALS SERVED)	PARAMED EMERGENCY METHODIS (ASSIGNED TIME)
		23	24	24.01	24.02	24.03	24.04	24.05
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATIO							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR	30,018						
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB			4,463,595				
024 02	PARAMED RADIOLOGY-MET			474,811	100			
024 03	PARAMED RESPIRATORY T			504,989		100		
024 04	DIETARY INTERNSHIP PR						772,702	
024 05	PARAMED EMERGENCY MET			316,646				100
024 06	PARAMED PASTORAL ED			712,393				
024 07	PARAMED PHYSICAL THER			281,658				
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY			1,510,429				
024 11	PARAMED NEUROPHYSIOLO							
024 12	RADIATION THERAPY ED-			284,513				
024 13	NUCLEAR MED ED-IUMC			59,061				
024 14	MEDICAL ASSISTING PRO			486				
024 15	SURGICAL TECHNOLOGY P			97,486				
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM			221,123				
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	7,455					626,828	
026	INTENSIVE CARE UNIT	809					13,006	
027	CORONARY CARE UNIT						51,135	
027 01	NEONATAL INTENSIVE CA	160					4,280	
028	BURN INTENSIVE CARE U						3,380	
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC						13,369	
029 03	UH NS 3IC						4,766	
029 04	RH PED IC	355					19,359	
029 05	TRANSPLANT ICU							
029 07	PEDIATRIC CANCER CENT						2,666	
031	SUBPROVIDER	183					16,101	
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	2,476						
037 01	ENDOSCOPY	107						
038	RECOVERY ROOM	1,958						
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	365						
040 01	PULMONARY FUNCTION TE	298						
041	RADIOLOGY-DIAGNOSTIC	1,762			100			
042	RADIOLOGY-THERAPEUTIC	25						

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED CL INIC LAB (ASSIGNED TIME)	PARAMED RADIOLOGY-METHODI (ASSIGNED TIME)	PARAMED RESPIRATORY THERA (ASSIGNED TIME)	DIETARY INTERNSHIP PROG (MEALS SERVED)	PARAMED EMERGENCY METHODI (ASSIGNED TIME)
		23	24	24.01	24.02	24.03	24.04	24.05
	ANCILLARY SRVC COST C							
043	RADIOISOTOPE	152						
044	LABORATORY	1,427						
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	22				100		
050	PHYSICAL THERAPY	318						
051	OCCUPATIONAL THERAPY	59						
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	50						
054	ELECTROENCEPHALOGRAPH	216						
055	MEDICAL SUPPLIES CHAR							
055 30	IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI	58						
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA							
057	RENAL DIALYSIS	736						
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY	488						
059 02	PSYCH OTHER ANCILLARY							
059 03	CARDIAC CATHERIZATION	897					4,177	
059 04	DAY SURGERY							
059 05	ONCOLOGY	172						
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATIO							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN							
060 02	MEDICINE/DIAGNOSTIC	1,900						
060 03	AMB SVC-OPTHALMOLOGY	58						
060 04	AMB SVC-PSYCH ADULT	200						
060 05	AMB SVC-DIABETES ADUL							
060 06	OUTPATIENT SURGERY							
060 07	AMB SVC-RILEY CLINICS	1,758						
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB							
060 10	AMB SVC-PSYCH CHILD	121						
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC	5						
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT							
060 17	O/P CLINIC-PEDIATRIC							
060 18	ARTHRITIS/INFUSION CE	38						
060 19	NEUROLOGY UH	97						
060 20	ORTHOPEDICS UH	40						
060 21	AMB SVC-UH PHYSICAL M							
060 22	AMB SVC-DERMATOLOGY C	59						
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC							
061	EMERGENCY	1,124						100
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	101						
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	4						

		COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED CL INIC LAB (ASSIGNED TIME)	PARAMED RADIOLOGY-METHODI (ASSIGNED TIME)	PARAMED RESPIRATORY THERA (ASSIGNED TIME)	DIETARY INTERNSHIP PROG (MEALS ERVED)	PARAMED EMERGENCY METHODI (ASSIGNED TIME)
			23	24	24.01	24.02	24.03	24.04	24.05
		SPEC PURPOSE COST CEN							
095		SUBTOTALS	26,053		4,463,595	100	100	759,067	100
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE							
097		RESEARCH							
097	01	RESEARCH-GCRC						13,635	
098		PHYSICIANS' PRIVATE O	1,841						
098	01	OTHER NONREIMBURSABLE	2,124						
098	02	CAFETERIA-IUMC							
098	03	ORGAN PROC ORG							
098	04	OTHER NONREIMBURSABLE							
098	05	AOC-PRIVATE PHYSICIAN							
098	06	NONALLOWABLE ADVERTIS							
098	07	PHYSICIANS' PRIVATE O							
098	08	MHH NON-REIMBURSABLE							
098	09	MHH NON-REIMBURSABLE							
098	10	SURGERY CENTER							
098	11	UNUSED SPACE							
098	12	RHI LAB							
098	13	NONALLOWABLE ADVERTIS							
098	14	NONALLOWABLE							
098	15	ARTHRITIS CLINIC - NR							
098	16	CARDIO PHYSICIANS							
099		NONPAID WORKERS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	16,397,929		810,285	591,463	340,464		483,439
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	546.269871		.181532	5,914.630000	3,404.640000		4,834.390000
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	492,073		132,308	51,383	50,774		42,028
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	16.392598		.029642	513.830000	507.740000		420.280000

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (PATIENT DAYS)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (COSTED EQUIS.)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-INT							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
007 03	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008 01	IU LEASED SPACE							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING - UNIVER							
010 02	HOUSEKEEPING - RILEY							
010 03	HOUSEKEEPING - METHOD							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO							
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB							
018	SOCIAL SERVICE							
019	PATIENT TRANSPORTATIO							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
024 01	PARAMED ED CLINIC LAB							
024 02	PARAMED RADIOLOGY-MET							
024 03	PARAMED RESPIRATORY T							
024 04	DIETARY INTERNSHIP PR							
024 05	PARAMED EMERGENCY MET							
024 06	PARAMED PASTORAL ED	360,321						
024 07	PARAMED PHYSICAL THER		100					
024 08	PARAMED OCCUP THERAPY							
024 09	PARAMED PERFUSION							
024 10	PARAMED PHARMACY					37,929,824		
024 11	PARAMED NEUROPHYSIOLO						100	
024 12	RADIATION THERAPY ED-							100
024 13	NUCLEAR MED ED-IUMC							
024 14	MEDICAL ASSISTING PRO							
024 15	SURGICAL TECHNOLOGY P							
024 16	PARAMED SPEECH							
024 17	PARAMED ED PRGM							
024 18	PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	270,362				75,990		
026	INTENSIVE CARE UNIT	20,560				981		
027	CORONARY CARE UNIT	13,859				11,278		
027 01	NEONATAL INTENSIVE CA	8,352				602		
028	BURN INTENSIVE CARE U	1,652				287		
029	SURGICAL INTENSIVE CA							
029 02	UH SURG 6IC	5,748				1,482		
029 03	UH NS 3IC	2,339				79		
029 04	RH PED IC	9,422				20,027		
029 05	TRANSPLANT ICU	4,196				1,561		
029 07	PEDIATRIC CANCER CENT	2,206				1,431		
031	SUBPROVIDER	6,845				93		
033	NURSERY	12,439				178		
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
035 01	ICF/MR							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM					954,539		
037 01	ENDOSCOPY					48		
038	RECOVERY ROOM					713		
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY					852,200		
040 01	PULMONARY FUNCTION TE					39,978		
041	RADIOLOGY-DIAGNOSTIC					465,126		
042	RADIOLOGY-THERAPEUTIC					7,114		100

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (PATIENT DAYS)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (COSTED EQUIS.)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	ANCILLARY SRVC COST C							
043	RADIOISOTOPE					205,356		
044	LABORATORY		100			5,760		
044 01	TRANSPLANT IMMUNOLOGY							
044 02	BONE MARROW TRANSPLAN					23,483		
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES					139		
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY					1,725		
050	PHYSICAL THERAPY					2,160		
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY					10,301		
053	ELECTROCARDIOLOGY					377		
054	ELECTROENCEPHALOGRAPH					73	100	
055	MEDICAL SUPPLIES CHAR							
055 30	IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							
056 01	RENAL-RILEY							
056 02	RENAL-ADULT							
056 03	OUTPATIENT RETAIL PHA					23,893,798		
057	RENAL DIALYSIS					1,607,915		
058	ASC (NON-DISTINCT PAR							
058 04	BMTU OUTPATIENT							
059	RH NBN ECMO IC							
059 01	CARDIOLOGY					8,761		
059 02	PSYCH OTHER ANCILLARY					1,644		
059 03	CARDIAC CATHERIZATION					34,439		
059 04	DAY SURGERY					275		
059 05	ONCOLOGY							
059 06	DAY SURGERY-RILEY							
059 07	CARDIOLOGY-RILEY							
059 97	CARDIAC REHABILITATIO							
	OUTPAT SERVICE COST C							
060	CLINIC							
060 01	AMB SVC-OB & GYN					14,902		
060 02	MEDICINE/DIAGNOSTIC					3,068,223		
060 03	AMB SVC-OPTHALMOLOGY					37,363		
060 04	AMB SVC-PSYCH ADULT					339		
060 05	AMB SVC-DIABETES ADUL							
060 06	OUTPATIENT SURGERY					11,777		
060 07	AMB SVC-RILEY CLINICS					477,865		
060 08	DENTAL CLINIC							
060 09	MOTILITY LAB					15		
060 10	AMB SVC-PSYCH CHILD							
060 13	ARTHRITIS CENTER							
060 14	GERIATRICS CLINIC					189		
060 15	SLEEP DISORDER CENTER							
060 16	O/P CLINIC-ADULT					1,465		
060 17	O/P CLINIC-PEDIATRIC							
060 18	ARTHRITIS/INFUSION CE					4,504,438		
060 19	NEUROLOGY UH					433		
060 20	ORTHOPEDICS UH					48,940		
060 21	AMB SVC-UH PHYSICAL M					80,389		
060 22	AMB SVC-DERMATOLOGY C					13,181		
060 24	IU CANCER PAVILLION							
060 25	CARDIO CLINIC					531		
061	EMERGENCY					14,044		
061 01	EMERGENCY-RILEY							
062	OBSERVATION BEDS (NON							
063	FAMILY PRACTICE							
063 60	FEDERALLY QUALIFIED H							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS					613,139		
065	AMBULANCE SERVICES					46,498		
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION					743		
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION					7,623		
084	LIVER ACQUISITION					2,824		
085	HEART ACQUISITION					333		
085 01	PANCREAS ACQUISITION					1,895		
085 02	INTESTINE ACQUISITION					578		
086	OTHER ORGAN ACQUISITI							
086 01	POST TRANSPLANT EXPEN					10,464		
092	AMBULATORY SURGICAL C							
093	HOSPICE	2,341						

	COST CENTER DESCRIPTION	PARAMED PASTORAL ED (PATIENT DAYS)	PARAMED PHYSICAL THERAPY (ASSIGNED TIME)	PARAMED OCCUP THERAPY (ASSIGNED TIME)	PARAMED PERFUSION (ASSIGNED TIME)	PARAMED PHARMACY (COSTED EQUIS.)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	RADIATION THERAPY ED-IUMC (ASSIGNED TIME)
		24.06	24.07	24.08	24.09	24.10	24.11	24.12
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	360,321	100			37,188,104	100	100
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH					1,070		
097 01	RESEARCH-GCRC					6,445		
098	PHYSICIANS' PRIVATE O							
098 01	OTHER NONREIMBURSABLE					37,828		
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					5		
098 11	UNUSED SPACE							
098 12	RHI LAB							
098 13	NONALLOWABLE ADVERTIS							
098 14	NONALLOWABLE							
098 15	ARTHRITIS CLINIC - NR					661,988		
098 16	CARDIO PHYSICIANS					34,384		
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,006,305	347,865			2,076,599		417,696
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.792801	3,478.650000			.054748		4,176.960000
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	29,900	8,751			47,062		8,900
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.082982	87.510000			.001241		89.000000

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

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC (ASSIGNED TIME)	MEDICAL ASSIS TING PROGRAM (ASSIGNED TIME)	SURGICAL TECH NOLOGY PROGR (ASSIGNED TIME)	PARAMED SPEEC H (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)
		24.13	24.14	24.15	24.16	24.17	24.18
	ANCILLARY SRVC COST C						
043	RADIOISOTOPE	100					
044	LABORATORY						
044 01	TRANSPLANT IMMUNOLOGY						
044 02	BONE MARROW TRANSPLAN						
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY						
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR						
055 30	IMPL. DEV. CHARGED TO						
056	DRUGS CHARGED TO PATI					100	
056 01	RENAL-RILEY						
056 02	RENAL-ADULT						
056 03	OUTPATIENT RETAIL PHA						
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PAR						
058 04	BMTU OUTPATIENT						
059	RH NBN ECMO IC						
059 01	CARDIOLOGY						
059 02	PSYCH OTHER ANCILLARY						
059 03	CARDIAC CATHERIZATION						
059 04	DAY SURGERY						
059 05	ONCOLOGY						
059 06	DAY SURGERY-RILEY						
059 07	CARDIOLOGY-RILEY						
059 97	CARDIAC REHABILITATIO						
	OUTPAT SERVICE COST C						
060	CLINIC						
060 01	AMB SVC-OB & GYN						
060 02	MEDICINE/DIAGNOSTIC						
060 03	AMB SVC-OPTHALMOLOGY						
060 04	AMB SVC-PSYCH ADULT						
060 05	AMB SVC-DIABETES ADUL						
060 06	OUTPATIENT SURGERY						
060 07	AMB SVC-RILEY CLINICS						
060 08	DENTAL CLINIC						
060 09	MOTILITY LAB						
060 10	AMB SVC-PSYCH CHILD						
060 13	ARTHRITIS CENTER						
060 14	GERIATRICS CLINIC						
060 15	SLEEP DISORDER CENTER						
060 16	O/P CLINIC-ADULT						
060 17	O/P CLINIC-PEDIATRIC						
060 18	ARTHRITIS/INFUSION CE						
060 19	NEUROLOGY UH						
060 20	ORTHOPEDICS UH						
060 21	AMB SVC-UH PHYSICAL M						
060 22	AMB SVC-DERMATOLOGY C						
060 24	IU CANCER PAVILLION						
060 25	CARDIO CLINIC						
061	EMERGENCY						
061 01	EMERGENCY-RILEY						
062	OBSERVATION BEDS (NON						
063	FAMILY PRACTICE						
063 60	FEDERALLY QUALIFIED H						
	OTHER REIMBURS COST C						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP						
067	DURABLE MEDICAL EQUIP						
069	CORF						
070	I&R SERVICES-NOT APPR						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
	SPEC PURPOSE COST CEN						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
085	HEART ACQUISITION						
085 01	PANCREAS ACQUISITION						
085 02	INTESTINE ACQUISITION						
086	OTHER ORGAN ACQUISITI						
086 01	POST TRANSPLANT EXPEN						
092	AMBULATORY SURGICAL C						
093	HOSPICE						

	COST CENTER DESCRIPTION	NUCLEAR MED E D-IUMC (ASSIGNED TIME)	MEDICAL ASSISTING PROGRAM (ASSIGNED TIME)	SURGICAL TECHNOLOGY PROGR (ASSIGNED TIME)	PARAMED SPEECH (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)
		24.13	24.14	24.15	24.16	24.17	24.18
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	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 ADVERTIS						
098 14	NONALLOWABLE						
098 15	ARTHRITIS CLINIC - NR						
098 16	CARDIO PHYSICIANS						
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (PER WRKSHT B, PART	86,693	56,412	153,785		426,544	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	866.930000	564.120000	1,537.850000		4,265.440000	
105	COST TO BE ALLOCATED (PER WRKSHT B, PART						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	1,847	14,917	24,233		45,181	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	18.470000	149.170000	242.330000		451.810000	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	280,650,651		280,650,651		280,650,651
26	INTENSIVE CARE UNIT	29,372,456		29,372,456		29,372,456
27	CORONARY CARE UNIT	22,465,790		22,465,790		22,465,790
27 01	NEONATAL INTENSIVE CARE U	7,789,592		7,789,592		7,789,592
28	BURN INTENSIVE CARE UNIT	2,544,427		2,544,427		2,544,427
29	SURGICAL INTENSIVE CARE U					
29 02	UH SURG 6IC	9,136,427		9,136,427		9,136,427
29 03	UH NS 3IC	3,454,507		3,454,507		3,454,507
29 04	RH PED IC	15,923,237		15,923,237		15,923,237
29 05	TRANSPLANT ICU	5,751,741		5,751,741		5,751,741
29 07	PEDIATRIC CANCER CENTER	2,594,700		2,594,700		2,594,700
31	SUBPROVIDER	7,877,082		7,877,082		7,877,082
33	NURSERY	7,655,301		7,655,301		7,655,301
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	140,294,579		140,294,579		140,294,579
37 01	ENDOSCOPY	3,053,471		3,053,471		3,053,471
38	RECOVERY ROOM	11,248,508		11,248,508		11,248,508
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	8,444,125		8,444,125		8,444,125
40 01	PULMONARY FUNCTION TESTIN	5,561,113		5,561,113		5,561,113
41	RADIOLOGY-DIAGNOSTIC	84,853,101		84,853,101		84,853,101
42	RADIOLOGY-THERAPEUTIC	14,784,079		14,784,079		14,784,079
43	RADIOISOTOPE	6,717,482		6,717,482		6,717,482
44	LABORATORY	73,986,028		73,986,028		73,986,028
44 01	TRANSPLANT IMMUNOLOGY	4,377,813		4,377,813		4,377,813
44 02	BONE MARROW TRANSPLANT LA	3,288,416		3,288,416		3,288,416
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	17,190,206		17,190,206		17,190,206
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	36,030,987		36,030,987		36,030,987
50	PHYSICAL THERAPY	12,498,114		12,498,114		12,498,114
51	OCCUPATIONAL THERAPY	3,870,315		3,870,315		3,870,315
52	SPEECH PATHOLOGY	7,572,926		7,572,926		7,572,926
53	ELECTROCARDIOLOGY	5,715,550		5,715,550		5,715,550
54	ELECTROENCEPHALOGRAPHY	5,941,053		5,941,053		5,941,053
55	MEDICAL SUPPLIES CHARGED	52,530,810		52,530,810		52,530,810
55 30	IMPL. DEV. CHARGED TO PAT	62,244,179		62,244,179		62,244,179
56	DRUGS CHARGED TO PATIENTS	108,429,336		108,429,336		108,429,336
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMAC	53,011,590		53,011,590		53,011,590
57	RENAL DIALYSIS	17,027,291		17,027,291		17,027,291
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC	651,039		651,039		651,039
59 01	CARDIOLOGY	15,470,080		15,470,080		15,470,080
59 02	PSYCH OTHER ANCILLARY	2,203,943		2,203,943		2,203,943
59 03	CARDIAC CATHERIZATION	14,848,653		14,848,653		14,848,653
59 04	DAY SURGERY	7,972,824		7,972,824		7,972,824
59 05	ONCOLOGY	7,513,458		7,513,458		7,513,458
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
59 97	CARDIAC REHABILITATION	486,525		486,525		486,525
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN	2,975,846		2,975,846		2,975,846
60 02	MEDICINE/DIAGNOSTIC	17,467,753		17,467,753		17,467,753
60 03	AMB SVC-OPTHALMOLOGY	631,401		631,401		631,401
60 04	AMB SVC-PSYCH ADULT	1,484,383		1,484,383		1,484,383
60 05	AMB SVC-DIABETES ADULT	69,047		69,047		69,047
60 06	OUTPATIENT SURGERY	4,413,004		4,413,004		4,413,004
60 07	AMB SVC-RILEY CLINICS	10,366,452		10,366,452		10,366,452
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB	290,586		290,586		290,586
60 10	AMB SVC-PSYCH CHILD	472,814		472,814		472,814
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC	754,829		754,829		754,829
60 15	SLEEP DISORDER CENTER	4,977,509		4,977,509		4,977,509
60 16	O/P CLINIC-ADULT	906,076		906,076		906,076
60 17	O/P CLINIC-PEDIATRIC	48,829		48,829		48,829
60 18	ARTHRITIS/INFUSION CENTER	9,558,576		9,558,576		9,558,576
60 19	NEUROLOGY UH	2,088,935		2,088,935		2,088,935
60 20	ORTHOPEDICS UH	1,037,469		1,037,469		1,037,469
60 21	AMB SVC-UH PHYSICAL MEDIC	1,967,709		1,967,709		1,967,709
60 22	AMB SVC-DERMATOLOGY CLINI	748,448		748,448		748,448
60 24	IU CANCER PAVILLION	7,666		7,666		7,666
60 25	CARDIO CLINIC	581,263		581,263		581,263
61	EMERGENCY	42,081,145		42,081,145		42,081,145
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DIS	10,879,918		10,879,918		10,879,918

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		OUTPAT SERVICE COST CNTRS					
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALT	3,640,192		3,640,192		3,640,192
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	4,437,268		4,437,268		4,437,268
65		AMBULANCE SERVICES	24,505,505		24,505,505		24,505,505
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		SUBTOTAL	1329,426,128		1329,426,128		1329,426,128
102		LESS OBSERVATION BEDS	10,879,918		10,879,918		10,879,918
103		TOTAL	1318,546,210		1318,546,210		1318,546,210

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	596,806,384		596,806,384			
26	INTENSIVE CARE UNIT	62,131,663		62,131,663			
27	CORONARY CARE UNIT	42,346,118		42,346,118			
27 01	NEONATAL INTENSIVE CARE U	19,713,265		19,713,265			
28	BURN INTENSIVE CARE UNIT	5,334,952		5,334,952			
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC	17,618,991		17,618,991			
29 03	UH NS 3IC	7,070,421		7,070,421			
29 04	RH PED IC	37,517,310		37,517,310			
29 05	TRANSPLANT ICU	12,507,602		12,507,602			
29 07	PEDIATRIC CANCER CENTER	8,091,829		8,091,829			
31	SUBPROVIDER	10,626,165		10,626,165			
33	NURSERY	21,276,706		21,276,706			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	353,912,964	198,681,078	552,594,042	.253884	.253884	.253884
37 01	ENDOSCOPY	9,213,082	3,932,417	13,145,499	.232283	.232283	.232283
38	RECOVERY ROOM	26,354,796	28,730,504	55,085,300	.204202	.204202	.204202
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	22,860,696	9,109,011	31,969,707	.264129	.264129	.264129
40 01	PULMONARY FUNCTION TESTIN	2,648,906	20,726,106	23,375,012	.237908	.237908	.237908
41	RADIOLOGY-DIAGNOSTIC	180,591,942	294,660,638	475,252,580	.178543	.178543	.178543
42	RADIOLOGY-THERAPEUTIC	5,688,242	70,692,966	76,381,208	.193556	.193556	.193556
43	RADIOISOTOPE	5,930,091	13,308,325	19,238,416	.349170	.349170	.349170
44	LABORATORY	329,289,655	289,145,253	618,434,908	.119634	.119634	.119634
44 01	TRANSPLANT IMMUNOLOGY	3,119,131	18,607,736	21,726,867	.201493	.201493	.201493
44 02	BONE MARROW TRANSPLANT LA	4,266,786	6,951,612	11,218,398	.293127	.293127	.293127
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	53,519,621	8,890,678	62,410,299	.275439	.275439	.275439
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	114,520,147	1,728,016	116,248,163	.309949	.309949	.309949
50	PHYSICAL THERAPY	24,069,583	15,699,090	39,768,673	.314270	.314270	.314270
51	OCCUPATIONAL THERAPY	7,323,777	2,445,627	9,769,404	.396167	.396167	.396167
52	SPEECH PATHOLOGY	3,894,288	6,351,176	10,245,464	.739149	.739149	.739149
53	ELECTROCARDIOLOGY	39,225,745	13,880,999	53,106,744	.107624	.107624	.107624
54	ELECTROENCEPHALOGRAPHY	16,193,281	7,589,064	23,782,345	.249809	.249809	.249809
55	MEDICAL SUPPLIES CHARGED	55,688,768	26,208,675	81,897,443	.641422	.641422	.641422
55 30	IMPL. DEV. CHARGED TO PAT	185,122,045	76,330,559	261,452,604	.238071	.238071	.238071
56	DRUGS CHARGED TO PATIENTS	406,021,454	158,093,373	564,114,827	.192211	.192211	.192211
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		44,764,095	44,764,095	1.184244	1.184244	1.184244
57	RENAL DIALYSIS	17,035,343	13,784,707	30,820,050	.552474	.552474	.552474
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC	1,297,643		1,297,643	.501709	.501709	.501709
59 01	CARDIOLOGY	23,091,964	43,827,713	66,919,677	.231174	.231174	.231174
59 02	PSYCH OTHER ANCILLARY	282,669	696,865	979,534	2.249991	2.249991	2.249991
59 03	CARDIAC CATHERIZATION	29,707,062	31,472,912	61,179,974	.242704	.242704	.242704
59 04	DAY SURGERY	818,903	7,507,832	8,326,735	.957497	.957497	.957497
59 05	ONCOLOGY		2,594	2,594	2896.475713	2896.475713	2896.475713
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
59 97	CARDIAC REHABILITATION	261,942	516,729	778,671	.624815	.624815	.624815
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	678,850	6,515,435	7,194,285	.413640	.413640	.413640
60 02	MEDICINE/DIAGNOSTIC	334,435	16,455,991	16,790,426	1.040340	1.040340	1.040340
60 03	AMB SVC-OPTHALMOLOGY	17,794	1,162,177	1,179,971	.535099	.535099	.535099
60 04	AMB SVC-PSYCH ADULT	670	2,416,755	2,417,425	.614035	.614035	.614035
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	5,525,118	7,929,186	13,454,304	.327999	.327999	.327999
60 07	AMB SVC-RILEY CLINICS	419,952	6,753,185	7,173,137	1.445177	1.445177	1.445177
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	33,243	701,412	734,655	.395541	.395541	.395541
60 10	AMB SVC-PSYCH CHILD		1,450	1,450	326.078621	326.078621	326.078621
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	1,951	114,479	116,430	6.483114	6.483114	6.483114
60 15	SLEEP DISORDER CENTER	52,116	16,668,275	16,720,391	.297691	.297691	.297691
60 16	O/P CLINIC-ADULT	1,580	182,263	183,843	4.928531	4.928531	4.928531
60 17	O/P CLINIC-PEDIATRIC						
60 18	ARTHRITIS/INFUSION CENTER	2,329	3,179,846	3,182,175	3.003787	3.003787	3.003787
60 19	NEUROLOGY UH	2,129	788,527	790,656	2.642028	2.642028	2.642028
60 20	ORTHOPEDICS UH	1,164	286,662	287,826	3.604501	3.604501	3.604501
60 21	AMB SVC-UH PHYSICAL MEDIC	5,904	1,069,627	1,075,531	1.829523	1.829523	1.829523
60 22	AMB SVC-DERMATOLOGY CLINI	1,458	864,999	866,457	.863803	.863803	.863803
60 24	IU CANCER PAVILLION						
60 25	CARDIO CLINIC	7,334	232,572	239,906	2.422878	2.422878	2.422878
61	EMERGENCY	80,683,939	166,030,613	246,714,552	.170566	.170566	.170566
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	2,215,058	14,569,699	16,784,757	.648202	.648202	.648202

WKST A LINE	NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		OUTPAT SERVICE COST CNTRS						
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT		2,008,403	2,008,403	1.812481	1.812481	1.812481
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	30,221	12,744,829	12,775,050	.347339	.347339	.347339
65		AMBULANCE SERVICES	303,087	40,473,148	40,776,235	.600975	.600975	.600975
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	2853,310,264	1715,485,883	4568,796,147			
102		LESS OBSERVATION BEDS						
103		TOTAL	2853,310,264	1715,485,883	4568,796,147			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	295,713,516		295,713,516		295,713,516
26	INTENSIVE CARE UNIT	31,007,044		31,007,044		31,007,044
27	CORONARY CARE UNIT	22,465,790		22,465,790		22,465,790
27 01	NEONATAL INTENSIVE CARE U	8,112,873		8,112,873		8,112,873
28	BURN INTENSIVE CARE UNIT	2,544,427		2,544,427		2,544,427
29	SURGICAL INTENSIVE CARE U					
29 02	UH SURG 6IC	9,136,427		9,136,427		9,136,427
29 03	UH NS 3IC	3,454,507		3,454,507		3,454,507
29 04	RH PED IC	16,640,517		16,640,517		16,640,517
29 05	TRANSPLANT ICU	5,751,741		5,751,741		5,751,741
29 07	PEDIATRIC CANCER CENTER	2,594,700		2,594,700		2,594,700
31	SUBPROVIDER	8,246,834		8,246,834		8,246,834
33	NURSERY	7,655,301		7,655,301		7,655,301
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	145,297,350		145,297,350		145,297,350
37 01	ENDOSCOPY	3,269,665		3,269,665		3,269,665
38	RECOVERY ROOM	15,204,657		15,204,657		15,204,657
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	9,181,610		9,181,610		9,181,610
40 01	PULMONARY FUNCTION TESTIN	6,163,223		6,163,223		6,163,223
41	RADIOLOGY-DIAGNOSTIC	88,413,232		88,413,232		88,413,232
42	RADIOLOGY-THERAPEUTIC	14,834,592		14,834,592		14,834,592
43	RADIOISOTOPE	7,024,599		7,024,599		7,024,599
44	LABORATORY	76,869,289		76,869,289		76,869,289
44 01	TRANSPLANT IMMUNOLOGY	4,377,813		4,377,813		4,377,813
44 02	BONE MARROW TRANSPLANT LA	3,288,416		3,288,416		3,288,416
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	17,190,206		17,190,206		17,190,206
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	36,075,438		36,075,438		36,075,438
50	PHYSICAL THERAPY	13,140,635		13,140,635		13,140,635
51	OCCUPATIONAL THERAPY	3,989,525		3,989,525		3,989,525
52	SPEECH PATHOLOGY	7,572,926		7,572,926		7,572,926
53	ELECTROCARDIOLOGY	5,816,575		5,816,575		5,816,575
54	ELECTROENCEPHALOGRAPHY	6,377,482		6,377,482		6,377,482
55	MEDICAL SUPPLIES CHARGED	52,530,810		52,530,810		52,530,810
55 30	IMPL. DEV. CHARGED TO PAT	62,244,179		62,244,179		62,244,179
56	DRUGS CHARGED TO PATIENTS	108,546,526		108,546,526		108,546,526
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMAC	53,011,590		53,011,590		53,011,590
57	RENAL DIALYSIS	18,514,383		18,514,383		18,514,383
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC	651,039		651,039		651,039
59 01	CARDIOLOGY	16,456,087		16,456,087		16,456,087
59 02	PSYCH OTHER ANCILLARY	2,203,943		2,203,943		2,203,943
59 03	CARDIAC CATHERIZATION	16,661,046		16,661,046		16,661,046
59 04	DAY SURGERY	7,972,824		7,972,824		7,972,824
59 05	ONCOLOGY	7,860,984		7,860,984		7,860,984
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
59 97	CARDIAC REHABILITATION	486,525		486,525		486,525
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN	2,975,846		2,975,846		2,975,846
60 02	MEDICINE/DIAGNOSTIC	21,306,713		21,306,713		21,306,713
60 03	AMB SVC-OPTHALMOLOGY	748,591		748,591		748,591
60 04	AMB SVC-PSYCH ADULT	1,888,484		1,888,484		1,888,484
60 05	AMB SVC-DIABETES ADULT	69,047		69,047		69,047
60 06	OUTPATIENT SURGERY	4,413,004		4,413,004		4,413,004
60 07	AMB SVC-RILEY CLINICS	13,918,500		13,918,500		13,918,500
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB	290,586		290,586		290,586
60 10	AMB SVC-PSYCH CHILD	717,295		717,295		717,295
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC	764,931		764,931		764,931
60 15	SLEEP DISORDER CENTER	4,977,509		4,977,509		4,977,509
60 16	O/P CLINIC-ADULT	906,076		906,076		906,076
60 17	O/P CLINIC-PEDIATRIC	48,829		48,829		48,829
60 18	ARTHRITIS/INFUSION CENTER	9,635,355		9,635,355		9,635,355
60 19	NEUROLOGY UH	2,284,924		2,284,924		2,284,924
60 20	ORTHOPEDICS UH	1,118,289		1,118,289		1,118,289
60 21	AMB SVC-UH PHYSICAL MEDIC	1,967,709		1,967,709		1,967,709
60 22	AMB SVC-DERMATOLOGY CLINI	867,658		867,658		867,658
60 24	IU CANCER PAVILLION	7,666		7,666		7,666
60 25	CARDIO CLINIC	581,263		581,263		581,263
61	EMERGENCY	44,352,192		44,352,192		44,352,192
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DIS	10,879,918		10,879,918		10,879,918

