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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 9/17/2013 9:19 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 9/17/2013 Time: 9:19 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH (150056) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	844,245	-440,898	1,170,472	0	1.00
2.00	Subprovider - IPF	0	1,520	44		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		27		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	845,765	-440,826	1,170,472	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet S-2 Part I Date/Time Prepared: 9/17/2013 8:39 am

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

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

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	47,264	23,313	375	2,043	52,211	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 9/17/2013 8:39 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N		39.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 9/17/2013 8:39 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	153.29	237.42	0.392337	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	11.05	18.79	0.370308	65.00
65.01		INTERNAL MEDICINE GENERAL	1400	19.19	32.62	0.370392	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408	0.38	0.65	0.368932	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450	11.17	18.99	0.370358	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750	9.46	16.08	0.370399	65.04
65.05		PEDIATRICS GENERAL	2000	23.65	40.21	0.370341	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800	2.86	4.86	0.370466	65.06

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	182.88	289.34	0.387277	66.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 9/17/2013 8:39 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY MEDICINE	1350	6.45	25.30	0.203150	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.44	45.87	0.009501	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.00	1.00	0.000000	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	0.71	27.23	0.025412	67.03
67.04		PEDIATRICS GENERAL	2000	3.51	60.00	0.055267	67.04
67.05				0.00	0.00	0.000000	67.05
67.06				0.00	0.00	0.000000	67.06

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

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 9/17/2013 8:39 am

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

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

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	5,422,136	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/11/1993		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 9/17/2013 8:39 am

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

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00

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

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

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II Date/Time Prepared: 9/17/2013 8:39 am

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

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

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

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

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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/19/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II Date/Time Prepared: 9/17/2013 8:39 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	

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

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II Date/Time Prepared: 9/17/2013 8:39 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/19/2013			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		MANAGER - COST RPTG & REV REALIZ.		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 9/17/2013 8:39 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	1,074	393,084	0.00	0	1.00
2.00	HMO						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		1,074	393,084	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	80	29,280	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	52	19,032	0.00	0	9.00
9.01	NEONATAL INTENSIVE CARE UNIT	32.01	47	17,202	0.00	0	9.01
10.00	BURN INTENSIVE CARE UNIT	33.00	7	2,562	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01	SURGICAL INTENSIVE CARE UNIT	34.01	0	0	0.00	0	11.01
11.02	UH SURG 6IC	34.02	18	6,588	0.00	0	11.02
11.03	UH NS 3IC	34.03	1	366	0.00	0	11.03
11.04	RH PED IC	34.04	35	12,810	0.00	0	11.04
11.05	TRANSPLANT ICU	34.05	8	2,928	0.00	0	11.05
11.06	PEDS CANCER CARE	34.06	10	3,660	0.00	0	11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,332	487,512	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	40	14,640		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
20.01	ICF/MR	45.01	0	0	0.00	0	20.01
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	2,293			24.00
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		1,372				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 9/17/2013 8:39 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	84,785	36,605	272,028			1.00
2.00	HMO	4,456	77,942				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	84,785	36,605	272,028			7.00
8.00	INTENSIVE CARE UNIT	7,996	2,949	21,909			8.00
9.00	CORONARY CARE UNIT	6,268	2,061	15,296			9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	1,144	8,488			9.01
10.00	BURN INTENSIVE CARE UNIT	0	199	1,477			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.01
11.02	UH SURG 6IC	2,325	756	5,614			11.02
11.03	UH NS 3IC	99	33	262			11.03
11.04	RH PED IC	114	1,271	9,448			11.04
11.05	TRANSPLANT ICU	793	336	2,489			11.05
11.06	PEDS CANCER CARE	119	279	2,070			11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,631	12,100			13.00
14.00	Total (see instructions)	102,499	47,264	351,181	208.64	9,931.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,061	0	6,804	1.90	59.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
20.01	ICF/MR	0	0	0	0.00	0.00	20.01
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	69,452	0.00	368.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	2,293	0.00	40.00	24.00
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	6,870	0	19,316	0.00	6.13	26.25
27.00	Total (sum of lines 14-26)				210.54	10,404.13	27.00
28.00	Observation Bed Days		5,654	15,243			28.00
29.00	Ambulance Trips	381					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	4,118			32.00
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 9/17/2013 8:39 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	15,350	6,594	58,283	1.00
2.00	HMO			706			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	SURGICAL INTENSIVE CARE UNIT						11.01
11.02	UH SURG 6IC						11.02
11.03	UH NS 3IC						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	PEDS CANCER CARE						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	15,350	6,594	58,283	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	183	0	854	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
20.01	ICF/MR	0.00	0	0	0	0	20.01
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part II Date/Time Prepared: 9/17/2013 8:39 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	609,285,800	-4,089,271	605,196,529	20,675,422.59	29.27	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		537,587	0	537,587	3,624.00	148.34	4.00
4.01	Physicians - Part A - Teaching		229,328	0	229,328	2,080.00	110.25	4.01
5.00	Physician-Part B		634,426	0	634,426	3,408.00	186.16	5.00
6.00	Non-physician-Part B		1,838,945	0	1,838,945	40,200.27	45.74	6.00
7.00	Interns & residents (in an approved program)	21.00	28,363,028	0	28,363,028	1,141,067.20	24.86	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		71,389,774	-1,270,205	70,119,569	2,297,640.35	30.52	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		185,837	0	185,837	3,702.90	50.19	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		122,187,488	0	122,187,488	4,344,906.00	28.12	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		233,965,947	0	233,965,947			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		31,556,363	0	31,556,363			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		128,212	0	128,212			22.00
22.01	Physician Part A - Teaching		59,035	0	59,035			22.01
23.00	Physician Part B		747,942	0	747,942			23.00
24.00	Wage-related costs (RHC/FQHC)		1,219,198	0	1,219,198			24.00
25.00	Interns & residents (in an approved program)		12,090,951	0	12,090,951			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	52,419	0	52,419	1,200.00	43.68	26.00
27.00	Administrative & General	5.00	14,618,704	-102,858	14,515,846	507,758.60	28.59	27.00
28.00	Administrative & General under contract (see inst.)		5,457,672	0	5,457,672	43,761.30	124.71	28.00
29.00	Maintenance & Repairs	6.00	330,984	0	330,984	11,668.78	28.36	29.00
30.00	Operation of Plant	7.00	2,440,765	0	2,440,765	189,893.71	12.85	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	320,104	0	320,104	23,157.65	13.82	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	9,639,543	-188,934	9,450,609	451,416.91	20.94	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	88,346	-1,006	87,340	6,255.20	13.96	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	16,953,604	-290	16,953,314	536,731.62	31.59	38.00
39.00	Central Services and Supply	14.00	2,629,603	0	2,629,603	144,046.68	18.26	39.00
40.00	Pharmacy	15.00	29,294,000	-639,676	28,654,324	726,459.89	39.44	40.00
41.00	Medical Records & Medical Records Library	16.00	201,538	0	201,538	9,875.07	20.41	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
9/17/2013 8:39 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	7,329,509	-2,613,941	4,715,568	186,659.49	25.26	42.00
43.00	Other General Service	18.00	2,003,701	0	2,003,701	135,629.37	14.77	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
9/17/2013 8:39 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		583,677,745	-4,089,271	579,588,474	19,532,428.42	29.67	1.00
2.00	Excluded area salaries (see instructions)		71,389,774	-1,270,205	70,119,569	2,297,640.35	30.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)		512,287,971	-2,819,066	509,468,905	17,234,788.07	29.56	3.00
4.00	Subtotal other wages & related costs (see inst.)		122,373,325	0	122,373,325	4,348,608.90	28.14	4.00
5.00	Subtotal wage-related costs (see inst.)		234,094,159	0	234,094,159	0.00	45.95	5.00
6.00	Total (sum of lines 3 thru 5)		868,755,455	-2,819,066	865,936,389	21,583,396.97	40.12	6.00
7.00	Total overhead cost (see instructions)		91,360,492	-3,546,705	87,813,787	2,974,514.27	29.52	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 9/17/2013 8:39 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	51,093,037	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	577,494	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	158,673,036	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	4,920,827	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	832,361	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,776,467	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,993	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	55,450,109	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	1,445,046	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	4,464,666	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	279,235,036	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part V Date/Time Prepared: 9/17/2013 8:39 am

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

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 150056
Component CCN: 157158

Period: From 01/01/2012 To 12/31/2012

Worksheet S-4
Date/Time Prepared: 9/17/2013 8:39 am

		Home Health Agency I	PPS
		1.00	
0.00	County	MARION	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	22,534	7,051	4,943	34,528	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,568.00	0.00	0.00	0.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		1.33	0.00	1.33	4.00
5.00	Other Administrative Personnel		136.15	0.00	136.15	5.00
6.00	Direct Nursing Service		81.28	0.00	81.28	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		23.71	0.00	23.71	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		5.31	0.00	5.31	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.62	0.00	0.62	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		4.44	0.00	4.44	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		17.09	0.00	17.09	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	INFUSION AND RT		97.79	0.00	97.79	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		10			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		11300			20.00
20.01			14020			20.01
20.02			18020			20.02
20.03			23844			20.03
20.04			26900			20.04
20.05			29020			20.05
20.06			29140			20.06
20.07			31140			20.07
20.08			34620			20.08
20.09			99915			20.09

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	12,376	633	559	245	13,813	21.00
22.00	Skilled Nursing Visit Charges	2,474,600	126,600	111,710	49,000	2,761,910	22.00
23.00	Physical Therapy Visits	7,730	12	191	182	8,115	23.00
24.00	Physical Therapy Visit Charges	1,812,555	2,820	44,885	42,770	1,903,030	24.00
25.00	Occupational Therapy Visits	1,458	1	12	24	1,495	25.00
26.00	Occupational Therapy Visit Charges	341,925	235	2,820	5,640	350,620	26.00
27.00	Speech Pathology Visits	233	0	4	3	240	27.00
28.00	Speech Pathology Visit Charges	54,755	0	705	705	56,165	28.00
29.00	Medical Social Service Visits	226	0	1	4	231	29.00
30.00	Medical Social Service Visit Charges	53,110	0	235	940	54,285	30.00
31.00	Home Health Aide Visits	4,873	73	13	117	5,076	31.00
32.00	Home Health Aide Visit Charges	511,665	7,665	1,365	12,285	532,980	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	26,896	719	780	575	28,970	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,248,610	137,320	161,720	111,340	5,658,990	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,649		319	49	2,017	36.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 150056 Component CCN: 157158	Period: From 01/01/2012 To 12/31/2012	Worksheet S-4 Date/Time Prepared: 9/17/2013 8:39 am
		Home Health Agency I	PPS

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
37.00	Total Number of Outlier Episodes		15		0	15	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-5 | Date/Time Prepared: 9/17/2013 8:39 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	208	0	2	59	70	1.00
2.00	Number of times per week patient receives dialysis	3.00	3.00	5.00	7.00	6.00	7.00	2.00
3.00	Average patient dialysis time including setup	5.00	5.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	313	313					5.00
6.00	Number of stations	0	47	0	0			6.00
7.00	Treatment capacity per day per station	0	3					7.00
8.00	Utilization (see instructions)	0.00	78.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
	TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list	82						11.00
12.00	Number of patients transplanted during the cost reporting period	24						12.00
	EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	0						13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0						14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	0						15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0						16.00
	ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0						17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0						18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0						19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0						20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
	PHYSICIAN PAYMENT METHOD							
21.00	enter "X" if method(s) is applicable					X		21.00

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

Provider CCN: 150056
Component CCN: 151804

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-8

Date/Time Prepared:
9/17/2013 8:39 am

		FQHC I	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	3401 EAST RAYMOND STREET	1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	INDIANAPOLIS	IN	46203	2.00

		1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban	1	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00
9.01		0		9.01
9.02		0		9.02
9.03		0		9.03
9.04		0		9.04
9.05		0		9.05
9.06		0		9.06
9.07		0		9.07
9.08		0		9.08
9.09		0		9.09
9.10		0		9.10

		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	Y	1	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	17:00	08:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 104-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)		0	0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2012 To 12/31/2012	Worksheet S-8 Date/Time Prepared: 9/17/2013 8:39 am
		FQHC I	Cost

			County			
			4.00			
2.00	City, State, Zip Code, County		MARION			2.00
		Tuesday	Wednesday		Thursday	
		to	from	to	from	to
		6.00	7.00	8.00	9.00	10.00
	Facility hours of operations (1)					
11.00	Clinic	20:00	08:00	17:00	08:00	17:00	11.00