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET C
PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		OUTPAT SERVICE COST CNTRS					
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALT	3,640,192		3,640,192		3,640,192
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	4,437,268		4,437,268		4,437,268
65		AMBULANCE SERVICES	24,505,505		24,505,505		24,505,505
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		SUBTOTAL	1381,854,196		1381,854,196		1381,854,196
102		LESS OBSERVATION BEDS	10,879,918		10,879,918		10,879,918
103		TOTAL	1370,974,278		1370,974,278		1370,974,278

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	596,806,384		596,806,384			
26	INTENSIVE CARE UNIT	62,131,663		62,131,663			
27	CORONARY CARE UNIT	42,346,118		42,346,118			
27 01	NEONATAL INTENSIVE CARE U	19,713,265		19,713,265			
28	BURN INTENSIVE CARE UNIT	5,334,952		5,334,952			
29	SURGICAL INTENSIVE CARE U						
29 02	UH SURG 6IC	17,618,991		17,618,991			
29 03	UH NS 3IC	7,070,421		7,070,421			
29 04	RH PED IC	37,517,310		37,517,310			
29 05	TRANSPLANT ICU	12,507,602		12,507,602			
29 07	PEDIATRIC CANCER CENTER	8,091,829		8,091,829			
31	SUBPROVIDER	10,626,165		10,626,165			
33	NURSERY	21,276,706		21,276,706			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	353,912,964	198,681,078	552,594,042	.262937	.262937	.262937
37 01	ENDOSCOPY	9,213,082	3,932,417	13,145,499	.248729	.248729	.248729
38	RECOVERY ROOM	26,354,796	28,730,504	55,085,300	.276020	.276020	.276020
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	22,860,696	9,109,011	31,969,707	.287197	.287197	.287197
40 01	PULMONARY FUNCTION TESTIN	2,648,906	20,726,106	23,375,012	.263667	.263667	.263667
41	RADIOLOGY-DIAGNOSTIC	180,591,942	294,660,638	475,252,580	.186034	.186034	.186034
42	RADIOLOGY-THERAPEUTIC	5,688,242	70,692,966	76,381,208	.194218	.194218	.194218
43	RADIOISOTOPE	5,930,091	13,308,325	19,238,416	.365134	.365134	.365134
44	LABORATORY	329,289,655	289,145,253	618,434,908	.124296	.124296	.124296
44 01	TRANSPLANT IMMUNOLOGY	3,119,131	18,607,736	21,726,867	.201493	.201493	.201493
44 02	BONE MARROW TRANSPLANT LA	4,266,786	6,951,612	11,218,398	.293127	.293127	.293127
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	53,519,621	8,890,678	62,410,299	.275439	.275439	.275439
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	114,520,147	1,728,016	116,248,163	.310331	.310331	.310331
50	PHYSICAL THERAPY	24,069,583	15,699,090	39,768,673	.330427	.330427	.330427
51	OCCUPATIONAL THERAPY	7,323,777	2,445,627	9,769,404	.408369	.408369	.408369
52	SPEECH PATHOLOGY	3,894,288	6,351,176	10,245,464	.739149	.739149	.739149
53	ELECTROCARDIOLOGY	39,225,745	13,880,999	53,106,744	.109526	.109526	.109526
54	ELECTROENCEPHALOGRAPHY	16,193,281	7,589,064	23,782,345	.268160	.268160	.268160
55	MEDICAL SUPPLIES CHARGED	55,688,768	26,208,675	81,897,443	.641422	.641422	.641422
55 30	IMPL. DEV. CHARGED TO PAT	185,122,045	76,330,559	261,452,604	.238071	.238071	.238071
56	DRUGS CHARGED TO PATIENTS	406,021,454	158,093,373	564,114,827	.192419	.192419	.192419
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC		44,764,095	44,764,095	1.184244	1.184244	1.184244
57	RENAL DIALYSIS	17,035,343	13,784,707	30,820,050	.600725	.600725	.600725
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC	1,297,643		1,297,643	.501709	.501709	.501709
59 01	CARDIOLOGY	23,091,964	43,827,713	66,919,677	.245908	.245908	.245908
59 02	PSYCH OTHER ANCILLARY	282,669	696,865	979,534	2.249991	2.249991	2.249991
59 03	CARDIAC CATHERIZATION	29,707,062	31,472,912	61,179,974	.272328	.272328	.272328
59 04	DAY SURGERY	818,903	7,507,832	8,326,735	.957497	.957497	.957497
59 05	ONCOLOGY		2,594	2,594	3030.448728	3030.448728	3030.448728
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
59 97	CARDIAC REHABILITATION	261,942	516,729	778,671	.624815	.624815	.624815
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	678,850	6,515,435	7,194,285	.413640	.413640	.413640
60 02	MEDICINE/DIAGNOSTIC	334,435	16,455,991	16,790,426	1.268980	1.268980	1.268980
60 03	AMB SVC-OPTHALMOLOGY	17,794	1,162,177	1,179,971	.634415	.634415	.634415
60 04	AMB SVC-PSYCH ADULT	670	2,416,755	2,417,425	.781197	.781197	.781197
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	5,525,118	7,929,186	13,454,304	.327999	.327999	.327999
60 07	AMB SVC-RILEY CLINICS	419,952	6,753,185	7,173,137	1.940364	1.940364	1.940364
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB	33,243	701,412	734,655	.395541	.395541	.395541
60 10	AMB SVC-PSYCH CHILD		1,450	1,450	494.686207	494.686207	494.686207
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	1,951	114,479	116,430	6.569879	6.569879	6.569879
60 15	SLEEP DISORDER CENTER	52,116	16,668,275	16,720,391	.297691	.297691	.297691
60 16	O/P CLINIC-ADULT	1,580	182,263	183,843	4.928531	4.928531	4.928531
60 17	O/P CLINIC-PEDIATRIC						
60 18	ARTHRITIS/INFUSION CENTER	2,329	3,179,846	3,182,175	3.027915	3.027915	3.027915
60 19	NEUROLOGY UH	2,129	788,527	790,656	2.889909	2.889909	2.889909
60 20	ORTHOPEDICS UH	1,164	286,662	287,826	3.885295	3.885295	3.885295
60 21	AMB SVC-UH PHYSICAL MEDIC	5,904	1,069,627	1,075,531	1.829523	1.829523	1.829523
60 22	AMB SVC-DERMATOLOGY CLINI	1,458	864,999	866,457	1.001386	1.001386	1.001386
60 24	IU CANCER PAVILLION						
60 25	CARDIO CLINIC	7,334	232,572	239,906	2.422878	2.422878	2.422878
61	EMERGENCY	80,683,939	166,030,613	246,714,552	.179771	.179771	.179771
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	2,215,058	14,569,699	16,784,757	.648202	.648202	.648202

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET C
PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		OUTPAT SERVICE COST CNTRS						
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT		2,008,403	2,008,403	1.812481	1.812481	1.812481
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	30,221	12,744,829	12,775,050	.347339	.347339	.347339
65		AMBULANCE SERVICES	303,087	40,473,148	40,776,235	.600975	.600975	.600975
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	2853,310,264	1715,485,883	4568,796,147			
102		LESS OBSERVATION BEDS						
103		TOTAL	2853,310,264	1715,485,883	4568,796,147			

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	140,294,579	13,213,818	127,080,761			140,294,579
37	01	ENDOSCOPY	3,053,471	311,083	2,742,388			3,053,471
38		RECOVERY ROOM	11,248,508	509,137	10,739,371			11,248,508
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	8,444,125	1,299,899	7,144,226			8,444,125
40	01	PULMONARY FUNCTION TESTIN	5,561,113	521,869	5,039,244			5,561,113
41		RADIOLOGY-DIAGNOSTIC	84,853,101	17,826,564	67,026,537			84,853,101
42		RADIOLOGY-THERAPEUTIC	14,784,079	4,775,823	10,008,256			14,784,079
43		RADIOISOTOPE	6,717,482	1,546,481	5,171,001			6,717,482
44		LABORATORY	73,986,028	4,306,190	69,679,838			73,986,028
44	01	TRANSPLANT IMMUNOLOGY	4,377,813	108,769	4,269,044			4,377,813
44	02	BONE MARROW TRANSPLANT LA	3,288,416	310,073	2,978,343			3,288,416
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	17,190,206	272,119	16,918,087			17,190,206
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	36,030,987	1,175,616	34,855,371			36,030,987
50		PHYSICAL THERAPY	12,498,114	314,890	12,183,224			12,498,114
51		OCCUPATIONAL THERAPY	3,870,315	168,829	3,701,486			3,870,315
52		SPEECH PATHOLOGY	7,572,926	275,556	7,297,370			7,572,926
53		ELECTROCARDIOLOGY	5,715,550	533,586	5,181,964			5,715,550
54		ELECTROENCEPHALOGRAPHY	5,941,053	429,393	5,511,660			5,941,053
55		MEDICAL SUPPLIES CHARGED	52,530,810	98,008	52,432,802			52,530,810
55	30	IMPL. DEV. CHARGED TO PAT	62,244,179	80,920	62,163,259			62,244,179
56		DRUGS CHARGED TO PATIENTS	108,429,336	141,569	108,287,767			108,429,336
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC	53,011,590	1,761,920	51,249,670			53,011,590
57		RENAL DIALYSIS	17,027,291	812,782	16,214,509			17,027,291
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC	651,039	94,262	556,777			651,039
59	01	CARDIOLOGY	15,470,080	1,608,200	13,861,880			15,470,080
59	02	PSYCH OTHER ANCILLARY	2,203,943	40,432	2,163,511			2,203,943
59	03	CARDIAC CATHERIZATION	14,848,653	1,798,997	13,049,656			14,848,653
59	04	DAY SURGERY	7,972,824	418,866	7,553,958			7,972,824
59	05	ONCOLOGY	7,513,458	6,265,943	1,247,515			7,513,458
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
59	97	CARDIAC REHABILITATION	486,525	24,697	461,828			486,525
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	2,975,846	410,325	2,565,521			2,975,846
60	02	MEDICINE/DIAGNOSTIC	17,467,753	888,782	16,578,971			17,467,753
60	03	AMB SVC-OPTHALMOLOGY	631,401	75,533	555,868			631,401
60	04	AMB SVC-PSYCH ADULT	1,484,383	177,075	1,307,308			1,484,383
60	05	AMB SVC-DIABETES ADULT	69,047	18,098	50,949			69,047
60	06	OUTPATIENT SURGERY	4,413,004	660,186	3,752,818			4,413,004
60	07	AMB SVC-RILEY CLINICS	10,366,452	610,069	9,756,383			10,366,452
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	290,586	27,869	262,717			290,586
60	10	AMB SVC-PSYCH CHILD	472,814	15,624	457,190			472,814
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	754,829	49,437	705,392			754,829
60	15	SLEEP DISORDER CENTER	4,977,509	211,490	4,766,019			4,977,509
60	16	O/P CLINIC-ADULT	906,076	100,174	805,902			906,076
60	17	O/P CLINIC-PEDIATRIC	48,829	12,919	35,910			48,829
60	18	ARTHRITIS/INFUSION CENTER	9,558,576	319,594	9,238,982			9,558,576
60	19	NEUROLOGY UH	2,088,935	138,139	1,950,796			2,088,935
60	20	ORTHOPEDICS UH	1,037,469	99,392	938,077			1,037,469
60	21	AMB SVC-UH PHYSICAL MEDIC	1,967,709	107,198	1,860,511			1,967,709
60	22	AMB SVC-DERMATOLOGY CLINI	748,448	105,905	642,543			748,448
60	24	IU CANCER PAVILLION	7,666	10	7,656			7,666
60	25	CARDIO CLINIC	581,263	5,599	575,664			581,263
61		EMERGENCY	42,081,145	1,553,097	40,528,048			42,081,145
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	10,879,918	437,732	10,442,186			10,879,918
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT	3,640,192	4,593	3,635,599			3,640,192
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	4,437,268	134,414	4,302,854			4,437,268
65		AMBULANCE SERVICES	24,505,505	2,498,836	22,006,669			24,505,505
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	934,210,217	69,708,381	864,501,836			934,210,217
102		LESS OBSERVATION BEDS	10,879,918	437,732	10,442,186			10,879,918
103		TOTAL	923,330,299	69,270,649	854,059,650			923,330,299

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	552,594,042	.253884	.253884
37	01	ENDOSCOPY	13,145,499	.232283	.232283
38		RECOVERY ROOM	55,085,300	.204202	.204202
39		DELIVERY ROOM & LABOR ROO			
40		ANESTHESIOLOGY	31,969,707	.264129	.264129
40	01	PULMONARY FUNCTION TESTIN	23,375,012	.237908	.237908
41		RADIOLOGY-DIAGNOSTIC	475,252,580	.178543	.178543
42		RADIOLOGY-THERAPEUTIC	76,381,208	.193556	.193556
43		RADIOISOTOPE	19,238,416	.349170	.349170
44		LABORATORY	618,434,908	.119634	.119634
44	01	TRANSPLANT IMMUNOLOGY	21,726,867	.201493	.201493
44	02	BONE MARROW TRANSPLANT LA	11,218,398	.293127	.293127
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	62,410,299	.275439	.275439
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	116,248,163	.309949	.309949
50		PHYSICAL THERAPY	39,768,673	.314270	.314270
51		OCCUPATIONAL THERAPY	9,769,404	.396167	.396167
52		SPEECH PATHOLOGY	10,245,464	.739149	.739149
53		ELECTROCARDIOLOGY	53,106,744	.107624	.107624
54		ELECTROENCEPHALOGRAPHY	23,782,345	.249809	.249809
55		MEDICAL SUPPLIES CHARGED	81,897,443	.641422	.641422
55	30	IMPL. DEV. CHARGED TO PAT	261,452,604	.238071	.238071
56		DRUGS CHARGED TO PATIENTS	564,114,827	.192211	.192211
56	01	RENAL-RILEY			
56	02	RENAL-ADULT			
56	03	OUTPATIENT RETAIL PHARMAC	44,764,095	1.184244	1.184244
57		RENAL DIALYSIS	30,820,050	.552474	.552474
58		ASC (NON-DISTINCT PART)			
58	04	BMTU OUTPATIENT			
59		RH NBN ECMO IC	1,297,643	.501709	.501709
59	01	CARDIOLOGY	66,919,677	.231174	.231174
59	02	PSYCH OTHER ANCILLARY	979,534	2.249991	2.249991
59	03	CARDIAC CATHERIZATION	61,179,974	.242704	.242704
59	04	DAY SURGERY	8,326,735	.957497	.957497
59	05	ONCOLOGY	2,594	2896.475713	2896.475713
59	06	DAY SURGERY-RILEY			
59	07	CARDIOLOGY-RILEY			
59	97	CARDIAC REHABILITATION	778,671	.624815	.624815
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	AMB SVC-OB & GYN	7,194,285	.413640	.413640
60	02	MEDICINE/DIAGNOSTIC	16,790,426	1.040340	1.040340
60	03	AMB SVC-OPTHALMOLOGY	1,179,971	.535099	.535099
60	04	AMB SVC-PSYCH ADULT	2,417,425	.614035	.614035
60	05	AMB SVC-DIABETES ADULT			
60	06	OUTPATIENT SURGERY	13,454,304	.327999	.327999
60	07	AMB SVC-RILEY CLINICS	7,173,137	1.445177	1.445177
60	08	DENTAL CLINIC			
60	09	MOTILITY LAB	734,655	.395541	.395541
60	10	AMB SVC-PSYCH CHILD	1,450	326.078621	326.078621
60	13	ARTHRITIS CENTER			
60	14	GERIATRICS CLINIC	116,430	6.483114	6.483114
60	15	SLEEP DISORDER CENTER	16,720,391	.297691	.297691
60	16	O/P CLINIC-ADULT	183,843	4.928531	4.928531
60	17	O/P CLINIC-PEDIATRIC			
60	18	ARTHRITIS/INFUSION CENTER	3,182,175	3.003787	3.003787
60	19	NEUROLOGY UH	790,656	2.642028	2.642028
60	20	ORTHOPEDICS UH	287,826	3.604501	3.604501
60	21	AMB SVC-UH PHYSICAL MEDIC	1,075,531	1.829523	1.829523
60	22	AMB SVC-DERMATOLOGY CLINI	866,457	.863803	.863803
60	24	IU CANCER PAVILLION			
60	25	CARDIO CLINIC	239,906	2.422878	2.422878
61		EMERGENCY	246,714,552	.170566	.170566
61	01	EMERGENCY-RILEY			
62		OBSERVATION BEDS (NON-DIS	16,784,757	.648202	.648202
63		FAMILY PRACTICE			
63	60	FEDERALLY QUALIFIED HEALT	2,008,403	1.812481	1.812481
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	12,775,050	.347339	.347339
65		AMBULANCE SERVICES	40,776,235	.600975	.600975
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	3727,754,741		
102		LESS OBSERVATION BEDS	16,784,757		
103		TOTAL	3710,969,984		

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	145,297,350	13,213,818	132,083,532	1,321,382	7,660,845	136,315,123
37	01	ENDOSCOPY	3,269,665	311,083	2,958,582	31,108	171,598	3,066,959
38		RECOVERY ROOM	15,204,657	509,137	14,695,520	50,914	852,340	14,301,403
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	9,181,610	1,299,899	7,881,711	129,990	457,139	8,594,481
40	01	PULMONARY FUNCTION TESTIN	6,163,223	521,869	5,641,354	52,187	327,199	5,783,837
41		RADIOLOGY-DIAGNOSTIC	88,413,232	17,826,564	70,586,668	1,782,656	4,094,027	82,536,549
42		RADIOLOGY-THERAPEUTIC	14,834,592	4,775,823	10,058,769	477,582	583,409	13,773,601
43		RADIOISOTOPE	7,024,599	1,546,481	5,478,118	154,648	317,731	6,552,220
44		LABORATORY	76,869,289	4,306,190	72,563,099	430,619	4,208,660	72,230,010
44	01	TRANSPLANT IMMUNOLOGY	4,377,813	108,769	4,269,044	10,877	247,605	4,119,331
44	02	BONE MARROW TRANSPLANT LA	3,288,416	310,073	2,978,343	31,007	172,744	3,084,665
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	17,190,206	272,119	16,918,087	27,212	981,249	16,181,745
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	36,075,438	1,175,616	34,899,822	117,562	2,024,190	33,933,686
50		PHYSICAL THERAPY	13,140,635	314,890	12,825,745	31,489	743,893	12,365,253
51		OCCUPATIONAL THERAPY	3,989,525	168,829	3,820,696	16,883	221,600	3,751,042
52		SPEECH PATHOLOGY	7,572,926	275,556	7,297,370	27,556	423,247	7,122,123
53		ELECTROCARDIOLOGY	5,816,575	533,586	5,282,989	53,359	306,413	5,456,803
54		ELECTROENCEPHALOGRAPHY	6,377,482	429,393	5,948,089	42,939	344,989	5,989,554
55		MEDICAL SUPPLIES CHARGED	52,530,810	98,008	52,432,802	9,801	3,041,103	49,479,906
55	30	IMPL. DEV. CHARGED TO PAT	62,244,179	80,920	62,163,259	8,092	3,605,469	58,630,618
56		DRUGS CHARGED TO PATIENTS	108,546,526	141,569	108,404,957	14,157	6,287,488	102,244,881
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC	53,011,590	1,761,920	51,249,670	176,192	2,972,481	49,862,917
57		RENAL DIALYSIS	18,514,383	812,782	17,701,601	81,278	1,026,693	17,406,412
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC	651,039	94,262	556,777	9,426	32,293	609,320
59	01	CARDIOLOGY	16,456,087	1,608,200	14,847,887	160,820	861,177	15,434,090
59	02	PSYCH OTHER ANCILLARY	2,203,943	40,432	2,163,511	4,043	125,484	2,074,416
59	03	CARDIAC CATHERIZATION	16,661,046	1,798,997	14,862,049	179,900	861,999	15,619,147
59	04	DAY SURGERY	7,972,824	418,866	7,553,958	41,887	438,130	7,492,807
59	05	ONCOLOGY	7,860,984	6,265,943	1,595,041	626,594	92,512	7,141,878
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
59	97	CARDIAC REHABILITATION	486,525	24,697	461,828	2,470	26,786	457,269
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	2,975,846	410,325	2,565,521	41,033	148,800	2,786,013
60	02	MEDICINE/DIAGNOSTIC	21,306,713	888,782	20,417,931	88,878	1,184,240	20,033,595
60	03	AMB SVC-OPTHALMOLOGY	748,591	75,533	673,058	7,553	39,037	702,001
60	04	AMB SVC-PSYCH ADULT	1,888,484	177,075	1,711,409	17,708	99,262	1,771,514
60	05	AMB SVC-DIABETES ADULT	69,047	18,098	50,949	1,810	2,955	64,282
60	06	OUTPATIENT SURGERY	4,413,004	660,186	3,752,818	66,019	217,663	4,129,322
60	07	AMB SVC-RILEY CLINICS	13,918,500	610,069	13,308,431	61,007	771,889	13,085,604
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	290,586	27,869	262,717	2,787	15,238	272,561
60	10	AMB SVC-PSYCH CHILD	717,295	15,624	701,671	1,562	40,697	675,036
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	764,931	49,437	715,494	4,944	41,499	718,488
60	15	SLEEP DISORDER CENTER	4,977,509	211,490	4,766,019	21,149	276,429	4,679,931
60	16	O/P CLINIC-ADULT	906,076	100,174	805,902	10,017	46,742	849,317
60	17	O/P CLINIC-PEDIATRIC	48,829	12,919	35,910	1,292	2,083	45,454
60	18	ARTHRITIS/INFUSION CENTER	9,635,355	319,594	9,315,761	31,959	540,314	9,063,082
60	19	NEUROLOGY UH	2,284,924	138,139	2,146,785	13,814	124,514	2,146,596
60	20	ORTHOPEDICS UH	1,118,289	99,392	1,018,897	9,939	59,096	1,049,254
60	21	AMB SVC-UH PHYSICAL MEDIC	1,967,709	107,198	1,860,511	10,720	107,910	1,849,079
60	22	AMB SVC-DERMATOLOGY CLINI	867,658	105,905	761,753	10,591	44,182	812,885
60	24	IU CANCER PAVILLION	7,666	10	7,656	1	444	7,221
60	25	CARDIO CLINIC	581,263	5,599	575,664	560	33,389	547,314
61		EMERGENCY	44,352,192	1,553,097	42,799,095	155,310	2,482,348	41,714,534
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	10,879,918	437,732	10,442,186	43,773	605,647	10,230,498
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT	3,640,192	4,593	3,635,599	459	210,865	3,428,868
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS	4,437,268	134,414	4,302,854	13,441	249,566	4,174,261
65		AMBULANCE SERVICES	24,505,505	2,498,836	22,006,669	249,884	1,276,387	22,979,234
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	968,530,519	69,708,381	898,822,138	6,970,840	52,131,689	909,427,990
102		LESS OBSERVATION BEDS	10,879,918	437,732	10,442,186	43,773	605,647	10,230,498
103		TOTAL	957,650,601	69,270,649	888,379,952	6,927,067	51,526,042	899,197,492

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	552,594,042	.246682	.260546
37	01	ENDOSCOPY	13,145,499	.233309	.246362
38		RECOVERY ROOM	55,085,300	.259623	.275096
39		DELIVERY ROOM & LABOR ROO			
40		ANESTHESIOLOGY	31,969,707	.268832	.283131
40	01	PULMONARY FUNCTION TESTIN	23,375,012	.247437	.261435
41		RADIOLOGY-DIAGNOSTIC	475,252,580	.173669	.182283
42		RADIOLOGY-THERAPEUTIC	76,381,208	.180327	.187965
43		RADIOISOTOPE	19,238,416	.340580	.357095
44		LABORATORY	618,434,908	.116795	.123600
44	01	TRANSPLANT IMMUNOLOGY	21,726,867	.189596	.200992
44	02	BONE MARROW TRANSPLANT LA	11,218,398	.274965	.290363
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	62,410,299	.259280	.275003
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	116,248,163	.291907	.309320
50		PHYSICAL THERAPY	39,768,673	.310929	.329635
51		OCCUPATIONAL THERAPY	9,769,404	.383958	.406641
52		SPEECH PATHOLOGY	10,245,464	.695149	.736460
53		ELECTROCARDIOLOGY	53,106,744	.102752	.108521
54		ELECTROENCEPHALOGRAPHY	23,782,345	.251849	.266355
55		MEDICAL SUPPLIES CHARGED	81,897,443	.604169	.641302
55	30	IMPL. DEV. CHARGED TO PAT	261,452,604	.224250	.238040
56		DRUGS CHARGED TO PATIENTS	564,114,827	.181248	.192394
56	01	RENAL-RILEY			
56	02	RENAL-ADULT			
56	03	OUTPATIENT RETAIL PHARMAC	44,764,095	1.113904	1.180308
57		RENAL DIALYSIS	30,820,050	.564776	.598088
58		ASC (NON-DISTINCT PART)			
58	04	BMTU OUTPATIENT			
59		RH NBN ECMO IC	1,297,643	.469559	.494445
59	01	CARDIOLOGY	66,919,677	.230636	.243505
59	02	PSYCH OTHER ANCILLARY	979,534	2.117758	2.245864
59	03	CARDIAC CATHERIZATION	61,179,974	.255298	.269388
59	04	DAY SURGERY	8,326,735	.899849	.952467
59	05	ONCOLOGY	2,594	2753.229761	2788.893601
59	06	DAY SURGERY-RILEY			
59	07	CARDIOLOGY-RILEY			
59	97	CARDIAC REHABILITATION	778,671	.587243	.621643
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	AMB SVC-OB & GYN	7,194,285	.387254	.407937
60	02	MEDICINE/DIAGNOSTIC	16,790,426	1.193156	1.263687
60	03	AMB SVC-OPTHALMOLOGY	1,179,971	.594931	.628014
60	04	AMB SVC-PSYCH ADULT	2,417,425	.732810	.773871
60	05	AMB SVC-DIABETES ADULT			
60	06	OUTPATIENT SURGERY	13,454,304	.306915	.323093
60	07	AMB SVC-RILEY CLINICS	7,173,137	1.824251	1.931860
60	08	DENTAL CLINIC			
60	09	MOTILITY LAB	734,655	.371005	.391747
60	10	AMB SVC-PSYCH CHILD	1,450	465.542069	493.608966
60	13	ARTHRITIS CENTER			
60	14	GERIATRICS CLINIC	116,430	6.170987	6.527416
60	15	SLEEP DISORDER CENTER	16,720,391	.279894	.296426
60	16	O/P CLINIC-ADULT	183,843	4.619795	4.874045
60	17	O/P CLINIC-PEDIATRIC			
60	18	ARTHRITIS/INFUSION CENTER	3,182,175	2.848078	3.017872
60	19	NEUROLOGY UH	790,656	2.714956	2.872438
60	20	ORTHOPEDICS UH	287,826	3.645446	3.850764
60	21	AMB SVC-UH PHYSICAL MEDIC	1,075,531	1.719224	1.819556
60	22	AMB SVC-DERMATOLOGY CLINI	866,457	.938171	.989163
60	24	IU CANCER PAVILLION			
60	25	CARDIO CLINIC	239,906	2.281369	2.420544
61		EMERGENCY	246,714,552	.169080	.179142
61	01	EMERGENCY-RILEY			
62		OBSERVATION BEDS (NON-DIS	16,784,757	.609511	.645594
63		FAMILY PRACTICE			
63	60	FEDERALLY QUALIFIED HEALT	2,008,403	1.707261	1.812252
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS	12,775,050	.326751	.346286
65		AMBULANCE SERVICES	40,776,235	.563545	.594847
66		DURABLE MEDICAL EQUIP-REN			
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	3727,754,741		
102		LESS OBSERVATION BEDS	16,784,757		
103		TOTAL	3710,969,984		

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				11,291,374		11,291,374
26		INTENSIVE CARE UNIT				1,155,189		1,155,189
27		CORONARY CARE UNIT				675,778		675,778
27	01	NEONATAL INTENSIVE CARE U				213,823		213,823
28		BURN INTENSIVE CARE UNIT				224,604		224,604
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC				368,337		368,337
29	03	UH NS 3IC				106,747		106,747
29	04	RH PED IC				485,126		485,126
29	05	TRANSPLANT ICU				170,741		170,741
29	07	PEDIATRIC CANCER CENTER				77,662		77,662
31		SUBPROVIDER				254,316		254,316
33		NURSERY				267,346		267,346
101		TOTAL				15,291,043		15,291,043

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET D I 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	276,680	80,451			40.81	3,283,205
26		INTENSIVE CARE UNIT	20,560	7,465			56.19	419,458
27		CORONARY CARE UNIT	13,859	6,179			48.76	301,288
27	01	NEONATAL INTENSIVE CARE U	8,352				25.60	
28		BURN INTENSIVE CARE UNIT	1,652				135.96	
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC	5,748	2,513			64.08	161,033
29	03	UH NS 3IC	2,339	800			45.64	36,512
29	04	RH PED IC	9,422	60			51.49	3,089
29	05	TRANSPLANT ICU	4,196	1,539			40.69	62,622
29	07	PEDIATRIC CANCER CENTER	2,206	3			35.20	106
31		SUBPROVIDER	6,845	1,721			37.15	63,935
33		NURSERY	12,439				21.49	
101		TOTAL	364,298	100,731				4,331,248

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | COMPONENT NO: 15-0056 | PREPARED 7/26/2011 | 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		13,213,818	552,594,042	96,440,318		
37	01	ENDOSCOPY		311,083	13,145,499	3,872,798		
38		RECOVERY ROOM		509,137	55,085,300	7,289,736		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY		1,299,899	31,969,707	6,076,407		
40	01	PULMONARY FUNCTION TESTIN		521,869	23,375,012	490,163		
41		RADIOLOGY-DIAGNOSTIC		17,826,564	475,252,580	57,569,550		
42		RADIOLOGY-THERAPEUTIC		4,775,823	76,381,208	1,801,352		
43		RADIOISOTOPE		1,546,481	19,238,416	2,280,953		
44		LABORATORY		4,306,190	618,434,908	106,971,528		
44	01	TRANSPLANT IMMUNOLOGY		108,769	21,726,867	990,552		
44	02	BONE MARROW TRANSPLANT LA		310,073	11,218,398	1,468,752		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		272,119	62,410,299	14,506,108		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		1,175,616	116,248,163	30,649,130		
50		PHYSICAL THERAPY		314,890	39,768,673	8,878,926		
51		OCCUPATIONAL THERAPY		168,829	9,769,404	1,835,601		
52		SPEECH PATHOLOGY		275,556	10,245,464	1,198,762		
53		ELECTROCARDIOLOGY		533,586	53,106,744	19,691,588		
54		ELECTROENCEPHALOGRAPHY		429,393	23,782,345	5,042,873		
55		MEDICAL SUPPLIES CHARGED		98,008	81,897,443	18,531,096		
55	30	IMPL. DEV. CHARGED TO PAT		80,920	261,452,604	64,185,680		
56		DRUGS CHARGED TO PATIENTS		141,569	564,114,827	115,723,161		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC		1,761,920	44,764,095			
57		RENAL DIALYSIS		812,782	30,820,050	8,900,109		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC		94,262	1,297,643			
59	01	CARDIOLOGY		1,608,200	66,919,677	6,129,669		
59	02	PSYCH OTHER ANCILLARY		40,432	979,534	1,154		
59	03	CARDIAC CATHERIZATION		1,798,997	61,179,974	12,099,786		
59	04	DAY SURGERY		418,866	8,326,735	133,956		
59	05	ONCOLOGY		6,265,943	2,594			
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
59	97	CARDIAC REHABILITATION		24,697	778,671	103,541		
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN		410,325	7,194,285	26,258		
60	02	MEDICINE/DIAGNOSTIC		888,782	16,790,426	202,141		
60	03	AMB SVC-OPTHALMOLOGY		75,533	1,179,971	5,337		
60	04	AMB SVC-PSYCH ADULT		177,075	2,417,425	433		
60	05	AMB SVC-DIABETES ADULT		18,098				
60	06	OUTPATIENT SURGERY		660,186	13,454,304	2,590,806		
60	07	AMB SVC-RILEY CLINICS		610,069	7,173,137	5,034		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB		27,869	734,655			
60	10	AMB SVC-PSYCH CHILD		15,624	1,450			
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC		49,437	116,430	1,052		
60	15	SLEEP DISORDER CENTER		211,490	16,720,391	19,278		
60	16	O/P CLINIC-ADULT		100,174	183,843	797		
60	17	O/P CLINIC-PEDIATRIC		12,919				
60	18	ARTHRITIS/INFUSION CENTER		319,594	3,182,175	2,075		
60	19	NEUROLOGY UH		138,139	790,656	1,193		
60	20	ORTHOPEDICS UH		99,392	287,826	811		
60	21	AMB SVC-UH PHYSICAL MEDIC		107,198	1,075,531	3,282		
60	22	AMB SVC-DERMATOLOGY CLINI		105,905	866,457	611		
60	24	IU CANCER PAVILLION		10				
60	25	CARDIO CLINIC		5,599	239,906	5,659		
61		EMERGENCY		1,553,097	246,714,552	24,100,261		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS		437,732	16,784,757	349,693		
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		134,414	12,775,050			
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL		67,204,952	3684,970,103	620,177,970		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART II
15-0056		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.023912	2,306,081
37	01	ENDOSCOPY	.023665	91,650
38		RECOVERY ROOM	.009243	67,379
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY	.040660	247,067
40	01	PULMONARY FUNCTION TESTIN	.022326	10,943
41		RADIOLOGY-DIAGNOSTIC	.037510	2,159,434
42		RADIOLOGY-THERAPEUTIC	.062526	112,631
43		RADIOISOTOPE	.080385	183,354
44		LABORATORY	.006963	744,843
44	01	TRANSPLANT IMMUNOLOGY	.005006	4,959
44	02	BONE MARROW TRANSPLANT LA	.027640	40,596
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.004360	63,247
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.010113	309,955
50		PHYSICAL THERAPY	.007918	70,303
51		OCCUPATIONAL THERAPY	.017281	31,721
52		SPEECH PATHOLOGY	.026895	32,241
53		ELECTROCARDIOLOGY	.010047	197,841
54		ELECTROENCEPHALOGRAPHY	.018055	91,049
55		MEDICAL SUPPLIES CHARGED	.001197	22,182
55	30	IMPL. DEV. CHARGED TO PAT	.000310	19,898
56		DRUGS CHARGED TO PATIENTS	.000251	29,047
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.039360	
57		RENAL DIALYSIS	.026372	234,714
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.072641	
59	01	CARDIOLOGY	.024032	147,308
59	02	PSYCH OTHER ANCILLARY	.041277	48
59	03	CARDIAC CATHERIZATION	.029405	355,794
59	04	DAY SURGERY	.050304	6,739
59	05	ONCOLOGY	2415.552429	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
59	97	CARDIAC REHABILITATION	.031717	3,284
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.057035	1,498
60	02	MEDICINE/DIAGNOSTIC	.052934	10,700
60	03	AMB SVC-OPTHALMOLOGY	.064013	342
60	04	AMB SVC-PSYCH ADULT	.073249	32
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.049069	127,128
60	07	AMB SVC-RILEY CLINICS	.085049	428
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.037935	
60	10	AMB SVC-PSYCH CHILD	10.775172	
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	.424607	447
60	15	SLEEP DISORDER CENTER	.012649	244
60	16	O/P CLINIC-ADULT	.544889	434
60	17	O/P CLINIC-PEDIATRIC		
60	18	ARTHRITIS/INFUSION CENTER	.100433	208
60	19	NEUROLOGY UH	.174714	208
60	20	ORTHOPEDICS UH	.345320	280
60	21	AMB SVC-UH PHYSICAL MEDIC	.099670	327
60	22	AMB SVC-DERMATOLOGY CLINI	.122228	75
60	24	IU CANCER PAVILLION		
60	25	CARDIO CLINIC	.023338	132
61		EMERGENCY	.006295	151,711
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.026079	9,120
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.010522	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		7,887,622

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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			815,639			815,639
26		INTENSIVE CARE UNIT			57,474			57,474
27		CORONARY CARE UNIT			39,322			39,322
27	01	NEONATAL INTENSIVE CARE U			23,358			23,358
28		BURN INTENSIVE CARE UNIT			4,630			4,630
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC			16,134			16,134
29	03	UH NS 3IC			6,536			6,536
29	04	RH PED IC			27,410			27,410
29	05	TRANSPLANT ICU			11,804			11,804
29	07	PEDIATRIC CANCER CENTER			6,239			6,239
31		SUBPROVIDER			19,122			19,122
33		NURSERY			34,750			34,750
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL			1,062,418			1,062,418

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

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	276,680	2.95	80,451	237,330
26		INTENSIVE CARE UNIT	20,560	2.80	7,465	20,902
27		CORONARY CARE UNIT	13,859	2.84	6,179	17,548
27	01	NEONATAL INTENSIVE CARE U	8,352	2.80		
28		BURN INTENSIVE CARE UNIT	1,652	2.80		
29		SURGICAL INTENSIVE CARE U				
29	02	UH SURG 6IC	5,748	2.81	2,513	7,062
29	03	UH NS 3IC	2,339	2.79	800	2,232
29	04	RH PED IC	9,422	2.91	60	175
29	05	TRANSPLANT ICU	4,196	2.81	1,539	4,325
29	07	PEDIATRIC CANCER CENTER	2,206	2.83	3	8
31		SUBPROVIDER	6,845	2.79	1,721	4,802
33		NURSERY	12,439	2.79		
34		SKILLED NURSING FACILITY				
35		NURSING FACILITY				
35	01	ICF/MR				
101		TOTAL	364,298		100,731	294,384

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011

COMPONENT NO: 15-0056

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				206,044		
37	01 ENDOSCOPY				3		
38	RECOVERY ROOM				39		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY				46,656		
40	01 PULMONARY FUNCTION TESTIN				2,189		
41	RADIOLOGY-DIAGNOSTIC				616,928		
42	RADIOLOGY-THERAPEUTIC				418,085		
43	RADIOISOTOPE				97,936		
44	LABORATORY				348,180		
44	01 TRANSPLANT IMMUNOLOGY						
44	02 BONE MARROW TRANSPLANT LA				1,286		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING				8		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY				340,558		
50	PHYSICAL THERAPY				118		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY				564		
53	ELECTROCARDIOLOGY				21		
54	ELECTROENCEPHALOGRAPHY				4		
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS				426,544		
56	01 RENAL-RILEY						
56	02 RENAL-ADULT						
56	03 OUTPATIENT RETAIL PHARMAC				1,308,154		
57	RENAL DIALYSIS				88,030		
58	ASC (NON-DISTINCT PART)						
58	04 BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59	01 CARDIOLOGY				480		
59	02 PSYCH OTHER ANCILLARY				90		
59	03 CARDIAC CATHERIZATION				1,885		
59	04 DAY SURGERY				15		
59	05 ONCOLOGY						
59	06 DAY SURGERY-RILEY						
59	07 CARDIOLOGY-RILEY						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 AMB SVC-OB & GYN				816		
60	02 MEDICINE/DIAGNOSTIC				167,979		
60	03 AMB SVC-OPTHALMOLOGY				2,046		
60	04 AMB SVC-PSYCH ADULT				19		
60	05 AMB SVC-DIABETES ADULT						
60	06 OUTPATIENT SURGERY				645		
60	07 AMB SVC-RILEY CLINICS				26,162		
60	08 DENTAL CLINIC						
60	09 MOTILITY LAB				1		
60	10 AMB SVC-PSYCH CHILD						
60	13 ARTHRITIS CENTER						
60	14 GERIATRICS CLINIC				10		
60	15 SLEEP DISORDER CENTER						
60	16 O/P CLINIC-ADULT				80		
60	17 O/P CLINIC-PEDIATRIC						
60	18 ARTHRITIS/INFUSION CENTER				246,609		
60	19 NEUROLOGY UH				24		
60	20 ORTHOPEDICS UH				2,679		
60	21 AMB SVC-UH PHYSICAL MEDIC				4,401		
60	22 AMB SVC-DERMATOLOGY CLINI				722		
60	24 IU CANCER PAVILLION						
60	25 CARDIO CLINIC				29		
61	EMERGENCY				484,208		
61	01 EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS				31,617		
63	FAMILY PRACTICE						
63	60 FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS				33,568		
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL				4,905,432		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0056 I PREPARED 7/26/2011 I WORKSHEET D I 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	206,044	206,044	552,594,042	.000373	.000373	96,440,318	35,972
37	01 ENDOSCOPY	3	3	13,145,499			3,872,798	
38	RECOVERY ROOM	39	39	55,085,300	.000001	.000001	7,289,736	7
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY	46,656	46,656	31,969,707	.001459	.001459	6,076,407	8,865
40	01 PULMONARY FUNCTION TESTIN	2,189	2,189	23,375,012	.000094	.000094	490,163	46
41	RADIOLOGY-DIAGNOSTIC	616,928	616,928	475,252,580	.001298	.001298	57,569,550	74,725
42	RADIOLOGY-THERAPEUTIC	418,085	418,085	76,381,208	.005474	.005474	1,801,352	9,861
43	RADIOISOTOPE	97,936	97,936	19,238,416	.005091	.005091	2,280,953	11,612
44	LABORATORY	348,180	348,180	618,434,908	.000563	.000563	106,971,528	60,225
44	01 TRANSPLANT IMMUNOLOGY			21,726,867			990,552	
44	02 BONE MARROW TRANSPLANT LA	1,286	1,286	11,218,398	.000115	.000115	1,468,752	169
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING	8	8	62,410,299			14,506,108	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	340,558	340,558	116,248,163	.002930	.002930	30,649,130	89,802
50	PHYSICAL THERAPY	118	118	39,768,673	.000003	.000003	8,878,926	27
51	OCCUPATIONAL THERAPY			9,769,404			1,835,601	
52	SPEECH PATHOLOGY	564	564	10,245,464	.000055	.000055	1,198,762	66
53	ELECTROCARDIOLOGY	21	21	53,106,744			19,691,588	
54	ELECTROENCEPHALOGRAPHY	4	4	23,782,345			5,042,873	
55	MEDICAL SUPPLIES CHARGED			81,897,443			18,531,096	
55	30 IMPL. DEV. CHARGED TO PAT			261,452,604			64,185,680	
56	DRUGS CHARGED TO PATIENTS	426,544	426,544	564,114,827	.000756	.000756	115,723,161	87,487
56	01 RENAL-RILEY							
56	02 RENAL-ADULT							
56	03 OUTPATIENT RETAIL PHARMAC	1,308,154	1,308,154	44,764,095	.029223	.029223		
57	RENAL DIALYSIS	88,030	88,030	30,820,050	.002856	.002856	8,900,109	25,419
58	ASC (NON-DISTINCT PART)							
58	04 BMTU OUTPATIENT							
59	RH NBN ECMO IC			1,297,643				
59	01 CARDIOLOGY	480	480	66,919,677	.000007	.000007	6,129,669	43
59	02 PSYCH OTHER ANCILLARY	90	90	979,534	.000092	.000092	1,154	
59	03 CARDIAC CATHERIZATION	1,885	1,885	61,179,974	.000031	.000031	12,099,786	375
59	04 DAY SURGERY	15	15	8,326,735	.000002	.000002	133,956	
59	05 ONCOLOGY			2,594				
59	06 DAY SURGERY-RILEY							
59	07 CARDIOLOGY-RILEY							
59	97 CARDIAC REHABILITATION			778,671			103,541	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 AMB SVC-OB & GYN	816	816	7,194,285	.000113	.000113	26,258	3
60	02 MEDICINE/DIAGNOSTIC	167,979	167,979	16,790,426	.010004	.010004	202,141	2,022
60	03 AMB SVC-OPTHALMOLOGY	2,046	2,046	1,179,971	.001734	.001734	5,337	9
60	04 AMB SVC-PSYCH ADULT	19	19	2,417,425	.000008	.000008	433	
60	05 AMB SVC-DIABETES ADULT							
60	06 OUTPATIENT SURGERY	645	645	13,454,304	.000048	.000048	2,590,806	124
60	07 AMB SVC-RILEY CLINICS	26,162	26,162	7,173,137	.003647	.003647	5,034	18
60	08 DENTAL CLINIC							
60	09 MOTILITY LAB	1	1	734,655	.000001	.000001		
60	10 AMB SVC-PSYCH CHILD			1,450				
60	13 ARTHRITIS CENTER							
60	14 GERIATRICS CLINIC	10	10	116,430	.000086	.000086	1,052	
60	15 SLEEP DISORDER CENTER			16,720,391			19,278	
60	16 O/P CLINIC-ADULT	80	80	183,843	.000435	.000435	797	
60	17 O/P CLINIC-PEDIATRIC							
60	18 ARTHRITIS/INFUSION CENTER	246,609	246,609	3,182,175	.077497	.077497	2,075	161
60	19 NEUROLOGY UH	24	24	790,656	.000030	.000030	1,193	
60	20 ORTHOPEDICS UH	2,679	2,679	287,826	.009308	.009308	811	8
60	21 AMB SVC-UH PHYSICAL MEDIC	4,401	4,401	1,075,531	.004092	.004092	3,282	13
60	22 AMB SVC-DERMATOLOGY CLINI	722	722	866,457	.000833	.000833	611	1
60	24 IU CANCER PAVILLION							
60	25 CARDIO CLINIC	29	29	239,906	.000121	.000121	5,659	1
61	EMERGENCY	484,208	484,208	246,714,552	.001963	.001963	24,100,261	47,309
61	01 EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	31,617	31,617	16,784,757	.001884	.001884	349,693	659
63	FAMILY PRACTICE							
63	60 FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS	33,568	33,568	12,775,050	.002628	.002628		
65	AMBULANCE SERVICES		2,546					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	4,905,432	4,907,978	3684,970,103			620,177,970	455,029

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	34,329,461			12,805		
37 01	ENDOSCOPY	1,313,334					
38	RECOVERY ROOM	3,482,269			3		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,143,487			1,668		
40 01	PULMONARY FUNCTION TESTIN	1,169,407			110		
41	RADIOLOGY-DIAGNOSTIC	61,420,326			79,724		
42	RADIOLOGY-THERAPEUTIC	19,608,187			107,335		
43	RADIOISOTOPE	2,318,912			11,806		
44	LABORATORY	4,497,619			2,532		
44 01	TRANSPLANT IMMUNOLOGY	187,144					
44 02	BONE MARROW TRANSPLANT LA	936,328			108		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,099,228					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	197,130			578		
50	PHYSICAL THERAPY	149,452					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	410,023			23		
53	ELECTROCARDIOLOGY	4,613,701					
54	ELECTROENCEPHALOGRAPHY	1,763,855					
55	MEDICAL SUPPLIES CHARGED	7,606,817					
55 30	IMPL. DEV. CHARGED TO PAT	23,314,154					
56	DRUGS CHARGED TO PATIENTS	32,966,736			24,923		
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS	234,590			670		
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59 01	CARDIOLOGY	3,944,307			28		
59 02	PSYCH OTHER ANCILLARY	333,434			31		
59 03	CARDIAC CATHERIZATION	7,620,350			236		
59 04	DAY SURGERY	1,859,308			4		
59 05	ONCOLOGY						
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
59 97	CARDIAC REHABILITATION	117,860					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN	193,018			22		
60 02	MEDICINE/DIAGNOSTIC	5,786,081			57,884		
60 03	AMB SVC-OPTHALMOLOGY	510,178			885		
60 04	AMB SVC-PSYCH ADULT	278,193			2		
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY	3,237,839			155		
60 07	AMB SVC-RILEY CLINICS	72,203			263		
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB						
60 10	AMB SVC-PSYCH CHILD						
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC	76,790			7		
60 15	SLEEP DISORDER CENTER	1,960,285					
60 16	O/P CLINIC-ADULT	52,243			23		
60 17	O/P CLINIC-PEDIATRIC						
60 18	ARTHRITIS/INFUSION CENTER	1,534,732			118,937		
60 19	NEUROLOGY UH	350,489			11		
60 20	ORTHOPEDICS UH	113,184			1,054		
60 21	AMB SVC-UH PHYSICAL MEDIC	307,390			1,258		
60 22	AMB SVC-DERMATOLOGY CLINI	263,107			219		
60 24	IU CANCER PAVILLION						
60 25	CARDIO CLINIC	132,350			16		
61	EMERGENCY	19,067,876			37,430		
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS	1,179,714			2,223		
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	251,753,091			462,973		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011

COMPONENT NO: 15-0056 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.253884	.253884			
37	01	ENDOSCOPY	.232283	.232283			
38		RECOVERY ROOM	.204202	.204202			
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY	.264129	.264129			
40	01	PULMONARY FUNCTION TESTING	.237908	.237908			
41		RADIOLOGY-DIAGNOSTIC	.178543	.178543			
42		RADIOLOGY-THERAPEUTIC	.193556	.193556			
43		RADIOISOTOPE	.349170	.349170			
44		LABORATORY	.119634	.119634			
44	01	TRANSPLANT IMMUNOLOGY	.201493	.201493			
44	02	BONE MARROW TRANSPLANT LAB	.293127	.293127			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.275439	.275439			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.309949	.309949			
50		PHYSICAL THERAPY	.314270	.314270			
51		OCCUPATIONAL THERAPY	.396167	.396167			
52		SPEECH PATHOLOGY	.739149	.739149			
53		ELECTROCARDIOLOGY	.107624	.107624			
54		ELECTROENCEPHALOGRAPHY	.249809	.249809			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.641422	.641422			
55	30	IMPL. DEV. CHARGED TO PATIENT	.238071	.238071			
56		DRUGS CHARGED TO PATIENTS	.192211	.192211			
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY	1.184244	1.184244			
57		RENAL DIALYSIS	.552474	.552474			
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	.501709	.501709			
59	01	CARDIOLOGY	.231174	.231174			
59	02	PSYCH OTHER ANCILLARY	2.249991	2.249991			
59	03	CARDIAC CATHERIZATION	.242704	.242704			
59	04	DAY SURGERY	.957497	.957497			
59	05	ONCOLOGY	2,896.475713	2,896.475713			
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
59	97	CARDIAC REHABILITATION	.624815	.624815			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	.413640	.413640			
60	02	MEDICINE/DIAGNOSTIC	1.040340	1.040340			
60	03	AMB SVC-OPTHALMOLOGY	.535099	.535099			
60	04	AMB SVC-PSYCH ADULT	.614035	.614035			
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY	.327999	.327999			
60	07	AMB SVC-RILEY CLINICS	1.445177	1.445177			
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	.395541	.395541			
60	10	AMB SVC-PSYCH CHILD	326.078621	326.078621			
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	6.483114	6.483114			
60	15	SLEEP DISORDER CENTER	.297691	.297691			
60	16	O/P CLINIC-ADULT	4.928531	4.928531			
60	17	O/P CLINIC-PEDIATRIC					
60	18	ARTHRITIS/INFUSION CENTER	3.003787	3.003787			
60	19	NEUROLOGY UH	2.642028	2.642028			
60	20	ORTHOPEDICS UH	3.604501	3.604501			
60	21	AMB SVC-UH PHYSICAL MEDICINE	1.829523	1.829523			
60	22	AMB SVC-DERMATOLOGY CLINIC	.863803	.863803			
60	24	IU CANCER PAVILLION					
60	25	CARDIO CLINIC	2.422878	2.422878			
61		EMERGENCY	.170566	.170566			
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)	.648202	.648202			
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.347339	.347339			
65		AMBULANCE SERVICES	.600975	.600975			
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | COMPONENT NO: 15-0056 | PREPARED 7/26/2011 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		34,329,461			
37 01	ENDOSCOPY		1,313,334			
38	RECOVERY ROOM		3,482,269			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		1,143,487			
40 01	PULMONARY FUNCTION TESTING		1,169,407			
41	RADIOLOGY-DIAGNOSTIC		61,420,326			
42	RADIOLOGY-THERAPEUTIC		19,608,187			
43	RADIOISOTOPE		2,318,912			
44	LABORATORY		4,497,619	12,465		
44 01	TRANSPLANT IMMUNOLOGY		187,144			
44 02	BONE MARROW TRANSPLANT LAB		936,328			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.		1,099,228	12,575		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		197,130			
50	PHYSICAL THERAPY		149,452			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY		410,023			
53	ELECTROCARDIOLOGY		4,613,701			
54	ELECTROENCEPHALOGRAPHY		1,763,855			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,606,817			
55 30	IMPL. DEV. CHARGED TO PATIENT		23,314,154			
56	DRUGS CHARGED TO PATIENTS		32,966,736	781		
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS		234,590	10,425		
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY		3,944,307			
59 02	PSYCH OTHER ANCILLARY		333,434			
59 03	CARDIAC CATHERIZATION		7,620,350	3,150		
59 04	DAY SURGERY		1,859,308			
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
59 97	CARDIAC REHABILITATION		117,860			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN		193,018			
60 02	MEDICINE/DIAGNOSTIC		5,786,081			
60 03	AMB SVC-OPTHALMOLOGY		510,178			
60 04	AMB SVC-PSYCH ADULT		278,193			
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY		3,237,839			
60 07	AMB SVC-RILEY CLINICS		72,203			
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB					
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC		76,790			
60 15	SLEEP DISORDER CENTER		1,960,285			
60 16	O/P CLINIC-ADULT		52,243			
60 17	O/P CLINIC-PEDIATRIC					
60 18	ARTHRITIS/INFUSION CENTER		1,534,732			
60 19	NEUROLOGY UH		350,489			
60 20	ORTHOPEDICS UH		113,184			
60 21	AMB SVC-UH PHYSICAL MEDICINE		307,390			
60 22	AMB SVC-DERMATOLOGY CLINIC		263,107			
60 24	IU CANCER PAVILLION					
60 25	CARDIO CLINIC		132,350			
61	EMERGENCY		19,067,876			
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,179,714			
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		251,753,091	39,396		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		251,753,091	39,396		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	Cost Center Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				8,715,701	
37 01	ENDOSCOPY				305,065	
38	RECOVERY ROOM				711,086	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				302,028	
40 01	PULMONARY FUNCTION TESTING				278,211	
41	RADIOLOGY-DIAGNOSTIC				10,966,169	
42	RADIOLOGY-THERAPEUTIC				3,795,282	
43	RADIOISOTOPE				809,695	
44	LABORATORY				538,068	1,491
44 01	TRANSPLANT IMMUNOLOGY				37,708	
44 02	BONE MARROW TRANSPLANT LAB				274,463	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.				302,770	3,464
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY				61,100	
50	PHYSICAL THERAPY				46,968	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY				303,068	
53	ELECTROCARDIOLOGY				496,545	
54	ELECTROENCEPHALOGRAPHY				440,627	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				4,879,180	
55 30	IMPL. DEV. CHARGED TO PATIENT				5,550,424	
56	DRUGS CHARGED TO PATIENTS				6,336,569	150
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS				129,605	5,760
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY				911,821	
59 02	PSYCH OTHER ANCILLARY				750,223	
59 03	CARDIAC CATHERIZATION				1,849,489	765
59 04	DAY SURGERY				1,780,282	
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
59 97	CARDIAC REHABILITATION				73,641	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN				79,840	
60 02	MEDICINE/DIAGNOSTIC				6,019,492	
60 03	AMB SVC-OPTHALMOLOGY				272,996	
60 04	AMB SVC-PSYCH ADULT				170,820	
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY				1,062,008	
60 07	AMB SVC-RILEY CLINICS				104,346	
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB					
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC				497,838	
60 15	SLEEP DISORDER CENTER				583,559	
60 16	O/P CLINIC-ADULT				257,481	
60 17	O/P CLINIC-PEDIATRIC					
60 18	ARTHRITIS/INFUSION CENTER				4,610,008	
60 19	NEUROLOGY UH				926,002	
60 20	ORTHOPEDICS UH				407,972	
60 21	AMB SVC-UH PHYSICAL MEDICINE				562,377	
60 22	AMB SVC-DERMATOLOGY CLINIC				227,273	
60 24	IU CANCER PAVILLION					
60 25	CARDIO CLINIC				320,668	
61	EMERGENCY				3,252,331	
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)				764,693	
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				70,765,492	11,630
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				70,765,492	11,630

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART V
15-0056		

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	ENDOSCOPY			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
40 01	PULMONARY FUNCTION TESTING			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY			
44 01	TRANSPLANT IMMUNOLOGY			
44 02	BONE MARROW TRANSPLANT LAB			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC			
59 01	CARDIOLOGY			
59 02	PSYCH OTHER ANCILLARY			
59 03	CARDIAC CATHERIZATION			
59 04	DAY SURGERY			
59 05	ONCOLOGY			
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
59 97	CARDIAC REHABILITATION			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN			
60 02	MEDICINE/DIAGNOSTIC			
60 03	AMB SVC-OPTHALMOLOGY			
60 04	AMB SVC-PSYCH ADULT			
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY			
60 07	AMB SVC-RILEY CLINICS			
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB			
60 10	AMB SVC-PSYCH CHILD			
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC			
60 15	SLEEP DISORDER CENTER			
60 16	O/P CLINIC-ADULT			
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER			
60 19	NEUROLOGY UH			
60 20	ORTHOPEDICS UH			
60 21	AMB SVC-UH PHYSICAL MEDICINE			
60 22	AMB SVC-DERMATOLOGY CLINIC			
60 24	IU CANCER PAVILLION			
60 25	CARDIO CLINIC			
61	EMERGENCY			
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART VI
15-0056		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.192211
2	PROGRAM VACCINE CHARGES	1,219,346
3	PROGRAM COSTS	234,372