		Friday		Saturday		
		from	to	from	to	
		11.00	12.00	13.00	14.00	
	Facility hours of operations (1)					
11.00	Clinic	08:00	17:00			11.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150056
Component CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-9
Parts I & II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	35,959	0	0	0	0	35,959	2.00
3.00	Inpatient Respite Care	407	0	0	0	158	565	3.00
4.00	General Inpatient Care	1,245	0	0	0	483	1,728	4.00
5.00	Total Hospice Days	37,611	0	0	0	641	38,252	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	953	0	0	0	370	1,323	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 9/17/2013 8:39 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.265500	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	505,042,598	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	1,289,128,914	6.00
7.00	Medicaid cost (line 1 times line 6)	342,263,727	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	388,835,719	48,796,646	437,632,365	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	103,235,883	12,955,510	116,191,393	21.00
22.00	Partial payment by patients approved for charity care	1,892,403	2,491,886	4,384,289	22.00
23.00	Cost of charity care (line 21 minus line 22)	101,343,480	10,463,624	111,807,104	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	56,721,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,129,826	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	55,591,174	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	14,759,457	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	126,566,561	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	126,566,561	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	932,129	932,129	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		0	0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	34,379,137	34,379,137	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	52,419	60,333	112,752	126,057,057	126,169,809	4.00
5.01	00510	NONPATIENT TELEPHONES	0	144,274	144,274	163,547	307,821	5.01
5.02	00511	DATA PROCESSING	3,455	36,802	40,257	-131	40,126	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	0	497,291	497,291	-268,695	228,596	5.03
5.04	00513	ADMITTING	0	129	129	-129	0	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,615,249	454,802,143	469,417,392	-3,673,072	465,744,320	5.06
6.00	00600	MAINTENANCE & REPAIRS	330,984	1,543,318	1,874,302	-84,904	1,789,398	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	2,440,765	1,519,056	3,959,821	-825,360	3,134,461	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	213,410	213,410	-100,141	113,269	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	320,104	229,410	549,514	-96,572	452,942	9.03
10.00	01000	DIETARY	9,639,543	6,399,864	16,039,407	-2,326,328	13,713,079	10.00
11.00	01100	CAFETERIA	88,346	264,848	353,194	-21,706	331,488	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	16,953,604	9,188,611	26,142,215	-6,523,262	19,618,953	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,629,603	9,704,964	12,334,567	118,874,782	131,209,349	14.00
15.00	01500	PHARMACY	29,294,000	97,947,105	127,241,105	-49,514,471	77,726,634	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	201,538	863,792	1,065,330	-56,603	1,008,727	16.00
17.00	01700	SOCIAL SERVICE	7,329,509	1,886,663	9,216,172	-1,140,419	8,075,753	17.00
18.00	01850	PATIENT TRANSPORTATION	2,003,701	865,264	2,868,965	-687,860	2,181,105	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	28,363,028	9,936,982	38,300,010	0	38,300,010	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	528,595	4,691,489	5,220,084	-116,819	5,103,265	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	177,979	130,613	308,592	-47,821	260,771	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	309,996	89,958	399,954	682,341	1,082,295	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	368,462	178,004	546,466	-81,173	465,293	23.03
23.04	02304	PARAMED EMERGENCY	235,656	63,124	298,780	8,171	306,951	23.04
23.05	02312	ALLIED HEALTH	492,882	309,032	801,914	-136,933	664,981	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	220,827	63,820	284,647	224,670	509,317	23.06
23.07	02307	PARAMED PHARMACY	582,725	227,112	809,837	568,315	1,378,152	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	2	2	0	2	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	133,821	47,287	181,108	-33,003	148,105	23.09
23.10	02310	PARAMED PHARMACY TECH	193,889	68,282	262,171	-46,666	215,505	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	97,450	97,450	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	143,069,851	64,998,415	208,068,266	-49,310,428	158,757,838	30.00
31.00	03100	INTENSIVE CARE UNIT	15,648,223	6,942,652	22,590,875	-5,552,404	17,038,471	31.00
32.00	03200	CORONARY CARE UNIT	11,028,583	5,659,819	16,688,402	-4,622,775	12,065,627	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	4,424,340	1,859,242	6,283,582	-1,446,611	4,836,971	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,289,472	518,080	1,807,552	-395,210	1,412,342	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	4,198,807	2,459,591	6,658,398	-2,030,186	4,628,212	34.02
34.03	03402	UH NS 3IC	154,633	432,936	587,569	-416,398	171,171	34.03
34.04	03403	RH PED IC	8,613,595	4,919,355	13,532,950	-3,522,858	10,010,092	34.04
34.05	03404	TRANSPLANT ICU	2,004,621	1,060,233	3,064,854	-855,791	2,209,063	34.05
34.06	03407	PEDS CANCER CARE	1,389,361	633,527	2,022,888	-468,884	1,554,004	34.06
40.00	04000	SUBPROVIDER - IPF	3,550,474	2,017,628	5,568,102	-773,001	4,795,101	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,564,457	1,024,628	3,589,085	955,493	4,544,578	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,839,207	119,044,821	151,884,028	-112,329,779	39,554,249	50.00
50.01	05001	ENDOSCOPY	1,048,877	1,120,811	2,169,688	-891,353	1,278,335	50.01
51.00	05100	RECOVERY ROOM	5,873,653	2,202,360	8,076,013	-1,672,861	6,403,152	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
53.00	05300	ANESTHESIOLOGY	1,747,627	13,152,755	14,900,382	-5,272,055	9,628,327	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,600,458	1,333,720	3,934,178	-1,064,134	2,870,044	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,551,077	34,211,770	60,762,847	-26,370,044	34,392,803	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,325,777	3,055,848	7,381,625	-2,620,261	4,761,364	55.00
56.00	05600	RADIOISOTOPE	907,049	4,703,737	5,610,786	-4,583,918	1,026,868	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	778,173	4,084,563	4,862,736	-4,001,773	860,963	59.00
60.00	06000	LABORATORY	26,482,632	59,176,588	85,659,220	-31,600,525	54,058,695	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	876,457	3,138,460	4,014,917	-1,328,585	2,686,332	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,006,023	1,312,400	2,318,423	-1,214,783	1,103,640	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,275,084	16,952,268	20,227,352	-16,665,999	3,561,353	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,287,540	11,308,546	32,596,086	-9,314,751	23,281,335	65.00
66.00	06600	PHYSICAL THERAPY	10,004,686	3,924,067	13,928,753	-2,756,291	11,172,462	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,056,794	729,181	2,785,975	-557,531	2,228,444	67.00
68.00	06800	SPEECH PATHOLOGY	3,234,377	3,175,404	6,409,781	-2,839,634	3,570,147	68.00
69.00	06900	ELECTROCARDIOLOGY	2,628,917	2,977,963	5,606,880	-912,440	4,694,440	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,571,741	2,736,926	7,308,667	-1,597,733	5,710,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	234,349	255,151	489,500	38,475,150	38,964,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	66,909,032	66,909,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	134,577,819	134,577,819	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,264,778	45,378,101	52,642,879	-42,426,633	10,216,246	73.03
74.00	07400	RENAL DIALYSIS	6,655,620	6,417,365	13,072,985	-5,183,116	7,889,869	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	567,974	263,475	831,449	-218,172	613,277	76.00
76.01	03021	CARDIOLOGY	2,212,729	10,237,143	12,449,872	-8,449,967	3,999,905	76.01
76.02	03022	PSYCH OTHER ANCILLARY	146,984	1,571,014	1,717,998	-40,984	1,677,014	76.02
76.03	03023	CARDIAC CATHERIZATION	4,480,127	11,914,147	16,394,274	-8,146,466	8,247,808	76.03
76.04	03024	DAY SURGERY	4,253,371	1,770,066	6,023,437	-1,354,794	4,668,643	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	392,602	293,620	686,222	-99,433	586,789	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	2,696,756	2,113,333	4,810,089	-91,723	4,718,366	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,282,258	670,823	1,953,081	-558,937	1,394,144	90.01
90.02	09002	IUSCC HEM/ONC	14,543,070	52,301,485	66,844,555	-43,237,908	23,606,647	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	242,888	480,107	722,995	-448,622	274,373	90.03
90.04	09004	AMB SVC-PSYCH ADULT	468,698	168,709	637,407	-121,742	515,665	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	283	283	-282	1	90.05
90.06	09006	OUTPATIENT SURGERY	2,143,967	1,006,273	3,150,240	-801,739	2,348,501	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,042,760	2,602,243	6,645,003	-2,161,592	4,483,411	90.07
90.08	09008	MOTILITY LAB	99,349	120,050	219,399	-108,681	110,718	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	6,548	807,535	814,083	-5,862	808,221	90.10
90.11	09023	SLEEP LAB	171,306	262,721	434,027	3,560,726	3,994,753	90.11
90.12	09024	OP CARE ADULTS	232,264	110,829	343,093	-87,910	255,183	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	159,627	6,175,360	6,334,987	-6,142,728	192,259	90.14
90.15	09013	NEUROLOGY UH	784,437	333,715	1,118,152	-268,001	850,151	90.15
90.16	09014	ORTHOPEDICS UH	317,611	146,312	463,923	-128,521	335,402	90.16
90.17	09015	PHYSICAL MEDICINE	803,663	413,596	1,217,259	-335,139	882,120	90.17
90.18	09016	DERMATOLOGY CLINIC	667,326	388,630	1,055,956	-327,559	728,397	90.18
90.19	09017	INFUSION/HEM/ONC	625,756	277,049	902,805	-151,591	751,214	90.19
90.20	09025	IUMG - MH	398,356	166,009	564,365	-134,536	429,829	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	20,724,317	15,924,495	36,648,812	-8,543,847	28,104,965	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	758,551	3,080,050	3,838,601	-2,612,676	1,225,925	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	7,371,868	16,481,761	23,853,629	-3,910,754	19,942,875	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	26,478,284	32,416,426	58,894,710	-12,807,087	46,087,623	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,339,056	12,266,970	16,606,026	-4,874,569	11,731,457	105.00
106.00	10600	HEART ACQUISITION	473,403	1,151,445	1,624,848	576,754	2,201,602	106.00
107.00	10700	LIVER ACQUISITION	1,197,250	7,964,931	9,162,181	-1,158,096	8,004,085	107.00
108.00	10800	LUNG ACQUISITION	594,315	2,873,274	3,467,589	-351,508	3,116,081	108.00
109.00	10900	PANCREAS ACQUISITION	295,548	2,101,928	2,397,476	-66,337	2,331,139	109.00
110.00	11000	INTESTINE ACQUISITION	202,428	1,288,408	1,490,836	70,310	1,561,146	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	170,984	57,725	228,709	-35,398	193,311	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	3,476,804	3,476,804	112.01
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	3,434,203	3,434,203	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	586,044,424	1,225,093,833	1,811,138,257	15,859,916	1,826,998,173	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,397	26,397	0	26,397	190.00
191.00	19100	RESEARCH	3,204,987	889,325	4,094,312	-1,027,462	3,066,850	191.00
191.01	19101	RESEARCH-GCRC	0	64,837	64,837	-48,930	15,907	191.01
191.02	19102	OSA	2,444,039	4,400,443	6,844,482	-488,262	6,356,220	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	490,827	4,389,516	4,880,343	-102,490	4,777,853	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	7,199,324	33,377,940	40,577,264	-11,686,748	28,890,516	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	4,081,134	23,504,973	27,586,107	-1,683,141	25,902,966	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	489,474	489,474	-12,400	477,074	192.03
192.04	19204	MHH RADIOLOGY	112,104	81,273	193,377	-36,969	156,408	192.04
192.05	19205	MHH LABS	179,820	115,185	295,005	-84,440	210,565	192.05
192.06	19206	BELTWAY SURGERY	63,270	220,928	284,198	-10,694	273,504	192.06
192.07	19207	RHI	151,785	11,923	163,708	-40,361	123,347	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	4,643,824	24,070,899	28,714,723	465,006	29,179,729	192.08
192.09	19209	ARTHRITIS CLINIC - NR	36	931,289	931,325	-918,221	13,104	192.09
192.10	19212	CARDIO PHYSICIANS	670,226	642,654	1,312,880	-184,804	1,128,076	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	609,285,800	1,318,310,889	1,927,596,689	0	1,927,596,689	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	37,253,486	38,185,615		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	35,194,373	69,573,510		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS	9,744,567	135,914,376		4.00
5.01	00510	NONPATIENT TELEPHONES	-283,252	24,569		5.01
5.02	00511	DATA PROCESSING	57,074,037	57,114,163		5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	13,965,923	14,194,519		5.03
5.04	00513	ADMITTING	6,688,513	6,688,513		5.04
5.05	00514	CASHIERING	29,269,852	29,269,852		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-346,461,795	119,282,525		5.06
6.00	00600	MAINTENANCE & REPAIRS	22,092,376	23,881,774		6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0		6.03
7.00	00700	OPERATION OF PLANT	51,138,584	54,273,045		7.00
7.01	00701	IU LEASED SPACE	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	-8	113,261		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,945,454	3,945,454		9.01
9.02	00902	HOUSEKEEPING - RILEY	3,732,685	3,732,685		9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,371,521	5,824,463		9.03
10.00	01000	DIETARY	-447,357	13,265,722		10.00
11.00	01100	CAFETERIA	1,838,551	2,170,039		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	5,062,408	24,681,361		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-63	131,209,286		14.00
15.00	01500	PHARMACY	-1,493,092	76,233,542		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,105,866	14,114,593		16.00
17.00	01700	SOCIAL SERVICE	-4	8,075,749		17.00
18.00	01850	PATIENT TRANSPORTATION	-7	2,181,098		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-50,063	38,249,947		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,849,009	10,952,274		22.00
23.00	02300	PARAMED ED PRGM	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	-28,816	231,955		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	-132,227	950,068		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	-429,889	35,404		23.03
23.04	02304	PARAMED EMERGENCY	-41,555	265,396		23.04
23.05	02312	ALLIED HEALTH	-24,457	640,524		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	-62,237	447,080		23.06
23.07	02307	PARAMED PHARMACY	21,728	1,399,880		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	2		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	-51,135	96,970		23.09
23.10	02310	PARAMED PHARMACY TECH	-24,508	190,997		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	97,450		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-3,312,339	155,445,499		30.00
31.00	03100	INTENSIVE CARE UNIT	1,275	17,039,746		31.00
32.00	03200	CORONARY CARE UNIT	-15	12,065,612		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-32,385	4,804,586		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-8,021	1,404,321		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	03401	UH SURG 6IC	-13	4,628,199		34.02
34.03	03402	UH NS 3IC	0	171,171		34.03
34.04	03403	RH PED IC	-643,300	9,366,792		34.04
34.05	03404	TRANSPLANT ICU	0	2,209,063		34.05
34.06	03407	PEDS CANCER CARE	-32,083	1,521,921		34.06
40.00	04000	SUBPROVIDER - IPF	-907,610	3,887,491		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	-28,732	4,515,846		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
45.01	04510	ICF/MR	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,269,906	38,284,343		50.00
50.01	05001	ENDOSCOPY	0	1,278,335		50.01
51.00	05100	RECOVERY ROOM	-169	6,402,983		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	-7,627,968	2,000,359		53.00
53.01	05301	PULMONARY FUNCTION TESTING	-12,444	2,857,600		53.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	-134,394	34,258,409		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-23,267	4,738,097		55.00
56.00	05600	RADIOISOTOPE	-876	1,025,992		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	860,963		59.00
60.00	06000	LABORATORY	-24,388,600	29,670,095		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	2,686,332		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	1,103,640		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-20,621	3,540,732		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	68,094	23,349,429		65.00
66.00	06600	PHYSICAL THERAPY	-55,018	11,117,444		66.00
67.00	06700	OCCUPATIONAL THERAPY	43,560	2,272,004		67.00
68.00	06800	SPEECH PATHOLOGY	-4,604	3,565,543		68.00
69.00	06900	ELECTROCARDIOLOGY	-1,818,838	2,875,602		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-16,602	5,694,332		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,964,650		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	66,909,032		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,245	134,609,064		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	-1,266,236	8,950,010		73.03
74.00	07400	RENAL DIALYSIS	-151,000	7,738,869		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	613,277		76.00
76.01	03021	CARDIOLOGY	-19,781	3,980,124		76.01
76.02	03022	PSYCH OTHER ANCILLARY	-1,500,016	176,998		76.02
76.03	03023	CARDIAC CATHERIZATION	-2,080,676	6,167,132		76.03
76.04	03024	DAY SURGERY	-8	4,668,635		76.04
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	-6,713	580,076		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	-653,206	4,065,160		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	-36	1,394,108		90.01
90.02	09002	IUSCC HEM/ONC	-2,861,025	20,745,622		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	-18	274,355		90.03
90.04	09004	AMB SVC-PSYCH ADULT	-11	515,654		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	1		90.05
90.06	09006	OUTPATIENT SURGERY	-19	2,348,482		90.06
90.07	09007	AMB SVC-RILEY CLINICS	136,210	4,619,621		90.07
90.08	09008	MOTILITY LAB	0	110,718		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	-769,188	39,033		90.10
90.11	09023	SLEEP LAB	-4,611	3,990,142		90.11
90.12	09024	OP CARE ADULTS	-8	255,175		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	-8,302	183,957		90.14
90.15	09013	NEUROLOGY UH	0	850,151		90.15
90.16	09014	ORTHOPEDICS UH	-2	335,400		90.16
90.17	09015	PHYSICAL MEDICINE	0	882,120		90.17
90.18	09016	DERMATOLOGY CLINIC	-12	728,385		90.18
90.19	09017	INFUSION/HEM/ONC	-275,447	475,767		90.19
90.20	09025	IUMG - MH	0	429,829		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0		90.21
90.22	09020	IUMG - MH	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0		90.25
91.00	09100	EMERGENCY	-5,941,480	22,163,485		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	-56,167	1,169,758		94.00
95.00	09500	AMBULANCE SERVICES	26,785	19,969,660		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
99.00	09900	CMHC	0	0		99.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	-7,672,726	38,414,897		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	-705,401	11,026,056		105.00
106.00	10600	HEART ACQUISITION	0	2,201,602		106.00
107.00	10700	LIVER ACQUISITION	-1,797,155	6,206,930		107.00
108.00	10800	LUNG ACQUISITION	-1,325	3,114,756		108.00
109.00	10900	PANCREAS ACQUISITION	0	2,331,139		109.00
110.00	11000	INTESTINE ACQUISITION	0	1,561,146		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	193,311		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	3,476,804		112.01
113.00	11300	INTEREST EXPENSE	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	-50,012	3,384,191		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-114,032,749	1,712,965,424		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,397		190.00
191.00	19100	RESEARCH	-200,189	2,866,661		191.00
191.01	19101	RESEARCH-GCRC	0	15,907		191.01
191.02	19102	OSA	-1,445,905	4,910,315		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-3,011,004	1,766,849		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-15,702,009	13,188,507		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	-20,782,703	5,120,263		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	477,074		192.03
192.04	19204	MHH RADIOLOGY	-455	155,953		192.04
192.05	19205	MHH LABS	0	210,565		192.05
192.06	19206	BELTWAY SURGERY	-185,981	87,523		192.06
192.07	19207	RHI	0	123,347		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	-38	29,179,691		192.08
192.09	19209	ARTHRITIS CLINIC - NR	3,437	16,541		192.09
192.10	19212	CARDIO PHYSICIANS	-308,154	819,922		192.10
192.11	19211	UNUSED SPACE	0	0		192.11
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		TOTAL (SUM OF LINES 118-199)	-155,665,750	1,771,930,939		200.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - BENEFITS				
1.00	EMPLOYEE BENEFITS	4.00	0	118,948,370	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00
90.00		0.00	0	0	90.00
91.00		0.00	0	0	91.00
92.00		0.00	0	0	92.00
93.00		0.00	0	0	93.00
94.00		0.00	0	0	94.00
95.00		0.00	0	0	95.00
96.00		0.00	0	0	96.00
97.00		0.00	0	0	97.00
98.00		0.00	0	0	98.00
99.00		0.00	0	0	99.00
100.00		0.00	0	0	100.00
101.00		0.00	0	0	101.00
102.00		0.00	0	0	102.00
103.00		0.00	0	0	103.00
	TOTALS		0	118,948,370	
	B - CONTRACT LABOR				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	99,087	1.00
2.00	DIETARY	10.00	0	131,559	2.00
3.00	CAFETERIA	11.00	0	1,006	3.00
4.00	NURSING ADMINISTRATION	13.00	0	200	4.00
5.00	SOCIAL SERVICE	17.00	0	2,613,941	5.00
6.00	OPERATING ROOM	50.00	0	12,821	6.00
7.00	RECOVERY ROOM	51.00	0	185,072	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,456	8.00
9.00	LABORATORY	60.00	0	68,096	9.00
10.00	CARDIOLOGY	76.01	0	9,959	10.00
11.00	CARDIAC CATHERIZATION	76.03	0	33,625	11.00
12.00	AMB SVC-OB & GYN	90.01	0	1,820	12.00
13.00	IUSCC HEM/ONC	90.02	0	229,195	13.00
14.00	CLINICAL GERIATRICS	90.10	0	1,158	14.00
15.00	INFUSION/HEM/ONC	90.19	0	2,170	15.00
16.00	EMERGENCY	91.00	0	980	16.00
17.00	AMBULANCE SERVICES	95.00	0	68,186	17.00
18.00	HOME HEALTH AGENCY	101.00	0	541,091	18.00
19.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	45,360	19.00
20.00	CARDIO PHYSICIANS	192.10	0	40,489	20.00
	TOTALS		0	4,089,271	
	C - DEPRECIATION				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	932,129	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	36,821,377	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
	TOTALS		0	37,753,506	