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-S056 I PREPARED 7/26/2011 I WORKSHEET D I PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		13,213,818	552,594,042	18,876		
37	01	ENDOSCOPY		311,083	13,145,499	5,984		
38		RECOVERY ROOM		509,137	55,085,300	6,226		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY		1,299,899	31,969,707	1,244		
40	01	PULMONARY FUNCTION TESTIN		521,869	23,375,012			
41		RADIOLOGY-DIAGNOSTIC		17,826,564	475,252,580	120,554		
42		RADIOLOGY-THERAPEUTIC		4,775,823	76,381,208			
43		RADIOISOTOPE		1,546,481	19,238,416	4,168		
44		LABORATORY		4,306,190	618,434,908	387,530		
44	01	TRANSPLANT IMMUNOLOGY		108,769	21,726,867			
44	02	BONE MARROW TRANSPLANT LA		310,073	11,218,398			
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		272,119	62,410,299	1,159		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		1,175,616	116,248,163	14,957		
50		PHYSICAL THERAPY		314,890	39,768,673	23,392		
51		OCCUPATIONAL THERAPY		168,829	9,769,404	1,649		
52		SPEECH PATHOLOGY		275,556	10,245,464	5,025		
53		ELECTROCARDIOLOGY		533,586	53,106,744	47,305		
54		ELECTROENCEPHALOGRAPHY		429,393	23,782,345	28,731		
55		MEDICAL SUPPLIES CHARGED		98,008	81,897,443	6,309		
55	30	IMPL. DEV. CHARGED TO PAT		80,920	261,452,604	851		
56		DRUGS CHARGED TO PATIENTS		141,569	564,114,827	355,835		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC		1,761,920	44,764,095			
57		RENAL DIALYSIS		812,782	30,820,050	27,231		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC		94,262	1,297,643			
59	01	CARDIOLOGY		1,608,200	66,919,677			
59	02	PSYCH OTHER ANCILLARY		40,432	979,534	117,683		
59	03	CARDIAC CATHERIZATION		1,798,997	61,179,974			
59	04	DAY SURGERY		418,866	8,326,735			
59	05	ONCOLOGY		6,265,943	2,594			
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
59	97	CARDIAC REHABILITATION		24,697	778,671			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN		410,325	7,194,285	615		
60	02	MEDICINE/DIAGNOSTIC		888,782	16,790,426			
60	03	AMB SVC-OPTHALMOLOGY		75,533	1,179,971			
60	04	AMB SVC-PSYCH ADULT		177,075	2,417,425	144		
60	05	AMB SVC-DIABETES ADULT		18,098				
60	06	OUTPATIENT SURGERY		660,186	13,454,304	6,483		
60	07	AMB SVC-RILEY CLINICS		610,069	7,173,137			
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB		27,869	734,655			
60	10	AMB SVC-PSYCH CHILD		15,624	1,450			
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC		49,437	116,430	646		
60	15	SLEEP DISORDER CENTER		211,490	16,720,391			
60	16	O/P CLINIC-ADULT		100,174	183,843			
60	17	O/P CLINIC-PEDIATRIC		12,919				
60	18	ARTHRITIS/INFUSION CENTER		319,594	3,182,175			
60	19	NEUROLOGY UH		138,139	790,656			
60	20	ORTHOPEDICS UH		99,392	287,826			
60	21	AMB SVC-UH PHYSICAL MEDIC		107,198	1,075,531			
60	22	AMB SVC-DERMATOLOGY CLINI		105,905	866,457			
60	24	IU CANCER PAVILLION		10				
60	25	CARDIO CLINIC		5,599	239,906			
61		EMERGENCY		1,553,097	246,714,552	150,425		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS		437,732	16,784,757			
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		134,414	12,775,050			
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL		67,204,952	3684,970,103	1,333,022		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART II
15-S056		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.023912	451
37	01	ENDOSCOPY	.023665	142
38		RECOVERY ROOM	.009243	58
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY	.040660	51
40	01	PULMONARY FUNCTION TESTIN	.022326	
41		RADIOLOGY-DIAGNOSTIC	.037510	4,522
42		RADIOLOGY-THERAPEUTIC	.062526	
43		RADIOISOTOPE	.080385	335
44		LABORATORY	.006963	2,698
44	01	TRANSPLANT IMMUNOLOGY	.005006	
44	02	BONE MARROW TRANSPLANT LA	.027640	
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.004360	5
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.010113	151
50		PHYSICAL THERAPY	.007918	185
51		OCCUPATIONAL THERAPY	.017281	28
52		SPEECH PATHOLOGY	.026895	135
53		ELECTROCARDIOLOGY	.010047	475
54		ELECTROENCEPHALOGRAPHY	.018055	519
55		MEDICAL SUPPLIES CHARGED	.001197	8
55	30	IMPL. DEV. CHARGED TO PAT	.000310	
56		DRUGS CHARGED TO PATIENTS	.000251	89
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.039360	
57		RENAL DIALYSIS	.026372	718
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.072641	
59	01	CARDIOLOGY	.024032	
59	02	PSYCH OTHER ANCILLARY	.041277	4,858
59	03	CARDIAC CATHERIZATION	.029405	
59	04	DAY SURGERY	.050304	
59	05	ONCOLOGY	2415.552429	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
59	97	CARDIAC REHABILITATION	.031717	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.057035	35
60	02	MEDICINE/DIAGNOSTIC	.052934	
60	03	AMB SVC-OPTHALMOLOGY	.064013	
60	04	AMB SVC-PSYCH ADULT	.073249	11
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.049069	318
60	07	AMB SVC-RILEY CLINICS	.085049	
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.037935	
60	10	AMB SVC-PSYCH CHILD	10.775172	
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	.424607	274
60	15	SLEEP DISORDER CENTER	.012649	
60	16	O/P CLINIC-ADULT	.544889	
60	17	O/P CLINIC-PEDIATRIC		
60	18	ARTHRITIS/INFUSION CENTER	.100433	
60	19	NEUROLOGY UH	.174714	
60	20	ORTHOPEDICS UH	.345320	
60	21	AMB SVC-UH PHYSICAL MEDIC	.099670	
60	22	AMB SVC-DERMATOLOGY CLINI	.122228	
60	24	IU CANCER PAVILLION		
60	25	CARDIO CLINIC	.023338	
61		EMERGENCY	.006295	947
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.026079	
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.010522	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		17,013

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM				206,044		
37	01	ENDOSCOPY				3		
38		RECOVERY ROOM				39		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY				46,656		
40	01	PULMONARY FUNCTION TESTIN				2,189		
41		RADIOLOGY-DIAGNOSTIC				616,928		
42		RADIOLOGY-THERAPEUTIC				418,085		
43		RADIOISOTOPE				97,936		
44		LABORATORY				348,180		
44	01	TRANSPLANT IMMUNOLOGY						
44	02	BONE MARROW TRANSPLANT LA				1,286		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING				8		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY				340,558		
50		PHYSICAL THERAPY				118		
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY				564		
53		ELECTROCARDIOLOGY				21		
54		ELECTROENCEPHALOGRAPHY				4		
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS				426,544		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC				1,308,154		
57		RENAL DIALYSIS				88,030		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC						
59	01	CARDIOLOGY				480		
59	02	PSYCH OTHER ANCILLARY				90		
59	03	CARDIAC CATHERIZATION				1,885		
59	04	DAY SURGERY				15		
59	05	ONCOLOGY						
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
59	97	CARDIAC REHABILITATION						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN				816		
60	02	MEDICINE/DIAGNOSTIC				167,979		
60	03	AMB SVC-OPTHALMOLOGY				2,046		
60	04	AMB SVC-PSYCH ADULT				19		
60	05	AMB SVC-DIABETES ADULT						
60	06	OUTPATIENT SURGERY				645		
60	07	AMB SVC-RILEY CLINICS				26,162		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB				1		
60	10	AMB SVC-PSYCH CHILD						
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC				10		
60	15	SLEEP DISORDER CENTER						
60	16	O/P CLINIC-ADULT				80		
60	17	O/P CLINIC-PEDIATRIC						
60	18	ARTHRITIS/INFUSION CENTER				246,609		
60	19	NEUROLOGY UH				24		
60	20	ORTHOPEDICS UH				2,679		
60	21	AMB SVC-UH PHYSICAL MEDIC				4,401		
60	22	AMB SVC-DERMATOLOGY CLINI				722		
60	24	IU CANCER PAVILLION						
60	25	CARDIO CLINIC				29		
61		EMERGENCY				484,208		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS				31,617		
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS				33,568		
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL				4,905,432		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	206,044	206,044	552,594,042	.000373	.000373	18,876	7
37 01	ENDOSCOPY	3	3	13,145,499			5,984	
38	RECOVERY ROOM	39	39	55,085,300	.000001	.000001	6,226	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY	46,656	46,656	31,969,707	.001459	.001459	1,244	2
40 01	PULMONARY FUNCTION TESTIN	2,189	2,189	23,375,012	.000094	.000094		
41	RADIOLOGY-DIAGNOSTIC	616,928	616,928	475,252,580	.001298	.001298	120,554	156
42	RADIOLOGY-THERAPEUTIC	418,085	418,085	76,381,208	.005474	.005474		
43	RADIOISOTOPE	97,936	97,936	19,238,416	.005091	.005091	4,168	21
44	LABORATORY	348,180	348,180	618,434,908	.000563	.000563	387,530	218
44 01	TRANSPLANT IMMUNOLOGY			21,726,867				
44 02	BONE MARROW TRANSPLANT LA	1,286	1,286	11,218,398	.000115	.000115		
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING	8	8	62,410,299			1,159	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	340,558	340,558	116,248,163	.002930	.002930	14,957	44
50	PHYSICAL THERAPY	118	118	39,768,673	.000003	.000003	23,392	
51	OCCUPATIONAL THERAPY			9,769,404			1,649	
52	SPEECH PATHOLOGY	564	564	10,245,464	.000055	.000055	5,025	
53	ELECTROCARDIOLOGY	21	21	53,106,744			47,305	
54	ELECTROENCEPHALOGRAPHY	4	4	23,782,345			28,731	
55	MEDICAL SUPPLIES CHARGED			81,897,443			6,309	
55 30	IMPL. DEV. CHARGED TO PAT			261,452,604			851	
56	DRUGS CHARGED TO PATIENTS	426,544	426,544	564,114,827	.000756	.000756	355,835	269
56 01	RENAL-RILEY							
56 02	RENAL-ADULT							
56 03	OUTPATIENT RETAIL PHARMAC	1,308,154	1,308,154	44,764,095	.029223	.029223		
57	RENAL DIALYSIS	88,030	88,030	30,820,050	.002856	.002856	27,231	78
58	ASC (NON-DISTINCT PART)							
58 04	BMTU OUTPATIENT							
59	RH NBN ECMO IC			1,297,643				
59 01	CARDIOLOGY	480	480	66,919,677	.000007	.000007		
59 02	PSYCH OTHER ANCILLARY	90	90	979,534	.000092	.000092	117,683	11
59 03	CARDIAC CATHERIZATION	1,885	1,885	61,179,974	.000031	.000031		
59 04	DAY SURGERY	15	15	8,326,735	.000002	.000002		
59 05	ONCOLOGY			2,594				
59 06	DAY SURGERY-RILEY							
59 07	CARDIOLOGY-RILEY							
59 97	CARDIAC REHABILITATION			778,671				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	AMB SVC-OB & GYN	816	816	7,194,285	.000113	.000113	615	
60 02	MEDICINE/DIAGNOSTIC	167,979	167,979	16,790,426	.010004	.010004		
60 03	AMB SVC-OPTHALMOLOGY	2,046	2,046	1,179,971	.001734	.001734		
60 04	AMB SVC-PSYCH ADULT	19	19	2,417,425	.000008	.000008	144	
60 05	AMB SVC-DIABETES ADULT							
60 06	OUTPATIENT SURGERY	645	645	13,454,304	.000048	.000048	6,483	
60 07	AMB SVC-RILEY CLINICS	26,162	26,162	7,173,137	.003647	.003647		
60 08	DENTAL CLINIC							
60 09	MOTILITY LAB	1	1	734,655	.000001	.000001		
60 10	AMB SVC-PSYCH CHILD			1,450				
60 13	ARTHRITIS CENTER							
60 14	GERIATRICS CLINIC	10	10	116,430	.000086	.000086	646	
60 15	SLEEP DISORDER CENTER			16,720,391				
60 16	O/P CLINIC-ADULT	80	80	183,843	.000435	.000435		
60 17	O/P CLINIC-PEDIATRIC							
60 18	ARTHRITIS/INFUSION CENTER	246,609	246,609	3,182,175	.077497	.077497		
60 19	NEUROLOGY UH	24	24	790,656	.000030	.000030		
60 20	ORTHOPEDICS UH	2,679	2,679	287,826	.009308	.009308		
60 21	AMB SVC-UH PHYSICAL MEDIC	4,401	4,401	1,075,531	.004092	.004092		
60 22	AMB SVC-DERMATOLOGY CLINI	722	722	866,457	.000833	.000833		
60 24	IU CANCER PAVILLION							
60 25	CARDIO CLINIC	29	29	239,906	.000121	.000121		
61	EMERGENCY	484,208	484,208	246,714,552	.001963	.001963	150,425	295
61 01	EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	31,617	31,617	16,784,757	.001884	.001884		
63	FAMILY PRACTICE							
63 60	FEDERALLY QUALIFIED HEALT							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS	33,568	33,568	12,775,050	.002628	.002628		
65	AMBULANCE SERVICES		2,546					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	4,905,432	4,907,978	3684,970,103			1,333,022	1,101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-S056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40 01	PULMONARY FUNCTION TESTIN						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44 01	TRANSPLANT IMMUNOLOGY						
44 02	BONE MARROW TRANSPLANT LA						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
56 01	RENAL-RILEY						
56 02	RENAL-ADULT						
56 03	OUTPATIENT RETAIL PHARMAC						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 04	BMTU OUTPATIENT						
59	RH NBN ECMO IC						
59 01	CARDIOLOGY						
59 02	PSYCH OTHER ANCILLARY						
59 03	CARDIAC CATHERIZATION						
59 04	DAY SURGERY						
59 05	ONCOLOGY						
59 06	DAY SURGERY-RILEY						
59 07	CARDIOLOGY-RILEY						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	AMB SVC-OB & GYN						
60 02	MEDICINE/DIAGNOSTIC						
60 03	AMB SVC-OPTHALMOLOGY						
60 04	AMB SVC-PSYCH ADULT						
60 05	AMB SVC-DIABETES ADULT						
60 06	OUTPATIENT SURGERY						
60 07	AMB SVC-RILEY CLINICS						
60 08	DENTAL CLINIC						
60 09	MOTILITY LAB						
60 10	AMB SVC-PSYCH CHILD						
60 13	ARTHRITIS CENTER						
60 14	GERIATRICS CLINIC						
60 15	SLEEP DISORDER CENTER						
60 16	O/P CLINIC-ADULT						
60 17	O/P CLINIC-PEDIATRIC						
60 18	ARTHRITIS/INFUSION CENTER						
60 19	NEUROLOGY UH						
60 20	ORTHOPEDICS UH						
60 21	AMB SVC-UH PHYSICAL MEDIC						
60 22	AMB SVC-DERMATOLOGY CLINI						
60 24	IU CANCER PAVILLION						
60 25	CARDIO CLINIC						
61	EMERGENCY						
61 01	EMERGENCY-RILEY						
62	OBSERVATION BEDS (NON-DIS						
63	FAMILY PRACTICE						
63 60	FEDERALLY QUALIFIED HEALT						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	15-0056
COMPONENT NO:	15-S056
PERIOD:	FROM 1/ 1/2010 TO 12/31/2010
PREPARED	7/26/2011
WORKSHEET D	PART VI

TITLE XVIII, PART B SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.192211
2	PROGRAM VACCINE CHARGES	257
3	PROGRAM COSTS	49

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET D I PART I

TITLE XIX PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS				11,291,374		11,291,374
26		INTENSIVE CARE UNIT				1,155,189		1,155,189
27		CORONARY CARE UNIT				675,778		675,778
27	01	NEONATAL INTENSIVE CARE U				213,823		213,823
28		BURN INTENSIVE CARE UNIT				224,604		224,604
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC				368,337		368,337
29	03	UH NS 3IC				106,747		106,747
29	04	RH PED IC				485,126		485,126
29	05	TRANSPLANT ICU				170,741		170,741
29	07	PEDIATRIC CANCER CENTER				77,662		77,662
31		SUBPROVIDER				254,316		254,316
33		NURSERY				267,346		267,346
101		TOTAL				15,291,043		15,291,043

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	276,680	31,730			40.81	1,294,901
26		INTENSIVE CARE UNIT	20,560	2,453			56.19	137,834
27		CORONARY CARE UNIT	13,859	1,655			48.76	80,698
27	01	NEONATAL INTENSIVE CARE U	8,352	997			25.60	25,523
28		BURN INTENSIVE CARE UNIT	1,652	195			135.96	26,512
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC	5,748	686			64.08	43,959
29	03	UH NS 3IC	2,339	279			45.64	12,734
29	04	RH PED IC	9,422	1,125			51.49	57,926
29	05	TRANSPLANT ICU	4,196	503			40.69	20,467
29	07	PEDIATRIC CANCER CENTER	2,206	263			35.20	9,258
31		SUBPROVIDER	6,845				37.15	
33		NURSERY	12,439	7,008			21.49	150,602
101		TOTAL	364,298	46,894				1,860,414

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | COMPONENT NO: 15-0056 | PREPARED 7/26/2011 | WORKSHEET D PART II

TITLE XIX HOSPITAL PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		13,213,818	552,594,042	33,146,328		
37	01	ENDOSCOPY		311,083	13,145,499	818,194		
38		RECOVERY ROOM		509,137	55,085,300	2,428,651		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY		1,299,899	31,969,707	2,178,297		
40	01	PULMONARY FUNCTION TESTIN		521,869	23,375,012	552,008		
41		RADIOLOGY-DIAGNOSTIC		17,826,564	475,252,580	20,586,290		
42		RADIOLOGY-THERAPEUTIC		4,775,823	76,381,208	895,893		
43		RADIOISOTOPE		1,546,481	19,238,416	688,800		
44		LABORATORY		4,306,190	618,434,908	41,533,737		
44	01	TRANSPLANT IMMUNOLOGY		108,769	21,726,867	258,871		
44	02	BONE MARROW TRANSPLANT LA		310,073	11,218,398	694,182		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		272,119	62,410,299	6,627,226		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		1,175,616	116,248,163	17,832,485		
50		PHYSICAL THERAPY		314,890	39,768,673	3,127,372		
51		OCCUPATIONAL THERAPY		168,829	9,769,404	1,040,086		
52		SPEECH PATHOLOGY		275,556	10,245,464	537,060		
53		ELECTROCARDIOLOGY		533,586	53,106,744	3,328,171		
54		ELECTROENCEPHALOGRAPHY		429,393	23,782,345	2,014,584		
55		MEDICAL SUPPLIES CHARGED		98,008	81,897,443	5,289,394		
55	30	IMPL. DEV. CHARGED TO PAT		80,920	261,452,604	17,636,334		
56		DRUGS CHARGED TO PATIENTS		141,569	564,114,827	54,484,023		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC		1,761,920	44,764,095			
57		RENAL DIALYSIS		812,782	30,820,050	1,491,085		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC		94,262	1,297,643	240,216		
59	01	CARDIOLOGY		1,608,200	66,919,677	2,335,733		
59	02	PSYCH OTHER ANCILLARY		40,432	979,534			
59	03	CARDIAC CATHERIZATION		1,798,997	61,179,974	1,893,018		
59	04	DAY SURGERY		418,866	8,326,735	57,229		
59	05	ONCOLOGY		6,265,943	2,594			
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
59	97	CARDIAC REHABILITATION		24,697	778,671	15,088		
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN		410,325	7,194,285	79,080		
60	02	MEDICINE/DIAGNOSTIC		888,782	16,790,426	50,007		
60	03	AMB SVC-OPTHALMOLOGY		75,533	1,179,971	4,134		
60	04	AMB SVC-PSYCH ADULT		177,075	2,417,425	93		
60	05	AMB SVC-DIABETES ADULT		18,098				
60	06	OUTPATIENT SURGERY		660,186	13,454,304	561,588		
60	07	AMB SVC-RILEY CLINICS		610,069	7,173,137	70,197		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB		27,869	734,655	2,410		
60	10	AMB SVC-PSYCH CHILD		15,624	1,450			
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC		49,437	116,430			
60	15	SLEEP DISORDER CENTER		211,490	16,720,391	4,383		
60	16	O/P CLINIC-ADULT		100,174	183,843	136		
60	17	O/P CLINIC-PEDIATRIC		12,919				
60	18	ARTHRITIS/INFUSION CENTER		319,594	3,182,175			
60	19	NEUROLOGY UH		138,139	790,656	368		
60	20	ORTHOPEDICS UH		99,392	287,826	204		
60	21	AMB SVC-UH PHYSICAL MEDIC		107,198	1,075,531	1,737		
60	22	AMB SVC-DERMATOLOGY CLINI		105,905	866,457	68		
60	24	IU CANCER PAVILLION		10				
60	25	CARDIO CLINIC		5,599	239,906	835		
61		EMERGENCY		1,553,097	246,714,552	9,284,368		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS		437,732	16,784,757	347,262		
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT		4,593	2,008,403			
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS		134,414	12,775,050			
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL		67,209,545	3686,978,506	232,137,225		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART II
15-0056		

TITLE XIX HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.023912	792,595
37	01	ENDOSCOPY	.023665	19,363
38		RECOVERY ROOM	.009243	22,448
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY	.040660	88,570
40	01	PULMONARY FUNCTION TESTIN	.022326	12,324
41		RADIOLOGY-DIAGNOSTIC	.037510	772,192
42		RADIOLOGY-THERAPEUTIC	.062526	56,017
43		RADIOISOTOPE	.080385	55,369
44		LABORATORY	.006963	289,199
44	01	TRANSPLANT IMMUNOLOGY	.005006	1,296
44	02	BONE MARROW TRANSPLANT LA	.027640	19,187
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.004360	28,895
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.010113	180,340
50		PHYSICAL THERAPY	.007918	24,763
51		OCCUPATIONAL THERAPY	.017281	17,974
52		SPEECH PATHOLOGY	.026895	14,444
53		ELECTROCARDIOLOGY	.010047	33,438
54		ELECTROENCEPHALOGRAPHY	.018055	36,373
55		MEDICAL SUPPLIES CHARGED	.001197	6,331
55	30	IMPL. DEV. CHARGED TO PAT	.000310	5,467
56		DRUGS CHARGED TO PATIENTS	.000251	13,675
56	01	RENAL-RILEY		
56	02	RENAL-ADULT		
56	03	OUTPATIENT RETAIL PHARMAC	.039360	
57		RENAL DIALYSIS	.026372	39,323
58		ASC (NON-DISTINCT PART)		
58	04	BMTU OUTPATIENT		
59		RH NBN ECMO IC	.072641	17,450
59	01	CARDIOLOGY	.024032	56,132
59	02	PSYCH OTHER ANCILLARY	.041277	
59	03	CARDIAC CATHERIZATION	.029405	55,664
59	04	DAY SURGERY	.050304	2,879
59	05	ONCOLOGY	2415.552429	
59	06	DAY SURGERY-RILEY		
59	07	CARDIOLOGY-RILEY		
59	97	CARDIAC REHABILITATION	.031717	479
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	AMB SVC-OB & GYN	.057035	4,510
60	02	MEDICINE/DIAGNOSTIC	.052934	2,647
60	03	AMB SVC-OPTHALMOLOGY	.064013	265
60	04	AMB SVC-PSYCH ADULT	.073249	7
60	05	AMB SVC-DIABETES ADULT		
60	06	OUTPATIENT SURGERY	.049069	27,557
60	07	AMB SVC-RILEY CLINICS	.085049	5,970
60	08	DENTAL CLINIC		
60	09	MOTILITY LAB	.037935	91
60	10	AMB SVC-PSYCH CHILD	10.775172	
60	13	ARTHRITIS CENTER		
60	14	GERIATRICS CLINIC	.424607	
60	15	SLEEP DISORDER CENTER	.012649	55
60	16	O/P CLINIC-ADULT	.544889	74
60	17	O/P CLINIC-PEDIATRIC		
60	18	ARTHRITIS/INFUSION CENTER	.100433	
60	19	NEUROLOGY UH	.174714	64
60	20	ORTHOPEDICS UH	.345320	70
60	21	AMB SVC-UH PHYSICAL MEDIC	.099670	173
60	22	AMB SVC-DERMATOLOGY CLINI	.122228	8
60	24	IU CANCER PAVILLION		
60	25	CARDIO CLINIC	.023338	19
61		EMERGENCY	.006295	58,445
61	01	EMERGENCY-RILEY		
62		OBSERVATION BEDS (NON-DIS	.026079	9,056
63		FAMILY PRACTICE		
63	60	FEDERALLY QUALIFIED HEALT	.002287	
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS	.010522	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		2,771,198

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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			815,639			815,639
26		INTENSIVE CARE UNIT			57,474			57,474
27		CORONARY CARE UNIT			39,322			39,322
27	01	NEONATAL INTENSIVE CARE U			23,358			23,358
28		BURN INTENSIVE CARE UNIT			4,630			4,630
29		SURGICAL INTENSIVE CARE U						
29	02	UH SURG 6IC			16,134			16,134
29	03	UH NS 3IC			6,536			6,536
29	04	RH PED IC			27,410			27,410
29	05	TRANSPLANT ICU			11,804			11,804
29	07	PEDIATRIC CANCER CENTER			6,239			6,239
31		SUBPROVIDER			19,122			19,122
33		NURSERY			34,750			34,750
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL			1,062,418			1,062,418

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	276,680	2.95	31,730	93,604
26		INTENSIVE CARE UNIT	20,560	2.80	2,453	6,868
27		CORONARY CARE UNIT	13,859	2.84	1,655	4,700
27	01	NEONATAL INTENSIVE CARE U	8,352	2.80	997	2,792
28		BURN INTENSIVE CARE UNIT	1,652	2.80	195	546
29		SURGICAL INTENSIVE CARE U				
29	02	UH SURG 6IC	5,748	2.81	686	1,928
29	03	UH NS 3IC	2,339	2.79	279	778
29	04	RH PED IC	9,422	2.91	1,125	3,274
29	05	TRANSPLANT ICU	4,196	2.81	503	1,413
29	07	PEDIATRIC CANCER CENTER	2,206	2.83	263	744
31		SUBPROVIDER	6,845	2.79		
33		NURSERY	12,439	2.79	7,008	19,552
34		SKILLED NURSING FACILITY				
35		NURSING FACILITY				
35	01	ICF/MR				
101		TOTAL	364,298		46,894	136,199

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM			5,002,771	206,044		
37	01	ENDOSCOPY			216,194	3		
38		RECOVERY ROOM			3,956,149	39		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY			737,485	46,656		
40	01	PULMONARY FUNCTION TESTIN			602,110	2,189		
41		RADIOLOGY-DIAGNOSTIC			3,560,131	616,928		
42		RADIOLOGY-THERAPEUTIC			50,513	418,085		
43		RADIOISOTOPE			307,117	97,936		
44		LABORATORY			2,883,261	348,180		
44	01	TRANSPLANT IMMUNOLOGY						
44	02	BONE MARROW TRANSPLANT LA				1,286		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING				8		
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY			44,451	340,558		
50		PHYSICAL THERAPY			642,521	118		
51		OCCUPATIONAL THERAPY			119,210			
52		SPEECH PATHOLOGY				564		
53		ELECTROCARDIOLOGY			101,025	21		
54		ELECTROENCEPHALOGRAPHY			436,429	4		
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS			117,190	426,544		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC				1,308,154		
57		RENAL DIALYSIS			1,487,092	88,030		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC						
59	01	CARDIOLOGY			986,007	480		
59	02	PSYCH OTHER ANCILLARY				90		
59	03	CARDIAC CATHERIZATION			1,812,393	1,885		
59	04	DAY SURGERY				15		
59	05	ONCOLOGY			347,526			
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
59	97	CARDIAC REHABILITATION						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN				816		
60	02	MEDICINE/DIAGNOSTIC			3,838,960	167,979		
60	03	AMB SVC-OPTHALMOLOGY			117,190	2,046		
60	04	AMB SVC-PSYCH ADULT			404,101	19		
60	05	AMB SVC-DIABETES ADULT						
60	06	OUTPATIENT SURGERY				645		
60	07	AMB SVC-RILEY CLINICS			3,552,048	26,162		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB				1		
60	10	AMB SVC-PSYCH CHILD			244,481			
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC			10,102	10		
60	15	SLEEP DISORDER CENTER						
60	16	O/P CLINIC-ADULT				80		
60	17	O/P CLINIC-PEDIATRIC						
60	18	ARTHRITIS/INFUSION CENTER			76,779	246,609		
60	19	NEUROLOGY UH			195,989	24		
60	20	ORTHOPEDICS UH			80,820	2,679		
60	21	AMB SVC-UH PHYSICAL MEDIC				4,401		
60	22	AMB SVC-DERMATOLOGY CLINI			119,210	722		
60	24	IU CANCER PAVILLION						
60	25	CARDIO CLINIC				29		
61		EMERGENCY			2,271,047	484,208		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS				31,617		
63		FAMILY PRACTICE						
63	60	FEDERALLY QUALIFIED HEALT						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS				33,568		
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL			34,320,302	4,905,432		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	5,208,815	5,208,815	552,594,042	.009426	.009426	33,146,328	312,437
37 01	ENDOSCOPY	216,197	216,197	13,145,499	.016446	.016446	818,194	13,456
38	RECOVERY ROOM	3,956,188	3,956,188	55,085,300	.071819	.071819	2,428,651	174,423
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY	784,141	784,141	31,969,707	.024528	.024528	2,178,297	53,429
40 01	PULMONARY FUNCTION TESTIN	604,299	604,299	23,375,012	.025852	.025852	552,008	14,271
41	RADIOLOGY-DIAGNOSTIC	4,177,059	4,177,059	475,252,580	.008789	.008789	20,586,290	180,933
42	RADIOLOGY-THERAPEUTIC	468,598	468,598	76,381,208	.006135	.006135	895,893	5,496
43	RADIOISOTOPE	405,053	405,053	19,238,416	.021054	.021054	688,800	14,502
44	LABORATORY	3,231,441	3,231,441	618,434,908	.005225	.005225	41,533,737	217,014
44 01	TRANSPLANT IMMUNOLOGY			21,726,867			258,871	
44 02	BONE MARROW TRANSPLANT LA	1,286	1,286	11,218,398	.000115	.000115	694,182	80
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING	8	8	62,410,299			6,627,226	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	385,009	385,009	116,248,163	.003312	.003312	17,832,485	59,061
50	PHYSICAL THERAPY	642,639	642,639	39,768,673	.016159	.016159	3,127,372	50,535
51	OCCUPATIONAL THERAPY	119,210	119,210	9,769,404	.012202	.012202	1,040,086	12,691
52	SPEECH PATHOLOGY	564	564	10,245,464	.000055	.000055	537,060	30
53	ELECTROCARDIOLOGY	101,046	101,046	53,106,744	.001903	.001903	3,328,171	6,334
54	ELECTROENCEPHALOGRAPHY	436,433	436,433	23,782,345	.018351	.018351	2,014,584	36,970
55	MEDICAL SUPPLIES CHARGED			81,897,443			5,289,394	
55 30	IMPL. DEV. CHARGED TO PAT			261,452,604			17,636,334	
56	DRUGS CHARGED TO PATIENTS	543,734	543,734	564,114,827	.000964	.000964	54,484,023	52,523
56 01	RENAL-RILEY							
56 02	RENAL-ADULT							
56 03	OUTPATIENT RETAIL PHARMAC	1,308,154	1,308,154	44,764,095	.029223	.029223		
57	RENAL DIALYSIS	1,575,122	1,575,122	30,820,050	.051107	.051107	1,491,085	76,205
58	ASC (NON-DISTINCT PART)							
58 04	BMTU OUTPATIENT							
59	RH NBN ECMO IC			1,297,643			240,216	
59 01	CARDIOLOGY	986,487	986,487	66,919,677	.014741	.014741	2,335,733	34,431
59 02	PSYCH OTHER ANCILLARY	90	90	979,534	.000092	.000092		
59 03	CARDIAC CATHERIZATION	1,814,278	1,814,278	61,179,974	.029655	.029655	1,893,018	56,137
59 04	DAY SURGERY	15	15	8,326,735	.000002	.000002	57,229	
59 05	ONCOLOGY	347,526	347,526	2,594	133.973015	133.973015		
59 06	DAY SURGERY-RILEY							
59 07	CARDIOLOGY-RILEY							
59 97	CARDIAC REHABILITATION			778,671			15,088	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	AMB SVC-OB & GYN	816	816	7,194,285	.000113	.000113	79,080	9
60 02	MEDICINE/DIAGNOSTIC	4,006,939	4,006,939	16,790,426	.238644	.238644	50,007	11,934
60 03	AMB SVC-OPTHALMOLOGY	119,236	119,236	1,179,971	.101050	.101050	4,134	418
60 04	AMB SVC-PSYCH ADULT	404,120	404,120	2,417,425	.167170	.167170	93	16
60 05	AMB SVC-DIABETES ADULT							
60 06	OUTPATIENT SURGERY	645	645	13,454,304	.000048	.000048	561,588	27
60 07	AMB SVC-RILEY CLINICS	3,578,210	3,578,210	7,173,137	.498835	.498835	70,197	35,017
60 08	DENTAL CLINIC							
60 09	MOTILITY LAB	1	1	734,655	.000001	.000001	2,410	
60 10	AMB SVC-PSYCH CHILD	244,481	244,481	1,450	168.607586	168.607586		
60 13	ARTHRITIS CENTER							
60 14	GERIATRICS CLINIC	10,112	10,112	116,430	.086850	.086850		
60 15	SLEEP DISORDER CENTER			16,720,391			4,383	
60 16	O/P CLINIC-ADULT	80	80	183,843	.000435	.000435	136	
60 17	O/P CLINIC-PEDIATRIC							
60 18	ARTHRITIS/INFUSION CENTER	323,388	323,388	3,182,175	.101625	.101625		
60 19	NEUROLOGY UH	196,013	196,013	790,656	.247912	.247912	368	91
60 20	ORTHOPEDICS UH	83,499	83,499	287,826	.290102	.290102	204	59
60 21	AMB SVC-UH PHYSICAL MEDIC	4,401	4,401	1,075,531	.004092	.004092	1,737	7
60 22	AMB SVC-DERMATOLOGY CLINI	119,932	119,932	866,457	.138417	.138417	68	9
60 24	IU CANCER PAVILLION							
60 25	CARDIO CLINIC	29	29	239,906	.000121	.000121	835	
61	EMERGENCY	2,755,255	2,755,255	246,714,552	.011168	.011168	9,284,368	103,688
61 01	EMERGENCY-RILEY							
62	OBSERVATION BEDS (NON-DIS	31,617	31,617	16,784,757	.001884	.001884	347,262	654
63	FAMILY PRACTICE							
63 60	FEDERALLY QUALIFIED HEALT			2,008,403				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS	33,568	33,568	12,775,050	.002628	.002628		
65	AMBULANCE SERVICES		2,546					
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	39,225,734	39,228,280	3686,978,506			232,137,225	1,522,887

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0056
COMPONENT NO: 15-0056
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	14,092,368			132,835		
37	01	ENDOSCOPY	259,857			4,274		
38		RECOVERY ROOM	2,230,471			160,190		
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	752,996			18,469		
40	01	PULMONARY FUNCTION TESTIN	2,177,623			56,296		
41		RADIOLOGY-DIAGNOSTIC	20,737,413			182,261		
42		RADIOLOGY-THERAPEUTIC	8,310,770			50,987		
43		RADIOISOTOPE	781,136			16,446		
44		LABORATORY	18,887,583			98,688		
44	01	TRANSPLANT IMMUNOLOGY	522,097					
44	02	BONE MARROW TRANSPLANT LA	683,428			79		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	983,331					
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	261,419			866		
50		PHYSICAL THERAPY	1,259,029			20,345		
51		OCCUPATIONAL THERAPY	504,191			6,152		
52		SPEECH PATHOLOGY	728,460			40		
53		ELECTROCARDIOLOGY	1,179,258			2,244		
54		ELECTROENCEPHALOGRAPHY	985,333			18,082		
55		MEDICAL SUPPLIES CHARGED	1,717,099					
55	30	IMPL. DEV. CHARGED TO PAT	6,017,435					
56		DRUGS CHARGED TO PATIENTS	13,149,096			12,676		
56	01	RENAL-RILEY						
56	02	RENAL-ADULT						
56	03	OUTPATIENT RETAIL PHARMAC						
57		RENAL DIALYSIS	1,720,364			87,923		
58		ASC (NON-DISTINCT PART)						
58	04	BMTU OUTPATIENT						
59		RH NBN ECMO IC						
59	01	CARDIOLOGY	3,149,507			46,427		
59	02	PSYCH OTHER ANCILLARY	86,531			8		
59	03	CARDIAC CATHERIZATION	2,380,999			70,609		
59	04	DAY SURGERY	469,115			1		
59	05	ONCOLOGY	357			47,828		
59	06	DAY SURGERY-RILEY						
59	07	CARDIOLOGY-RILEY						
59	97	CARDIAC REHABILITATION	7,410					
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	AMB SVC-OB & GYN	399,557			45		
60	02	MEDICINE/DIAGNOSTIC	1,507,142			359,670		
60	03	AMB SVC-OPTHALMOLOGY	87,892			8,881		
60	04	AMB SVC-PSYCH ADULT	113,579			18,987		
60	05	AMB SVC-DIABETES ADULT						
60	06	OUTPATIENT SURGERY	410,321			20		
60	07	AMB SVC-RILEY CLINICS	963,096			480,426		
60	08	DENTAL CLINIC						
60	09	MOTILITY LAB	40,274					
60	10	AMB SVC-PSYCH CHILD						
60	13	ARTHRITIS CENTER						
60	14	GERIATRICS CLINIC	619			54		
60	15	SLEEP DISORDER CENTER	909,881					
60	16	O/P CLINIC-ADULT	21,687			9		
60	17	O/P CLINIC-PEDIATRIC						
60	18	ARTHRITIS/INFUSION CENTER	34,077			3,463		
60	19	NEUROLOGY UH	66,014			16,366		
60	20	ORTHOPEDICS UH	27,214			7,895		
60	21	AMB SVC-UH PHYSICAL MEDIC	96,836			396		
60	22	AMB SVC-DERMATOLOGY CLINI	46,899			6,492		
60	24	IU CANCER PAVILLION						
60	25	CARDIO CLINIC	16,261			2		
61		EMERGENCY	15,759,616			176,003		
61	01	EMERGENCY-RILEY						
62		OBSERVATION BEDS (NON-DIS	1,871,005			3,525		
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	126,406,646			2,115,960		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART V
15-0056		

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radialogy 3	Other Outpatient Diagnostic 4	All Other (1) 5
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.246682				14,092,368
37	01	ENDOSCOPY	.233309				259,857
38		RECOVERY ROOM	.259623				2,230,471
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY	.268832				752,996
40	01	PULMONARY FUNCTION TESTING	.247437				2,177,623
41		RADIOLOGY-DIAGNOSTIC	.173669				20,737,413
42		RADIOLOGY-THERAPEUTIC	.180327				8,310,770
43		RADIOISOTOPE	.340580				781,136
44		LABORATORY	.116795				18,887,583
44	01	TRANSPLANT IMMUNOLOGY	.189596				522,097
44	02	BONE MARROW TRANSPLANT LAB	.274965				683,428
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.259280				983,331
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.291907				261,419
50		PHYSICAL THERAPY	.310929				1,259,029
51		OCCUPATIONAL THERAPY	.383958				504,191
52		SPEECH PATHOLOGY	.695149				728,460
53		ELECTROCARDIOLOGY	.102752				1,179,258
54		ELECTROENCEPHALOGRAPHY	.251849				985,333
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.604169				1,717,099
55	30	IMPL. DEV. CHARGED TO PATIENT	.224250				6,017,435
56		DRUGS CHARGED TO PATIENTS	.181248				13,149,096
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY	1.113904				
57		RENAL DIALYSIS	.564776				1,720,364
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	.469559				
59	01	CARDIOLOGY	.230636				3,149,507
59	02	PSYCH OTHER ANCILLARY	2.117758				86,531
59	03	CARDIAC CATHERIZATION	.255298				2,380,999
59	04	DAY SURGERY	.899849				469,115
59	05	ONCOLOGY	2,753.229761				357
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
59	97	CARDIAC REHABILITATION	.587243				7,410
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	.387254				399,557
60	02	MEDICINE/DIAGNOSTIC	1.193156				1,507,142
60	03	AMB SVC-OPTHALMOLOGY	.594931				87,892
60	04	AMB SVC-PSYCH ADULT	.732810				113,579
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY	.306915				410,321
60	07	AMB SVC-RILEY CLINICS	1.824251				963,096
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	.371005				40,274
60	10	AMB SVC-PSYCH CHILD	465.542069				
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	6.170987				619
60	15	SLEEP DISORDER CENTER	.279894				909,881
60	16	O/P CLINIC-ADULT	4.619795				21,687
60	17	O/P CLINIC-PEDIATRIC					
60	18	ARTHRITIS/INFUSION CENTER	2.848078				34,077
60	19	NEUROLOGY UH	2.714956				66,014
60	20	ORTHOPEDICS UH	3.645446				27,214
60	21	AMB SVC-UH PHYSICAL MEDICINE	1.719224				96,836
60	22	AMB SVC-DERMATOLOGY CLINIC	.938171				46,899
60	24	IU CANCER PAVILLION					
60	25	CARDIO CLINIC	2.281369				16,261
61		EMERGENCY	.169080				15,759,616
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)	.609511				1,871,005
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR	1.707261				
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.326751				
65		AMBULANCE SERVICES	.563545				
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL					126,406,646
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					126,406,646

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0056 I PREPARED 7/26/2011 I WORKSHEET D I PART V

TITLE XIX - O/P HOSPITAL

	Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy
		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	ENDOSCOPY					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
40 01	PULMONARY FUNCTION TESTING					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
44 01	TRANSPLANT IMMUNOLOGY					
44 02	BONE MARROW TRANSPLANT LAB					
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS					
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY					
59 02	PSYCH OTHER ANCILLARY					
59 03	CARDIAC CATHERIZATION					
59 04	DAY SURGERY					
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
59 97	CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN					
60 02	MEDICINE/DIAGNOSTIC					
60 03	AMB SVC-OPTHALMOLOGY					
60 04	AMB SVC-PSYCH ADULT					
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY					
60 07	AMB SVC-RILEY CLINICS					
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB					
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC					
60 15	SLEEP DISORDER CENTER					
60 16	O/P CLINIC-ADULT					
60 17	O/P CLINIC-PEDIATRIC					
60 18	ARTHRITIS/INFUSION CENTER					
60 19	NEUROLOGY UH					
60 20	ORTHOPEDICS UH					
60 21	AMB SVC-UH PHYSICAL MEDICINE					
60 22	AMB SVC-DERMATOLOGY CLINIC					
60 24	IU CANCER PAVILLION					
60 25	CARDIO CLINIC					
61	EMERGENCY					
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALTH CTR					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET D PART V

COMPONENT NO: 15-0056

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02	PPS Services 1/1 to FYE 9.03
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		3,476,334			
37	01	ENDOSCOPY		60,627			
38		RECOVERY ROOM		579,082			
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY		202,429			
40	01	PULMONARY FUNCTION TESTING		538,825			
41		RADIOLOGY-DIAGNOSTIC		3,601,446			
42		RADIOLOGY-THERAPEUTIC		1,498,656			
43		RADIOISOTOPE		266,039			
44		LABORATORY		2,205,975			
44	01	TRANSPLANT IMMUNOLOGY		98,988			
44	02	BONE MARROW TRANSPLANT LAB		187,919			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.		254,958			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY		76,310			
50		PHYSICAL THERAPY		391,469			
51		OCCUPATIONAL THERAPY		193,588			
52		SPEECH PATHOLOGY		506,388			
53		ELECTROCARDIOLOGY		121,171			
54		ELECTROENCEPHALOGRAPHY		248,155			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		1,037,418			
55	30	IMPL. DEV. CHARGED TO PATIENT		1,349,410			
56		DRUGS CHARGED TO PATIENTS		2,383,247			
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY					
57		RENAL DIALYSIS		971,620			
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC					
59	01	CARDIOLOGY		726,390			
59	02	PSYCH OTHER ANCILLARY		183,252			
59	03	CARDIAC CATHERIZATION		607,864			
59	04	DAY SURGERY		422,133			
59	05	ONCOLOGY		982,903			
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
59	97	CARDIAC REHABILITATION		4,351			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN		154,730			
60	02	MEDICINE/DIAGNOSTIC		1,798,256			
60	03	AMB SVC-OPTHALMOLOGY		52,290			
60	04	AMB SVC-PSYCH ADULT		83,232			
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY		125,934			
60	07	AMB SVC-RILEY CLINICS		1,756,929			
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB		14,942			
60	10	AMB SVC-PSYCH CHILD					
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC		3,820			
60	15	SLEEP DISORDER CENTER		254,670			
60	16	O/P CLINIC-ADULT		100,189			
60	17	O/P CLINIC-PEDIATRIC					
60	18	ARTHRITIS/INFUSION CENTER		97,054			
60	19	NEUROLOGY UH		179,225			
60	20	ORTHOPEDICS UH		99,207			
60	21	AMB SVC-UH PHYSICAL MEDICINE		166,483			
60	22	AMB SVC-DERMATOLOGY CLINIC		43,999			
60	24	IU CANCER PAVILLION					
60	25	CARDIO CLINIC		37,097			
61		EMERGENCY		2,664,636			
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)		1,140,398			
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		31,950,038			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-					
		PROGRAM ONLY CHARGES					
104		NET CHARGES		31,950,038			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-S056 I PREPARED 7/26/2011 I WORKSHEET D I PART V

TITLE XIX - O/P SUBPROVIDER 1

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radialogy 3	Other Outpatient Diagnostic 4	All Other (1) 5
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.246682				
37	01	ENDOSCOPY	.233309				
38		RECOVERY ROOM	.259623				
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY	.268832				
40	01	PULMONARY FUNCTION TESTING	.247437				
41		RADIOLOGY-DIAGNOSTIC	.173669				
42		RADIOLOGY-THERAPEUTIC	.180327				
43		RADIOISOTOPE	.340580				
44		LABORATORY	.116795				
44	01	TRANSPLANT IMMUNOLOGY	.189596				
44	02	BONE MARROW TRANSPLANT LAB	.274965				
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.259280				
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.291907				
50		PHYSICAL THERAPY	.310929				
51		OCCUPATIONAL THERAPY	.383958				
52		SPEECH PATHOLOGY	.695149				
53		ELECTROCARDIOLOGY	.102752				
54		ELECTROENCEPHALOGRAPHY	.251849				
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.604169				
55	30	IMPL. DEV. CHARGED TO PATIENT	.224250				
56		DRUGS CHARGED TO PATIENTS	.181248				225
56	01	RENAL-RILEY					
56	02	RENAL-ADULT					
56	03	OUTPATIENT RETAIL PHARMACY	1.113904				
57		RENAL DIALYSIS	.564776				
58		ASC (NON-DISTINCT PART)					
58	04	BMTU OUTPATIENT					
59		RH NBN ECMO IC	.469559				
59	01	CARDIOLOGY	.230636				
59	02	PSYCH OTHER ANCILLARY	2.117758				
59	03	CARDIAC CATHERIZATION	.255298				
59	04	DAY SURGERY	.899849				
59	05	ONCOLOGY	2,753.229761				
59	06	DAY SURGERY-RILEY					
59	07	CARDIOLOGY-RILEY					
59	97	CARDIAC REHABILITATION	.587243				
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	AMB SVC-OB & GYN	.387254				
60	02	MEDICINE/DIAGNOSTIC	1.193156				
60	03	AMB SVC-OPTHALMOLOGY	.594931				
60	04	AMB SVC-PSYCH ADULT	.732810				764
60	05	AMB SVC-DIABETES ADULT					
60	06	OUTPATIENT SURGERY	.306915				
60	07	AMB SVC-RILEY CLINICS	1.824251				
60	08	DENTAL CLINIC					
60	09	MOTILITY LAB	.371005				
60	10	AMB SVC-PSYCH CHILD	465.542069				
60	13	ARTHRITIS CENTER					
60	14	GERIATRICS CLINIC	6.170987				
60	15	SLEEP DISORDER CENTER	.279894				
60	16	O/P CLINIC-ADULT	4.619795				
60	17	O/P CLINIC-PEDIATRIC					
60	18	ARTHRITIS/INFUSION CENTER	2.848078				
60	19	NEUROLOGY UH	2.714956				
60	20	ORTHOPEDICS UH	3.645446				
60	21	AMB SVC-UH PHYSICAL MEDICINE	1.719224				
60	22	AMB SVC-DERMATOLOGY CLINIC	.938171				
60	24	IU CANCER PAVILLION					
60	25	CARDIO CLINIC	2.281369				
61		EMERGENCY	.169080				
61	01	EMERGENCY-RILEY					
62		OBSERVATION BEDS (NON-DISTINCT PART)	.609511				
63		FAMILY PRACTICE					
63	60	FEDERALLY QUALIFIED HEALTH CTR	1.707261				
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS	.326751				
65		AMBULANCE SERVICES	.563545				
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL					989
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES					989

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-S056 I PREPARED 7/26/2011 I WORKSHEET D I PART V

TITLE XIX - O/P SUBPROVIDER 1

	Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy
		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	ENDOSCOPY					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
40 01	PULMONARY FUNCTION TESTING					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
44 01	TRANSPLANT IMMUNOLOGY					
44 02	BONE MARROW TRANSPLANT LAB					
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS					
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY					
59 02	PSYCH OTHER ANCILLARY					
59 03	CARDIAC CATHERIZATION					
59 04	DAY SURGERY					
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
59 97	CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	AMB SVC-OB & GYN					
60 02	MEDICINE/DIAGNOSTIC					
60 03	AMB SVC-OPTHALMOLOGY					
60 04	AMB SVC-PSYCH ADULT					
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY					
60 07	AMB SVC-RILEY CLINICS					
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB					
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC					
60 15	SLEEP DISORDER CENTER					
60 16	O/P CLINIC-ADULT					
60 17	O/P CLINIC-PEDIATRIC					
60 18	ARTHRITIS/INFUSION CENTER					
60 19	NEUROLOGY UH					
60 20	ORTHOPEDICS UH					
60 21	AMB SVC-UH PHYSICAL MEDICINE					
60 22	AMB SVC-DERMATOLOGY CLINIC					
60 24	IU CANCER PAVILLION					
60 25	CARDIO CLINIC					
61	EMERGENCY					
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALTH CTR					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-S056 I PREPARED 7/26/2011 I WORKSHEET D I PART V

TITLE XIX - O/P SUBPROVIDER 1

	Cost Center Description	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02	PPS Services 1/1 to FYE 9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
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					
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS		41			
56 01	RENAL-RILEY					
56 02	RENAL-ADULT					
56 03	OUTPATIENT RETAIL PHARMACY					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58 04	BMTU OUTPATIENT					
59	RH NBN ECMO IC					
59 01	CARDIOLOGY					
59 02	PSYCH OTHER ANCILLARY					
59 03	CARDIAC CATHERIZATION					
59 04	DAY SURGERY					
59 05	ONCOLOGY					
59 06	DAY SURGERY-RILEY					
59 07	CARDIOLOGY-RILEY					
59 97	CARDIAC REHABILITATION					
	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		560			
60 05	AMB SVC-DIABETES ADULT					
60 06	OUTPATIENT SURGERY					
60 07	AMB SVC-RILEY CLINICS					
60 08	DENTAL CLINIC					
60 09	MOTILITY LAB					
60 10	AMB SVC-PSYCH CHILD					
60 13	ARTHRITIS CENTER					
60 14	GERIATRICS CLINIC					
60 15	SLEEP DISORDER CENTER					
60 16	O/P CLINIC-ADULT					
60 17	O/P CLINIC-PEDIATRIC					
60 18	ARTHRITIS/INFUSION CENTER					
60 19	NEUROLOGY UH					
60 20	ORTHOPEDICS UH					
60 21	AMB SVC-UH PHYSICAL MEDICINE					
60 22	AMB SVC-DERMATOLOGY CLINIC					
60 24	IU CANCER PAVILLION					
60 25	CARDIO CLINIC					
61	EMERGENCY					
61 01	EMERGENCY-RILEY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	FAMILY PRACTICE					
63 60	FEDERALLY QUALIFIED HEALTH CTR					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		601			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		601			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
15-0056		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	276,680
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	276,680
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	276,680
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)	80,451
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	280,650,651
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	280,650,651
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	610,544,878
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	610,544,878
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.459672
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,206.68
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	280,650,651

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	1,014.35
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	81,605,472
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	81,605,472

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	29,372,456	20,560	1,428.62	7,465	10,664,648
44	CORONARY CARE UNIT	22,465,790	13,859	1,621.03	6,179	10,016,344
44.01	NEONATAL INTENSIVE CARE UNIT	7,789,592	8,352	932.66		
45	BURN INTENSIVE CARE UNIT	2,544,427	1,652	1,540.21		
46	SURGICAL INTENSIVE CARE UNIT					
46.02	UH SURG 6IC	9,136,427	5,748	1,589.50	2,513	3,994,414
46.03	UH NS 3IC	3,454,507	2,339	1,476.92	800	1,181,536
46.04	RH PED IC	15,923,237	9,422	1,690.01	60	101,401
46.05	TRANSPLANT ICU	5,751,741	4,196	1,370.77	1,539	2,109,615
46.07	PEDIATRIC CANCER CENTER	2,594,700	2,206	1,176.20	3	3,529
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	139,067,900
49	TOTAL PROGRAM INPATIENT COSTS	248,744,859
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4,556,895
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	8,342,651
52	TOTAL PROGRAM EXCLUDABLE COST	12,899,546
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	235,845,313
	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	10,726
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,014.35
85	OBSERVATION BED COST	10,879,918

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		280,650,651		10,879,918	
87	NEW CAPITAL-RELATED COST	11,291,374	280,650,651	.040233	10,879,918	437,732
88	NON PHYSICIAN ANESTHETIST		280,650,651		10,879,918	
89	MEDICAL EDUCATION		280,650,651		10,879,918	
89.01	MEDICAL EDUCATION - ALLIED HEA	815,639	280,650,651	.002906	10,879,918	31,617
89.02	MEDICAL EDUCATION - ALL OTHER		280,650,651		10,879,918	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
15-S056		

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,845
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,845
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,845
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)	1,721
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,877,082
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,877,082
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,448,273
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,448,273
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.753912
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,526.41
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,877,082

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,150.78
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,980,492
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,980,492

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

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	490,852
49	TOTAL PROGRAM INPATIENT COSTS	2,471,344
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	68,737
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	18,114
52	TOTAL PROGRAM EXCLUDABLE COST	86,851
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,384,493
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,150.78
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		7,877,082			
87	NEW CAPITAL-RELATED COST	254,316	7,877,082	.032286		
88	NON PHYSICIAN ANESTHETIST		7,877,082			
89	MEDICAL EDUCATION		7,877,082			
89.01	MEDICAL EDUCATION - ALLIED HEA	19,122	7,877,082	.002428		
89.02	MEDICAL EDUCATION - ALL OTHER		7,877,082			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0056 I PREPARED 7/26/2011 I WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		145,052,748	
26	INTENSIVE CARE UNIT		22,543,940	
27	CORONARY CARE UNIT		18,965,430	
27 01	NEONATAL INTENSIVE CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC		7,732,175	
29 03	UH NS 3IC		2,431,261	
29 04	RH PED IC		241,243	
29 05	TRANSPLANT ICU		4,608,070	
29 07	PEDIATRIC CANCER CENTER		5,764	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.253884	96,440,318	24,484,654
37 01	ENDOSCOPY	.232283	3,872,798	899,585
38	RECOVERY ROOM	.204202	7,289,736	1,488,579
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.264129	6,076,407	1,604,955
40 01	PULMONARY FUNCTION TESTING	.237908	490,163	116,614
41	RADIOLOGY-DIAGNOSTIC	.178543	57,569,550	10,278,640
42	RADIOLOGY-THERAPEUTIC	.193556	1,801,352	348,662
43	RADIOISOTOPE	.349170	2,280,953	796,440
44	LABORATORY	.119634	106,971,528	12,797,432
44 01	TRANSPLANT IMMUNOLOGY	.201493	990,552	199,589
44 02	BONE MARROW TRANSPLANT LAB	.293127	1,468,752	430,531
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.275439	14,506,108	3,995,548
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.309949	30,649,130	9,499,667
50	PHYSICAL THERAPY	.314270	8,878,926	2,790,380
51	OCCUPATIONAL THERAPY	.396167	1,835,601	727,205
52	SPEECH PATHOLOGY	.739149	1,198,762	886,064
53	ELECTROCARDIOLOGY	.107624	19,691,588	2,119,287
54	ELECTROENCEPHALOGRAPHY	.249809	5,042,873	1,259,755
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.641422	18,531,096	11,886,253
55 30	IMPL. DEV. CHARGED TO PATIENT	.238071	64,185,680	15,280,749
56	DRUGS CHARGED TO PATIENTS	.192211	115,723,161	22,243,264
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.184244		
57	RENAL DIALYSIS	.552474	8,900,109	4,917,079
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.501709		
59 01	CARDIOLOGY	.231174	6,129,669	1,417,020
59 02	PSYCH OTHER ANCILLARY	2.249991	1,154	2,596
59 03	CARDIAC CATHERIZATION	.242704	12,099,786	2,936,666
59 04	DAY SURGERY	.957497	133,956	128,262
59 05	ONCOLOGY	2896.475713		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
59 97	CARDIAC REHABILITATION	.624815	103,541	64,694
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.413640	26,258	10,861
60 02	MEDICINE/DIAGNOSTIC	1.040340	202,141	210,295
60 03	AMB SVC-OPTHALMOLOGY	.535099	5,337	2,856
60 04	AMB SVC-PSYCH ADULT	.614035	433	266
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.327999	2,590,806	849,782
60 07	AMB SVC-RILEY CLINICS	1.445177	5,034	7,275
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.395541		
60 10	AMB SVC-PSYCH CHILD	326.078621		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	6.483114	1,052	6,820
60 15	SLEEP DISORDER CENTER	.297691	19,278	5,739
60 16	O/P CLINIC-ADULT	4.928531	797	3,928
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER	3.003787	2,075	6,233
60 19	NEUROLOGY UH	2.642028	1,193	3,152
60 20	ORTHOPEDICS UH	3.604501	811	2,923
60 21	AMB SVC-UH PHYSICAL MEDICINE	1.829523	3,282	6,004
60 22	AMB SVC-DERMATOLOGY CLINIC	.863803	611	528
60 24	IU CANCER PAVILLION			
60 25	CARDIO CLINIC	2.422878	5,659	13,711
61	EMERGENCY	.170566	24,100,261	4,110,685
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.648202	349,693	226,672
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.347339		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0056 I PREPARED 7/26/2011 I WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	PPS INPATIENT COST 3
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		620,177,970	139,067,900
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		620,177,970	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2010	
15-S056		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27 01	NEONATAL INTENSIVE CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC			
29 03	UH NS 3IC			
29 04	RH PED IC			
29 05	TRANSPLANT ICU			
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER		2,601,878	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.253884	18,876	4,792
37 01	ENDOSCOPY	.232283	5,984	1,390
38	RECOVERY ROOM	.204202	6,226	1,271
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.264129	1,244	329
40 01	PULMONARY FUNCTION TESTING	.237908		
41	RADIOLOGY-DIAGNOSTIC	.178543	120,554	21,524
42	RADIOLOGY-THERAPEUTIC	.193556		
43	RADIOISOTOPE	.349170	4,168	1,455
44	LABORATORY	.119634	387,530	46,362
44 01	TRANSPLANT IMMUNOLOGY	.201493		
44 02	BONE MARROW TRANSPLANT LAB	.293127		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.275439	1,159	319
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.309949	14,957	4,636
50	PHYSICAL THERAPY	.314270	23,392	7,351
51	OCCUPATIONAL THERAPY	.396167	1,649	653
52	SPEECH PATHOLOGY	.739149	5,025	3,714
53	ELECTROCARDIOLOGY	.107624	47,305	5,091
54	ELECTROENCEPHALOGRAPHY	.249809	28,731	7,177
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.641422	6,309	4,047
55 30	IMPL. DEV. CHARGED TO PATIENT	.238071	851	203
56	DRUGS CHARGED TO PATIENTS	.192211	355,835	68,395
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.184244		
57	RENAL DIALYSIS	.552474	27,231	15,044
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.501709		
59 01	CARDIOLOGY	.231174		
59 02	PSYCH OTHER ANCILLARY	2.249991	117,683	264,786
59 03	CARDIAC CATHERIZATION	.242704		
59 04	DAY SURGERY	.957497		
59 05	ONCOLOGY	2896.475713		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
59 97	CARDIAC REHABILITATION	.624815		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.413640	615	254
60 02	MEDICINE/DIAGNOSTIC	1.040340		
60 03	AMB SVC-OPTHALMOLOGY	.535099		
60 04	AMB SVC-PSYCH ADULT	.614035	144	88
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.327999	6,483	2,126
60 07	AMB SVC-RILEY CLINICS	1.445177		
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.395541		
60 10	AMB SVC-PSYCH CHILD	326.078621		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	6.483114	646	4,188
60 15	SLEEP DISORDER CENTER	.297691		
60 16	O/P CLINIC-ADULT	4.928531		
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER	3.003787		
60 19	NEUROLOGY UH	2.642028		
60 20	ORTHOPEDICS UH	3.604501		
60 21	AMB SVC-UH PHYSICAL MEDICINE	1.829523		
60 22	AMB SVC-DERMATOLOGY CLINIC	.863803		
60 24	IU CANCER PAVILLION			
60 25	CARDIO CLINIC	2.422878		
61	EMERGENCY	.170566	150,425	25,657
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.648202		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.347339		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET D-4
I COMPONENT NO: 15-S056

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	PPS INPATIENT CHARGES 2	INPATIENT COST 3
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,333,022	490,852
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,333,022	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0056 I PREPARED 7/26/2011 I WORKSHEET D-4