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	D - DEPRECIATION ALLOCATION					
1.00	PURCHASING, RECEIVING, & STORES	5.03	0	79,268		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	95,593		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	599		3.00
4.00	DIETARY	10.00	0	8,575		4.00
5.00	NURSING ADMINISTRATION	13.00	0	29,037		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	92,907		6.00
7.00	PHARMACY	15.00	0	20,280		7.00
8.00	PATIENT TRANSPORTATION	18.00	0	40,183		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	705		9.00
10.00	PARAMED RESPIRATORY THERAPY	23.03	0	16,420		10.00
11.00	PARAMED PHARMACY	23.07	0	2,283		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	169,306		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	3,390		13.00
14.00	CORONARY CARE UNIT	32.00	0	15,471		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	26,522		15.00
16.00	RH PED IC	34.04	0	19,561		16.00
17.00	PEDS CANCER CARE	34.06	0	210		17.00
18.00	SUBPROVIDER - IPF	40.00	0	44		18.00
19.00	NURSERY	43.00	0	4,361		19.00
20.00	ENDOSCOPY	50.01	0	290,051		20.00
21.00	RECOVERY ROOM	51.00	0	88,896		21.00
22.00	ANESTHESIOLOGY	53.00	0	87,021		22.00
23.00	PULMONARY FUNCTION TESTING	53.01	0	41,636		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,237		24.00
25.00	RADIOISOTOPE	56.00	0	4,003		25.00
26.00	LABORATORY	60.00	0	377,674		26.00
27.00	BONE MARROW TRANSPLANT LAB	60.02	0	20,791		27.00
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	6,098		28.00
29.00	RESPIRATORY THERAPY	65.00	0	140,306		29.00
30.00	PHYSICAL THERAPY	66.00	0	10,740		30.00
31.00	SPEECH PATHOLOGY	68.00	0	14,379		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	27,403		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	118,093		33.00
34.00	OUTPATIENT RETAIL PHARMACY	73.03	0	2,665		34.00
35.00	RENAL DIALYSIS	74.00	0	1,813		35.00
36.00	CARDIOLOGY	76.01	0	197,568		36.00
37.00	CARDIAC CATHERIZATION	76.03	0	113,368		37.00
38.00	DAY SURGERY	76.04	0	3,932		38.00
39.00	IUSCC HEM/ONC	90.02	0	2,396		39.00
40.00	AMB SVC-OB & GYN	90.01	0	537		40.00
41.00	IUSCC HEM/ONC	90.02	0	675,841		41.00
42.00	AMB SVC-OPTHALMOLOGY	90.03	0	76,626		42.00
43.00	OUTPATIENT SURGERY	90.06	0	38,810		43.00
44.00	AMB SVC-RILEY CLINICS	90.07	0	9,521		44.00
45.00	MOTILITY LAB	90.08	0	2,603		45.00
46.00	NEUROLOGY UH	90.15	0	1,872		46.00
47.00	PHYSICAL MEDICINE	90.17	0	73		47.00
48.00	DERMATOLOGY CLINIC	90.18	0	1,529		48.00
49.00	INFUSION/HEM/ONC	90.19	0	23,999		49.00
50.00	HOME PROGRAM DIALYSIS	94.00	0	1,102		50.00
51.00	AMBULANCE SERVICES	95.00	0	92,707		51.00
52.00	KIDNEY ACQUISITION	105.00	0	6,533		52.00
53.00	LIVER ACQUISITION	107.00	0	381		53.00
54.00	LUNG ACQUISITION	108.00	0	1,319		54.00
55.00	RESEARCH	191.00	0	5,870		55.00
56.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,519		56.00
57.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	210,212		57.00
58.00	MHH RADIOLOGY	192.04	0	326		58.00
59.00	NON-ALLOWABLE ADVERTISING	192.08	0	671		59.00
60.00	BELTWAY SURGERY	192.06	0	55		60.00
61.00	RHI	192.07	0	20,782		61.00
62.00	ARTHRITIS CLINIC - NR	192.09	0	13,543		62.00
63.00	CARDIO PHYSICIANS	192.10	0	2,920		63.00
	TOTALS		0	3,371,136		
	E - DRUGS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	182		1.00
2.00	NURSING ADMINISTRATION	13.00	0	15		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	54,639		3.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00	PHARMACY	15.00	0	95,782,815		4.00
5.00	PATIENT TRANSPORTATION	18.00	0	85		5.00
6.00	PARAMED RESPIRATORY THERAPY	23.03	0	9		6.00
7.00	PARAMED LAB SCIENCE PRO	23.06	0	19		7.00
8.00	PARAMED PHARMACY TECH	23.10	0	7		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	1,563		9.00
10.00	CORONARY CARE UNIT	32.00	0	1,509		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	434		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	0	48		12.00
13.00	UH SURG 6IC	34.02	0	1,922		13.00
14.00	UH NS 3IC	34.03	0	673		14.00
15.00	RH PED IC	34.04	0	1,453		15.00
16.00	TRANSPLANT ICU	34.05	0	163		16.00
17.00	PEDS CANCER CARE	34.06	0	25		17.00
18.00	ENDOSCOPY	50.01	0	670		18.00
19.00	RECOVERY ROOM	51.00	0	707		19.00
20.00	LABORATORY	60.00	0	47,995		20.00
21.00	TRANSPLANT IMMUNOLOGY	60.01	0	2,466		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,305		22.00
23.00	RESPIRATORY THERAPY	65.00	0	6,658		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	169		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	699		25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	310		26.00
27.00	RH NBN ECMO IC	76.00	0	200		27.00
28.00	CARDIOLOGY	76.01	0	5,337		28.00
29.00	PSYCH OTHER ANCILLARY	76.02	0	31		29.00
30.00	MOTILITY LAB	90.08	0	161		30.00
31.00	HOME HEALTH AGENCY	101.00	0	77		31.00
32.00	OTHER ORGAN ACQUISITION	112.00	0	11		32.00
33.00	OSA	191.02	0	1		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	26		34.00
35.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	24		35.00
36.00	MHH LABS	192.05	0	52		36.00
37.00	RHI	192.07	0	15,185		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
	TOTALS		0	95,927,645		
	F - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	134,577,819		1.00
	TOTALS		0	134,577,819		
	G - SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46,315		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	225,573,940		2.00
3.00	OUTPATIENT RETAIL PHARMACY	73.03	0	53,851		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
90.00		0.00	0	0		90.00
91.00		0.00	0	0		91.00
92.00		0.00	0	0		92.00
93.00		0.00	0	0		93.00
94.00		0.00	0	0		94.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
95.00		0.00	0	0		95.00
96.00		0.00	0	0		96.00
	TOTALS		0	225,674,106		
	H - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	105,613,721		1.00
	TOTALS		0	105,613,721		
	I - IMPLANTABLE SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	66,909,032		1.00
	TOTALS		0	66,909,032		
	J - SLEEP LAB					
1.00	SLEEP LAB	90.11	2,515,291	1,103,617		1.00
	TOTALS		2,515,291	1,103,617		
	K - HOSPICE					
1.00	HOSPICE	116.00	2,230,758	1,203,445		1.00
	TOTALS		2,230,758	1,203,445		
	L - NURSERY					
1.00	NURSERY	43.00	1,392,928	332,356		1.00
	TOTALS		1,392,928	332,356		
	M - PARAMED ED					
1.00	PARAMED RADIOLOGY-METHODIST	23.02	189,184	14,473		1.00
2.00	PARAMED RADIOLOGY-METHODIST	23.02	498,047	38,101		2.00
3.00	PARAMED NEUROPHYSIOLOGY	23.11	90,525	6,925		3.00
4.00	PARAMED PHARMACY	23.07	648,523	49,612		4.00
5.00	PARAMED LAB SCIENCE PRO	23.06	243,646	18,638		5.00
6.00	PARAMED EMERGENCY	23.04	43,893	3,358		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	TOTALS		1,713,818	131,107		
	N - PTO ALLOCATION					
1.00	EMPLOYEE BENEFITS	4.00	0	7,110,711		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00
90.00		0.00	0	0	90.00
91.00		0.00	0	0	91.00
92.00		0.00	0	0	92.00
93.00		0.00	0	0	93.00
94.00		0.00	0	0	94.00
95.00		0.00	0	0	95.00
96.00		0.00	0	0	96.00
	TOTALS		0	7,110,711	
	O - RENAL ADMIN				
1.00	HOME PROGRAM DIALYSIS	94.00	138,223	41,566	1.00
	TOTALS		138,223	41,566	

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	P - PHONES					
1.00	NONPATIENT TELEPHONES	5.01	0	163,547		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,165		2.00
3.00	LABORATORY	60.00	0	10,082		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	TOTALS		0	182,794		
	Q - FQHC NON-REIMBURSABLE					
1.00	OTHER NONREIMBURSABLE-METHODIST	192.01	35,613	56,110		1.00
	TOTALS		35,613	56,110		
	R - ORGANS					
1.00	LUNG ACQUISITION	108.00	176,272	44,016		1.00
2.00	LIVER ACQUISITION	107.00	83,103	19,642		2.00
3.00	HEART ACQUISITION	106.00	943,292	135,854		3.00
4.00	PANCREAS ACQUISITION	109.00	5,777	32,783		4.00
5.00	INTESTINE ACQUISITION	110.00	601,799	33,092		5.00
	TOTALS		1,810,243	265,387		
	S - PRE-POST TRANSPLANT					
1.00	POST TRANSPLANT EXPENSES	112.01	3,082,308	394,496		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		3,082,308	394,496		
	T - ACQUISITION WORK-UP EXP					
1.00	LUNG ACQUISITION	108.00	0	162		1.00
2.00	KIDNEY ACQUISITION	105.00	0	5		2.00
3.00	HEART ACQUISITION	106.00	0	76		3.00
4.00	PANCREAS ACQUISITION	109.00	0	31,482		4.00
	TOTALS		0	31,725		
	U - NON-TXPL EMPLOYEES					
1.00	KIDNEY ACQUISITION	105.00	57,375	0		1.00
	TOTALS		57,375	0		
	V - ADVERTISING					
1.00	NON-ALLOWABLE ADVERTISING	192.08	0	1,863,838		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	1,863,838	
500.00	Grand Total: Increases		12,976,557	805,581,758	500.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - BENEFITS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,577,842	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	56,830	0	2.00
3.00	OPERATION OF PLANT	7.00	0	711,216	0	3.00
4.00	HOUSEKEEPING - METHODIST	9.03	0	75,887	0	4.00
5.00	DIETARY	10.00	0	1,957,204	0	5.00
6.00	CAFETERIA	11.00	0	21,706	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	5,603,616	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	716,302	0	8.00
9.00	PHARMACY	15.00	0	4,955,850	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	52,249	0	10.00
11.00	SOCIAL SERVICE	17.00	0	1,075,407	0	11.00
12.00	PATIENT TRANSPORTATION	18.00	0	653,706	0	12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	96,715	0	13.00
14.00	PARAMED ED HEALTH SCIENCES	23.01	0	28,634	0	14.00
15.00	PARAMED RADIOLOGY-METHODIST	23.02	0	53,612	0	15.00
16.00	PARAMED RESPIRATORY THERAPY	23.03	0	71,634	0	16.00
17.00	PARAMED EMERGENCY	23.04	0	36,219	0	17.00
18.00	ALLIED HEALTH	23.05	0	128,886	0	18.00
19.00	PARAMED LAB SCIENCE PRO	23.06	0	26,434	0	19.00
20.00	PARAMED PHARMACY	23.07	0	123,670	0	20.00
21.00	PARAMED SURGERY TECHNOLOGY	23.09	0	30,507	0	21.00
22.00	PARAMED PHARMACY TECH	23.10	0	40,037	0	22.00
23.00	ADULTS & PEDIATRICS	30.00	0	29,668,573	0	23.00
24.00	INTENSIVE CARE UNIT	31.00	0	3,123,096	0	24.00
25.00	CORONARY CARE UNIT	32.00	0	2,344,042	0	25.00
26.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	855,488	0	26.00
27.00	BURN INTENSIVE CARE UNIT	33.00	0	232,741	0	27.00
28.00	UH SURG 6IC	34.02	0	789,642	0	28.00
29.00	UH NS 3IC	34.03	0	14,627	0	29.00
30.00	RH PED IC	34.04	0	2,076,547	0	30.00
31.00	TRANSPLANT ICU	34.05	0	444,982	0	31.00
32.00	PEDS CANCER CARE	34.06	0	337,577	0	32.00
33.00	SUBPROVIDER - IPF	40.00	0	673,094	0	33.00
34.00	NURSERY	43.00	0	503,932	0	34.00
35.00	OPERATING ROOM	50.00	0	6,894,486	0	35.00
36.00	ENDOSCOPY	50.01	0	204,437	0	36.00
37.00	RECOVERY ROOM	51.00	0	1,057,698	0	37.00
38.00	ANESTHESIOLOGY	53.00	0	405,855	0	38.00
39.00	PULMONARY FUNCTION TESTING	53.01	0	593,116	0	39.00
40.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,144,072	0	40.00
41.00	RADIOLOGY-THERAPEUTIC	55.00	0	945,092	0	41.00
42.00	RADIOISOTOPE	56.00	0	136,079	0	42.00
43.00	CARDIAC CATHETERIZATION	59.00	0	92,588	0	43.00
44.00	LABORATORY	60.00	0	5,745,997	0	44.00
45.00	TRANSPLANT IMMUNOLOGY	60.01	0	190,601	0	45.00
46.00	BONE MARROW TRANSPLANT LAB	60.02	0	208,454	0	46.00
47.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	647,191	0	47.00
48.00	RESPIRATORY THERAPY	65.00	0	4,495,358	0	48.00
49.00	PHYSICAL THERAPY	66.00	0	1,832,799	0	49.00
50.00	OCCUPATIONAL THERAPY	67.00	0	412,851	0	50.00
51.00	SPEECH PATHOLOGY	68.00	0	677,699	0	51.00
52.00	ELECTROCARDIOLOGY	69.00	0	605,198	0	52.00
53.00	ELECTROENCEPHALOGRAPHY	70.00	0	810,422	0	53.00
54.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	58,958	0	54.00
55.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,379,947	0	55.00
56.00	RENAL DIALYSIS	74.00	0	1,337,818	0	56.00
57.00	RH NBN ECMO IC	76.00	0	49,911	0	57.00
58.00	CARDIOLOGY	76.01	0	450,246	0	58.00
59.00	PSYCH OTHER ANCILLARY	76.02	0	10,662	0	59.00
60.00	CARDIAC CATHERIZATION	76.03	0	739,681	0	60.00
61.00	DAY SURGERY	76.04	0	879,642	0	61.00
62.00	IUSCC HEM/ONC	90.02	0	11,490	0	62.00
63.00	CARDIAC REHABILITATION	76.97	0	86,775	0	63.00
64.00	AMB SVC-OB & GYN	90.01	0	231,827	0	64.00
65.00	IUSCC HEM/ONC	90.02	0	3,197,840	0	65.00
66.00	AMB SVC-OPTHALMOLOGY	90.03	0	75,053	0	66.00
67.00	AMB SVC-PSYCH ADULT	90.04	0	76,366	0	67.00
68.00	OUTPATIENT SURGERY	90.06	0	434,528	0	68.00
69.00	AMB SVC-RILEY CLINICS	90.07	0	1,022,626	0	69.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
70.00	MOTILITY LAB	90.08	0	20,983	0	70.00
71.00	CLINICAL GERIATRICS	90.10	0	437	0	71.00
72.00	SLEEP LAB	90.11	0	43,003	0	72.00
73.00	OP CARE ADULTS	90.12	0	69,032	0	73.00
74.00	ARTHRITIS CLINIC	90.14	0	21,793	0	74.00
75.00	NEUROLOGY UH	90.15	0	198,442	0	75.00
76.00	ORTHOPEDICS UH	90.16	0	57,835	0	76.00
77.00	PHYSICAL MEDICINE	90.17	0	222,701	0	77.00
78.00	DERMATOLOGY CLINIC	90.18	0	190,892	0	78.00
79.00	INFUSION/HEM/ONC	90.19	0	104,595	0	79.00
80.00	IUMG - MH	90.20	0	106,876	0	80.00
81.00	EMERGENCY	91.00	0	4,325,871	0	81.00
82.00	HOME PROGRAM DIALYSIS	94.00	0	174,180	0	82.00
83.00	AMBULANCE SERVICES	95.00	0	1,363,742	0	83.00
84.00	HOME HEALTH AGENCY	101.00	0	5,101,522	0	84.00
85.00	KIDNEY ACQUISITION	105.00	0	793,401	0	85.00
86.00	HEART ACQUISITION	106.00	0	86,072	0	86.00
87.00	LIVER ACQUISITION	107.00	0	197,606	0	87.00
88.00	LUNG ACQUISITION	108.00	0	97,474	0	88.00
89.00	PANCREAS ACQUISITION	109.00	0	54,145	0	89.00
90.00	INTESTINE ACQUISITION	110.00	0	40,560	0	90.00
91.00	OTHER ORGAN ACQUISITION	112.00	0	28,628	0	91.00
92.00	RESEARCH	191.00	0	552,995	0	92.00
93.00	OSA	191.02	0	428,097	0	93.00
94.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	77,139	0	94.00
95.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	1,502,391	0	95.00
96.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	767,575	0	96.00
97.00	MHH RADIOLOGY	192.04	0	15,041	0	97.00
98.00	MHH LABS	192.05	0	54,366	0	98.00
99.00	BELTWAY SURGERY	192.06	0	4,806	0	99.00
100.00	RHI	192.07	0	42,293	0	100.00
101.00	NON-ALLOWABLE ADVERTISING	192.08	0	774,891	0	101.00
102.00	ARTHRITIS CLINIC - NR	192.09	0	3	0	102.00
103.00	CARDIO PHYSICIANS	192.10	0	127,116	0	103.00
	TOTALS		0	118,948,370		
	B - CONTRACT LABOR					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	99,087	0	0	1.00
2.00	DIETARY	10.00	131,559	0	0	2.00
3.00	CAFETERIA	11.00	1,006	0	0	3.00
4.00	NURSING ADMINISTRATION	13.00	200	0	0	4.00
5.00	SOCIAL SERVICE	17.00	2,613,941	0	0	5.00
6.00	OPERATING ROOM	50.00	12,821	0	0	6.00
7.00	RECOVERY ROOM	51.00	185,072	0	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	3,456	0	0	8.00
9.00	LABORATORY	60.00	68,096	0	0	9.00
10.00	CARDIOLOGY	76.01	9,959	0	0	10.00
11.00	CARDIAC CATHERIZATION	76.03	33,625	0	0	11.00
12.00	AMB SVC-OB & GYN	90.01	1,820	0	0	12.00
13.00	IUSCC HEM/ONC	90.02	229,195	0	0	13.00
14.00	CLINICAL GERIATRICS	90.10	1,158	0	0	14.00
15.00	INFUSION/HEM/ONC	90.19	2,170	0	0	15.00
16.00	EMERGENCY	91.00	980	0	0	16.00
17.00	AMBULANCE SERVICES	95.00	68,186	0	0	17.00
18.00	HOME HEALTH AGENCY	101.00	541,091	0	0	18.00
19.00	OTHER NONREIMBURSABLE-METHODIST	192.01	45,360	0	0	19.00
20.00	CARDIO PHYSICIANS	192.10	40,489	0	0	20.00
	TOTALS		4,089,271	0		
	C - DEPRECIATION					
1.00	PURCHASING, RECEIVING, & STORES	5.03	0	121,745	9	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	748,934	9	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	13,059	0	3.00
4.00	OPERATION OF PLANT	7.00	0	62,072	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	599	0	5.00
6.00	DIETARY	10.00	0	119,597	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	728,283	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	481,693	0	8.00
9.00	PHARMACY	15.00	0	1,733,721	0	9.00
10.00	SOCIAL SERVICE	17.00	0	1,854	0	10.00
11.00	PATIENT TRANSPORTATION	18.00	0	43,622	0	11.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	12,947	0		12.00
13.00	PARAMED ED HEALTH SCIENCES	23.01	0	16,650	0		13.00
14.00	PARAMED RESPIRATORY THERAPY	23.03	0	16,420	0		14.00
15.00	PARAMED PHARMACY	23.07	0	2,283	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,324,017	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	181,380	0		17.00
18.00	CORONARY CARE UNIT	32.00	0	69,357	0		18.00
19.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	109,603	0		19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	0	11,785	0		20.00
21.00	UH SURG 6IC	34.02	0	90,558	0		21.00
22.00	UH NS 3IC	34.03	0	5,128	0		22.00
23.00	RH PED IC	34.04	0	72,945	0		23.00
24.00	PEDS CANCER CARE	34.06	0	676	0		24.00
25.00	SUBPROVIDER - IPF	40.00	0	6,534	0		25.00
26.00	NURSERY	43.00	0	24,896	0		26.00
27.00	OPERATING ROOM	50.00	0	8,215,151	0		27.00
28.00	ENDOSCOPY	50.01	0	343,669	0		28.00
29.00	RECOVERY ROOM	51.00	0	107,868	0		29.00
30.00	ANESTHESIOLOGY	53.00	0	639,965	0		30.00
31.00	PULMONARY FUNCTION TESTING	53.01	0	143,395	0		31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,733,021	0		32.00
33.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,141,353	0		33.00
34.00	RADIOISOTOPE	56.00	0	493,230	0		34.00
35.00	LABORATORY	60.00	0	1,699,304	0		35.00
36.00	TRANSPLANT IMMUNOLOGY	60.01	0	20,230	0		36.00
37.00	BONE MARROW TRANSPLANT LAB	60.02	0	104,797	0		37.00
38.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	51,248	0		38.00
39.00	RESPIRATORY THERAPY	65.00	0	749,306	0		39.00
40.00	PHYSICAL THERAPY	66.00	0	67,955	0		40.00
41.00	OCCUPATIONAL THERAPY	67.00	0	16,762	0		41.00
42.00	SPEECH PATHOLOGY	68.00	0	126,586	0		42.00
43.00	ELECTROCARDIOLOGY	69.00	0	203,774	0		43.00
44.00	ELECTROENCEPHALOGRAPHY	70.00	0	379,129	0		44.00
45.00	OUTPATIENT RETAIL PHARMACY	73.03	0	99,756	0		45.00
46.00	RENAL DIALYSIS	74.00	0	175,744	0		46.00
47.00	RH NBN ECMO IC	76.00	0	27,372	0		47.00
48.00	CARDIOLOGY	76.01	0	822,509	0		48.00
49.00	PSYCH OTHER ANCILLARY	76.02	0	3,692	0		49.00
50.00	CARDIAC CATHERIZATION	76.03	0	555,133	0		50.00
51.00	DAY SURGERY	76.04	0	20,871	0		51.00
52.00	IUSCC HEM/ONC	90.02	0	2,940,087	0		52.00
53.00	CARDIAC REHABILITATION	76.97	0	2,871	0		53.00
54.00	AMB SVC-OB & GYN	90.01	0	47,583	0		54.00
55.00	IUSCC HEM/ONC	90.02	0	522,171	0		55.00
56.00	AMB SVC-OPTHALMOLOGY	90.03	0	211,314	0		56.00
57.00	AMB SVC-PSYCH ADULT	90.04	0	13,577	0		57.00
58.00	OUTPATIENT SURGERY	90.06	0	299,836	0		58.00
59.00	AMB SVC-RILEY CLINICS	90.07	0	254,918	0		59.00
60.00	MOTILITY LAB	90.08	0	18,050	0		60.00
61.00	CLINICAL GERIATRICS	90.10	0	3,280	0		61.00
62.00	OP CARE ADULTS	90.12	0	2,202	0		62.00
63.00	ARTHRITIS CLINIC	90.14	0	3,313	0		63.00
64.00	NEUROLOGY UH	90.15	0	51,793	0		64.00
65.00	ORTHOPEDICS UH	90.16	0	2,678	0		65.00
66.00	PHYSICAL MEDICINE	90.17	0	1,776	0		66.00
67.00	DERMATOLOGY CLINIC	90.18	0	29,701	0		67.00
68.00	INFUSION/HEM/ONC	90.19	0	24,038	0		68.00
69.00	IUMG - MH	90.20	0	1,853	0		69.00
70.00	EMERGENCY	91.00	0	210,553	0		70.00
71.00	HOME PROGRAM DIALYSIS	94.00	0	61,334	0		71.00
72.00	AMBULANCE SERVICES	95.00	0	2,174,708	0		72.00
73.00	HOME HEALTH AGENCY	101.00	0	607,061	0		73.00
74.00	KIDNEY ACQUISITION	105.00	0	487,011	0		74.00
75.00	LIVER ACQUISITION	107.00	0	13,646	0		75.00
76.00	LUNG ACQUISITION	108.00	0	1,319	0		76.00
77.00	RESEARCH	191.00	0	67,052	0		77.00
78.00	OSA	191.02	0	14,606	0		78.00
79.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,844	0		79.00
80.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	372,544	0		80.00
81.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	782,598	0		81.00
82.00	MHH RADIOLOGY	192.04	0	20,029	0		82.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
83.00	MHH LABS	192.05	0	5,546	0		83.00
84.00	BELTWAY SURGERY	192.06	0	1,189	0		84.00
85.00	RHI	192.07	0	20,782	0		85.00
86.00	NON-ALLOWABLE ADVERTISING	192.08	0	489,571	0		86.00
87.00	ARTHRITIS CLINIC - NR	192.09	0	15,035	0		87.00
88.00	CARDIO PHYSICIANS	192.10	0	32,859	0		88.00
	TOTALS		0	37,753,506			
	D - DEPRECIATION ALLOCATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,442,240	9		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	0	47,707	0		2.00
3.00	OPERATING ROOM	50.00	0	616,214	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	104,856	0		4.00
5.00	TRANSPLANT IMMUNOLOGY	60.01	0	3,823	0		5.00
6.00	AMB SVC-PSYCH ADULT	90.04	0	2,943	0		6.00
7.00	ORTHOPEDICS UH	90.16	0	243	0		7.00
8.00	EMERGENCY	91.00	0	27,663	0		8.00
9.00	OSA	191.02	0	1,714	0		9.00
10.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	65,338	0		10.00
11.00	NON-ALLOWABLE ADVERTISING	192.08	0	58,395	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
	TOTALS		0	3,371,136			