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		84,616,252	
26	INTENSIVE CARE UNIT		7,546,194	
27	CORONARY CARE UNIT		4,241,693	
27 01	NEONATAL INTENSIVE CARE UNIT		4,045,815	
28	BURN INTENSIVE CARE UNIT		630,086	
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC		1,834,963	
29 03	UH NS 3IC		1,022,836	
29 04	RH PED IC		7,374,979	
29 05	TRANSPLANT ICU		697,604	
29 07	PEDIATRIC CANCER CENTER		780,158	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.262937	33,146,328	8,715,396
37 01	ENDOSCOPY	.248729	818,194	203,509
38	RECOVERY ROOM	.276020	2,428,651	670,356
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.287197	2,178,297	625,600
40 01	PULMONARY FUNCTION TESTING	.263667	552,008	145,546
41	RADIOLOGY-DIAGNOSTIC	.186034	20,586,290	3,829,750
42	RADIOLOGY-THERAPEUTIC	.194218	895,893	173,999
43	RADIOISOTOPE	.365134	688,800	251,504
44	LABORATORY	.124296	41,533,737	5,162,477
44 01	TRANSPLANT IMMUNOLOGY	.201493	258,871	52,161
44 02	BONE MARROW TRANSPLANT LAB	.293127	694,182	203,483
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.275439	6,627,226	1,825,397
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.310331	17,832,485	5,533,973
50	PHYSICAL THERAPY	.330427	3,127,372	1,033,368
51	OCCUPATIONAL THERAPY	.408369	1,040,086	424,739
52	SPEECH PATHOLOGY	.739149	537,060	396,967
53	ELECTROCARDIOLOGY	.109526	3,328,171	364,521
54	ELECTROENCEPHALOGRAPHY	.268160	2,014,584	540,231
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.641422	5,289,394	3,392,734
55 30	IMPL. DEV. CHARGED TO PATIENT	.238071	17,636,334	4,198,700
56	DRUGS CHARGED TO PATIENTS	.192419	54,484,023	10,483,761
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.184244		
57	RENAL DIALYSIS	.600725	1,491,085	895,732
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.501709	240,216	120,519
59 01	CARDIOLOGY	.245908	2,335,733	574,375
59 02	PSYCH OTHER ANCILLARY	2.249991		
59 03	CARDIAC CATHERIZATION	.272328	1,893,018	515,522
59 04	DAY SURGERY	.957497	57,229	54,797
59 05	ONCOLOGY	3030.448728		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
59 97	CARDIAC REHABILITATION	.624815	15,088	9,427
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.413640	79,080	32,711
60 02	MEDICINE/DIAGNOSTIC	1.268980	50,007	63,458
60 03	AMB SVC-OPTHALMOLOGY	.634415	4,134	2,623
60 04	AMB SVC-PSYCH ADULT	.781197	93	73
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.327999	561,588	184,200
60 07	AMB SVC-RILEY CLINICS	1.940364	70,197	136,208
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.395541	2,410	953
60 10	AMB SVC-PSYCH CHILD	494.686207		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	6.569879		
60 15	SLEEP DISORDER CENTER	.297691	4,383	1,305
60 16	O/P CLINIC-ADULT	4.928531	136	670
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER	3.027915		
60 19	NEUROLOGY UH	2.889909	368	1,063
60 20	ORTHOPEDICS UH	3.885295	204	793
60 21	AMB SVC-UH PHYSICAL MEDICINE	1.829523	1,737	3,178
60 22	AMB SVC-DERMATOLOGY CLINIC	1.001386	68	68
60 24	IU CANCER PAVILLION			
60 25	CARDIO CLINIC	2.422878	835	2,023
61	EMERGENCY	.179771	9,284,368	1,669,060
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.648202	347,262	225,096
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR	1.812481		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.347339		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0056 I PREPARED 7/26/2011 I WORKSHEET D-4

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	PPS INPATIENT COST 3
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		232,137,225	52,722,026
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		232,137,225	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2010	
15-S056		

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27 01	NEONATAL INTENSIVE CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
29 02	UH SURG 6IC			
29 03	UH NS 3IC			
29 04	RH PED IC			
29 05	TRANSPLANT ICU			
29 07	PEDIATRIC CANCER CENTER			
31	SUBPROVIDER		1,680,693	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.262937	11,642	3,061
37 01	ENDOSCOPY	.248729		
38	RECOVERY ROOM	.276020	2,654	733
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.287197	622	179
40 01	PULMONARY FUNCTION TESTING	.263667		
41	RADIOLOGY-DIAGNOSTIC	.186034	43,602	8,111
42	RADIOLOGY-THERAPEUTIC	.194218		
43	RADIOISOTOPE	.365134		
44	LABORATORY	.124296	247,020	30,704
44 01	TRANSPLANT IMMUNOLOGY	.201493		
44 02	BONE MARROW TRANSPLANT LAB	.293127		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.275439	777	214
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.310331	15,276	4,741
50	PHYSICAL THERAPY	.330427	3,835	1,267
51	OCCUPATIONAL THERAPY	.408369	769	314
52	SPEECH PATHOLOGY	.739149	933	690
53	ELECTROCARDIOLOGY	.109526	9,851	1,079
54	ELECTROENCEPHALOGRAPHY	.268160	21,454	5,753
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.641422		
55 30	IMPL. DEV. CHARGED TO PATIENT	.238071		
56	DRUGS CHARGED TO PATIENTS	.192419	219,754	42,285
56 01	RENAL-RILEY			
56 02	RENAL-ADULT			
56 03	OUTPATIENT RETAIL PHARMACY	1.184244		
57	RENAL DIALYSIS	.600725		
58	ASC (NON-DISTINCT PART)			
58 04	BMTU OUTPATIENT			
59	RH NBN ECMO IC	.501709		
59 01	CARDIOLOGY	.245908	162	40
59 02	PSYCH OTHER ANCILLARY	2.249991	77,301	173,927
59 03	CARDIAC CATHERIZATION	.272328	5,769	1,571
59 04	DAY SURGERY	.957497		
59 05	ONCOLOGY	3030.448728		
59 06	DAY SURGERY-RILEY			
59 07	CARDIOLOGY-RILEY			
59 97	CARDIAC REHABILITATION	.624815		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	AMB SVC-OB & GYN	.413640		
60 02	MEDICINE/DIAGNOSTIC	1.268980	1,520	1,929
60 03	AMB SVC-OPTHALMOLOGY	.634415		
60 04	AMB SVC-PSYCH ADULT	.781197		
60 05	AMB SVC-DIABETES ADULT			
60 06	OUTPATIENT SURGERY	.327999	2,456	806
60 07	AMB SVC-RILEY CLINICS	1.940364		
60 08	DENTAL CLINIC			
60 09	MOTILITY LAB	.395541		
60 10	AMB SVC-PSYCH CHILD	494.686207		
60 13	ARTHRITIS CENTER			
60 14	GERIATRICS CLINIC	6.569879		
60 15	SLEEP DISORDER CENTER	.297691		
60 16	O/P CLINIC-ADULT	4.928531		
60 17	O/P CLINIC-PEDIATRIC			
60 18	ARTHRITIS/INFUSION CENTER	3.027915		
60 19	NEUROLOGY UH	2.889909	68	197
60 20	ORTHOPEDICS UH	3.885295		
60 21	AMB SVC-UH PHYSICAL MEDICINE	1.829523	87	159
60 22	AMB SVC-DERMATOLOGY CLINIC	1.001386		
60 24	IU CANCER PAVILLION			
60 25	CARDIO CLINIC	2.422878		
61	EMERGENCY	.179771	108,982	19,592
61 01	EMERGENCY-RILEY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.648202		
63	FAMILY PRACTICE			
63 60	FEDERALLY QUALIFIED HEALTH CTR	1.812481		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.347339		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET D-4
I COMPONENT NO: 15-S056

TITLE XIX SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	OTHER INPATIENT CHARGES 2	INPATIENT COST 3
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		774,534	297,352
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		774,534	

KIDNEY

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	495,897	38	1,014.35	321	325,606
2	INTENSIVE CARE UNIT	73,011	43	1,428.62		
3	CORONARY CARE UNIT		44	1,621.03		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	932.66		
4	BURN INTENSIVE CARE UNIT		45	1,540.21		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,589.50		
5.03	UH NS 3IC		46.03	1,476.92		
5.04	RH PED IC	12,286	46.04	1,690.01		
5.05	TRANSPLANT ICU	3,069	46.05	1,370.77	1	1,371
5.07	PEDIATRIC CANCER CENTER		46.07	1,176.20		
7	TOTAL (SUM OF LINES 1-6)	584,263			322	326,977

	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	.253884	3,233,294	820,882
8.01	ENDOSCOPY	37.01	.232283	30,045	6,979
9	RECOVERY ROOM	38	.204202	250,106	51,072
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.264129	162,104	42,816
11.01	PULMONARY FUNCTION TESTIN	40.01	.237908	34,910	8,305
12	RADIOLOGY-DIAGNOSTIC	41	.178543	958,418	171,119
13	RADIOLOGY-THERAPEUTIC	42	.193556		
14	RADIOISOTOPE	43	.349170	728,413	254,340
15	LABORATORY	44	.119634	1,380,610	165,168
15.01	TRANSPLANT IMMUNOLOGY	44.01	.201493	10,812,229	2,178,588
15.02	BONE MARROW TRANSPLANT LA	44.02	.293127		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.275439	43,948	12,105
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.309949	48,439	15,014
21	PHYSICAL THERAPY	50	.314270		
22	OCCUPATIONAL THERAPY	51	.396167		
23	SPEECH PATHOLOGY	52	.739149		
24	ELECTROCARDIOLOGY	53	.107624	209,927	22,593
25	ELECTROENCEPHALOGRAPHY	54	.249809		
26	MEDICAL SUPPLIES CHARGED	55	.641422	59,977	38,471
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.238071	74,018	17,622
27	DRUGS CHARGED TO PATIENTS	56	.192211	720,236	138,437
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.184244		
28	RENAL DIALYSIS	57	.552474		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.501709		
30.01	CARDIOLOGY	59.01	.231174	207,735	48,023
30.02	PSYCH OTHER ANCILLARY	59.02	2.249991	6,068	13,653
30.03	CARDIAC CATHERIZATION	59.03	.242704	583,485	141,614
30.04	DAY SURGERY	59.04	.957497	418	400
30.05	ONCOLOGY	59.05	2896.475713		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
30.97	CARDIAC REHABILITATION	59.97	.624815	302	189
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.413640		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.040340	2,147	2,234
31.03	AMB SVC-OPTHALMOLOGY	60.03	.535099		
31.04	AMB SVC-PSYCH ADULT	60.04	.614035		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.327999		
31.07	AMB SVC-RILEY CLINICS	60.07	1.445177		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.395541		
31.10	AMB SVC-PSYCH CHILD	60.10	326.078621		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.483114		
31.15	SLEEP DISORDER CENTER	60.15	.297691		
31.16	O/P CLINIC-ADULT	60.16	4.928531		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	3.003787		
31.19	NEUROLOGY UH	60.19	2.642028		
31.20	ORTHOPEDICS UH	60.20	3.604501		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.829523		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	.863803		
31.24	IU CANCER PAVILLION	60.24			
31.25	CARDIO CLINIC	60.25	2.422878		
32	EMERGENCY	61	.170566	19,632	3,349
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.648202	22,506	14,588
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.812481		
35	TOTAL (SUM OF LINES 8-34)			19,588,967	4,167,561

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		321	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.05	TRANSPLANT ICU	6.05		1	
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			322	

	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	2,147	20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	19,632	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)	22,506	22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	44,285			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET D-6
OPO NO.:	TO 12/31/2010	PARTS III & IV
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KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	4,494,538		20,173,230	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	12,786,902		27,730,976	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	17,281,440		47,904,206	
54	TOTAL USABLE ORGANS		338		
55	MEDICARE USABLE ORGANS		236		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.698225		
57	MEDICARE COST/CHARGES	12,066,333		33,447,914	
58	REVENUE FOR ORGANS SOLD	363,675			
59	SUBTOTAL (LN 57 MINUS LN 58)	11,702,658		33,447,914	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	11,702,658		33,447,914	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)	105	92	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		141	
66	TOTAL (SUM OF LINES 62-65)	105	233	
67	ORGANS TRANSPLANTED	105	141	23,591,005
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		92	363,675
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)	105	233	

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

LIVER

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	614	38	1,014.35	48	48,689
2	INTENSIVE CARE UNIT	38,093	43	1,428.62		
3	CORONARY CARE UNIT		44	1,621.03		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	932.66		
4	BURN INTENSIVE CARE UNIT		45	1,540.21		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,589.50		
5.03	UH NS 3IC		46.03	1,476.92		
5.04	RH PED IC	6,410	46.04	1,690.01		
5.05	TRANSPLANT ICU		46.05	1,370.77		
5.07	PEDIATRIC CANCER CENTER		46.07	1,176.20		
7	TOTAL (SUM OF LINES 1-6)	45,117			48	48,689

	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	.253884	203,605	51,692
8.01	ENDOSCOPY	37.01	.232283	15,676	3,641
9	RECOVERY ROOM	38	.204202		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.264129	8,080	2,134
11.01	PULMONARY FUNCTION TESTIN	40.01	.237908	1,806	430
12	RADIOLOGY-DIAGNOSTIC	41	.178543	7,089	1,266
13	RADIOLOGY-THERAPEUTIC	42	.193556		
14	RADIOISOTOPE	43	.349170	529	185
15	LABORATORY	44	.119634	22,002	2,632
15.01	TRANSPLANT IMMUNOLOGY	44.01	.201493	1,456,470	293,469
15.02	BONE MARROW TRANSPLANT LA	44.02	.293127		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.275439	14,284	3,934
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.309949	20,964	6,498
21	PHYSICAL THERAPY	50	.314270		
22	OCCUPATIONAL THERAPY	51	.396167		
23	SPEECH PATHOLOGY	52	.739149		
24	ELECTROCARDIOLOGY	53	.107624	12,009	1,292
25	ELECTROENCEPHALOGRAPHY	54	.249809		
26	MEDICAL SUPPLIES CHARGED	55	.641422	2,350	1,507
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.238071		
27	DRUGS CHARGED TO PATIENTS	56	.192211	27,568	5,299
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.184244		
28	RENAL DIALYSIS	57	.552474		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.501709		
30.01	CARDIOLOGY	59.01	.231174	2,852	659
30.02	PSYCH OTHER ANCILLARY	59.02	2.249991		
30.03	CARDIAC CATHERIZATION	59.03	.242704	18,714	4,542
30.04	DAY SURGERY	59.04	.957497		
30.05	ONCOLOGY	59.05	2896.475713		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
30.97	CARDIAC REHABILITATION	59.97	.624815		
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.413640		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.040340		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.535099		
31.04	AMB SVC-PSYCH ADULT	60.04	.614035		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.327999		
31.07	AMB SVC-RILEY CLINICS	60.07	1.445177		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.395541		
31.10	AMB SVC-PSYCH CHILD	60.10	326.078621		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.483114		
31.15	SLEEP DISORDER CENTER	60.15	.297691		
31.16	O/P CLINIC-ADULT	60.16	4.928531		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	3.003787		
31.19	NEUROLOGY UH	60.19	2.642028		
31.20	ORTHOPEDICS UH	60.20	3.604501		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.829523		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	.863803		
31.24	IU CANCER PAVILLION	60.24			
31.25	CARDIO CLINIC	60.25	2.422878		
32	EMERGENCY	61	.170566	449	77
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.648202		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.812481		
35	TOTAL (SUM OF LINES 8-34)			1,814,447	379,257

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET D-6 I PART II

LIVER

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	D	AVERAGE COST PER DAY 1	ORGAN ACQUISITION DAYS 2	ORGAN ACQUISITION COSTS 3
36	ADULTS & PEDIATRICS	2		48	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			48	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	449	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)	449			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

PROVIDER NO:	PERIOD:	PREPARED
15-0056	FROM 1/ 1/2010	WORKSHEET D-6
OPO NO.:	TO 12/31/2010	PARTS III & IV
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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	427,946		1,859,564	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	7,233,474		16,609,698	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	7,661,420		18,469,262	
54	TOTAL USABLE ORGANS		172		
55	MEDICARE USABLE ORGANS		77		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.447674		
57	MEDICARE COST/CHARGES	3,429,819		8,268,208	
58	REVENUE FOR ORGANS SOLD	189,711			
59	SUBTOTAL (LN 57 MINUS LN 58)	3,240,108		8,268,208	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	3,240,108		8,268,208	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		48	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		124	
66	TOTAL (SUM OF LINES 62-65)		172	
67	ORGANS TRANSPLANTED		124	33,491,843
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		48	189,711
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)		172	

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

HEART

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	256	38	1,014.35	20	20,287
2	INTENSIVE CARE UNIT	15,872	43	1,428.62		
3	CORONARY CARE UNIT		44	1,621.03		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	932.66		
4	BURN INTENSIVE CARE UNIT		45	1,540.21		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,589.50		
5.03	UH NS 3IC		46.03	1,476.92		
5.04	RH PED IC	2,671	46.04	1,690.01		
5.05	TRANSPLANT ICU		46.05	1,370.77		
5.07	PEDIATRIC CANCER CENTER		46.07	1,176.20		
7	TOTAL (SUM OF LINES 1-6)	18,799			20	20,287

	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	.253884	84,836	21,539
8.01	ENDOSCOPY	37.01	.232283	6,532	1,517
9	RECOVERY ROOM	38	.204202		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.264129	3,367	889
11.01	PULMONARY FUNCTION TESTIN	40.01	.237908	752	179
12	RADIOLOGY-DIAGNOSTIC	41	.178543	2,954	527
13	RADIOLOGY-THERAPEUTIC	42	.193556		
14	RADIOISOTOPE	43	.349170	220	77
15	LABORATORY	44	.119634	9,168	1,097
15.01	TRANSPLANT IMMUNOLOGY	44.01	.201493	702,404	141,529
15.02	BONE MARROW TRANSPLANT LA	44.02	.293127		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.275439	5,952	1,639
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.309949	8,735	2,707
21	PHYSICAL THERAPY	50	.314270		
22	OCCUPATIONAL THERAPY	51	.396167		
23	SPEECH PATHOLOGY	52	.739149		
24	ELECTROCARDIOLOGY	53	.107624	5,004	539
25	ELECTROENCEPHALOGRAPHY	54	.249809		
26	MEDICAL SUPPLIES CHARGED	55	.641422	979	628
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.238071		
27	DRUGS CHARGED TO PATIENTS	56	.192211	11,487	2,208
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.184244		
28	RENAL DIALYSIS	57	.552474		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.501709		
30.01	CARDIOLOGY	59.01	.231174	1,188	275
30.02	PSYCH OTHER ANCILLARY	59.02	2.249991		
30.03	CARDIAC CATHERIZATION	59.03	.242704	7,798	1,893
30.04	DAY SURGERY	59.04	.957497		
30.05	ONCOLOGY	59.05	2896.475713		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
30.97	CARDIAC REHABILITATION	59.97	.624815		
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.413640		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.040340		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.535099		
31.04	AMB SVC-PSYCH ADULT	60.04	.614035		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.327999		
31.07	AMB SVC-RILEY CLINICS	60.07	1.445177		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.395541		
31.10	AMB SVC-PSYCH CHILD	60.10	326.078621		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.483114		
31.15	SLEEP DISORDER CENTER	60.15	.297691		
31.16	O/P CLINIC-ADULT	60.16	4.928531		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	3.003787		
31.19	NEUROLOGY UH	60.19	2.642028		
31.20	ORTHOPEDICS UH	60.20	3.604501		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.829523		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	.863803		
31.24	IU CANCER PAVILLION	60.24			
31.25	CARDIO CLINIC	60.25	2.422878		
32	EMERGENCY	61	.170566	187	32
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.648202		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.812481		
35	TOTAL (SUM OF LINES 8-34)			851,563	177,275

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			
40.05	TRANSPLANT ICU	6.05			
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		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	187	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)	187			

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

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

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		COST PART A 1	COST PART B 2	CHARGES PART A 3	CHARGES PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	197,562		870,362	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,517,275		2,829,081	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,714,837		3,699,443	
54	TOTAL USABLE ORGANS		39		
55	MEDICARE USABLE ORGANS		25		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.641026		
57	MEDICARE COST/CHARGES	1,099,255		2,371,439	
58	REVENUE FOR ORGANS SOLD	79,014			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,020,241		2,371,439	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,020,241		2,371,439	

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		19	
66	TOTAL (SUM OF LINES 62-65)		39	
67	ORGANS TRANSPLANTED		19	5,243,506
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		20	79,014
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)		39	

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

LUNG

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	537	38	1,014.35	21	21,301
2	INTENSIVE CARE UNIT	33,331	43	1,428.62		
3	CORONARY CARE UNIT		44	1,621.03		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	932.66		
4	BURN INTENSIVE CARE UNIT		45	1,540.21		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,589.50		
5.03	UH NS 3IC		46.03	1,476.92		
5.04	RH PED IC	5,609	46.04	1,690.01		
5.05	TRANSPLANT ICU		46.05	1,370.77		
5.07	PEDIATRIC CANCER CENTER		46.07	1,176.20		
7	TOTAL (SUM OF LINES 1-6)	39,477			21	21,301

	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	.253884	178,155	45,231
8.01	ENDOSCOPY	37.01	.232283	13,716	3,186
9	RECOVERY ROOM	38	.204202		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.264129	7,070	1,867
11.01	PULMONARY FUNCTION TESTIN	40.01	.237908	1,580	376
12	RADIOLOGY-DIAGNOSTIC	41	.178543	6,202	1,107
13	RADIOLOGY-THERAPEUTIC	42	.193556		
14	RADIOISOTOPE	43	.349170	463	162
15	LABORATORY	44	.119634	19,252	2,303
15.01	TRANSPLANT IMMUNOLOGY	44.01	.201493	1,198,221	241,433
15.02	BONE MARROW TRANSPLANT LA	44.02	.293127		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.275439	12,499	3,443
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.309949	18,343	5,685
21	PHYSICAL THERAPY	50	.314270		
22	OCCUPATIONAL THERAPY	51	.396167		
23	SPEECH PATHOLOGY	52	.739149		
24	ELECTROCARDIOLOGY	53	.107624	10,508	1,131
25	ELECTROENCEPHALOGRAPHY	54	.249809		
26	MEDICAL SUPPLIES CHARGED	55	.641422	2,056	1,319
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.238071		
27	DRUGS CHARGED TO PATIENTS	56	.192211	24,122	4,637
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.184244		
28	RENAL DIALYSIS	57	.552474		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.501709		
30.01	CARDIOLOGY	59.01	.231174	2,495	577
30.02	PSYCH OTHER ANCILLARY	59.02	2.249991		
30.03	CARDIAC CATHERIZATION	59.03	.242704	16,375	3,974
30.04	DAY SURGERY	59.04	.957497		
30.05	ONCOLOGY	59.05	2896.475713		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
30.97	CARDIAC REHABILITATION	59.97	.624815		
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.413640		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.040340		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.535099		
31.04	AMB SVC-PSYCH ADULT	60.04	.614035		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.327999		
31.07	AMB SVC-RILEY CLINICS	60.07	1.445177		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.395541		
31.10	AMB SVC-PSYCH CHILD	60.10	326.078621		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.483114		
31.15	SLEEP DISORDER CENTER	60.15	.297691		
31.16	O/P CLINIC-ADULT	60.16	4.928531		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	3.003787		
31.19	NEUROLOGY UH	60.19	2.642028		
31.20	ORTHOPEDICS UH	60.20	3.604501		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.829523		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	.863803		
31.24	IU CANCER PAVILLION	60.24			
31.25	CARDIO CLINIC	60.25	2.422878		
32	EMERGENCY	61	.170566	393	67
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.648202		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.812481		
35	TOTAL (SUM OF LINES 8-34)			1,511,450	316,498

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		21	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			21	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	393	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)	393			

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	337,799		1,550,927	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	2,714,852		5,314,710	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	3,052,651		6,865,637	
54	TOTAL USABLE ORGANS		81		
55	MEDICARE USABLE ORGANS		62		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.765432		
57	MEDICARE COST/CHARGES	2,336,597		5,255,178	
58	REVENUE FOR ORGANS SOLD	165,997			
59	SUBTOTAL (LN 57 MINUS LN 58)	2,170,600		5,255,178	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	2,170,600		5,255,178	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		42	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		39	
66	TOTAL (SUM OF LINES 62-65)		81	
67	ORGANS TRANSPLANTED		39	8,734,123
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		42	165,997
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)		81	

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

PANCREAS

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	345	38	1,014.35	27	27,387
2	INTENSIVE CARE UNIT	21,427	43	1,428.62		
3	CORONARY CARE UNIT		44	1,621.03		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	932.66		
4	BURN INTENSIVE CARE UNIT		45	1,540.21		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,589.50		
5.03	UH NS 3IC		46.03	1,476.92		
5.04	RH PED IC	3,606	46.04	1,690.01		
5.05	TRANSPLANT ICU		46.05	1,370.77		
5.07	PEDIATRIC CANCER CENTER		46.07	1,176.20		
7	TOTAL (SUM OF LINES 1-6)	25,378			27	27,387

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		C	1	2	3
8	OPERATING ROOM	37	.253884	117,209	29,757
8.01	ENDOSCOPY	37.01	.232283	8,818	2,048
9	RECOVERY ROOM	38	.204202	1,235	252
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.264129	4,545	1,200
11.01	PULMONARY FUNCTION TESTIN	40.01	.237908	1,898	452
12	RADIOLOGY-DIAGNOSTIC	41	.178543	12,986	2,319
13	RADIOLOGY-THERAPEUTIC	42	.193556		
14	RADIOISOTOPE	43	.349170	12,697	4,433
15	LABORATORY	44	.119634	84,635	10,125
15.01	TRANSPLANT IMMUNOLOGY	44.01	.201493	847,187	170,702
15.02	BONE MARROW TRANSPLANT LA	44.02	.293127		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.275439	8,035	2,213
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.309949	11,792	3,655
21	PHYSICAL THERAPY	50	.314270		
22	OCCUPATIONAL THERAPY	51	.396167		
23	SPEECH PATHOLOGY	52	.739149		
24	ELECTROCARDIOLOGY	53	.107624	7,880	848
25	ELECTROENCEPHALOGRAPHY	54	.249809		
26	MEDICAL SUPPLIES CHARGED	55	.641422	1,984	1,273
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.238071		
27	DRUGS CHARGED TO PATIENTS	56	.192211	16,634	3,197
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.184244		
28	RENAL DIALYSIS	57	.552474		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.501709		
30.01	CARDIOLOGY	59.01	.231174	3,053	706
30.02	PSYCH OTHER ANCILLARY	59.02	2.249991		
30.03	CARDIAC CATHERIZATION	59.03	.242704	10,527	2,555
30.04	DAY SURGERY	59.04	.957497		
30.05	ONCOLOGY	59.05	2896.475713		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
30.97	CARDIAC REHABILITATION	59.97	.624815		
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.413640		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.040340	68	71
31.03	AMB SVC-OPTHALMOLOGY	60.03	.535099		
31.04	AMB SVC-PSYCH ADULT	60.04	.614035		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.327999		
31.07	AMB SVC-RILEY CLINICS	60.07	1.445177		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.395541		
31.10	AMB SVC-PSYCH CHILD	60.10	326.078621		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.483114		
31.15	SLEEP DISORDER CENTER	60.15	.297691		
31.16	O/P CLINIC-ADULT	60.16	4.928531		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	3.003787		
31.19	NEUROLOGY UH	60.19	2.642028		
31.20	ORTHOPEDICS UH	60.20	3.604501		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.829523		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	.863803		
31.24	IU CANCER PAVILLION	60.24			
31.25	CARDIO CLINIC	60.25	2.422878		
32	EMERGENCY	61	.170566	253	43
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.648202	59	38
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.812481		
35	TOTAL (SUM OF LINES 8-34)			1,151,495	235,887

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		27	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			27	

	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	68	20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	253	21		
44.01	EMERGENCY-RILEY		21.01		
45	OBSERVATION BEDS (NON-DISTINCT PART)	59	22		
46	FAMILY PRACTICE		23		
46.60	FEDERALLY QUALIFIED HEALTH CTR		23.60		
47	TOTAL (SUM OF LINES 43-46)	380			

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	263,274		1,176,873	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	3,524,559		7,688,536	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	3,787,833		8,865,409	
54	TOTAL USABLE ORGANS		98		
55	MEDICARE USABLE ORGANS		57		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.581633		
57	MEDICARE COST/CHARGES	2,203,129		5,156,414	
58	REVENUE FOR ORGANS SOLD	106,712			
59	SUBTOTAL (LN 57 MINUS LN 58)	2,096,417		5,156,414	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	2,096,417		5,156,414	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		27	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		71	
66	TOTAL (SUM OF LINES 62-65)		98	
67	ORGANS TRANSPLANTED		71	21,483,913
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		27	106,712
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)		98	

(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	D	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1		2	3	4
1	ADULTS & PEDIATRICS	141	38	1,014.35	11	11,158
2	INTENSIVE CARE UNIT	8,730	43	1,428.62		
3	CORONARY CARE UNIT		44	1,621.03		
3.01	NEONATAL INTENSIVE CARE UNIT		44.01	932.66		
4	BURN INTENSIVE CARE UNIT		45	1,540.21		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.02	UH SURG 6IC		46.02	1,589.50		
5.03	UH NS 3IC		46.03	1,476.92		
5.04	RH PED IC	1,469	46.04	1,690.01		
5.05	TRANSPLANT ICU		46.05	1,370.77		
5.07	PEDIATRIC CANCER CENTER		46.07	1,176.20		
7	TOTAL (SUM OF LINES 1-6)	10,340			11	11,158

	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	.253884	46,660	11,846
8.01	ENDOSCOPY	37.01	.232283	3,592	834
9	RECOVERY ROOM	38	.204202		
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.264129	1,852	489
11.01	PULMONARY FUNCTION TESTIN	40.01	.237908	414	98
12	RADIOLOGY-DIAGNOSTIC	41	.178543	1,624	290
13	RADIOLOGY-THERAPEUTIC	42	.193556		
14	RADIOISOTOPE	43	.349170	121	42
15	LABORATORY	44	.119634	5,042	603
15.01	TRANSPLANT IMMUNOLOGY	44.01	.201493	234,804	47,311
15.02	BONE MARROW TRANSPLANT LA	44.02	.293127		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47	.275439	3,273	902
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.309949	4,804	1,489
21	PHYSICAL THERAPY	50	.314270		
22	OCCUPATIONAL THERAPY	51	.396167		
23	SPEECH PATHOLOGY	52	.739149		
24	ELECTROCARDIOLOGY	53	.107624	2,752	296
25	ELECTROENCEPHALOGRAPHY	54	.249809		
26	MEDICAL SUPPLIES CHARGED	55	.641422	539	346
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.238071		
27	DRUGS CHARGED TO PATIENTS	56	.192211	6,318	1,214
27.01	RENAL-RILEY	56.01			
27.02	RENAL-ADULT	56.02			
27.03	OUTPATIENT RETAIL PHARMAC	56.03	1.184244		
28	RENAL DIALYSIS	57	.552474		
29	ASC (NON-DISTINCT PART)	58			
29.04	BMTU OUTPATIENT	58.04			
30	RH NBN ECMO IC	59	.501709		
30.01	CARDIOLOGY	59.01	.231174	654	151
30.02	PSYCH OTHER ANCILLARY	59.02	2.249991		
30.03	CARDIAC CATHERIZATION	59.03	.242704	4,289	1,041
30.04	DAY SURGERY	59.04	.957497		
30.05	ONCOLOGY	59.05	2896.475713		
30.06	DAY SURGERY-RILEY	59.06			
30.07	CARDIOLOGY-RILEY	59.07			
30.97	CARDIAC REHABILITATION	59.97	.624815		
31	CLINIC	60			
31.01	AMB SVC-OB & GYN	60.01	.413640		
31.02	MEDICINE/DIAGNOSTIC	60.02	1.040340		
31.03	AMB SVC-OPTHALMOLOGY	60.03	.535099		
31.04	AMB SVC-PSYCH ADULT	60.04	.614035		
31.05	AMB SVC-DIABETES ADULT	60.05			
31.06	OUTPATIENT SURGERY	60.06	.327999		
31.07	AMB SVC-RILEY CLINICS	60.07	1.445177		
31.08	DENTAL CLINIC	60.08			
31.09	MOTILITY LAB	60.09	.395541		
31.10	AMB SVC-PSYCH CHILD	60.10	326.078621		
31.13	ARTHRITIS CENTER	60.13			
31.14	GERIATRICS CLINIC	60.14	6.483114		
31.15	SLEEP DISORDER CENTER	60.15	.297691		
31.16	O/P CLINIC-ADULT	60.16	4.928531		

	COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST/ CHARGES 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3
31.17	O/P CLINIC-PEDIATRIC	60.17			
31.18	ARTHRITIS/INFUSION CENTER	60.18	3.003787		
31.19	NEUROLOGY UH	60.19	2.642028		
31.20	ORTHOPEDICS UH	60.20	3.604501		
31.21	AMB SVC-UH PHYSICAL MEDIC	60.21	1.829523		
31.22	AMB SVC-DERMATOLOGY CLINI	60.22	.863803		
31.24	IU CANCER PAVILLION	60.24			
31.25	CARDIO CLINIC	60.25	2.422878		
32	EMERGENCY	61	.170566	103	18
32.01	EMERGENCY-RILEY	61.01			
33	OBSERVATION BEDS (NON-DIS	62	.648202		
34	FAMILY PRACTICE	63			
34.60	FEDERALLY QUALIFIED HEALT	63.60	1.812481		
35	TOTAL (SUM OF LINES 8-34)			316,841	66,970

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		11	
37	INTENSIVE CARE UNIT	3			
38	CORONARY CARE UNIT	4			
38.01	NEONATAL INTENSIVE CARE UNIT	4.01			
39	BURN INTENSIVE CARE UNIT	5			
40	SURGICAL INTENSIVE CARE UNIT	6			
40.02	UH SURG 6IC	6.02			
40.03	UH NS 3IC	6.03			
40.04	RH PED IC	6.04			
40.05	TRANSPLANT ICU	6.05			
40.07	PEDIATRIC CANCER CENTER	6.07			
42	TOTAL (SUM OF LINES 36-41			11	

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED	ORGAN ACQUISITION CHARGES 1	D	RATIO OF COST TO CHARGES 2	ORGAN ACQUISITION COSTS 3
43	CLINIC		20		
43.01	AMB SVC-OB & GYN		20.01		
43.02	MEDICINE/DIAGNOSTIC		20.02		
43.03	AMB SVC-OPTHALMOLOGY		20.03		
43.04	AMB SVC-PSYCH ADULT		20.04		
43.05	AMB SVC-DIABETES ADULT		20.05		
43.06	OUTPATIENT SURGERY		20.06		
43.07	AMB SVC-RILEY CLINICS		20.07		
43.08	DENTAL CLINIC		20.08		
43.09	MOTILITY LAB		20.09		
43.10	AMB SVC-PSYCH CHILD		20.10		
43.13	ARTHRITIS CENTER		20.13		
43.14	GERIATRICS CLINIC		20.14		
43.15	SLEEP DISORDER CENTER		20.15		
43.16	O/P CLINIC-ADULT		20.16		
43.17	O/P CLINIC-PEDIATRIC		20.17		
43.18	ARTHRITIS/INFUSION CENTER		20.18		
43.19	NEUROLOGY UH		20.19		
43.20	ORTHOPEDICS UH		20.20		
43.21	AMB SVC-UH PHYSICAL MEDICINE		20.21		
43.22	AMB SVC-DERMATOLOGY CLINIC		20.22		
43.24	IU CANCER PAVILLION		20.24		
43.25	CARDIO CLINIC		20.25		
44	EMERGENCY	103	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)	103			

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	78,128		327,181	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,608,086		3,961,819	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,686,214		4,289,000	
54	TOTAL USABLE ORGANS		42		
55	MEDICARE USABLE ORGANS		20		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.476190		
57	MEDICARE COST/CHARGES	802,958		2,042,379	
58	REVENUE FOR ORGANS SOLD	43,444			
59	SUBTOTAL (LN 57 MINUS LN 58)	759,514		2,042,379	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	759,514		2,042,379	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		11	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		31	
66	TOTAL (SUM OF LINES 62-65)		42	
67	ORGANS TRANSPLANTED		31	16,307,116
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		11	43,444
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)		42	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART A
15-0056		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION				1	1.01
	DRG AMOUNT					
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1				114,554,206	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1				37,402,003	
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				15,249,613	
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1				5,536,142	
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)				16,098,161	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD				1,431.61	
	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				597.65	
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.					
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1					
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.				18.15	
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)				545.90	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE				545.77	
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				544.62	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).				545.43	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)				.380991	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)				.379859	
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)				.379859	
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1				24,407,921	
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)				8,073,960	
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1					
		SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23			
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	32,481,881	64,605		32,546,486	
	DISPROPORTIONATE SHARE ADJUSTMENT					
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)				7.43	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I				35.91	
4.02	SUM OF LINES 4 AND 4.01				43.34	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)				24.97	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)				37,943,465	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)					

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART A
15-0056		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	238,544,321	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	238,544,321	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	17,494,978	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	9,941,371	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST	20,989,538	
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	289,582	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	455,029	
16	TOTAL	287,714,819	
17	PRIMARY PAYER PAYMENTS	434,720	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	287,280,099	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	10,251,917	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,690,924	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,320,868	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,324,608	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,659,022	
22	SUBTOTAL	277,661,866	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.94	LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95	LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96	LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97			
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	277,661,866	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	272,179,414	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	5,482,452	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	12,779,807	

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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 ADJUSTMENT AMOUNT(SEE INST)		
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART B
15-0056		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	246,002
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	70,302,519
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	52,198,340
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	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	462,973
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	246,002
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	1,258,742
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,258,742
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,258,742
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,012,740
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	246,002
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	52,661,313
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	8,003
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	11,159,980
19	SUBTOTAL (SEE INSTRUCTIONS)	41,739,332
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,603,452
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	44,342,784
24	PRIMARY PAYER PAYMENTS	4,632
25	SUBTOTAL	44,338,152
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	1,004,279
27	BAD DEBTS (SEE INSTRUCTIONS)	2,620,660
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,834,462
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,211,524
28	SUBTOTAL	47,176,893
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	47,176,893
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	44,951,477
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	2,225,416
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART B
15-S056		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	49
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	49
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	257
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	257
	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)	257
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	208
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	49
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	49
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	49
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	49
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	49
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	49
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	66
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-17
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2010	
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			272,930,031		45,273,005
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 PROVIDER	.49				
	ADJUSTMENTS TO PROGRAM	.50	9/ 9/2010	418,396	9/ 9/2010	289,353
	ADJUSTMENTS TO PROGRAM	.51	12/30/2010	332,221	12/30/2010	32,175
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		-750,617		-321,528
4	TOTAL INTERIM PAYMENTS			272,179,414		44,951,477
	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		5,482,452		2,225,416
7	TOTAL MEDICARE PROGRAM LIABILITY			277,661,866		47,176,893

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2010	
15-S056		

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,493,559		66
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/ 9/2010	60,778		
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROVIDER	.49				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		60,778		NONE
4	TOTAL INTERIM PAYMENTS			1,554,337		66
	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		3,291		17
7	TOTAL MEDICARE PROGRAM LIABILITY			1,551,046		49

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
15-S056		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,344,349
1.09	NET IPF PPS OUTLIER PAYMENTS	177,712
1.10	NET IPF PPS ECT PAYMENTS	28,500
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	16.20
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.)	1.83
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)	1.83
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	18.753425
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	.049120
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	66,034
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,616,595
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,616,595
	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 (SEE INSTRUCTIONS)	
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)	1,616,595
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,616,595
7	DEDUCTIBLES	106,636
8	SUBTOTAL	1,509,959
9	COINSURANCE	27,826
10	SUBTOTAL	1,482,133
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	90,014
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	63,010
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	85,478
12	SUBTOTAL	1,545,143
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	5,903
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

SUBPROVIDER 1

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,551,046
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,554,337
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-3,291
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUC TIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

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)			.50
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)			554.01
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS			619.27
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.			554.01
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.			203.95
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.			341.71
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			545.66
3.10	SEE INSTRUCTIONS			488.16
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.			16.41
3.12	SEE INSTRUCTIONS			322.11
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			306.43
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			301.10
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	309.88
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)			309.88
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			74,532.41
3.18	SEE INSTRUCTIONS			23,096,103
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			190.07
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			193.68
3.21	SEE INSTRUCTIONS		RES INIT YEARS	188.74
3.22	SEE INSTRUCTIONS			188.74
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			78,699.19
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			14,853,685
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			37,949,788

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			100,731
5	TOTAL INPATIENT DAYS			341,133
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.295284
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	11,205,965	38,734	11,244,699
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			13,563
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			341,133
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)			100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.			1,295,646
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		4,478	4,478

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	121,598
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	43,595,100

	TITLE XVIII	
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	.002789
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)	251,216,203
13	ORGAN ACQUISITION COSTS	20,989,538
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	434,720
16	TOTAL PART A REASONABLE COST	271,771,021
PART B REASONABLE COST		
17	REASONABLE COST	71,176,236
18	PRIMARY PAYER PAYMENTS	4,632
19	TOTAL PART B REASONABLE COST	71,171,604
20	TOTAL REASONABLE COST	342,942,625
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.792468
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.207532
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	12,544,823
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	9,941,371
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,603,452

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	2.00	
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6	DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	65.26	
7	SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEEINSTRUCTIONS)	1.76	
8	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	74,532.41	
9	MULTIPLY LINE 7 TIMES LINE 8	131,177	
10	MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.295284	
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	38,734	
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	4,478	

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(l)(iv)(C).	2.00	
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	69.90	
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)	.001397	
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000374	
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	151,956,209	
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	20,785,755	
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	64,605	

BALANCE SHEET

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	426,676,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	406,083,000			
5	OTHER RECEIVABLES	-30,160,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-156,929,000			
7	INVENTORY	41,651,000			
8	PREPAID EXPENSES	67,429,000			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	754,750,000			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	2909,705,000			
14.01	LESS ACCUMULATED DEPRECIATION	-1592,631,000			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	1317,074,000			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	3,256,000			
26	TOTAL OTHER ASSETS	3,256,000			
27	TOTAL ASSETS	2075,080,000			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	383,000,000			
29	SALARIES, WAGES & FEES PAYABLE	92,658,000			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	7,812,000			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	166,344,000			
36	TOTAL CURRENT LIABILITIES	649,814,000			
	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	27,192,000			
41	OTHER LONG TERM LIABILITIES	44,518,000			
42	TOTAL LONG-TERM LIABILITIES	71,710,000			
43	TOTAL LIABILITIES	721,524,000			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	1353,556,000			
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	1353,556,000			
52	TOTAL LIABILITIES AND FUND BALANCES	2075,080,000			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: 15-0056 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET G-1

		GENERAL FUND	SPECIFIC PURPOSE FUND
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD	1,211,412,423	
2	NET INCOME (LOSS)	142,143,577	
3	TOTAL	1,353,556,000	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
4	ADDITIONS (CREDIT ADJUSTM		
5			
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL	1,353,556,000	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12	DEDUCTIONS (DEBIT ADJUSTM		
13			
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	1,353,556,000	

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | 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	610,544,878		610,544,878
2	00	SUBPROVIDER	10,448,273		10,448,273
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	620,993,151		620,993,151
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	62,120,636		62,120,636
11	00	CORONARY CARE UNIT	42,357,145		42,357,145
11	01	NEONATAL INTENSIVE CARE UNIT	19,713,265		19,713,265
12	00	BURN INTENSIVE CARE UNIT	5,334,952		5,334,952
13	00	SURGICAL INTENSIVE CARE UNIT			
13	02	UH SURG 6IC	17,618,991		17,618,991
13	03	UH NS 3IC	7,070,421		7,070,421
13	04	RH PED IC	37,517,310		37,517,310
13	05	TRANSPLANT ICU	12,507,602		12,507,602
13	07	PEDIATRIC CANCER CENTER	8,091,829		8,091,829
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	212,332,151		212,332,151
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	833,325,302		833,325,302
17	00	ANCILLARY SERVICES	1921,950,525	1414,336,347	3336,286,872
18	00	OUTPATIENT SERVICES	154,482,729	288,223,864	442,706,593
18	60	FEDERALLY QUALIFIED HEALTH CTR		2,056,809	2,056,809
19	00	HOME HEALTH AGENCY		91,101,000	91,101,000
20	00	AMBULANCE SERVICES	303,087	40,473,148	40,776,235
21	00	CORF			
22	00	AMBULATORY SURGICAL CENTER (D.P.)			
23	00	HOSPICE		7,848,000	7,848,000
24	00				
25	00	TOTAL PATIENT REVENUES	2910,061,643	1844,039,168	4754,100,811

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		1713,833,159
		ADD (SPECIFY)		
27	00	HOME OFFICE EXPENSE	677,632,338	
28	00			
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		677,632,338
		DEDUCT (SPECIFY)		
34	00	ED & RESEARCH EXPENSE	71,353,000	
35	00	MISC. ADJUSTMENT	4,724	
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		71,357,724
40	00	TOTAL OPERATING EXPENSES		2320,107,773

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	4754,100,811
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	2749,490,459
3	NET PATIENT REVENUES	2004,610,352
4	LESS: TOTAL OPERATING EXPENSES	2320,107,773
5	NET INCOME FROM SERVICE TO PATIENTS	-315,497,421
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	93,673,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS INCOME	435,321,000
25	TOTAL OTHER INCOME	528,994,000
26	TOTAL	213,496,579
	OTHER EXPENSES	
27	ED & RESEARCH SUPPORT - IU	71,353,000
28	ROUNDING	2
29		
30	TOTAL OTHER EXPENSES	71,353,002
31	NET INCOME (OR LOSS) FOR THE PERIOD	142,143,577

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET H

HHA NO: 15-7158

HHA 1

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	8,227,036	1,196,555			3,186,791	12,610,382
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	4,488,134	268,380			111,192	4,867,706
7	PHYSICAL THERAPY	1,318,875	116,302			40,805	1,475,982
8	OCCUPATIONAL THERAPY	300,114	43,228			13,121	356,463
9	SPEECH PATHOLOGY	23,537	2,974			2,838	29,349
10	MEDICAL SOCIAL SERVICES	123,353	6,975			2,184	132,512
11	HOME HEALTH AIDE	195,814	44,598			-9,284	231,128
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY	1,228,218	94,926			3,757,967	5,081,111
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	4,237,882	368,905			9,958,021	14,564,808
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	20,142,963	2,142,843			17,063,635	39,349,441

		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		12,610,382	-2,581,671	10,028,711
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		4,867,706		4,867,706
7	PHYSICAL THERAPY		1,475,982		1,475,982
8	OCCUPATIONAL THERAPY		356,463		356,463
9	SPEECH PATHOLOGY		29,349		29,349
10	MEDICAL SOCIAL SERVICES		132,512		132,512
11	HOME HEALTH AIDE		231,128		231,128
12	SUPPLIES				
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY		5,081,111		5,081,111
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		14,564,808		14,564,808
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)		39,349,441	-2,581,671	36,767,770

COST ALLOCATION - HHA GENERAL SERVICE COST

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HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	10,028,711					10,028,711	10,028,711
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	4,867,706					4,867,706	1,825,672
7	PHYSICAL THERAPY	1,475,982					1,475,982	553,579
8	OCCUPATIONAL THERAPY	356,463					356,463	133,694
9	SPEECH PATHOLOGY	29,349					29,349	11,008
10	MEDICAL SOCIAL SERVICES	132,512					132,512	49,700
11	HOME HEALTH AIDE	231,128					231,128	86,686
12	SUPPLIES							
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY	5,081,111					5,081,111	1,905,711
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	14,564,808					14,564,808	5,462,661
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	36,767,770					36,767,770	

		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	6,693,378
7	PHYSICAL THERAPY	2,029,561
8	OCCUPATIONAL THERAPY	490,157
9	SPEECH PATHOLOGY	40,357
10	MEDICAL SOCIAL SERVICES	182,212
11	HOME HEALTH AIDE	317,814
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	6,986,822
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	20,027,469
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	36,767,770

COST ALLOCATION - HHA STATISTICAL BASIS

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

I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010

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HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-10,028,711	26,739,059
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						4,867,706
7	PHYSICAL THERAPY						1,475,982
8	OCCUPATIONAL THERAPY						356,463
9	SPEECH PATHOLOGY						29,349
10	MEDICAL SOCIAL SERVICES						132,512
11	HOME HEALTH AIDE						231,128
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						5,081,111
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						14,564,808
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-10,028,711	26,739,059
25	COST TO BE ALLOCATED						10,028,711
26	UNIT COST MULIPLIER						.375058

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET H-5
HHA NO:	TO 12/31/2010	PART I
15-7158		

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-INTERE 3.01	NEW CAP REL COSTS-MVBLE 4
1	ADMIN & GENERAL				28,370		899,416
2	SKILLED NURSING CARE	6,693,378					
3	PHYSICAL THERAPY	2,029,561					
4	OCCUPATIONAL THERAPY	490,157					
5	SPEECH PATHOLOGY	40,357					
6	MEDICAL SOCIAL SERVICES	182,212					
7	HOME HEALTH AIDE	317,814					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	6,986,822					
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	20,027,469					
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	36,767,770			28,370		899,416
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	3,823,086	128,028	2,867,351			764,422
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)	3,823,086	128,028	2,867,351			764,422
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 7/26/2011
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HHA 1

HHA COST CENTER	SUBTOTAL 6A.05	OTHER ADMINISTRATIVE AND 6.06	MAINTENANCE & REPAIRS 7	MAINTENANCE & REPAIRS 7.03	OPERATION OF PLANT 8	IU LEASED SPACE 8.01
1 ADMIN & GENERAL	8,510,673	773,229	16,782		48,860	
2 SKILLED NURSING CARE	6,693,378	608,120				
3 PHYSICAL THERAPY	2,029,561	184,394				
4 OCCUPATIONAL THERAPY	490,157	44,533				
5 SPEECH PATHOLOGY	40,357	3,667				
6 MEDICAL SOCIAL SERVICES	182,212	16,555				
7 HOME HEALTH AIDE	317,814	28,875				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	6,986,822	634,781				
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	20,027,469	1,819,574				
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	45,278,443	4,113,728	16,782		48,860	
21 UNIT COST MULIPLIER						

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

HHA COST CENTER	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	HOUSEKEEPING - UNIVERSIT 10.01	HOUSEKEEPING - RILEY 10.02	HOUSEKEEPING - METHODIST 10.03	DIETARY 11
1 ADMIN & GENERAL			1,514	4,854	3,482	
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)			1,514	4,854	3,482	
21 UNIT COST MULIPLIER						

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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HHA 1

	HHA COST CENTER	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17
1	ADMIN & GENERAL	60,489					311,608
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)	60,489					311,608
21	UNIT COST MULIPLIER						

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

	HHA COST CENTER	SOCIAL SERVICE 18	PATIENT TRANSPORTATION 19	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1	ADMIN & GENERAL		68,055				
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)		68,055				
21	UNIT COST MULIPLIER						

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

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HHA 1

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

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

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
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15-7158		

HHA 1

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

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

HHA COST CENTER	PARAMED ED PRGM 24.18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		9,799,546		9,799,546		
2 SKILLED NURSING CARE		7,301,498		7,301,498	1,783,953	9,085,451
3 PHYSICAL THERAPY		2,213,955		2,213,955	540,929	2,754,884
4 OCCUPATIONAL THERAPY		534,690		534,690	130,639	665,329
5 SPEECH PATHOLOGY		44,024		44,024	10,756	54,780
6 MEDICAL SOCIAL SERVICES		198,767		198,767	48,564	247,331
7 HOME HEALTH AIDE		346,689		346,689	84,705	431,394
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY		7,621,603		7,621,603	1,862,163	9,483,766
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		21,847,043		21,847,043	5,337,837	27,184,880
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		49,907,815		49,907,815	9,799,546	49,907,815
21 UNIT COST MULIPLIER					0.244327	

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET H-5 PART II

HHA NO: 15-7158

HHA 1

HHA	COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-INTERE (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
		1	2	3	3.01	4	5
1	ADMIN & GENERAL			3,056	3,056	444,298	20,014,690
2	SKILLED NURSING CARE						
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)			3,056	3,056	444,298	20,014,690
21	COST TO BE ALLOCATED			28,370		899,416	3,823,086
22	UNIT COST MULIPLIER			9.283377		2.024353	0.191014

HHA	COST CENTER	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & (COSTED REQ)	ADMITTING (INPATIENT HARGES)	CASHIERING (TOTAL HARGES)	RECONCILIATION
		6.01	6.02	6.03	6.04	6.05	6A.06
1	ADMIN & GENERAL	557	557			106,169,669	
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)	557	557			106,169,669	
21	COST TO BE ALLOCATED	128,028	2,867,351			764,422	
22	UNIT COST MULIPLIER	229.852783	5147.847397			0.007200	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET H-5 PART II

HHA NO: 15-7158

HHA 1

	HHA COST CENTER	OTHER ADMINISTRATIVE AND ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)
		6.06	7	7.03	8	8.01	9
1	ADMIN & GENERAL	8,510,673	3,056		3,056		
2	SKILLED NURSING CARE	6,693,378					
3	PHYSICAL THERAPY	2,029,561					
4	OCCUPATIONAL THERAPY	490,157					
5	SPEECH PATHOLOGY	40,357					
6	MEDICAL SOCIAL SERVICES	182,212					
7	HOME HEALTH AIDE	317,814					
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	6,986,822					
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	20,027,469					
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	45,278,443	3,056		3,056		
21	COST TO BE ALLOCATED	4,113,728	16,782		48,860		
22	UNIT COST MULIPLIER	0.090854	5.491492		15.988220		

	HHA COST CENTER	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)
		10	10.01	10.02	10.03	11	12
1	ADMIN & GENERAL		328	1,237	786		35,385
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)		328	1,237	786		35,385
21	COST TO BE ALLOCATED		1,514	4,854	3,482		60,489
22	UNIT COST MULIPLIER		4.615854	3.924010	4.430025		1.709453

Health Financial Systems MCRIF32 FOR CLARIAN HEALTH PARTNERS, INC. IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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HHA 1

HHA COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT SING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQ) 15	PHARMACY (COSTED EQUIS.) 16	MEDICAL RECORDS & LIBRAR (TOTAL HARGES) 17	SOCIAL SERVICE (PATIENT AYS) 18
1 ADMIN & GENERAL					106,169,669	
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)					106,169,669	
21 COST TO BE ALLOCATED					311,608	
22 UNIT COST MULIPLIER					0.002935	

HHA COST CENTER	PATIENT TRANSPORTATION (TOTAL HARGES) 19	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23	PARAMED ED PRGM (ASSIGNED TIME) 24
1 ADMIN & GENERAL	106,169,669					
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)	106,169,669					
21 COST TO BE ALLOCATED	68,055					
22 UNIT COST MULIPLIER	0.000641					

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET H-5
HHA NO:	TO 12/31/2010	PART II
15-7158		

HHA 1

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

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

ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

PROVIDER NO: 15-0056
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PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 7/26/2011
WORKSHEET H-5
PART II

HHA 1

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

[ ] 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	9,085,451		9,085,451	29,317	309.90	7,085
2	PHYSICAL THERAPY	3	2,754,884		2,754,884	16,423	167.75	4,631
3	OCCUPATIONAL THERAPY	4	665,329		665,329	3,623	183.64	727
4	SPEECH PATHOLOGY	5	54,780		54,780	416	131.68	195
5	MEDICAL SOCIAL SERVICES	6	247,331		247,331	470	526.24	153
6	HOME HEALTH AIDE SERVICE	7	431,394		431,394	6,892	62.59	1,489
7	TOTAL		13,239,169		13,239,169	57,141		14,280

		-----PROGRAM VISITS----- PART B		----------COST OF SERVICES-------- PART B		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	4,003		2,195,642	1,240,530		3,436,172
2	PHYSICAL THERAPY	2,733		776,850	458,461		1,235,311
3	OCCUPATIONAL THERAPY	788		133,506	144,708		278,214
4	SPEECH PATHOLOGY	73		25,678	9,613		35,291
5	MEDICAL SOCIAL SERVICES	142		80,515	74,726		155,241
6	HOME HEALTH AIDE SERVICES	3,087		93,197	193,215		286,412
7	TOTAL	10,826		3,305,388	2,121,253		5,426,641

	LIMITATION COST COMPUTATION PATIENT SERVICES				PROGRAM COST LIMITS	PROGRAM VISITS PART A
		1	2	3	4	5	6
8	SKILLED NURSING						
8.01	SKILLED NURSING						
8.02	SKILLED NURSING						
8.03	SKILLED NURSING						
8.04	SKILLED NURSING						
8.05	SKILLED NURSING						
8.06	SKILLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
9.02	PHYSICAL THERAPY						
9.03	PHYSICAL THERAPY						
9.04	PHYSICAL THERAPY						
9.05	PHYSICAL THERAPY						
9.06	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
10.02	OCCUPATIONAL THERAPY						
10.03	OCCUPATIONAL THERAPY						
10.04	OCCUPATIONAL THERAPY						
10.05	OCCUPATIONAL THERAPY						
10.06	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
11.02	SPEECH PATHOLOGY						
11.03	SPEECH PATHOLOGY						
11.04	SPEECH PATHOLOGY						
11.05	SPEECH PATHOLOGY						
11.06	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
12.02	MEDICAL SOCIAL SERVICES						
12.03	MEDICAL SOCIAL SERVICES						
12.04	MEDICAL SOCIAL SERVICES						
12.05	MEDICAL SOCIAL SERVICES						
12.06	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
13.02	HOME HEALTH AIDE SERVICE						
13.03	HOME HEALTH AIDE SERVICE						
13.04	HOME HEALTH AIDE SERVICE						
13.05	HOME HEALTH AIDE SERVICE						
13.06	HOME HEALTH AIDE SERVICE						
14	TOTAL						

APPORTIONMENT OF PATIENT SERVICE COSTS

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HHA NO:	TO 12/31/2010	PARTS I II & III
15-7158		HHA 1

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

		-----PROGRAM VISITS-----		----------COST OF SERVICES--------			
		---------PART B---------			---------PART B---------		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
8	SKILLED NURSING						
8.01	SKILLED NURSING						
8.02	SKILLED NURSING						
8.03	SKILLED NURSING						
8.04	SKILLED NURSING						
8.05	SKILLED NURSING						
8.06	SKILLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
9.02	PHYSICAL THERAPY						
9.03	PHYSICAL THERAPY						
9.04	PHYSICAL THERAPY						
9.05	PHYSICAL THERAPY						
9.06	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
10.02	OCCUPATIONAL THERAPY						
10.03	OCCUPATIONAL THERAPY						
10.04	OCCUPATIONAL THERAPY						
10.05	OCCUPATIONAL THERAPY						
10.06	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
11.02	SPEECH PATHOLOGY						
11.03	SPEECH PATHOLOGY						
11.04	SPEECH PATHOLOGY						
11.05	SPEECH PATHOLOGY						
11.06	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
12.02	MEDICAL SOCIAL SERVICES						
12.03	MEDICAL SOCIAL SERVICES						
12.04	MEDICAL SOCIAL SERVICES						
12.05	MEDICAL SOCIAL SERVICES						
12.06	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
13.02	HOME HEALTH AIDE SERVICE						
13.03	HOME HEALTH AIDE SERVICE						
13.04	HOME HEALTH AIDE SERVICE						
13.05	HOME HEALTH AIDE SERVICE						
13.06	HOME HEALTH AIDE SERVICE						
14	TOTAL						

APPORTIONMENT OF PATIENT SERVICE COSTS

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HHA NO:	TO 12/31/2010	PARTS I II & III
15-7158		HHA 1

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

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

	SUPPLIES AND EQUIPMENT COST COMPUTATION / OTHER PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
			1	2	3	4	5	6
15	COST OF MEDICAL SUPPLIES	8.00				627,673		54,946
16	COST OF DRUGS	9.00						
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR
		7	8	9	10	11
15	COST OF MEDICAL SUPPLIES	24,284				
16	COST OF DRUGS					
16.20	COST OF DRUGS					

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

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

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
			1	2	3	4
1	PHYSICAL THERAPY	50	.314270			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.396167			COL 2, LN 3
3	SPEECH PATHOLOGY	52	.739149			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.641422			COL 2, LN 15
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.238071			
5	DRUGS CHARGED TO PATIENTS	56	.192211			COL 2, LN 16
5.01	RENAL-RILEY	56.01				
5.02	RENAL-ADULT	56.02				
5.03	OUTPATIENT RETAIL PHARMACY	56.03	1.184244			

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE: PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	167.75					
2	OCCUPATIONAL THERAPY	3	183.64					
3	SPEECH PATHOLOGY	4	131.68					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

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HHA NO:	TO 12/31/2010	PARTS I & II
15-7158		

TITLE XVIII HHA 1

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

		PART A 1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES			
2	TOTAL CHARGES			
	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			
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	2,336,167	1,557,247
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	11,129	2,745
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	60,174	36,924
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	37,842	39,340
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	864	2,012
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	2,446,176	1,638,268
13	EXCESS REASONABLE COST		
14	SUBTOTAL	2,446,176	1,638,268
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	2,446,176	1,638,268
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,446,176	1,638,268
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	2,446,176	1,638,268
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	2,446,176	1,638,268
25	INTERIM PAYMENTS	2,446,175	1,638,267
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM	1	1
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

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WORKSHEET H-8

TITLE XVIII HHA 1

	DESCRIPTION		PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,446,175		1,638,267
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 PROVIDER	.49				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			2,446,175		1,638,267
	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		1		1
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			2,446,176		1,638,268