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	E - DRUGS					
1.00	PURCHASING, RECEIVING, & STORES	5.03	0	46,109	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	23,424	0	2.00
3.00	DIETARY	10.00	0	223	0	3.00
4.00	SOCIAL SERVICE	17.00	0	78	0	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	59	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	48,746	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	11	0	7.00
8.00	NURSERY	43.00	0	842	0	8.00
9.00	OPERATING ROOM	50.00	0	440,618	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	607,197	0	10.00
11.00	PULMONARY FUNCTION TESTING	53.01	0	29,370	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	260,069	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,689	0	13.00
14.00	RADIOISOTOPE	56.00	0	79,787	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	12,634	0	15.00
16.00	BONE MARROW TRANSPLANT LAB	60.02	0	38,894	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	11,990	0	17.00
18.00	SPEECH PATHOLOGY	68.00	0	1,937	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	47	0	19.00
20.00	OUTPATIENT RETAIL PHARMACY	73.03	0	40,899,870	0	20.00
21.00	RENAL DIALYSIS	74.00	0	1,172,841	0	21.00
22.00	CARDIAC CATHERIZATION	76.03	0	3,865	0	22.00
23.00	DAY SURGERY	76.04	0	112	0	23.00
24.00	CARDIAC REHABILITATION	76.97	0	247	0	24.00
25.00	AMB SVC-OB & GYN	90.01	0	132,773	0	25.00
26.00	IUSCC HEM/ONC	90.02	0	35,212,884	0	26.00
27.00	AMB SVC-OPTHALMOLOGY	90.03	0	223,032	0	27.00
28.00	AMB SVC-PSYCH ADULT	90.04	0	496	0	28.00
29.00	AMB SVC-DIABETES ADULT	90.05	0	278	0	29.00
30.00	OUTPATIENT SURGERY	90.06	0	12,784	0	30.00
31.00	AMB SVC-RILEY CLINICS	90.07	0	536,274	0	31.00
32.00	CLINICAL GERIATRICS	90.10	0	421	0	32.00
33.00	OP CARE ADULTS	90.12	0	6,911	0	33.00
34.00	ARTHRITIS CLINIC	90.14	0	6,091,035	0	34.00
35.00	NEUROLOGY UH	90.15	0	4	0	35.00
36.00	ORTHOPEDICS UH	90.16	0	61,349	0	36.00
37.00	PHYSICAL MEDICINE	90.17	0	83,692	0	37.00
38.00	DERMATOLOGY CLINIC	90.18	0	13,084	0	38.00
39.00	INFUSION/HEM/ONC	90.19	0	1,517	0	39.00
40.00	IUMG - MH	90.20	0	1,282	0	40.00
41.00	EMERGENCY	91.00	0	34	0	41.00
42.00	HOME PROGRAM DIALYSIS	94.00	0	629,463	0	42.00
43.00	AMBULANCE SERVICES	95.00	0	71,714	0	43.00
44.00	KIDNEY ACQUISITION	105.00	0	33,378	0	44.00
45.00	RESEARCH	191.00	0	891	0	45.00
46.00	RESEARCH-GCRC	191.01	0	2,392	0	46.00
47.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	8,215,396	0	47.00
48.00	ARTHRITIS CLINIC - NR	192.09	0	910,230	0	48.00
49.00	CARDIO PHYSICIANS	192.10	0	5,672	0	49.00
	TOTALS		0	95,927,645		
	F - BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	134,577,819	0	1.00
	TOTALS		0	134,577,819		
	G - SUPPLIES					
1.00	EMPLOYEE BENEFITS	4.00	0	8	0	1.00
2.00	DATA PROCESSING	5.02	0	131	0	2.00
3.00	PURCHASING, RECEIVING, & STORES	5.03	0	180,109	0	3.00
4.00	ADMITTING	5.04	0	129	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	15,015	0	5.00
6.00	OPERATION OF PLANT	7.00	0	20,811	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	100,323	0	7.00
8.00	HOUSEKEEPING - METHODIST	9.03	0	20,685	0	8.00
9.00	DIETARY	10.00	0	80,375	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	5,791	0	10.00
11.00	PHARMACY	15.00	0	2,982,353	0	11.00
12.00	SOCIAL SERVICE	17.00	0	206	0	12.00
13.00	PATIENT TRANSPORTATION	18.00	0	3,927	0	13.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	685	0		14.00
15.00	PARAMED ED HEALTH SCIENCES	23.01	0	4	0		15.00
16.00	PARAMED RESPIRATORY THERAPY	23.03	0	4,654	0		16.00
17.00	PARAMED LAB SCIENCE PRO	23.06	0	8,273	0		17.00
18.00	PARAMED SURGERY TECHNOLOGY	23.09	0	738	0		18.00
19.00	PARAMED PHARMACY TECH	23.10	0	4,030	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	0	14,915,095	0		20.00
21.00	INTENSIVE CARE UNIT	31.00	0	2,035,567	0		21.00
22.00	CORONARY CARE UNIT	32.00	0	2,071,633	0		22.00
23.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	446,908	0		23.00
24.00	BURN INTENSIVE CARE UNIT	33.00	0	83,928	0		24.00
25.00	UH SURG 6IC	34.02	0	1,092,750	0		25.00
26.00	UH NS 3IC	34.03	0	384,590	0		26.00
27.00	RH PED IC	34.04	0	1,282,724	0		27.00
28.00	TRANSPLANT ICU	34.05	0	379,484	0		28.00
29.00	PEDS CANCER CARE	34.06	0	108,558	0		29.00
30.00	SUBPROVIDER - IPF	40.00	0	44,188	0		30.00
31.00	NURSERY	43.00	0	208,639	0		31.00
32.00	OPERATING ROOM	50.00	0	95,754,127	0		32.00
33.00	ENDOSCOPY	50.01	0	622,219	0		33.00
34.00	RECOVERY ROOM	51.00	0	530,046	0		34.00
35.00	ANESTHESIOLOGY	53.00	0	3,683,377	0		35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	303,799	0		36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,273,415	0		37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	286,806	0		38.00
39.00	RADIOISOTOPE	56.00	0	3,868,010	0		39.00
40.00	CARDIAC CATHETERIZATION	59.00	0	3,896,551	0		40.00
41.00	LABORATORY	60.00	0	24,011,209	0		41.00
42.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,103,727	0		42.00
43.00	BONE MARROW TRANSPLANT LAB	60.02	0	868,620	0		43.00
44.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,900,566	0		44.00
45.00	RESPIRATORY THERAPY	65.00	0	3,938,306	0		45.00
46.00	PHYSICAL THERAPY	66.00	0	741,970	0		46.00
47.00	OCCUPATIONAL THERAPY	67.00	0	103,638	0		47.00
48.00	SPEECH PATHOLOGY	68.00	0	2,009,169	0		48.00
49.00	ELECTROCARDIOLOGY	69.00	0	94,083	0		49.00
50.00	ELECTROENCEPHALOGRAPHY	70.00	0	365,823	0		50.00
51.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	167,720	0		51.00
52.00	RENAL DIALYSIS	74.00	0	2,232,127	0		52.00
53.00	RH NBN ECMO IC	76.00	0	134,229	0		53.00
54.00	CARDIOLOGY	76.01	0	7,344,714	0		54.00
55.00	PSYCH OTHER ANCILLARY	76.02	0	24,794	0		55.00
56.00	CARDIAC CATHERIZATION	76.03	0	6,909,046	0		56.00
57.00	DAY SURGERY	76.04	0	399,654	0		57.00
58.00	IUSCC HEM/ONC	90.02	0	78	0		58.00
59.00	CARDIAC REHABILITATION	76.97	0	6,559	0		59.00
60.00	AMB SVC-OB & GYN	90.01	0	134,183	0		60.00
61.00	IUSCC HEM/ONC	90.02	0	1,705,725	0		61.00
62.00	AMB SVC-OPTHALMOLOGY	90.03	0	11,847	0		62.00
63.00	AMB SVC-PSYCH ADULT	90.04	0	22,594	0		63.00
64.00	AMB SVC-DIABETES ADULT	90.05	0	4	0		64.00
65.00	OUTPATIENT SURGERY	90.06	0	70,029	0		65.00
66.00	AMB SVC-RILEY CLINICS	90.07	0	305,500	0		66.00
67.00	MOTILITY LAB	90.08	0	70,890	0		67.00
68.00	CLINICAL GERIATRICS	90.10	0	270	0		68.00
69.00	SLEEP LAB	90.11	0	14,961	0		69.00
70.00	OP CARE ADULTS	90.12	0	6,789	0		70.00
71.00	ARTHRITIS CLINIC	90.14	0	24,656	0		71.00
72.00	NEUROLOGY UH	90.15	0	3,721	0		72.00
73.00	ORTHOPEDICS UH	90.16	0	3,983	0		73.00
74.00	PHYSICAL MEDICINE	90.17	0	15,137	0		74.00
75.00	DERMATOLOGY CLINIC	90.18	0	87,774	0		75.00
76.00	INFUSION/HEM/ONC	90.19	0	40,619	0		76.00
77.00	IUMG - MH	90.20	0	19,953	0		77.00
78.00	EMERGENCY	91.00	0	3,652,037	0		78.00
79.00	HOME PROGRAM DIALYSIS	94.00	0	1,917,209	0		79.00
80.00	AMBULANCE SERVICES	95.00	0	213,069	0		80.00
81.00	HOME HEALTH AGENCY	101.00	0	25	0		81.00
82.00	KIDNEY ACQUISITION	105.00	0	496,788	0		82.00
83.00	PANCREAS ACQUISITION	109.00	0	1	0		83.00
84.00	OTHER ORGAN ACQUISITION	112.00	0	4,203	0		84.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
85.00	RESEARCH	191.00	0	373,060	0		85.00
86.00	RESEARCH-GCRC	191.01	0	46,538	0		86.00
87.00	OSA	191.02	0	11,090	0		87.00
88.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	17,115	0		88.00
89.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	270,505	0		89.00
90.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	13,685	0		90.00
91.00	MHH LABS	192.05	0	20,808	0		91.00
92.00	BELTWAY SURGERY	192.06	0	34	0		92.00
93.00	RHI	192.07	0	11,409	0		93.00
94.00	NON-ALLOWABLE ADVERTISING	192.08	0	10,823	0		94.00
95.00	ARTHRITIS CLINIC - NR	192.09	0	6,496	0		95.00
96.00	CARDIO PHYSICIANS	192.10	0	13,883	0		96.00
	TOTALS		0	225,674,106			
	H - BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	105,613,721	0		1.00
	TOTALS		0	105,613,721			
	I - IMPLANTABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	66,909,032	0		1.00
	TOTALS		0	66,909,032			
	J - SLEEP LAB						
1.00	HOME HEALTH AGENCY	101.00	2,515,291	1,103,617	0		1.00
	TOTALS		2,515,291	1,103,617			
	K - HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	2,230,758	1,203,445	0		1.00
	TOTALS		2,230,758	1,203,445			
	L - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,392,928	332,356	0		1.00
	TOTALS		1,392,928	332,356			
	M - PARAMED ED						
1.00	RADIOLOGY-THERAPEUTIC	55.00	189,184	14,473	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	498,047	38,101	0		2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	90,525	6,925	0		3.00
4.00	PHARMACY	15.00	639,676	48,935	0		4.00
5.00	EMERGENCY	91.00	8,847	677	0		5.00
6.00	LABORATORY	60.00	215,064	16,452	0		6.00
7.00	BLOOD STORING, PROCESSING & TRANS.	63.00	27,781	2,125	0		7.00
8.00	MHH LABS	192.05	801	61	0		8.00
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,771	289	0		9.00
10.00	NURSING ADMINISTRATION	13.00	90	7	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	855	65	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	1,404	107	0		12.00
13.00	CORONARY CARE UNIT	32.00	180	14	0		13.00
14.00	BURN INTENSIVE CARE UNIT	33.00	675	52	0		14.00
15.00	SUBPROVIDER - IPF	40.00	180	14	0		15.00
16.00	OPERATING ROOM	50.00	765	59	0		16.00
17.00	RESPIRATORY THERAPY	65.00	2,054	157	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	342	26	0		18.00
19.00	ARTHRITIS CLINIC	90.14	90	7	0		19.00
20.00	EMERGENCY	91.00	29,651	2,268	0		20.00
21.00	AMBULANCE SERVICES	95.00	1,530	117	0		21.00
22.00	OTHER NONREIMBURSABLE-METHODIST	192.01	2,306	176	0		22.00
	TOTALS		1,713,818	131,107			
	N - PTO ALLOCATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	257,912	0		1.00
2.00	OPERATION OF PLANT	7.00	0	31,261	0		2.00
3.00	DIETARY	10.00	0	118,386	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	213,819	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	34,988	0		5.00
6.00	PHARMACY	15.00	0	379,105	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,354	0		7.00
8.00	SOCIAL SERVICE	17.00	0	62,874	0		8.00
9.00	PATIENT TRANSPORTATION	18.00	0	26,873	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	7,118	0		10.00
11.00	PARAMED ED HEALTH SCIENCES	23.01	0	2,071	0		11.00
12.00	PARAMED RADIOLOGY-METHODIST	23.02	0	3,852	0		12.00
13.00	PARAMED RESPIRATORY THERAPY	23.03	0	4,894	0		13.00
14.00	PARAMED EMERGENCY	23.04	0	2,861	0		14.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
15.00	ALLIED HEALTH	23.05	0	8,047	0	15.00
16.00	PARAMED LAB SCIENCE PRO	23.06	0	2,926	0	16.00
17.00	PARAMED PHARMACY	23.07	0	6,150	0	17.00
18.00	PARAMED SURGERY TECHNOLOGY	23.09	0	1,758	0	18.00
19.00	PARAMED PHARMACY TECH	23.10	0	2,606	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	0	1,794,450	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	0	215,803	0	21.00
22.00	CORONARY CARE UNIT	32.00	0	154,450	0	22.00
23.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	61,568	0	23.00
24.00	BURN INTENSIVE CARE UNIT	33.00	0	18,370	0	24.00
25.00	UH SURG 6IC	34.02	0	59,158	0	25.00
26.00	UH NS 3IC	34.03	0	12,726	0	26.00
27.00	RH PED IC	34.04	0	111,656	0	27.00
28.00	TRANSPLANT ICU	34.05	0	31,488	0	28.00
29.00	PEDS CANCER CARE	34.06	0	22,308	0	29.00
30.00	SUBPROVIDER - IPF	40.00	0	48,810	0	30.00
31.00	NURSERY	43.00	0	35,843	0	31.00
32.00	OPERATING ROOM	50.00	0	405,713	0	32.00
33.00	ENDOSCOPY	50.01	0	11,749	0	33.00
34.00	RECOVERY ROOM	51.00	0	66,852	0	34.00
35.00	ANESTHESIOLOGY	53.00	0	22,682	0	35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	35,877	0	36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	323,949	0	37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	48,901	0	38.00
39.00	RADIOISOTOPE	56.00	0	10,815	0	39.00
40.00	LABORATORY	60.00	0	348,139	0	40.00
41.00	TRANSPLANT IMMUNOLOGY	60.01	0	12,670	0	41.00
42.00	BONE MARROW TRANSPLANT LAB	60.02	0	14,809	0	42.00
43.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	44,491	0	43.00
44.00	RESPIRATORY THERAPY	65.00	0	276,312	0	44.00
45.00	PHYSICAL THERAPY	66.00	0	112,220	0	45.00
46.00	OCCUPATIONAL THERAPY	67.00	0	24,415	0	46.00
47.00	SPEECH PATHOLOGY	68.00	0	38,622	0	47.00
48.00	ELECTROCARDIOLOGY	69.00	0	36,090	0	48.00
49.00	ELECTROENCEPHALOGRAPHY	70.00	0	63,701	0	49.00
50.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,171	0	50.00
51.00	OUTPATIENT RETAIL PHARMACY	73.03	0	98,584	0	51.00
52.00	RENAL DIALYSIS	74.00	0	86,610	0	52.00
53.00	RH NBN ECMO IC	76.00	0	6,860	0	53.00
54.00	CARDIOLOGY	76.01	0	25,822	0	54.00
55.00	PSYCH OTHER ANCILLARY	76.02	0	1,867	0	55.00
56.00	CARDIAC CATHERIZATION	76.03	0	32,561	0	56.00
57.00	DAY SURGERY	76.04	0	58,295	0	57.00
58.00	IUSCC HEM/ONC	90.02	0	613	0	58.00
59.00	CARDIAC REHABILITATION	76.97	0	2,981	0	59.00
60.00	AMB SVC-OB & GYN	90.01	0	13,108	0	60.00
61.00	IUSCC HEM/ONC	90.02	0	205,727	0	61.00
62.00	AMB SVC-OPTHALMOLOGY	90.03	0	4,002	0	62.00
63.00	AMB SVC-PSYCH ADULT	90.04	0	5,706	0	63.00
64.00	OUTPATIENT SURGERY	90.06	0	23,372	0	64.00
65.00	AMB SVC-RILEY CLINICS	90.07	0	51,795	0	65.00
66.00	MOTILITY LAB	90.08	0	1,522	0	66.00
67.00	OP CARE ADULTS	90.12	0	2,976	0	67.00
68.00	ARTHRITIS CLINIC	90.14	0	1,834	0	68.00
69.00	NEUROLOGY UH	90.15	0	15,913	0	69.00
70.00	ORTHOPEDICS UH	90.16	0	2,433	0	70.00
71.00	PHYSICAL MEDICINE	90.17	0	10,727	0	71.00
72.00	DERMATOLOGY CLINIC	90.18	0	7,637	0	72.00
73.00	INFUSION/HEM/ONC	90.19	0	4,821	0	73.00
74.00	IUMG - MH	90.20	0	4,572	0	74.00
75.00	EMERGENCY	91.00	0	262,272	0	75.00
76.00	HOME PROGRAM DIALYSIS	94.00	0	11,381	0	76.00
77.00	AMBULANCE SERVICES	95.00	0	97,897	0	77.00
78.00	HOME HEALTH AGENCY	101.00	0	37,095	0	78.00
79.00	KIDNEY ACQUISITION	105.00	0	58,047	0	79.00
80.00	HEART ACQUISITION	106.00	0	6,986	0	80.00
81.00	LIVER ACQUISITION	107.00	0	13,001	0	81.00
82.00	LUNG ACQUISITION	108.00	0	6,667	0	82.00
83.00	PANCREAS ACQUISITION	109.00	0	2,838	0	83.00
84.00	INTESTINE ACQUISITION	110.00	0	2,390	0	84.00
85.00	OTHER ORGAN ACQUISITION	112.00	0	2,578	0	85.00
86.00	RESEARCH	191.00	0	39,334	0	86.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
87.00	OSA	191.02	0	32,598	0	87.00
88.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,992	0	88.00
89.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	86,557	0	89.00
90.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	53,862	0	90.00
91.00	MHH RADIOLOGY	192.04	0	1,410	0	91.00
92.00	MHH LABS	192.05	0	2,910	0	92.00
93.00	BELTWAY SURGERY	192.06	0	1,034	0	93.00
94.00	RHI	192.07	0	1,844	0	94.00
95.00	NON-ALLOWABLE ADVERTISING	192.08	0	65,823	0	95.00
96.00	CARDIO PHYSICIANS	192.10	0	8,194	0	96.00
	TOTALS		0	7,110,711		
	O - RENAL ADMIN					
1.00	RENAL DIALYSIS	74.00	138,223	41,566	0	1.00
	TOTALS		138,223	41,566		
	P - PHONES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	850	0	1.00
2.00	DIETARY	10.00	0	1,343	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	107	0	3.00
4.00	PHARMACY	15.00	0	107	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,326	0	5.00
6.00	CORONARY CARE UNIT	32.00	0	79	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	214	0	7.00
8.00	OPERATING ROOM	50.00	0	2,262	0	8.00
9.00	PULMONARY FUNCTION TESTING	53.01	0	213	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	222	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	97	0	11.00
12.00	CARDIOLOGY	76.01	0	9,581	0	12.00
13.00	DAY SURGERY	76.04	0	152	0	13.00
14.00	IUSCC HEM/ONC	90.02	0	113,928	0	14.00
15.00	AMB SVC-PSYCH ADULT	90.04	0	60	0	15.00
16.00	PHYSICAL MEDICINE	90.17	0	1,179	0	16.00
17.00	EMERGENCY	91.00	0	3,297	0	17.00
18.00	AMBULANCE SERVICES	95.00	0	481	0	18.00
19.00	HOME HEALTH AGENCY	101.00	0	1,122	0	19.00
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,556	0	20.00
21.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	31,111	0	21.00
22.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	107	0	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.03	0	12,400	0	23.00
	TOTALS		0	182,794		
	Q - FQHC NON-REIMBURSABLE					
1.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	35,613	56,110	0	1.00
	TOTALS		35,613	56,110		
	R - ORGANS					
1.00	KIDNEY ACQUISITION	105.00	1,810,243	265,387	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		1,810,243	265,387		
	S - PRE-POST TRANSPLANT					
1.00	LUNG ACQUISITION	108.00	411,880	55,937	0	1.00
2.00	KIDNEY ACQUISITION	105.00	841,686	152,404	0	2.00
3.00	LIVER ACQUISITION	107.00	908,233	99,762	0	3.00
4.00	HEART ACQUISITION	106.00	365,425	43,985	0	4.00
5.00	PANCREAS ACQUISITION	109.00	67,064	12,331	0	5.00
6.00	INTESTINE ACQUISITION	110.00	488,020	30,077	0	6.00
	TOTALS		3,082,308	394,496		
	T - ACQUISITION WORK-UP EXP					
1.00	LIVER ACQUISITION	107.00	0	28,974	0	1.00
2.00	INTESTINE ACQUISITION	110.00	0	2,751	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		0	31,725		
	U - NON-TXPL EMPLOYEES					
1.00	DIETARY	10.00	57,375	0	0	1.00
	TOTALS		57,375	0		
	V - ADVERTISING					
1.00	EMPLOYEE BENEFITS	4.00	0	2,016	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	201,958	0	2.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 9/17/2013 8:39 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
3.00	DIETARY	10.00	0	400	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	601	0	4.00
5.00	PARAMED ED HEALTH SCIENCES	23.01	0	462	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	323	0	6.00
7.00	OPERATING ROOM	50.00	0	384	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,679	0	8.00
9.00	LABORATORY	60.00	0	111	0	9.00
10.00	OCCUPATIONAL THERAPY	67.00	0	34	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	283	0	11.00
12.00	OUTPATIENT RETAIL PHARMACY	73.03	0	4,992	0	12.00
13.00	CARDIAC CATHERIZATION	76.03	0	19,548	0	13.00
14.00	IUSCC HEM/ONC	90.02	0	5,602	0	14.00
15.00	CLINICAL GERIATRICS	90.10	0	1,454	0	15.00
16.00	SLEEP LAB	90.11	0	218	0	16.00
17.00	EMERGENCY	91.00	0	20,677	0	17.00
18.00	AMBULANCE SERVICES	95.00	0	80,203	0	18.00
19.00	HOME HEALTH AGENCY	101.00	0	7,228	0	19.00
20.00	KIDNEY ACQUISITION	105.00	0	137	0	20.00
21.00	INTESTINE ACQUISITION	110.00	0	783	0	21.00
22.00	OSA	191.02	0	158	0	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	389	0	23.00
24.00	OTHER	192.01	0	1,507,697	0	24.00
	NONREIMBURSABLE-METHODIST					
25.00	MHH RADIOLOGY	192.04	0	815	0	25.00
26.00	BELTWAY SURGERY	192.06	0	3,686	0	26.00
	TOTALS		0	1,863,838		
500.00	Grand Total: Decreases		17,065,828	801,492,487		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part I Date/Time Prepared: 9/17/2013 8:39 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	140,341,771	0	0	0	189,771	1.00
2.00	Land Improvements	16,270,194	21,930,806	0	21,930,806	0	2.00
3.00	Buildings and Fixtures	867,864,521	281,257,479	0	281,257,479	0	3.00
4.00	Building Improvements	602,947,730	3,096,270	0	3,096,270	0	4.00
5.00	Fixed Equipment	50,915,213	0	0	0	7,305,213	5.00
6.00	Movable Equipment	1,493,799,356	0	0	0	156,569,356	6.00
7.00	HIT designated Assets	148,373,487	0	0	0	9,093	7.00
8.00	Subtotal (sum of lines 1-7)	3,320,512,272	306,284,555	0	306,284,555	164,073,433	8.00
9.00	Reconciling Items	29,916,806	0	0	0	29,916,806	9.00
10.00	Total (line 8 minus line 9)	3,290,595,466	306,284,555	0	306,284,555	134,156,627	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	140,152,000	0	1.00
2.00	Land Improvements	38,201,000	0	2.00
3.00	Buildings and Fixtures	1,149,122,000	0	3.00
4.00	Building Improvements	606,044,000	0	4.00
5.00	Fixed Equipment	43,610,000	0	5.00
6.00	Movable Equipment	1,337,230,000	0	6.00
7.00	HIT designated Assets	148,364,394	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,462,723,394	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	3,462,723,394	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part II Date/Time Prepared: 9/17/2013 8:39 am