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	4,104,213	HOURS OF SERVICE	114,123.76	54.87
2	LICENSED PRACTICAL NURSES	56,202	HOURS OF SERVICE	3,420.22	1.64
3	NURSES AIDES	40,387	HOURS OF SERVICE	3,152.26	1.52
4	TECHNICIANS	1,194,687	HOURS OF SERVICE	77,139.66	37.09
5	SOCIAL WORKERS	54,549	HOURS OF SERVICE	1,971.26	.95
6	DIETICIANS	89,032	HOURS OF SERVICE	3,574.05	1.72
7	PHYSICIANS		ACCUMULATED COST		
8	NON-PATIENT CARE SALARY	519,546	ACCUMULATED COST		
9	SUBTOTAL (SUM OF LINES 1-8)	6,058,616			
10	EMPLOYEE BENEFITS	445,568	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	228,987	PERCENTAGE OF TIME		
14	SUPPLIES		REQUISITIONS		
15	DRUGS		REQUISITIONS		
16	OTHER	716,876	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	7,450,047			
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	310,580	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	318,257	PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS	1,157,280	SALARY		
23	ADMINISTRATIVE AND GENERAL	2,015,379	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	867,656	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS	88,030			
26	CENTRAL SERVICES & SUPPLIES	1,408,844	REQUISITIONS		
27	PHARMACY	2,830,165	REQUISITIONS		
28	OTHER ALLOCATED COST	581,053	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	17,027,291			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	17,027,291			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | SATELLITE NO: | PREPARED 7/26/2011 | 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	1,178,236	547,244	4,104,213	1,434,857	1,602,848
	MAINTENANCE					
2	HEMODIALYSIS	1,004,235	466,427	3,498,107	1,222,959	1,366,141
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	163	76	567	198	222
7	CCDP	358	166	1,248	436	487
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	27,817	12,920	96,895	33,875	37,841
11	CCDP	145,663	67,655	507,396	177,389	198,157
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	1,178,236	547,244	4,104,213	1,434,857	1,602,848
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	2,830,165	1,408,844		13,106,407	3,832,854
	MAINTENANCE					
2	HEMODIALYSIS	2,412,208	1,200,787		11,170,864	3,266,822
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	391	195		1,812	530
7	CCDP	861	428		3,984	1,165
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	66,817	33,261		309,426	90,489
11	CCDP	349,888	174,173		1,620,321	473,848
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	2,830,165	1,408,844		13,106,407	3,832,854
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	16,939,261
	MAINTENANCE	
2	HEMODIALYSIS	14,437,686
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	2,342
7	CCDP	5,149
	HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	399,915
11	CCDP	2,094,169
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	16,939,261
17	MEDICAL EDUCATION PROGRAM COSTS	88,030
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	17,027,291

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011

SATELLITE NO: | WORKSHEET I-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT __ HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS BUILDING 1 (SQUARE FEET)	EQUIPMENT 2 (% OF TIME)	DIRECT PATIENT CARE SALARY RNs 3 (HOURS)	OTHER 4 (HOURS)	EMPLOYEE BENEFITS 5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS	1,178,236	547,244	4,104,213	1,434,857	1,602,848
	MAINTENANCE					
2	HEMODIALYSIS	30,831	30,831.00	30,831.00	30,831.00	30,831
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	5	5.00	5.00	5.00	5
7	CCDP	11	11.00	11.00	11.00	11
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	854	854.00	854.00	854.00	854
11	CCDP	4,472	4,472.00	4,472.00	4,472.00	4,472
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	36,173	36,173.00	36,173.00	36,173.00	36,173
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	32.572250	15.128521	113.460675	39.666519	44.310618

	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	2,830,165	1,408,844		13,106,407	3,832,854
	MAINTENANCE					
2	HEMODIALYSIS	30,831	30,831	30,831		
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	5	5	5		
7	CCDP	11	11	11		
	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	854	854	854		
11	CCDP	4,472	4,472	4,472		
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	36,173	36,173	36,173		13,106,407
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	78.239709	38.947392			.292441

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	NOT APPLIC
		6	7	8	9	10
		1	2	3	4	4.01
1	MAINTENANCE - HEMODIALYSIS	26,184	14,437,686	551.39	21,032	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS	90			72	
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	5	2,342	468.40	4	
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS		5,149			
7	HOME PROGRAM - HEMODIALYSIS	4,557			3,661	
8	HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS			PATIENT WEEKS	
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	122	399,915	3,277.99	93	
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	639	2,094,169	3,277.26	316	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	30,836	16,939,261		24,769	

		TOTAL PROGRAM EXPENSES	PAYMENT RATE	NOT APPLIC	TOTAL PROGRAM PAYMENT	
		6	7	8	9	10
		5	6	6.01	7	
1	MAINTENANCE - HEMODIALYSIS	11,596,834	168.92		3,552,725	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS		189.40		13,637	
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	1,874	179.55		718	
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7	HOME PROGRAM - HEMODIALYSIS		172.54		631,669	
8	HOME PROGRAM - PERITONEAL DIALYSIS					
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	304,853	1,386.21		128,918	
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	1,035,614	552.65		174,637	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	12,939,175			4,502,304	

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET I-1
RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1	REGISTERED NURSES	525,648	HOURS OF SERVICE	16,648.00	8.00
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3	NURSES AIDES		HOURS OF SERVICE		
4	TECHNICIANS	208,043	HOURS OF SERVICE	8,844.00	4.25
5	SOCIAL WORKERS	58,461	HOURS OF SERVICE	2,525.00	1.21
6	DIETICIANS	21,277	HOURS OF SERVICE	986.00	.47
7	PHYSICIANS		ACCUMULATED COST		
8	NON-PATIENT CARE SALARY	38,134	ACCUMULATED COST		
9	SUBTOTAL (SUM OF LINES 1-8)	851,563			
10	EMPLOYEE BENEFITS	51,232	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	5,247	PERCENTAGE OF TIME		
14	SUPPLIES		REQUISITIONS		
15	DRUGS		REQUISITIONS		
16	OTHER	208,791	ACCUMULATED COST		
17	SUBTOTAL (SUM OF LINES 9-16)*	1,116,833			
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	51,058	SQUARE FEET		
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	23,221	PERCENTAGE OF TIME		
22	EMPLOYEE BENEFITS	162,660	SALARY		
23	ADMINISTRATIVE AND GENERAL	504,048	ACCUMULATED COST		
24	MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	143,532	SQUARE FEET		
25	MEDICAL EDUCATION PROGRAM COSTS	33,568			
26	CENTRAL SERVICES & SUPPLIES	1,217,886	REQUISITIONS		
27	PHARMACY	1,079,214	REQUISITIONS		
28	OTHER ALLOCATED COST	105,248	ACCUMULATED COST		
29	SUBTOTAL (SUM OF LINES 17-28)*	4,437,268			
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32	OTHER (SEE INSTRUCTIONS)		CHARGES		
33	TOTAL COSTS (SUM OF LINES 29-32)	4,437,268			

* 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/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET I-2
RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS BUILDING 1	EQUIPMENT 2	DIRECT PATIENT CARE SALARY RNs 3	OTHER 4	EMPLOYEE BENEFITS 5
1	TOTAL RENAL DEPARTMENT COSTS	194,590	28,468	525,648	287,781	213,892
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	267	39	720	394	293
7	CCDP	72	11	195	107	79
	HOME					
8	HEMODIALYSIS	116,542	17,050	314,818	172,357	128,104
9	INTERMITTENT PERITONEAL					
10	CAPD	47,104	6,891	127,242	69,662	51,776
11	CCDP	30,605	4,477	82,673	45,261	33,640
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	194,590	28,468	525,648	287,781	213,892
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	1,079,214	1,217,886		3,547,479	856,221
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL					
	TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	1,478	1,668		4,859	1,173
7	CCDP	400	452		1,316	318
	HOME					
8	HEMODIALYSIS	646,359	729,411		2,124,641	512,804
9	INTERMITTENT PERITONEAL					
10	CAPD	261,241	294,809		858,725	207,262
11	CCDP	169,736	191,546		557,938	134,664
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	1,079,214	1,217,886		3,547,479	856,221
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	4,403,700
	MAINTENANCE	
2	HEMODIALYSIS	
3	INTERMITTENT PERITONEAL	
	TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	6,032
7	CCDP	1,634
	HOME	
8	HEMODIALYSIS	2,637,445
9	INTERMITTENT PERITONEAL	
10	CAPD	1,065,987
11	CCDP	692,602
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	4,403,700
17	MEDICAL EDUCATION PROGRAM COSTS	33,568
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	4,437,268

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011
SATELLITE NO: | WORKSHEET I-3 | RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS BUILDING 1 (SQUARE FEET)	EQUIPMENT 2 (% OF TIME)	DIRECT PATIENT CARE SALARY RNs 3 (HOURS)	OTHER 4 (HOURS)	EMPLOYEE BENEFITS 5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS	194,590	28,468	525,648	287,781	213,892
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	48	48.00	48.00	48.00	48
7	CCDP	13	13.00	13.00	13.00	13
	HOME					
8	HEMODIALYSIS	20,986	20,986.00	20,986.00	20,986.00	20,986
9	INTERMITTENT PERITONEAL					
10	CAPD	8,482	8,482.00	8,482.00	8,482.00	8,482
11	CCDP	5,511	5,511.00	5,511.00	5,511.00	5,511
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	35,040	35,040.00	35,040.00	35,040.00	35,040
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	5.553368	.812443	15.001370	8.212928	6.104224

	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	1,079,214	1,217,886		3,547,479	856,221
	MAINTENANCE					
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	48	48	48		
7	CCDP	13	13	13		
	HOME					
8	HEMODIALYSIS	20,986	20,986	20,986		
9	INTERMITTENT PERITONEAL					
10	CAPD	8,482	8,482	8,482		
11	CCDP	5,511	5,511	5,511		
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 0					
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	35,040	35,040	35,040		3,547,479
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	30.799486	34.757021			.241360

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET I-4
RATE 0

CHECK ONE: __ RENAL DIALYSIS DEPARTMENT XX HOME PROGRAM DIALYSIS

		NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. I-2,COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	NOT APPLIC
		6	7	8	9	10
		5	6	6.01	7	
		1	2	3	4	4.01
1	MAINTENANCE - HEMODIALYSIS	17,823			14,211	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS	61			49	
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	48	6,032	125.67	36	
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS		1,634			
7	HOME PROGRAM - HEMODIALYSIS	3,102	2,637,445	850.24	2,473	
8	HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS			PATIENT WEEKS	
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	1,212	1,065,987	879.53	922	
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	787	692,602	880.05	389	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	21,034	4,403,700		16,769	

		TOTAL PROGRAM EXPENSES	PAYMENT RATE	NOT APPLIC	TOTAL PROGRAM PAYMENT	
		6	7	8	9	10
		5	6	6.01	7	
1	MAINTENANCE - HEMODIALYSIS		168.92		2,400,522	
2	MAINTENANCE - PERITONEAL DIALYSIS					
3	TRAINING - HEMODIALYSIS		189.40		9,281	
4	TRAINING - PERITONEAL DIALYSIS					
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	4,524	179.55		6,464	
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7	HOME PROGRAM - HEMODIALYSIS	2,102,644	172.54		426,691	
8	HOME PROGRAM - PERITONEAL DIALYSIS					
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	810,927	1,386.21		1,278,086	
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	342,339	552.65		214,981	
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	3,260,434			4,336,025	

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO: 15-0056
SATELLITE NO:
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET I-5
RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	16,199,609
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	8,838,329
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	1,004,279
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,002,337
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	-1,004,279
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	7,070,663
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.)	2,771,945
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	1,004,279

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	956,124	219,111		
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,332,357	305,331		
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	255,022	58,442		
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			47,564	
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	248,198	56,878		
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	2,791,701	639,762	47,564	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

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

PERIOD: FROM 1/ 1/2010 TO 12/31/2010

PREPARED 7/26/2011
WORKSHEET K

HOSPICE 1

		OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	1,263,535	2,438,770	-504,220	1,934,550
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE		1,637,688		1,637,688
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES		313,464		313,464
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	6,585	6,585		6,585
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	400,516	400,516		400,516
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	299,854	299,854		299,854
22	PATIENT TRANSPORTATION		47,564		47,564
23	IMAGING SERVICES	417	417		417
24	LABS AND DIAGNOSTICS	5,708	5,708		5,708
25	MEDICAL SUPPLIES	18,712	18,712	-18,330	382
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS		305,076		305,076
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,995,327	5,474,354	-522,550	4,951,804

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K

HOSPICE 1

		ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
	GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.		
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3	PLANT OPERATION AND MAINTENANCE		
4	TRANSPORTATION - STAFF		
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-851,857	1,082,693
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		1,637,688
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		313,464
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		6,585
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		400,516
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		299,854
22	PATIENT TRANSPORTATION		47,564
23	IMAGING SERVICES		417
24	LABS AND DIAGNOSTICS		5,708
25	MEDICAL SUPPLIES		382
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30	BEREAVEMENT PROGRAM COSTS		305,076
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)	-851,857	4,099,947

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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		119,674		62,880
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				1,665
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			255,022	
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)		119,674	255,022	64,545

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-1

HOSPICE 1

		NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	222,586			550,984
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,330,692			
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				248,198
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,553,278			799,182

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2010	
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	956,124
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,332,357
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	255,022
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	248,198
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	2,791,701

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-2

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL		27,425		14,410
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				382
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			58,442	
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)		27,425	58,442	14,792

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-2

HOSPICE 1

		NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	51,009			126,267
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	304,949			
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				56,878
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	355,958			183,145

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2010	
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	219,111
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	305,331
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	58,442
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	56,878
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	639,762

(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/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	1,082,693			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,637,688			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	313,464			
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	6,585			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	400,516			
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	299,854			
22	PATIENT TRANSPORTATION	47,564			
23	IMAGING SERVICES	417			
24	LABS AND DIAGNOSTICS	5,708			
25	MEDICAL SUPPLIES	382			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS	305,076			
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	4,099,947			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-4
PART I

HOSPICE 1

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL			1,082,693	1,082,693
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE			1,637,688	587,656
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			313,464	112,482
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			6,585	2,363
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			400,516	143,719
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			299,854	107,598
22	PATIENT TRANSPORTATION			47,564	17,068
23	IMAGING SERVICES			417	150
24	LABS AND DIAGNOSTICS			5,708	2,048
25	MEDICAL SUPPLIES			382	137
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS			305,076	109,472
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)			3,017,254	1,082,693

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-4
PART I

HOSPICE 1

		TOTAL (COL. 5A + COL. 6)
		7
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	2,225,344
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	425,946
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	8,948
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	544,235
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	407,452
22	PATIENT TRANSPORTATION	64,632
23	IMAGING SERVICES	567
24	LABS AND DIAGNOSTICS	7,756
25	MEDICAL SUPPLIES	519
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	414,548
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	4,099,947

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

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

PERIOD: FROM 1/ 1/2010 TO 12/31/2010

PREPARED 7/26/2011
WORKSHEET K-4
PART II

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

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

PERIOD: FROM 1/ 1/2010 TO 12/31/2010

PREPARED 7/26/2011
WORKSHEET K-4
PART II

HOSPICE 1

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL		-1,082,693	3,017,254
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			1,637,688
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			313,464
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			6,585
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			400,516
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			299,854
22	PATIENT TRANSPORTATION			47,564
23	IMAGING SERVICES			417
24	LABS AND DIAGNOSTICS			5,708
25	MEDICAL SUPPLIES			382
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30				305,076
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			1,082,693
35	UNIT COST MULTIPLIER	.000000		.358834

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET K-5 PART I

HOSPICE NO: 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				65,224
2.00	INPATIENT - GENERAL CARE	7				
3.00	INPATIENT - RESPITE CARE	8				
4.00	PHYSICIAN SERVICES	9				
5.00	NURSING CARE	10	2,225,344			
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	425,946			
10.00	SPIRITUAL COUNSELING	15				
11.00	DIETARY COUNSELING	16				
12.00	COUNSELING - OTHER	17				
13.00	HOME HEALTH AIDE AND HOMEMAKER	18	8,948			
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00		19				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	20	544,235			
15.30	ANALGESICS	20.30				
15.31	SEDATIVES / HYPNOTICS	20.31				
15.32	OTHER	20.32				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	21	407,452			
17.00	PATIENT TRANSPORTATION	22	64,632			
18.00	IMAGING SERVICES	23	567			
19.00	LABS AND DIAGNOSTICS	24	7,756			
20.00	MEDICAL SUPPLIES	25	519			
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00	RADIATION THERAPY	27				
23.00	CHEMOTHERAPY	28				
24.00		29				
25.00	BEREAVEMENT PROGRAM COSTS	30	414,548			
26.00	VOLUNTEER PROGRAM COSTS	31				
27.00	FUNDRAISING	32				
28.00	OTHER PROGRAM COSTS	33				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		4,099,947			65,224
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		42,637	417,973	
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		42,637	417,973	
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056 | HOSPICE NO: 15-1511 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET K-5 | PART I

HOSPICE 1

	HOSPICE COST CENTER	DATA PROCESSING 6.02	PURCHASING, RECEIVING, & STORES 6.03	ADMITTING 6.04	CASHIERING 6.05
1.00	ADMINISTRATIVE AND GENERAL		1,557		56,506
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		1,557		56,506
30.00	UNIT COST MULIPLIER				

	HOSPICE COST CENTER	SUBTOTAL 6A.05	OTHER ADMINISTRATIVE AND GENERAL 6.06	MAINTENANCE & REPAIRS 7	MAINTENANCE & REPAIRS 7.03
1.00	ADMINISTRATIVE AND GENERAL	583,897	53,049	38,583	
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE	2,225,344	202,181		
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	425,946	38,699		
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER	8,948	813		
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	544,235	49,446		
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	407,452	37,019		
17.00	PATIENT TRANSPORTATION	64,632	5,872		
18.00	IMAGING SERVICES	567	52		
19.00	LABS AND DIAGNOSTICS	7,756	705		
20.00	MEDICAL SUPPLIES	519	47		
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS	414,548	37,663		
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	4,683,844	425,546	38,583	
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0056	FROM 1/ 1/2010	7/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
15-1511		PART I

HOSPICE 1

	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
HOSPICE COST CENTER	8	8.01	9	10
1.00 ADMINISTRATIVE AND GENERAL	112,332		632	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	112,332		632	
30.00 UNIT COST MULIPLIER				

	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY
HOSPICE COST CENTER	10.01	10.02	10.03	11
1.00 ADMINISTRATIVE AND GENERAL	2,382		28,838	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,382		28,838	
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0056	FROM 1/ 1/2010	7/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
15-1511		PART I

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15
1.00 ADMINISTRATIVE AND GENERAL	7,101			11,075
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	7,101			11,075
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PATIENT TRANSPORTATION 19
1.00 ADMINISTRATIVE AND GENERAL		23,034	54,077	5,031
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				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		23,034	54,077	5,031
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET K-5 I PART I

HOSPICE 1

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23
1.00 ADMINISTRATIVE AND GENERAL			5,897	2,185
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			5,897	2,185
30.00 UNIT COST MULIPLIER				

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0056 HOSPICE NO: 15-1511 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET K-5 | PART I

HOSPICE 1

	HOSPICE COST CENTER	DIETARY INTERNSHIP PROG	PARAMED EMERGENCY METHODIST	PARAMED PASTORAL ED	PARAMED PHYSICAL THERAPY
		24.04	24.05	24.06	24.07
1.00	ADMINISTRATIVE AND GENERAL			6,538	
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)			6,538	
30.00	UNIT COST MULIPLIER				

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET K-5 I PART I

HOSPICE 1

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

HOSPICE COST CENTER	PARAMED SPEECH	PARAMED ED PRGM	PARAMED ED PRGM	SUBTOTAL
	24.16	24.17	24.18	25
1.00 ADMINISTRATIVE AND GENERAL				934,651
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				2,427,525
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				464,645
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				9,761
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				593,681
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				444,471
17.00 PATIENT TRANSPORTATION				70,504
18.00 IMAGING SERVICES				619
19.00 LABS AND DIAGNOSTICS				8,461
20.00 MEDICAL SUPPLIES				566
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				452,211
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				5,407,095
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

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

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL	-8,082	926,569		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		2,427,525	502,917	2,930,442
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		464,645	96,262	560,907
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		9,761	2,022	11,783
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		593,681	122,995	716,676
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		444,471	92,082	536,553
17.00 PATIENT TRANSPORTATION		70,504	14,607	85,111
18.00 IMAGING SERVICES		619	128	747
19.00 LABS AND DIAGNOSTICS		8,461	1,753	10,214
20.00 MEDICAL SUPPLIES		566	117	683
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		452,211	93,686	545,897
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	-8,082	5,399,013		5,399,013
30.00 UNIT COST MULIPLIER			.207173	

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

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-INTEREST (SQUARE FEET)
	1	2	3	3.01
1.00 ADMINISTRATIVE AND GENERAL			7,026	7,026
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			7,026	7,026
30.00 TOTAL COST TO BE ALLOCATED			65,224	
31.00 UNIT COST MULIPLIER	.000000	.000000	9.283234	.000000

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	21,062	2,188,179		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

I PROVIDER NO: 15-0056 I HOSPICE NO: 15-1511 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 7/26/2011 I WORKSHEET K-5 I PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	21,062	2,188,179		
30.00 TOTAL COST TO BE ALLOCATED	42,637	417,973		
31.00 UNIT COST MULIPLIER	2.024357	.191014	.000000	.000000

HOSPICE COST CENTER	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	RECONCILIATION
	6.03	6.04	6.05	6A.06
1.00 ADMINISTRATIVE AND GENERAL	18,330		7,848,000	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	18,330		7,848,000	
30.00 TOTAL COST TO BE ALLOCATED	1,557		56,506	
31.00 UNIT COST MULIPLIER	.084943	.000000	.007200	

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

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET K-5 PART II

HOSPICE NO: 15-1511

HOSPICE 1

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	6.06	7	7.03	8
1.00 ADMINISTRATIVE AND GENERAL	583,897	7,026		7,026
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,225,344			
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	425,946			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	8,948			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	544,235			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	407,452			
17.00 PATIENT TRANSPORTATION	64,632			
18.00 IMAGING SERVICES	567			
19.00 LABS AND DIAGNOSTICS	7,756			
20.00 MEDICAL SUPPLIES	519			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	414,548			
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,683,844	7,026		7,026
30.00 TOTAL COST TO BE ALLOCATED	425,546	38,583		112,332
31.00 UNIT COST MULIPLIER	.090854	5.491460	.000000	15.988044

HOSPICE COST CENTER	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)
	8.01	9	10	10.01
1.00 ADMINISTRATIVE AND GENERAL		803		516
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-5
PART II

HOSPICE 1

	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY
HOSPICE COST CENTER	8.01	9	10	10.01
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		803		516
30.00 TOTAL COST TO BE ALLOCATED		632		2,382
31.00 UNIT COST MULIPLIER	.000000	.787049	.000000	4.616279

	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA
HOSPICE COST CENTER	(RILEY SQUAREFEET)	(MH SQUARE FEET)	(MEALS SERVED)	(FTE'S)
	10.02	10.03	11	12
1.00 ADMINISTRATIVE AND GENERAL		6,510		4,154
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		6,510		4,154
30.00 TOTAL COST TO BE ALLOCATED		28,838		7,101
31.00 UNIT COST MULIPLIER	.000000	4.429800	.000000	1.709437

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

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2010	PART II
15-1511		

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)
	13	14	15	16
1.00 ADMINISTRATIVE AND GENERAL			18,330	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			18,330	
30.00 TOTAL COST TO BE ALLOCATED			11,075	
31.00 UNIT COST MULIPLIER	.000000	.000000	.604201	.000000

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	17	18	19	20
1.00 ADMINISTRATIVE AND GENERAL	7,848,000	2,341	7,848,000	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011
HOSPICE NO: 15-1511 | WORKSHEET K-5 | PART II

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT TRANSPORTATION	NONPHYSICIAN ANESTHETISTS
	17	18	19	20
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	7,848,000	2,341	7,848,000	
30.00 TOTAL COST TO BE ALLOCATED	23,034	54,077	5,031	
31.00 UNIT COST MULIPLIER	.002935	23.099957	.000641	.000000

HOSPICE COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL		4	4	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		4	4	
30.00 TOTAL COST TO BE ALLOCATED		5,897	2,185	
31.00 UNIT COST MULIPLIER	.000000	1474.250000	546.250000	.000000

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

PROVIDER NO: 15-0056 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET K-5 | PART II

HOSPICE NO: 15-1511

HOSPICE 1

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

HOSPICE COST CENTER	PARAMED EMERGENCY METHODIST (ASSIGNED TIME) 24.05	PARAMED PASTORAL ED (PATIENT DAYS) 24.06	PARAMED PHYSICAL THERAPY (ASSIGNED TIME) 24.07	PARAMED OCCUP THERAPY (ASSIGNED TIME) 24.08
1.00 ADMINISTRATIVE AND GENERAL		2,341		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	PARAMED EMERGENCY METHODIST 24.05	PARAMED PASTORAL ED 24.06	PARAMED PHYSICAL THERAPY 24.07	PARAMED OCCUP THERAPY 24.08
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,341		
30.00 TOTAL COST TO BE ALLOCATED		6,538		
31.00 UNIT COST MULIPLIER	.000000	2.792824	.000000	.000000

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

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

PROVIDER NO: 15-0056 | HOSPICE NO: 15-1511 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 7/26/2011 | WORKSHEET K-5 | PART II

HOSPICE 1

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

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

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET K-5
PART II

HOSPICE 1

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

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

PROVIDER NO: 15-0056
HOSPICE NO: 15-1511
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	.314270		
2	OCCUPATIONAL THERAPY	51	.396167		
3	SPEECH PATHOLOGY	52	.739149		
4	DRUGS CHARGED TO PATIENTS	56	.192211		
4.01	RENAL-RILEY	56.01			
4.02	RENAL-ADULT	56.02			
4.03	OUTPATIENT RETAIL PHARMACY	56.03	1.184244		
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.119634		
6.01	TRANSPLANT IMMUNOLOGY	44.01	.201493		
6.02	BONE MARROW TRANSPLANT LAB	44.02	.293127		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.641422		
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.238071		
8	EMERGENCY	61	.170566		
8.01	EMERGENCY-RILEY	61.01			
9	RADIOLOGY-DIAGNOSTIC	41	.178543		
10	RH NBN ECMO IC	59	.501709		
10.01	CARDIOLOGY	59.01	.231174		
10.02	PSYCH OTHER ANCILLARY	59.02	2.249991		
10.03	CARDIAC CATHERIZATION	59.03	.242704		
10.04	DAY SURGERY	59.04	.957497		
10.05	ONCOLOGY	59.05	2896.475713		
10.06	DAY SURGERY-RILEY	59.06			
10.07	CARDIOLOGY-RILEY	59.07			
10.97	CARDIAC REHABILITATION	59.97	.624815		
11	TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET K-6
HOSPICE NO:	TO 12/31/2010	
15-1511		

HOSPICE 1

COMPUTATION OF PER DIEM COST

		TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
		1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				5,399,013
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6	UNDUPLICATED MEDICAID DAYS				
7	AGGREGATE MEDICAID COST				
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10	UNDUPLICATED NF DAYS				
11	AGGREGATE NF COST				
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	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	12,433,416
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1,637,399
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	915.86
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	547.43
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	18.37
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2,284,019
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	7.43
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	35.91
5 .02	SUM OF 5 AND 5.01	43.34
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	9.17
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	1,140,144
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	17,494,978

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-0056	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
15-0056		

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	

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

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET M-1

FQHC 1

		COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI-CATION 4
	FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	434,498		434,498	
2	PHYSICIAN ASSISTANT				
3	NURSE PRACTITIONER	108,760		108,760	
4	VISITING NURSE				
5	OTHER NURSE	437,539		437,539	
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	35,779		35,779	
8	LABORATORY TECHNICIAN				
9	OTHER FACILITY HEALTH CARE STAFF COSTS	474,485		474,485	
10	SUBTOTAL (SUM OF LINES 1-9)	1,491,061		1,491,061	
	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		84,465	84,465	
16	TRANSPORTATION (HEALTH CARE STAFF)				
17	DEPRECIATION-MEDICAL EQUIPMENT				
18	PROFESSIONAL LIABILITY INSURANCE				
19	OTHER HEALTH CARE COSTS				
20	ALLOWABLE GME COSTS				
21	SUBTOTAL (SUM OF LINES 15-20)		84,465	84,465	
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,491,061	84,465	1,575,526	
	COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY				
24	DENTAL				
25	OPTOMETRY				
26	ALL OTHER NONREIMBURSABLE COSTS				
27	NONALLOWABLE GME COSTS				
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
	FACILITY OVERHEAD				
29	FACILITY COSTS		187,821	187,821	
30	ADMINISTRATIVE COSTS	667,232	1,051,493	1,718,725	
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	667,232	1,239,314	1,906,546	
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	2,158,293	1,323,779	3,482,072	

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

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET M-1

FQHC 1

		RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
	FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	434,498		434,498
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	108,760		108,760
4	VISITING NURSE			
5	OTHER NURSE	437,539		437,539
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER	35,779		35,779
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	474,485		474,485
10	SUBTOTAL (SUM OF LINES 1-9)	1,491,061		1,491,061
	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	84,465		84,465
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	84,465		84,465
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,575,526		1,575,526
	COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
	FACILITY OVERHEAD			
29	FACILITY COSTS	187,821		187,821
30	ADMINISTRATIVE COSTS	1,718,725	-166,106	1,552,619
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	1,906,546	-166,106	1,740,440
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	3,482,072	-166,106	3,315,966

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
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	3.20	11,732	4,200	13,440
2	PHYSICIAN ASSISTANTS			2,100	
3	NURSE PRACTITIONERS	1.25	4,564	2,100	2,625
4	SUBTOTAL (SUM OF LINES 1-3)	4.45	16,296		16,065
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER	.97			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	5.42	16,296		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,575,526
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	1,575,526
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	1,740,440
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	324,226
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	2,064,666
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)	
18	SUBTRACT LINE 17 FROM LINE 16	2,064,666
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	2,064,666
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	3,640,192

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES	PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2010	PREPARED 7/26/2011
	COMPONENT NO: 15-1804	TO 12/31/2010	WORKSHEET M-2

FQHC 1

VISITS AND PRODUCTIVITY

		GREATER OF COL. 2 OR COL. 4
		5
	POSITIONS	
1	PHYSICIANS	
2	PHYSICIAN ASSISTANTS	
3	NURSE PRACTITIONERS	
4	SUBTOTAL (SUM OF LINES 1-3)	16,296
5	VISITING NURSE	
6	CLINICAL PSYCHOLOGIST	
7	CLINICAL SOCIAL WORKER	
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	16,296
9	PHYSICIAN SERVICES UNDER AGREEMENTS	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

PROVIDER NO: 15-0056
COMPONENT NO: 15-1804
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET M-3

TITLE XVIII FQHC 1

	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	3,640,192		
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)			
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	3,640,192		
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	16,296		
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)			
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	16,296		
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	223.38		
		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)		125.72	
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)		125.72	
	CALCULATION OF SETTLEMENT			
10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		1,310	
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		164,693	
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)*		164,693	
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)		164,693	
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		131,754	
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)			
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		131,754	
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)		131,754	
25	INTERIM PAYMENTS		138,897	
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		-7,143	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2			

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

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

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	PROVIDER NO: 15-0056	PERIOD: FROM 1/ 1/2010	PREPARED 7/26/2011
[ ] RHC [X] FQHC	COMPONENT NO: -	TO 12/31/2010	WORKSHEET M-5

FQHC 1

	DESCRIPTION		PART B MM/DD/YYYY 1	AMOUNT 2
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			125,013
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	9/ 9/2010	13,884
	ADJUSTMENTS TO PROVIDER	.02		
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROVIDER	.49		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	SUBTOTAL	.99		13,884
4	TOTAL INTERIM PAYMENTS			138,897
	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		7,143
7	TOTAL MEDICARE PROGRAM LIABILITY			131,754

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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