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

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

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part III Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,977,129,000	0	1,977,129,000	0.570975	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,485,594,394	0	1,485,594,394	0.429025	0	2.00
3.00	Total (sum of lines 1-2)	3,462,723,394	0	3,462,723,394	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	38,185,615	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	69,573,510	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	107,759,125	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	38,185,615	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	69,573,510	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	107,759,125	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)		0	NEW CAP REL COSTS-INTEREST	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-50,201,501			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	167,742,633			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST		0	NEW CAP REL COSTS-INTEREST	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	BAD DEBT	A	-56,450,999	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	BAD DEBT	A	1,968	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02	BAD DEBT	A	-618,000	OUTPATIENT RETAIL PHARMACY	73.03	0	33.02
33.03	BAD DEBT	A	-242,390	IUSCC HEM/ONC	90.02	0	33.03
33.04	BAD DEBT	A	-201,076	IUSCC HEM/ONC	90.02	0	33.04
33.05	BAD DEBT	A	-4,519,700	HOME HEALTH AGENCY	101.00	0	33.05
33.06	BAD DEBT	A	105,779	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.06
33.07	BAD DEBT	A	-802,098	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.07
33.08	BAD DEBT	A	3,437	ARTHRITIS CLINIC - NR	192.09	0	33.08
33.09	ACCOUNT 100026 MED ED SUPPORT	A	10,000,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.09
33.10	IU REVENUE SHARE	A	-42,610,392	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.10
33.11	UNNECESSARY INTEREST	A	-449,777	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.12	HAF FEE 2011 & 2012 (FROM HOME OFC)	A	77,442,784	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.12
33.13	HAF FEE 2011 & 2012	A	-77,442,784	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14	ABANDONED PROJECT PLANNING	A	1,492,827	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.14
33.15	I&R ACCRUALS	A	38,777	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.15
33.16	BOND MARKETING COSTS	A	-960	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.16
33.17	IHHA & AHA LOBBYING FEES	A	-9,075	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18	IHHA & AHA LOBBYING FEES	A	-16,960	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.18
33.19	PHYSICIAN BILLING	A	-3,431	AMBULANCE SERVICES	95.00	0	33.19
33.20	GARAGE	A	-480,824	OPERATION OF PLANT	7.00	0	33.20
33.21	GARAGE	A	-94,800	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.21
33.22	GARAGE	A	-978,633	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.22
33.23	CLASS & LECTURE REVENUE	B	-162,452	NURSING ADMINISTRATION	13.00	0	33.23
33.24	CLASS & LECTURE REVENUE	B	-6,779	PARAMED ED HEALTH SCIENCES	23.01	0	33.24
33.25	CLASS & LECTURE REVENUE	B	-132,227	PARAMED RADIOLOGY-METHODIST	23.02	0	33.25
33.26	CLASS & LECTURE REVENUE	B	-414,889	PARAMED RESPIRATORY THERAPY	23.03	0	33.26
33.27	CLASS & LECTURE REVENUE	B	-41,555	PARAMED EMERGENCY	23.04	0	33.27
33.28	CLASS & LECTURE REVENUE	B	-62,237	PARAMED LAB SCIENCE PRO	23.06	0	33.28
33.29	CLASS & LECTURE REVENUE	B	-51,135	PARAMED SURGERY TECHNOLOGY	23.09	0	33.29
33.30	CLASS & LECTURE REVENUE	B	-24,508	PARAMED PHARMACY TECH	23.10	0	33.30
33.31	CLASS & LECTURE REVENUE	B	-6,321	ADULTS & PEDIATRICS	30.00	0	33.31
33.32	CATERING/FOOD REVENUE	B	-423,678	DIETARY	10.00	0	33.32
33.33	CATERING/FOOD REVENUE	B	-128,110	CAFETERIA	11.00	0	33.33
33.34	RENT & LEASE REVENUE	B	-1,185,176	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.34
33.35	RENT & LEASE REVENUE	B	-24,312	LABORATORY	60.00	0	33.35
33.36	RENT & LEASE REVENUE	B	-5,376	CARDIAC CATHERIZATION	76.03	0	33.36
33.37	RENT & LEASE REVENUE	B	-52,425	HOME HEALTH AGENCY	101.00	0	33.37
33.38	NON-PATIENT LAB REVENUE	B	-3,883,076	LABORATORY	60.00	0	33.38
33.39	NON-PATIENT LAB REVENUE	B	-20,237	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.39
33.40	SHARED PROFESSIONAL REVENUE	B	-277,154	EMERGENCY	91.00	0	33.40
33.41	REV - GIFT SHOPS	B	-20	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.41
33.42	REV - GIFT SHOPS	B	-2,250	ADULTS & PEDIATRICS	30.00	0	33.42
33.43	REV - GIFT SHOPS	B	-1,857	NURSERY	43.00	0	33.43
33.44	VENDING REVENUE	B	-2,481	CAFETERIA	11.00	0	33.44
33.45	MISC OPERATING REVENUE	B	-82	EMPLOYEE BENEFITS	4.00	0	33.45
33.46	MISC OPERATING REVENUE	B	85,662	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.46
33.47	MISC OPERATING REVENUE	B	-204,684	OPERATION OF PLANT	7.00	0	33.47
33.48	MISC OPERATING REVENUE	B	-3,250	DIETARY	10.00	0	33.48
33.49	MISC OPERATING REVENUE	B	-208	NURSING ADMINISTRATION	13.00	0	33.49

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.50	MISC OPERATING REVENUE	B	-63	CENTRAL SERVICES & SUPPLY	14.00	0	33.50
33.51	MISC OPERATING REVENUE	B	-476,726	PHARMACY	15.00	0	33.51
33.52	MISC OPERATING REVENUE	B	-24,457	ALLIED HEALTH	23.05	0	33.52
33.53	MISC OPERATING REVENUE	B	-6,171	ADULTS & PEDIATRICS	30.00	0	33.53
33.54	MISC OPERATING REVENUE	B	-109	NEONATAL INTENSIVE CARE UNIT	32.01	0	33.54
33.55	MISC OPERATING REVENUE	B	-12,425	PULMONARY FUNCTION TESTING	53.01	0	33.55
33.56	MISC OPERATING REVENUE	B	-13,340	RADIOLOGY-DIAGNOSTIC	54.00	0	33.56
33.57	MISC OPERATING REVENUE	B	-794	RADIOLOGY-DIAGNOSTIC	54.00	0	33.57
33.58	MISC OPERATING REVENUE	B	-32,250	RADIOLOGY-THERAPEUTIC	55.00	0	33.58
33.59	MISC OPERATING REVENUE	B	-3,800,010	LABORATORY	60.00	0	33.59
33.60	MISC OPERATING REVENUE	B	-133,009	ELECTROCARDIOLOGY	69.00	0	33.60
33.61	MISC OPERATING REVENUE	B	-29	ELECTROENCEPHALOGRAPHY	70.00	0	33.61
33.62	MISC OPERATING REVENUE	B	-545,605	OUTPATIENT RETAIL PHARMACY	73.03	0	33.62
33.63	MISC OPERATING REVENUE	B	-969	CARDIOLOGY	76.01	0	33.63
33.64	MISC OPERATING REVENUE	B	-8,541	CARDIAC CATHERIZATION	76.03	0	33.64
33.65	MISC OPERATING REVENUE	B	-6,713	CARDIAC REHABILITATION	76.97	0	33.65
33.66	MISC OPERATING REVENUE	B	-45,866	IUSCC HEM/ONC	90.02	0	33.66
33.67	MISC OPERATING REVENUE	B	-150	AMB SVC-RILEY CLINICS	90.07	0	33.67
33.68	MISC OPERATING REVENUE	B	-275,436	INFUSION/HEM/ONC	90.19	0	33.68
33.69	MISC OPERATING REVENUE	B	-406,570	EMERGENCY	91.00	0	33.69
33.70	MISC OPERATING REVENUE	B	-404,902	HOME HEALTH AGENCY	101.00	0	33.70
33.71	MISC OPERATING REVENUE	B	-535,900	KIDNEY ACQUISITION	105.00	0	33.71
33.72	PHYSICIAN FEES - HOME HEALTH	A	-116,681	HOME HEALTH AGENCY	101.00	0	33.72
33.73	PHYSICIAN FEES - HOSPICE	A	-50,012	HOSPICE	116.00	0	33.73
33.74	PHYSICIAN FEES - RESEARCH	A	-200,178	RESEARCH	191.00	0	33.74
33.75	PHYSICIAN FEES - OSA	A	-1,445,896	OSA	191.02	0	33.75
33.76	EMPLOYEE BENEFITS TO HOME OFFICE	A	-118,951,557	EMPLOYEE BENEFITS	4.00	0	33.76
33.77	PTO TO HOME OFFICE	A	-7,110,713	EMPLOYEE BENEFITS	4.00	0	33.77
33.78	PHYSICIAN FEES - TRANSPLANT INSTITUT	A	-770,088	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.78
33.79	MALPRACTICE INSURANCE	A	-235,575	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.79
33.80	FQHC BAD DEBT	A	-222,130	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	33.80
33.81	FQHC BAD DEBT	A	-5,305	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.81
33.82	DEPRECIATION ALLOC TO HOME OFFICE	A	2,442,240	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.82
33.83	DEPRECIATION EXP TO HOME OFFICE	A	-932,129	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.83
33.84	NORTH SLEEP LAB OFFSET	A	-248	HOME HEALTH AGENCY	101.00	0	33.84
33.85	PHARMACY SAL FROM HOME OFFICE	A	20,184	PARAMED PHARMACY	23.07	0	33.85
33.86	PHARM OTHER FROM HOME OFFICE	A	1,544	PARAMED PHARMACY	23.07	0	33.86
33.87	PHARMACY RESEARCH	A	-717,046	PHARMACY	15.00	0	33.87
33.88	PHONES EXPENSE TO HOME OFFICE	A	-163,546	NONPATIENT TELEPHONES	5.01	0	33.88
33.89	FQHC MISC REVENUE	B	-431,076	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	33.89
33.90	LATE FEE INTEREST	A	-140	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.90
33.91	LATE FEE INTEREST	A	-8	LAUNDRY & LINEN SERVICE	8.00	0	33.91
33.92	LATE FEE INTEREST	A	-47	DIETARY	10.00	0	33.92
33.93	LATE FEE INTEREST	A	-39	NURSING ADMINISTRATION	13.00	0	33.93
33.94	LATE FEE INTEREST	A	-124,594	PHARMACY	15.00	0	33.94
33.95	LATE FEE INTEREST	A	-4	SOCIAL SERVICE	17.00	0	33.95
33.96	LATE FEE INTEREST	A	-7	PATIENT TRANSPORTATION	18.00	0	33.96
33.97	LATE FEE INTEREST	A	-48	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.97
33.98	LATE FEE INTEREST	A	-54	PARAMED ED HEALTH SCIENCES	23.01	0	33.98
33.99	LATE FEE INTEREST	A	-486	ADULTS & PEDIATRICS	30.00	0	33.99
34.00	LATE FEE INTEREST	A	-23	INTENSIVE CARE UNIT	31.00	0	34.00
34.01	LATE FEE INTEREST	A	-15	CORONARY CARE UNIT	32.00	0	34.01
34.02	LATE FEE INTEREST	A	-27	NEONATAL INTENSIVE CARE UNIT	32.01	0	34.02
34.03	LATE FEE INTEREST	A	-13	UH SURG 6IC	34.02	0	34.03
34.04	LATE FEE INTEREST	A	-30	SUBPROVIDER - IPF	40.00	0	34.04
34.05	LATE FEE INTEREST	A	-135	OPERATING ROOM	50.00	0	34.05
34.06	LATE FEE INTEREST	A	-11	RECOVERY ROOM	51.00	0	34.06
34.07	LATE FEE INTEREST	A	-19	PULMONARY FUNCTION TESTING	53.01	0	34.07
34.08	LATE FEE INTEREST	A	-107	RADIOLOGY-DIAGNOSTIC	54.00	0	34.08

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.09	LATE FEE INTEREST	A	-28	RADIOLOGY-THERAPEUTIC	55.00	0	34.09
34.10	LATE FEE INTEREST	A	-11	RADIOISOTOPE	56.00	0	34.10
34.11	LATE FEE INTEREST	A	-712	LABORATORY	60.00	0	34.11
34.12	LATE FEE INTEREST	A	-42	RESPIRATORY THERAPY	65.00	0	34.12
34.13	LATE FEE INTEREST	A	-45	PHYSICAL THERAPY	66.00	0	34.13
34.14	LATE FEE INTEREST	A	-16	OCCUPATIONAL THERAPY	67.00	0	34.14
34.15	LATE FEE INTEREST	A	-2	SPEECH PATHOLOGY	68.00	0	34.15
34.16	LATE FEE INTEREST	A	-34	ELECTROENCEPHALOGRAPHY	70.00	0	34.16
34.17	LATE FEE INTEREST	A	-6	OUTPATIENT RETAIL PHARMACY	73.03	0	34.17
34.18	LATE FEE INTEREST	A	-18	RENAL DIALYSIS	74.00	0	34.18
34.19	LATE FEE INTEREST	A	-21	CARDIOLOGY	76.01	0	34.19
34.20	LATE FEE INTEREST	A	-16	PSYCH OTHER ANCILLARY	76.02	0	34.20
34.21	LATE FEE INTEREST	A	-313	CARDIAC CATHERIZATION	76.03	0	34.21
34.22	LATE FEE INTEREST	A	-8	DAY SURGERY	76.04	0	34.22
34.23	LATE FEE INTEREST	A	-20	IUSCC HEM/ONC	90.02	0	34.23
34.24	LATE FEE INTEREST	A	-36	AMB SVC-OB & GYN	90.01	0	34.24
34.25	LATE FEE INTEREST	A	-20	IUSCC HEM/ONC	90.02	0	34.25
34.26	LATE FEE INTEREST	A	-18	AMB SVC-OPTHALMOLOGY	90.03	0	34.26
34.27	LATE FEE INTEREST	A	-11	AMB SVC-PSYCH ADULT	90.04	0	34.27
34.28	LATE FEE INTEREST	A	-19	OUTPATIENT SURGERY	90.06	0	34.28
34.29	LATE FEE INTEREST	A	-15	AMB SVC-RILEY CLINICS	90.07	0	34.29
34.30	LATE FEE INTEREST	A	-9	CLINICAL GERIATRICS	90.10	0	34.30
34.31	LATE FEE INTEREST	A	-8	OP CARE ADULTS	90.12	0	34.31
34.32	LATE FEE INTEREST	A	-2	ORTHOPEDICS UH	90.16	0	34.32
34.33	LATE FEE INTEREST	A	-12	DERMATOLOGY CLINIC	90.18	0	34.33
34.34	LATE FEE INTEREST	A	-11	INFUSION/HEM/ONC	90.19	0	34.34
34.35	LATE FEE INTEREST	A	-79	EMERGENCY	91.00	0	34.35
34.36	LATE FEE INTEREST	A	-8	AMBULANCE SERVICES	95.00	0	34.36
34.37	LATE FEE INTEREST	A	-69	HOME HEALTH AGENCY	101.00	0	34.37
34.38	LATE FEE INTEREST	A	-55	KIDNEY ACQUISITION	105.00	0	34.38
34.39	LATE FEE INTEREST	A	-25	LIVER ACQUISITION	107.00	0	34.39
34.40	LATE FEE INTEREST	A	-11	RESEARCH	191.00	0	34.40
34.41	LATE FEE INTEREST	A	-9	OSA	191.02	0	34.41
34.42	LATE FEE INTEREST	A	-57	OTHER NONREIMBURSABLE-METHODIST	192.01	0	34.42
34.43	LATE FEE INTEREST	A	-21	BELTWAY SURGERY	192.06	0	34.43
34.44	LATE FEE INTEREST	A	-38	NON-ALLOWABLE ADVERTISING	192.08	0	34.44
34.45	LATE FEE INTEREST	A	-34	CARDIO PHYSICIANS	192.10	0	34.45
34.46	PHYSICIAN FEES - VARIOUS PHYS PRACT	A	-13,590,286	OTHER NONREIMBURSABLE-METHODIST	192.01	0	34.46
34.47	PHYSICIAN FEES - HOSPITALISTS & OTH	A	-20,509,459	OTHER NONREIMBURSABLE - IUMC	192.02	0	34.47
34.48	PHYSICIAN FEES - RILEY POWER PGM	A	-185,960	BELTWAY SURGERY	192.06	0	34.48
34.49	PHYSICIAN FEES - ADV HEART CARE PGM	A	-308,120	CARDIO PHYSICIANS	192.10	0	34.49
34.50			0		0.00	0	34.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-155,665,750				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-1 | Date/Time Prepared: 9/17/2013 8:39 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS - BLDG	39,164,248	0	1.00
2.00	0.00			0	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS - MME	32,752,133	0	3.00
4.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	135,783,713	0	4.00
4.01	0.00			0	0	4.01
4.02	5.02	DATA PROCESSING	DATA PROCESSING	57,074,037	0	4.02
4.03	5.03	PURCHASING, RECEIVING, & STORES	PURCHASING, RECEIVING, & STORES	13,965,923	0	4.03
4.04	5.04	ADMITTING	ADMITTING	6,688,513	0	4.04
4.05	5.05	CASHIERING	CASHIERING/ACCOUNTS RECEIVABLE	29,269,852	0	4.05
4.06	5.06	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE & GENERAL	68,300,709	280,023,825	4.06
4.07	6.00	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	22,092,376	0	4.07
4.08	7.00	OPERATION OF PLANT	OPERATION OF PLANT	51,824,092	0	4.08
4.09	9.01	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - UNIVERSITY	3,945,454	0	4.09
4.10	9.02	HOUSEKEEPING - RILEY	HOUSEKEEPING - RILEY	3,732,685	0	4.10
4.11	9.03	HOUSEKEEPING - METHODIST	HOUSEKEEPING - METHODIST	5,371,521	0	4.11
4.12	11.00	CAFETERIA	CAFETERIA	1,969,142	0	4.12
4.13	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	5,665,307	0	4.13
4.14	0.00			0	0	4.14
4.15	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	13,105,866	0	4.15
4.16	30.00	ADULTS & PEDIATRICS	PURCHASED SERVICES	495,471	0	4.16
4.17	31.00	INTENSIVE CARE UNIT	PURCHASED SERVICES	1,298	0	4.17
4.18	50.00	OPERATING ROOM	PURCHASED SERVICES	208	0	4.18
4.19	51.00	RECOVERY ROOM	PURCHASED SERVICES	652	0	4.19
4.20	54.00	RADIOLOGY-DIAGNOSTIC	PURCHASED SERVICES	33,248	0	4.20
4.21	55.00	RADIOLOGY-THERAPEUTIC	PURCHASED SERVICES	10,250	0	4.21
4.22	56.00	RADIOISOTOPE	PURCHASED SERVICES	9	0	4.22
4.23	60.00	LABORATORY	PURCHASED SERVICES	21,810	0	4.23
4.24	63.00	BLOOD STORING, PROCESSING & TRANS.	PURCHASED SERVICES	-384	0	4.24
4.25	65.00	RESPIRATORY THERAPY	PURCHASED SERVICES	68,367	0	4.25
4.26	66.00	PHYSICAL THERAPY	PURCHASED SERVICES	2,094	0	4.26
4.27	67.00	OCCUPATIONAL THERAPY	PURCHASED SERVICES	43,576	0	4.27
4.28	69.00	ELECTROCARDIOLOGY	PURCHASED SERVICES	10,809	0	4.28
4.29	70.00	ELECTROENCEPHALOGRAPHY	PURCHASED SERVICES	5,012	0	4.29
4.30	73.00	DRUGS CHARGED TO PATIENTS	PURCHASED SERVICES	33,766	0	4.30
4.31	76.03	CARDIAC CATHERIZATION	PURCHASED SERVICES	3,989	0	4.31
4.32	90.02	IUSCC HEM/ONC	PURCHASED SERVICES	4,251	0	4.32
4.33	90.11	SLEEP LAB	PURCHASED SERVICES	16,097	0	4.33
4.34	91.00	EMERGENCY	PURCHASED SERVICES	17,635	0	4.34
4.35	95.00	AMBULANCE SERVICES	PURCHASED SERVICES	30,224	0	4.35
4.36	30.00	ADULTS & PEDIATRICS	PURCHASED SERVICES PROVIDED	0	2,559	4.36
4.37	50.00	OPERATING ROOM	PURCHASED SERVICES PROVIDED	0	11,831	4.37
4.38	51.00	RECOVERY ROOM	PURCHASED SERVICES PROVIDED	0	810	4.38
4.39	0.00			0	0	4.39
4.40	54.00	RADIOLOGY-DIAGNOSTIC	PURCHASED SERVICES PROVIDED	0	17,349	4.40
4.41	55.00	RADIOLOGY-THERAPEUTIC	PURCHASED SERVICES PROVIDED	0	1,239	4.41
4.42	56.00	RADIOISOTOPE	PURCHASED SERVICES PROVIDED	0	874	4.42
4.43	60.00	LABORATORY	PURCHASED SERVICES PROVIDED	0	12,606,554	4.43
4.44	0.00			0	0	4.44
4.45	0.00			0	0	4.45
4.46	65.00	RESPIRATORY THERAPY	PURCHASED SERVICES PROVIDED	0	231	4.46
4.47	66.00	PHYSICAL THERAPY	PURCHASED SERVICES PROVIDED	0	2,597	4.47
4.48	0.00			0	0	4.48
4.49	68.00	SPEECH PATHOLOGY	PURCHASED SERVICES PROVIDED	0	4,602	4.49
4.50	69.00	ELECTROCARDIOLOGY	PURCHASED SERVICES PROVIDED	0	1,410	4.50
4.51	70.00	ELECTROENCEPHALOGRAPHY	PURCHASED SERVICES PROVIDED	0	3,626	4.51
4.52	0.00			0	0	4.52
4.53	0.00			0	0	4.53
4.54	73.00	DRUGS CHARGED TO PATIENTS	PURCHASED SERVICES PROVIDED	0	2,521	4.54
4.55	0.00			0	0	4.55
4.56	76.03	CARDIAC CATHERIZATION	PURCHASED SERVICES PROVIDED	0	24,312	4.56
4.57	0.00			0	0	4.57
4.58	0.00			0	0	4.58
4.59	90.02	IUSCC HEM/ONC	PURCHASED SERVICES PROVIDED	0	47,325	4.59
4.60	91.00	EMERGENCY	PURCHASED SERVICES PROVIDED	0	7,379	4.60

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-1 | Date/Time Prepared: 9/17/2013 8:39 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
4.61	4.00	EMPLOYEE BENEFITS	VARIOUS INTERCOMPANY EXPENSES	0	37,126	4.61
4.62	5.01	NONPATIENT TELEPHONES	VARIOUS INTERCOMPANY EXPENSES	0	119,706	4.62
4.63	5.02	DATA PROCESSING	VARIOUS INTERCOMPANY EXPENSES	3,455	3,455	4.63
4.64	5.06	OTHER ADMINISTRATIVE AND GENERAL	VARIOUS INTERCOMPANY EXPENSES	884,836	24,676,620	4.64
4.65	6.00	MAINTENANCE & REPAIRS	VARIOUS INTERCOMPANY EXPENSES	9,666	9,666	4.65
4.66	10.00	DIETARY	VARIOUS INTERCOMPANY EXPENSES	5,138	5,138	4.66
4.67	13.00	NURSING ADMINISTRATION	VARIOUS INTERCOMPANY EXPENSES	56,323	58,923	4.67
4.68	15.00	PHARMACY	VARIOUS INTERCOMPANY EXPENSES	32,464	168,839	4.68
4.69	17.00	SOCIAL SERVICE	VARIOUS INTERCOMPANY EXPENSES	3,905	3,905	4.69
4.70	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	VARIOUS INTERCOMPANY EXPENSES	0	1,005,076	4.70
4.71	23.01	PARAMED ED HEALTH SCIENCES	VARIOUS INTERCOMPANY EXPENSES	1,615	1,615	4.71
4.72	30.00	ADULTS & PEDIATRICS	VARIOUS INTERCOMPANY EXPENSES	0	126,000	4.72
4.73	50.00	OPERATING ROOM	VARIOUS INTERCOMPANY EXPENSES	266,174	266,174	4.73
4.74	54.00	RADIOLOGY-DIAGNOSTIC	VARIOUS INTERCOMPANY EXPENSES	615,291	635,785	4.74
4.75	59.00	CARDIAC CATHETERIZATION	VARIOUS INTERCOMPANY EXPENSES	56,954	56,954	4.75
4.76	60.00	LABORATORY	VARIOUS INTERCOMPANY EXPENSES	12,405	554,103	4.76
4.77	66.00	PHYSICAL THERAPY	VARIOUS INTERCOMPANY EXPENSES	0	114,470	4.77
4.78	73.03	OUTPATIENT RETAIL PHARMACY	VARIOUS INTERCOMPANY EXPENSES	0	102,625	4.78
4.79	76.01	CARDIOLOGY	VARIOUS INTERCOMPANY EXPENSES	0	18,791	4.79
4.80	76.03	CARDIAC CATHERIZATION	VARIOUS INTERCOMPANY EXPENSES	452,379	479,226	4.80
4.81	90.02	IUSCC HEM/ONC	VARIOUS INTERCOMPANY EXPENSES	0	32,906	4.81
4.82	90.07	AMB SVC-RILEY CLINICS	VARIOUS INTERCOMPANY EXPENSES	571,497	435,122	4.82
4.83	90.10	CLINICAL GERIATRICS	VARIOUS INTERCOMPANY EXPENSES	0	4,586	4.83
4.84	90.11	SLEEP LAB	VARIOUS INTERCOMPANY EXPENSES	0	20,708	4.84
4.85	90.14	ARTHRITIS CLINIC	VARIOUS INTERCOMPANY EXPENSES	0	8,302	4.85
4.86	90.17	PHYSICAL MEDICINE	VARIOUS INTERCOMPANY EXPENSES	27,567	27,567	4.86
4.87	90.19	INFUSION/HEM/ONC	VARIOUS INTERCOMPANY EXPENSES	49,020	49,020	4.87
4.88	91.00	EMERGENCY	VARIOUS INTERCOMPANY EXPENSES	13,645	13,645	4.88
4.89	95.00	AMBULANCE SERVICES	VARIOUS INTERCOMPANY EXPENSES	219,474	219,474	4.89
4.90	101.00	HOME HEALTH AGENCY	VARIOUS INTERCOMPANY EXPENSES	0	2,578,701	4.90
4.91	107.00	LIVER ACQUISITION	VARIOUS INTERCOMPANY EXPENSES	165,000	353,981	4.91
4.92	192.00	PHYSICIANS' PRIVATE OFFICES	VARIOUS INTERCOMPANY EXPENSES	842,844	3,189,539	4.92
4.93	192.01	OTHER NONREIMBURSABLE-METHODIST	VARIOUS INTERCOMPANY EXPENSES	491,511	1,560,199	4.93
4.94	192.02	OTHER NONREIMBURSABLE - IUMC	VARIOUS INTERCOMPANY EXPENSES	0	273,244	4.94
4.95	192.04	MHH RADIOLOGY	VARIOUS INTERCOMPANY EXPENSES	12,393	12,848	4.95
4.96	192.08	NON-ALLOWABLE ADVERTISING	VARIOUS INTERCOMPANY EXPENSES	146,565	146,565	4.96
4.97	0.00			0	0	4.97

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8-1 Date/Time Prepared: 9/17/2013 8:39 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
4.98	4.00	EMPLOYEE BENEFITS	MED DIR INCORRECTLY OFFSET ON HO CR	60,332	0	4.98
4.99	5.06	OTHER ADMINISTRATIVE AND GENERAL	MED DIR INCORRECTLY OFFSET ON HO CR	1,367,875	0	4.99
5.00	0		0	497,872,281	330,129,648	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-1 | Date/Time Prepared: 9/17/2013 8:39 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	39,164,248	9		1.00
2.00	0	0		2.00
3.00	32,752,133	9		3.00
4.00	135,783,713	0		4.00
4.01	0	0		4.01
4.02	57,074,037	0		4.02
4.03	13,965,923	0		4.03
4.04	6,688,513	0		4.04
4.05	29,269,852	0		4.05
4.06	-211,723,116	0		4.06
4.07	22,092,376	0		4.07
4.08	51,824,092	0		4.08
4.09	3,945,454	0		4.09
4.10	3,732,685	0		4.10
4.11	5,371,521	0		4.11
4.12	1,969,142	0		4.12
4.13	5,665,307	0		4.13
4.14	0	0		4.14
4.15	13,105,866	0		4.15
4.16	495,471	0		4.16
4.17	1,298	0		4.17
4.18	208	0		4.18
4.19	652	0		4.19
4.20	33,248	0		4.20
4.21	10,250	0		4.21
4.22	9	0		4.22
4.23	21,810	0		4.23
4.24	-384	0		4.24
4.25	68,367	0		4.25
4.26	2,094	0		4.26
4.27	43,576	0		4.27
4.28	10,809	0		4.28
4.29	5,012	0		4.29
4.30	33,766	0		4.30
4.31	3,989	0		4.31
4.32	4,251	0		4.32
4.33	16,097	0		4.33
4.34	17,635	0		4.34
4.35	30,224	0		4.35
4.36	-2,559	0		4.36
4.37	-11,831	0		4.37
4.38	-810	0		4.38
4.39	0	0		4.39
4.40	-17,349	0		4.40
4.41	-1,239	0		4.41
4.42	-874	0		4.42
4.43	-12,606,554	0		4.43
4.44	0	0		4.44
4.45	0	0		4.45
4.46	-231	0		4.46
4.47	-2,597	0		4.47
4.48	0	0		4.48
4.49	-4,602	0		4.49
4.50	-1,410	0		4.50
4.51	-3,626	0		4.51
4.52	0	0		4.52
4.53	0	0		4.53
4.54	-2,521	0		4.54
4.55	0	0		4.55
4.56	-24,312	0		4.56
4.57	0	0		4.57
4.58	0	0		4.58
4.59	-47,325	0		4.59
4.60	-7,379	0		4.60
4.61	-37,126	0		4.61
4.62	-119,706	0		4.62
4.63	0	0		4.63
4.64	-23,791,784	0		4.64
4.65	0	0		4.65
4.66	0	0		4.66

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-1 | Date/Time Prepared: 9/17/2013 8:39 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.67	-2,600	0		4.67
4.68	-136,375	0		4.68
4.69	0	0		4.69
4.70	-1,005,076	0		4.70
4.71	0	0		4.71
4.72	-126,000	0		4.72
4.73	0	0		4.73
4.74	-20,494	0		4.74
4.75	0	0		4.75
4.76	-541,698	0		4.76
4.77	-114,470	0		4.77
4.78	-102,625	0		4.78
4.79	-18,791	0		4.79
4.80	-26,847	0		4.80
4.81	-32,906	0		4.81
4.82	136,375	0		4.82
4.83	-4,586	0		4.83
4.84	-20,708	0		4.84
4.85	-8,302	0		4.85
4.86	0	0		4.86
4.87	0	0		4.87
4.88	0	0		4.88
4.89	0	0		4.89
4.90	-2,578,701	0		4.90
4.91	-188,981	0		4.91
4.92	-2,346,695	0		4.92
4.93	-1,068,688	0		4.93
4.94	-273,244	0		4.94
4.95	-455	0		4.95
4.96	0	0		4.96
4.97	0	0		4.97
4.98	60,332	0		4.98
4.99	1,367,875	0		4.99
5.00	167,742,633			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-2 | Date/Time Prepared: 9/17/2013 8:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	13,074,960	13,074,960	0	0	0	1.00
2.00	10.00	AGGREGATE-DIETARY	20,382	20,382	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	437,600	437,600	0	0	0	3.00
4.00	15.00	AGGREGATE-PHARMACY	38,351	38,351	0	0	0	4.00
5.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	50,063	50,063	0	0	0	5.00
6.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	3,184,644	3,184,644	0	0	0	6.00
7.00	23.01	AGGREGATE-PARAMED ED HEALTH SCIENCES	21,983	21,983	0	0	0	7.00
8.00	23.03	AGGREGATE-PARAMED RESPIRATORY THERAP	15,000	15,000	0	0	0	8.00
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,664,023	3,664,023	0	0	0	9.00
10.00	32.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	32,249	32,249	0	0	0	10.00
11.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	8,021	8,021	0	0	0	11.00
12.00	34.04	AGGREGATE-RH PED IC	643,300	643,300	0	0	0	12.00
13.00	34.06	AGGREGATE-PEDS CANCER CARE	32,083	32,083	0	0	0	13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	907,580	907,580	0	0	0	14.00
15.00	43.00	AGGREGATE-NURSERY	26,875	26,875	0	0	0	15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	1,258,148	1,258,148	0	0	0	16.00
17.00	53.00	AGGREGATE-ANESTHESIOLOGY	7,627,968	7,627,968	0	0	0	17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	117,526	117,526	0	0	0	18.00
19.00	60.00	AGGREGATE-LABORATORY	3,554,048	3,554,048	0	0	0	19.00
20.00	66.00	AGGREGATE-PHYSICAL THERAPY	-60,000	-60,000	0	0	0	20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	1,695,228	1,695,228	0	0	0	21.00
22.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	17,925	17,925	0	0	0	22.00
23.00	74.00	AGGREGATE-RENAL DIALYSIS	150,982	150,982	0	0	0	23.00
24.00	76.02	AGGREGATE-PSYCH OTHER ANCILLARY	1,500,000	1,500,000	0	0	0	24.00
25.00	76.03	AGGREGATE-CARDIAC CATHERIZATION	2,019,276	2,019,276	0	0	0	25.00
26.00	90.02	AGGREGATE-IUSCC HEM/ONC	2,295,673	2,295,673	0	0	0	26.00
27.00	90.10	AGGREGATE-CLINICAL GERIATRICS	764,593	764,593	0	0	0	27.00
28.00	91.00	AGGREGATE-EMERGENCY	5,267,933	5,267,933	0	0	0	28.00
29.00	94.00	AGGREGATE-HOME PROGRAM DIALYSIS	56,167	56,167	0	0	0	29.00
30.00	105.00	AGGREGATE-KIDNEY ACQUISITION	169,446	169,446	0	0	0	30.00
31.00	107.00	AGGREGATE-LIVER ACQUISITION	1,608,149	1,608,149	0	0	0	31.00
32.00	108.00	AGGREGATE-LUNG ACQUISITION	1,325	1,325	0	0	0	32.00
200.00			50,201,501	50,201,501	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	10.00	AGGREGATE-DIETARY	0	0	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	15.00	AGGREGATE-PHARMACY	0	0	0	0	0	4.00
5.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	0	0	0	0	5.00
6.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	6.00
7.00	23.01	AGGREGATE-PARAMED ED HEALTH SCIENCES	0	0	0	0	0	7.00
8.00	23.03	AGGREGATE-PARAMED RESPIRATORY THERAP	0	0	0	0	0	8.00
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	32.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	10.00
11.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	34.04	AGGREGATE-RH PED IC	0	0	0	0	0	12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-2 | Date/Time Prepared: 9/17/2013 8:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
13.00	34.06	AGGREGATE-PEDS CANCER CARE	0	0	0	0	0	13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	0	0	14.00
15.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	16.00
17.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	18.00
19.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	19.00
20.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	21.00
22.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	22.00
23.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	0	0	23.00
24.00	76.02	AGGREGATE-PSYCH OTHER ANCILLARY	0	0	0	0	0	24.00
25.00	76.03	AGGREGATE-CARDIAC CATHERIZATION	0	0	0	0	0	25.00
26.00	90.02	AGGREGATE-IUSCC HEM/ONC	0	0	0	0	0	26.00
27.00	90.10	AGGREGATE-CLINICAL GERIATRICS	0	0	0	0	0	27.00
28.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	28.00
29.00	94.00	AGGREGATE-HOME PROGRAM DIALYSIS	0	0	0	0	0	29.00
30.00	105.00	AGGREGATE-KIDNEY ACQUISITION	0	0	0	0	0	30.00
31.00	107.00	AGGREGATE-LIVER ACQUISITION	0	0	0	0	0	31.00
32.00	108.00	AGGREGATE-LUNG ACQUISITION	0	0	0	0	0	32.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	13,074,960		1.00
2.00	10.00	AGGREGATE-DIETARY	0	0	0	20,382		2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	437,600		3.00
4.00	15.00	AGGREGATE-PHARMACY	0	0	0	38,351		4.00
5.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	0	0	50,063		5.00
6.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	3,184,644		6.00
7.00	23.01	AGGREGATE-PARAMED ED HEALTH SCIENCES	0	0	0	21,983		7.00
8.00	23.03	AGGREGATE-PARAMED RESPIRATORY THERAP	0	0	0	15,000		8.00
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	3,664,023		9.00
10.00	32.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	32,249		10.00
11.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	0	0	0	8,021		11.00
12.00	34.04	AGGREGATE-RH PED IC	0	0	0	643,300		12.00
13.00	34.06	AGGREGATE-PEDS CANCER CARE	0	0	0	32,083		13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	907,580		14.00
15.00	43.00	AGGREGATE-NURSERY	0	0	0	26,875		15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,258,148		16.00
17.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	7,627,968		17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	117,526		18.00
19.00	60.00	AGGREGATE-LABORATORY	0	0	0	3,554,048		19.00
20.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	-60,000		20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	1,695,228		21.00
22.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	17,925		22.00
23.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	150,982		23.00
24.00	76.02	AGGREGATE-PSYCH OTHER ANCILLARY	0	0	0	1,500,000		24.00
25.00	76.03	AGGREGATE-CARDIAC CATHERIZATION	0	0	0	2,019,276		25.00
26.00	90.02	AGGREGATE-IUSCC HEM/ONC	0	0	0	2,295,673		26.00
27.00	90.10	AGGREGATE-CLINICAL GERIATRICS	0	0	0	764,593		27.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-2 | Date/Time Prepared: 9/17/2013 8:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
28.00	91.00	AGGREGATE-EMERGENCY	0	0	0	5,267,933		28.00
29.00	94.00	AGGREGATE-HOME PROGRAM DIALYSIS	0	0	0	56,167		29.00
30.00	105.00	AGGREGATE-KIDNEY ACQUISITION	0	0	0	169,446		30.00
31.00	107.00	AGGREGATE-LIVER ACQUISITION	0	0	0	1,608,149		31.00
32.00	108.00	AGGREGATE-LUNG ACQUISITION	0	0	0	1,325		32.00
200.00			0	0	0	50,201,501		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	38,185,615	38,185,615				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0	0			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	69,573,510			69,573,510		2.00
4.00	00400	EMPLOYEE BENEFITS	135,914,376	8,437	0	0	135,922,813	4.00
5.01	00510	NONPATIENT TELEPHONES	24,569	0	0	0	0	5.01
5.02	00511	DATA PROCESSING	57,114,163	18,078	0	0	782	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	14,194,519	19,719	0	235,205	0	5.03
5.04	00513	ADMITTING	6,688,513	12,084	0	0	0	5.04
5.05	00514	CASHIERING	29,269,852	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	119,282,525	590,043	0	1,554,177	3,157,250	5.06
6.00	00600	MAINTENANCE & REPAIRS	23,881,774	225,919	0	0	74,927	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	54,273,045	20,373	0	120,511	536,020	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	113,261	289,918	0	1,163	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,945,454	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,732,685	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,824,463	16,045	0	0	72,464	9.03
10.00	01000	DIETARY	13,265,722	339,467	0	216,050	2,139,382	10.00
11.00	01100	CAFETERIA	2,170,039	10,845	0	0	19,772	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	24,681,361	285,974	0	1,413,937	3,837,806	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	131,209,286	436,831	0	791,468	595,276	14.00
15.00	01500	PHARMACY	76,233,542	513,053	0	3,363,068	6,368,908	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,114,593	8,298	0	0	45,623	16.00
17.00	01700	SOCIAL SERVICE	8,075,749	52,970	0	3,599	1,067,487	17.00
18.00	01850	PATIENT TRANSPORTATION	2,181,098	7,922	0	84,691	453,588	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	38,249,947	38,591	0	0	6,420,680	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,952,274	411,537	0	24,296	102,632	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	231,955	91,622	0	32,325	35,314	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	950,068	33,757	0	0	225,747	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	35,404	32,414	0	0	83,411	23.03
23.04	02304	PARAMED EMERGENCY	265,396	31,506	0	0	63,283	23.04
23.05	02312	ALLIED HEALTH	640,524	2,269	0	0	111,576	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	447,080	0	0	0	105,145	23.06
23.07	02307	PARAMED PHARMACY	1,399,880	0	0	4,432	278,724	23.07
23.08	02308	PARAMED MEDICAL ASSIST	2	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	96,970	19,972	0	0	30,294	23.09
23.10	02310	PARAMED PHARMACY TECH	190,997	19,527	0	0	43,892	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	97,450	0	0	0	20,493	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	155,445,499	7,071,039	0	2,477,619	32,071,818	30.00
31.00	03100	INTENSIVE CARE UNIT	17,039,746	471,914	0	352,700	3,542,049	31.00
32.00	03200	CORONARY CARE UNIT	12,065,612	341,492	0	134,654	2,496,555	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	4,804,586	72,087	0	212,548	994,260	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,404,321	37,396	0	22,880	291,751	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	4,628,199	0	0	175,815	950,505	34.02
34.03	03402	UH NS 3IC	171,171	59,156	0	9,956	35,005	34.03
34.04	03403	RH PED IC	9,366,792	263,716	0	146,190	1,949,903	34.04
34.05	03404	TRANSPLANT ICU	2,209,063	118,321	0	0	453,796	34.05
34.06	03407	PEDS CANCER CARE	1,521,921	299,306	0	1,312	314,517	34.06
40.00	04000	SUBPROVIDER - IPF	3,887,491	183,279	0	12,686	803,698	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,515,846	143,432	0	56,275	895,853	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,284,343	2,214,168	0	15,193,508	7,430,900	50.00
50.01	05001	ENDOSCOPY	1,278,335	58,746	0	411,461	237,440	50.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
			0	1.00	1.01	2.00	4.00	
51.00	05100	RECOVERY ROOM	6,402,983	443,540	0	150,056	1,287,753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,000,359	39,533	0	1,123,299	395,619	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,857,600	182,555	0	277,350	588,679	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,258,409	1,725,554	0	10,612,533	5,896,972	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,738,097	384,777	0	2,216,150	936,421	55.00
56.00	05600	RADIOISOTOPE	1,025,992	171,117	0	957,482	205,333	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	860,963	96,220	0	0	176,159	59.00
60.00	06000	LABORATORY	29,670,095	1,547,195	0	2,139,251	5,930,905	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,686,332	37,893	0	39,276	198,408	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,103,640	161,885	0	193,601	227,738	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,540,732	86,492	0	98,914	735,108	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	23,349,429	216,592	0	1,458,344	4,818,502	65.00
66.00	06600	PHYSICAL THERAPY	11,117,444	230,770	0	131,400	2,264,811	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,272,004	147,629	0	32,302	465,607	67.00
68.00	06800	SPEECH PATHOLOGY	3,565,543	201,846	0	241,017	732,182	68.00
69.00	06900	ELECTROCARDIOLOGY	2,875,602	86,509	0	387,849	595,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,694,332	64,932	0	732,222	1,014,435	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,964,650	29,770	0	0	53,051	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	66,909,032	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,609,064	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	8,950,010	0	0	191,997	1,644,564	73.03
74.00	07400	RENAL DIALYSIS	7,738,869	310,291	0	340,230	1,475,376	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	613,277	0	0	53,142	128,575	76.00
76.01	03021	CARDIOLOGY	3,980,124	99,937	0	1,604,532	498,652	76.01
76.02	03022	PSYCH OTHER ANCILLARY	176,998	24,893	0	6,768	33,274	76.02
76.03	03023	CARDIAC CATHERIZATION	6,167,132	262,652	0	1,058,080	963,786	76.03
76.04	03024	DAY SURGERY	4,668,635	232,567	0	38,579	962,857	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	580,076	15,906	0	5,574	88,875	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,065,160	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,394,108	179,362	0	92,381	289,859	90.01
90.02	09002	IUSCC HEM/ONC	20,745,622	985,351	0	6,686,376	3,240,303	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	274,355	50,169	0	383,465	54,984	90.03
90.04	09004	AMB SVC-PSYCH ADULT	515,654	151,276	0	26,359	106,102	90.04
90.05	09005	AMB SVC-DIABETES ADULT	1	18,139	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,348,482	83,421	0	579,267	485,341	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,619,621	322,637	0	489,383	915,180	90.07
90.08	09008	MOTILITY LAB	110,718	1,998	0	35,043	22,490	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	39,033	40,598	0	6,368	1,220	90.10
90.11	09023	SLEEP LAB	3,990,142	116,227	0	11,208	608,178	90.11
90.12	09024	OP CARE ADULTS	255,175	88,237	0	4,275	52,579	90.12
90.13	09011	PEDIATRIC CLINIC	0	67,288	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	183,957	0	0	6,432	36,115	90.14
90.15	09013	NEUROLOGY UH	850,151	0	0	100,329	177,577	90.15
90.16	09014	ORTHOPEDICS UH	335,400	86,640	0	0	71,899	90.16
90.17	09015	PHYSICAL MEDICINE	882,120	94,144	0	3,448	181,929	90.17
90.18	09016	DERMATOLOGY CLINIC	728,385	74,879	0	57,663	151,066	90.18
90.19	09017	INFUSION/HEM/ONC	475,767	0	0	4,992	141,164	90.19
90.20	09025	IUMG - MH	429,829	0	0	3,598	90,178	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	22,163,485	882,334	0	388,285	4,682,530	91.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
			0	1.00	1.01	2.00	4.00	
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,169,758	48,389	0	112,388	203,007	94.00
95.00	09500	AMBULANCE SERVICES	19,969,660	0	0	4,212,979	1,653,025	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	38,414,897	212,343	0	841,327	4,796,749	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,026,056	11,718	0	301,096	394,912	105.00
106.00	10600	HEART ACQUISITION	2,201,602	15,068	0	14,048	43,256	106.00
107.00	10700	LIVER ACQUISITION	6,206,930	6,142	0	142,407	278,964	107.00
108.00	10800	LUNG ACQUISITION	3,114,756	36,314	0	45,885	81,202	108.00
109.00	10900	PANCREAS ACQUISITION	2,331,139	2,356	0	73,743	53,031	109.00
110.00	11000	INTESTINE ACQUISITION	1,561,146	1,152	0	18,281	71,581	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	193,311	0	0	0	38,707	112.00
112.01	08601	POST TRANSPLANT EXPENSES	3,476,804	50,640	0	379,110	697,757	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,384,191	61,617	0	0	504,988	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,712,965,424	25,360,717	0	66,162,610	130,803,085	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,397	135,667	0	0	0	190.00
191.00	19100	RESEARCH	2,866,661	253,673	0	129,863	671,435	191.00
191.01	19101	RESEARCH-GCRC	15,907	148,091	0	0	0	191.01
191.02	19102	OSA	4,910,315	14,990	0	28,357	553,269	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,766,849	10,680	0	5,522	111,111	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	13,188,507	1,152,472	0	648,156	1,553,784	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	5,120,263	88,333	0	1,524,587	921,732	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	477,074	5,206,204	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	155,953	0	0	38,886	25,378	192.04
192.05	19205	MHH LABS	210,565	689	0	10,767	40,525	192.05
192.06	19206	BELTWAY SURGERY	87,523	8,594	0	2,165	14,323	192.06
192.07	19207	RHI	123,347	0	0	8,552	34,360	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	29,179,691	82,304	0	950,485	1,051,246	192.08
192.09	19209	ARTHRITIS CLINIC - NR	16,541	0	0	0	8	192.09
192.10	19212	CARDIO PHYSICIANS	819,922	0	0	63,560	142,557	192.10
192.11	19211	UNUSED SPACE	0	5,723,201	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,771,930,939	38,185,615	0	69,573,510	135,922,813	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	24,569					5.01
5.02	00511	DATA PROCESSING	0	57,133,023				5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	24	55,808	14,505,275			5.03
5.04	00513	ADMITTING	30	69,759	8	6,770,394		5.04
5.05	00514	CASHIERING	0	0	0	0	29,269,852	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,138	2,646,210	0	709	4,149	5.06
6.00	00600	MAINTENANCE & REPAIRS	40	93,013	950	0	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	4	9,301	1,317	0	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	18	41,856	6,349	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	1,309	0	0	9.03
10.00	01000	DIETARY	248	576,678	5,087	0	0	10.00
11.00	01100	CAFETERIA	2	4,651	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	284	660,390	367	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	122	283,689	242,433	0	0	14.00
15.00	01500	PHARMACY	688	1,599,818	180,435	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18	41,856	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	256	595,281	13	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	86	199,977	249	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	108	251,134	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	224	520,871	43	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	14	32,554	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	10	23,253	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	24	55,808	295	0	0	23.03
23.04	02304	PARAMED EMERGENCY	12	27,904	0	0	0	23.04
23.05	02312	ALLIED HEALTH	30	69,759	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	20	46,506	524	0	0	23.06
23.07	02307	PARAMED PHARMACY	6	13,952	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2	4,651	47	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	6	13,952	255	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,573	12,961,307	936,772	1,370,429	3,501,909	30.00
31.00	03100	INTENSIVE CARE UNIT	484	1,125,453	128,829	140,182	352,602	31.00
32.00	03200	CORONARY CARE UNIT	340	790,608	131,112	100,685	253,252	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	132	306,942	28,284	45,158	113,587	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	34	79,061	5,312	9,988	25,123	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	236	548,775	69,159	37,023	93,125	34.02
34.03	03402	UH NS 3IC	24	55,808	24,340	821	2,064	34.03
34.04	03403	RH PED IC	146	339,496	81,182	81,507	205,015	34.04
34.05	03404	TRANSPLANT ICU	0	0	24,017	16,284	40,960	34.05
34.06	03407	PEDS CANCER CARE	20	46,506	6,871	16,350	41,126	34.06
40.00	04000	SUBPROVIDER - IPF	144	334,846	2,797	23,714	61,833	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	154	358,099	20,395	44,359	111,582	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,272	2,957,802	6,060,076	855,785	3,219,392	50.00
50.01	05001	ENDOSCOPY	84	195,327	39,380	29,851	112,653	50.01
51.00	05100	RECOVERY ROOM	306	711,547	33,546	66,106	318,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	60	139,519	233,117	55,259	190,755	53.00
53.01	05301	PULMONARY FUNCTION TESTING	118	274,387	19,227	6,916	137,119	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,670	3,883,278	903,350	418,320	2,868,699	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	296	688,294	18,152	9,897	426,274	55.00
56.00	05600	RADIOISOTOPE	84	195,327	244,802	14,052	127,907	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46	106,965	246,609	21,711	123,419	59.00
60.00	06000	LABORATORY	1,312	3,050,815	1,519,645	768,789	3,972,072	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	18	41,856	69,854	6,779	115,236	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	50	116,266	54,974	11,979	69,106	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	90	209,278	1,006,331	133,895	399,069	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	426	990,585	249,251	234,352	603,819	65.00
66.00	06600	PHYSICAL THERAPY	128	297,640	46,959	78,786	322,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	78	181,375	6,559	18,624	62,515	67.00
68.00	06800	SPEECH PATHOLOGY	202	469,714	127,158	10,140	67,952	68.00
69.00	06900	ELECTROCARDIOLOGY	134	311,592	5,954	83,267	307,829	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132	306,942	23,153	42,359	163,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8	18,603	10,615	136,760	530,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	497,983	1,754,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	862,284	3,768,102	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	268	623,185	0	0	299,734	73.03
74.00	07400	RENAL DIALYSIS	238	553,425	141,269	35,831	178,853	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	10	23,253	8,495	3,667	9,224	76.00
76.01	03021	CARDIOLOGY	64	148,820	464,840	53,826	411,256	76.01
76.02	03022	PSYCH OTHER ANCILLARY	76	176,724	1,569	879	8,192	76.02
76.03	03023	CARDIAC CATHERIZATION	324	753,403	437,267	74,678	456,669	76.03
76.04	03024	DAY SURGERY	198	460,413	25,294	2,961	51,387	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	42	97,663	415	652	7,592	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	13,737	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	126	292,990	8,492	1,267	48,431	90.01
90.02	09002	IUSCC HEM/ONC	540	1,255,671	107,959	1,400	342,060	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	44	102,314	750	26	11,312	90.03
90.04	09004	AMB SVC-PSYCH ADULT	68	158,122	1,430	3	13,981	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	148	344,147	4,432	13,926	85,104	90.06
90.07	09007	AMB SVC-RILEY CLINICS	430	999,886	19,335	775	41,318	90.07
90.08	09008	MOTILITY LAB	2	4,651	4,487	67	3,430	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	16	37,205	17	1	450	90.10
90.11	09023	SLEEP LAB	114	265,086	947	63	80,180	90.11
90.12	09024	OP CARE ADULTS	60	139,519	430	4	1,421	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	12	27,904	1,560	0	18,233	90.14
90.15	09013	NEUROLOGY UH	56	130,218	235	2	2,814	90.15
90.16	09014	ORTHOPEDICS UH	44	102,314	252	2	1,576	90.16
90.17	09015	PHYSICAL MEDICINE	74	172,073	958	8	4,233	90.17
90.18	09016	DERMATOLOGY CLINIC	10	23,253	5,555	2	7,158	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	2,571	26	17,993	90.19
90.20	09025	IUMG - MH	44	102,314	1,263	16	2,004	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	1,036	2,409,028	231,134	183,682	1,482,974	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	22	51,157	121,338	59	57,018	94.00
95.00	09500	AMBULANCE SERVICES	148	344,147	13,485	263	278,877	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,120	2,604,354	2	0	442,341	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	122	283,689	9,695	62,516	157,246	105.00
106.00	10600	HEART ACQUISITION	6	13,952	453	7,489	18,837	106.00
107.00	10700	LIVER ACQUISITION	58	134,868	4,594	39,985	100,575	107.00
108.00	10800	LUNG ACQUISITION	18	41,856	1,480	15,609	39,262	108.00
109.00	10900	PANCREAS ACQUISITION	30	69,759	2,379	12,442	31,296	109.00
110.00	11000	INTESTINE ACQUISITION	8	18,603	590	7,074	17,794	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	266	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	156	362,749	12,231	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	42,785	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,947	53,361,359	14,454,932	6,770,304	29,255,414	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38	88,362	0	0	0	190.00
191.00	19100	RESEARCH	142	330,195	23,611	0	0	191.00
191.01	19101	RESEARCH-GCRC	54	125,567	2,945	64	161	191.01
191.02	19102	OSA	58	134,868	702	16	385	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12	27,904	1,083	7	8,832	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	536	1,246,370	17,120	1	2,074	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	480	1,116,152	866	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	6	13,952	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	1	2,262	192.04
192.05	19205	MHH LABS	8	18,603	1,317	1	724	192.05
192.06	19206	BELTWAY SURGERY	8	18,603	2	0	0	192.06
192.07	19207	RHI	0	0	722	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	188	437,159	685	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	2	4,651	411	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	90	209,278	879	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,569	57,133,023	14,505,275	6,770,394	29,269,852	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	127,236,201	127,236,201				5.06
6.00	00600	MAINTENANCE & REPAIRS	24,276,623	1,878,088	26,154,711			6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0		6.03
7.00	00700	OPERATION OF PLANT	54,960,571	4,251,860	14,281	0	59,226,712	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	452,565	35,011	203,228	0	460,456	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,945,454	305,228	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,732,685	288,768	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,914,281	457,541	11,248	0	25,484	9.03
10.00	01000	DIETARY	16,542,634	1,279,771	237,962	0	539,153	10.00
11.00	01100	CAFETERIA	2,205,309	170,607	7,602	0	17,225	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	30,880,119	2,388,948	200,464	0	454,193	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	133,559,105	10,332,399	306,212	0	693,789	14.00
15.00	01500	PHARMACY	88,259,512	6,827,932	359,643	0	814,848	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,210,388	1,099,344	5,816	0	13,178	16.00
17.00	01700	SOCIAL SERVICE	9,795,355	757,788	37,131	0	84,129	17.00
18.00	01850	PATIENT TRANSPORTATION	2,927,611	226,486	5,553	0	12,583	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	44,960,460	3,478,231	27,052	0	61,292	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,011,877	929,263	288,481	0	653,616	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	423,784	32,785	64,226	0	145,517	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	1,232,835	95,375	23,663	0	53,615	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	207,356	16,041	22,722	0	51,481	23.03
23.04	02304	PARAMED EMERGENCY	388,101	30,024	22,085	0	50,039	23.04
23.05	02312	ALLIED HEALTH	824,158	63,759	1,590	0	3,603	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	599,275	46,361	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	1,696,994	131,283	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	2	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	151,936	11,754	14,000	0	31,720	23.09
23.10	02310	PARAMED PHARMACY TECH	268,629	20,782	13,688	0	31,013	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	117,943	9,124	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	215,841,965	16,697,297	4,956,698	0	11,230,444	30.00
31.00	03100	INTENSIVE CARE UNIT	23,153,959	1,791,237	330,805	0	749,510	31.00
32.00	03200	CORONARY CARE UNIT	16,314,310	1,262,108	239,381	0	542,368	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,577,584	508,855	50,532	0	114,491	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,875,866	145,121	26,214	0	59,393	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	6,502,837	503,072	0	0	0	34.02
34.03	03402	UH NS 3IC	358,345	27,722	41,468	0	93,954	34.03
34.04	03403	RH PED IC	12,433,947	961,915	184,861	0	418,842	34.04
34.05	03404	TRANSPLANT ICU	2,862,441	221,444	82,941	0	187,921	34.05
34.06	03407	PEDS CANCER CARE	2,247,929	173,904	209,809	0	475,367	34.06
40.00	04000	SUBPROVIDER - IPF	5,310,488	410,830	128,476	0	291,090	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,145,995	475,466	100,544	0	227,803	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	76,217,246	5,896,319	1,552,100	0	3,516,613	50.00
50.01	05001	ENDOSCOPY	2,363,277	182,828	41,180	0	93,302	50.01
51.00	05100	RECOVERY ROOM	9,414,286	728,308	310,915	0	704,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,177,520	323,181	27,712	0	62,788	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,343,951	336,057	127,969	0	289,940	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,568,785	4,685,722	1,209,588	0	2,740,580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,418,358	728,623	269,723	0	611,115	55.00
56.00	05600	RADIOISOTOPE	2,942,096	227,606	119,950	0	271,773	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,632,092	126,262	67,449	0	152,820	59.00
60.00	06000	LABORATORY	48,600,079	3,759,799	1,084,562	0	2,457,306	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,195,652	247,222	26,563	0	60,183	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,939,239	150,023	113,479	0	257,112	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,209,909	480,411	60,630	0	137,369	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,921,300	2,469,496	151,828	0	343,998	65.00
66.00	06600	PHYSICAL THERAPY	14,490,165	1,120,988	161,767	0	366,517	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,186,693	246,529	103,486	0	234,469	67.00
68.00	06800	SPEECH PATHOLOGY	5,415,754	418,974	141,491	0	320,579	68.00
69.00	06900	ELECTROCARDIOLOGY	4,653,780	360,026	60,642	0	137,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,042,298	622,168	45,517	0	103,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,743,964	3,074,673	20,868	0	47,282	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	69,161,863	5,350,500	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,239,450	10,771,842	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	11,709,758	905,890	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	10,774,382	833,528	217,509	0	492,814	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	839,643	64,956	0	0	0	76.00
76.01	03021	CARDIOLOGY	7,262,051	561,807	70,055	0	158,724	76.01
76.02	03022	PSYCH OTHER ANCILLARY	429,373	33,217	17,449	0	39,535	76.02
76.03	03023	CARDIAC CATHERIZATION	10,173,991	787,080	184,115	0	417,152	76.03
76.04	03024	DAY SURGERY	6,442,891	498,435	163,026	0	369,371	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	796,795	61,642	11,150	0	25,262	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,078,897	315,552	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,307,016	178,475	125,730	0	284,868	90.01
90.02	09002	IUSCC HEM/ONC	33,365,282	2,581,205	690,717	0	1,564,967	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	877,419	67,879	35,168	0	79,681	90.03
90.04	09004	AMB SVC-PSYCH ADULT	972,995	75,273	106,042	0	240,261	90.04
90.05	09005	AMB SVC-DIABETES ADULT	18,140	1,403	12,716	0	28,810	90.05
90.06	09006	OUTPATIENT SURGERY	3,944,268	305,136	58,477	0	132,491	90.06
90.07	09007	AMB SVC-RILEY CLINICS	7,408,565	573,141	226,164	0	512,422	90.07
90.08	09008	MOTILITY LAB	182,886	14,148	1,401	0	3,173	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	124,908	9,663	28,459	0	64,479	90.10
90.11	09023	SLEEP LAB	5,072,145	392,391	81,473	0	184,596	90.11
90.12	09024	OP CARE ADULTS	541,700	41,907	61,853	0	140,141	90.12
90.13	09011	PEDIATRIC CLINIC	67,288	5,206	47,168	0	106,869	90.13
90.14	09012	ARTHRITIS CLINIC	274,213	21,214	0	0	0	90.14
90.15	09013	NEUROLOGY UH	1,261,382	97,583	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	598,127	46,272	60,734	0	137,605	90.16
90.17	09015	PHYSICAL MEDICINE	1,338,987	103,587	65,993	0	149,522	90.17
90.18	09016	DERMATOLOGY CLINIC	1,047,971	81,073	52,489	0	118,925	90.18
90.19	09017	INFUSION/HEM/ONC	642,513	49,706	0	0	0	90.19
90.20	09025	IUMG - MH	629,246	48,680	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	32,424,488	2,508,423	618,504	0	1,401,352	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,763,136	136,400	33,920	0	76,854	94.00
95.00	09500	AMBULANCE SERVICES	26,472,584	2,047,972	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	47,313,133	3,660,239	148,849	0	337,250	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,247,050	947,456	8,214	0	18,611	105.00
106.00	10600	HEART ACQUISITION	2,314,711	179,071	10,563	0	23,932	106.00
107.00	10700	LIVER ACQUISITION	6,914,523	534,921	4,306	0	9,756	107.00
108.00	10800	LUNG ACQUISITION	3,376,382	261,204	25,455	0	57,675	108.00
109.00	10900	PANCREAS ACQUISITION	2,576,175	199,298	1,651	0	3,742	109.00
110.00	11000	INTESTINE ACQUISITION	1,696,229	131,224	807	0	1,829	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	232,284	17,970	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,979,447	385,220	35,498	0	80,429	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,993,581	308,951	43,192	0	97,862	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,687,771,741	120,725,479	17,164,642	0	38,857,792	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	250,464	19,376	95,100	0	215,470	190.00
191.00	19100	RESEARCH	4,275,580	330,767	177,821	0	402,892	191.00
191.01	19101	RESEARCH-GCRC	292,789	22,651	103,810	0	235,203	191.01
191.02	19102	OSA	5,642,960	436,551	10,508	0	23,807	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,932,000	149,463	7,486	0	16,962	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	17,809,020	1,377,741	807,866	0	1,830,393	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	8,772,413	678,651	61,920	0	140,293	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	5,697,236	440,750	3,649,475	0	8,268,663	192.03
192.04	19204	MHH RADIOLOGY	222,480	17,211	0	0	0	192.04
192.05	19205	MHH LABS	283,199	21,909	483	0	1,095	192.05
192.06	19206	BELTWAY SURGERY	131,218	10,151	6,024	0	13,650	192.06
192.07	19207	RHI	166,981	12,918	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	31,701,758	2,452,511	57,694	0	130,718	192.08
192.09	19209	ARTHRITIS CLINIC - NR	21,613	1,672	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1,236,286	95,642	0	0	0	192.10
192.11	19211	UNUSED SPACE	5,723,201	442,758	4,011,882	0	9,089,774	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,771,930,939	127,236,201	26,154,711	0	59,226,712	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE	0					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,151,260				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	4,250,682		9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	4,021,453	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	103	0	0	0	9.03
10.00	01000	DIETARY	0	0	0	45,850	7,296	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	18,023	6,050	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	709	0	50,496	30,139	14.00
15.00	01500	PHARMACY	0	798	0	79,726	49,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,420	0	16.00
17.00	01700	SOCIAL SERVICE	0	26	0	396	13,971	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	2,996	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	657	0	2,359	13,368	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,553	0	14,710	2,800	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	0	0	923	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	616,898	0	837,428	737,895	30.00
31.00	03100	INTENSIVE CARE UNIT	0	78,455	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	54,383	0	61,477	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	4,289	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	852	0	0	15,209	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	1,589	0	0	0	34.02
34.03	03402	UH NS 3IC	0	261	0	24,385	0	34.03
34.04	03403	RH PED IC	0	3,174	0	0	107,261	34.04
34.05	03404	TRANSPLANT ICU	0	84	0	48,774	0	34.05
34.06	03407	PEDS CANCER CARE	0	505	0	0	121,732	34.06
40.00	04000	SUBPROVIDER - IPF	0	11,792	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	9,514	0	34,927	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	121,457	0	408,658	113,950	50.00
50.01	05001	ENDOSCOPY	0	8,298	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	7,743	0	30,427	20,405	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,654	7,740	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	3	0	15,825	47,601	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,941	0	287,272	182,499	54.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,939	0	97,378	0	55.00
56.00	05600	RADIOISOTOPE	0	3,993	0	28,446	7,211	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,089	0	0	0	59.00
60.00	06000	LABORATORY	0	6	0	38,200	27,002	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	1,174	0	32,567	20,138	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	501	0	4,381	795	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	376	0	13,678	31,675	65.00
66.00	06600	PHYSICAL THERAPY	0	7,616	0	12,498	9,947	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15	0	11,703	18,094	67.00
68.00	06800	SPEECH PATHOLOGY	0	431	0	18,300	55,703	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,777	0	12,437	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	428	0	0	11,732	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	9	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	3,011	0	76,259	20,877	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	100	0	6,675	34,060	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	1	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	18,602	0	878	0	76.03
76.04	03024	DAY SURGERY	0	2,476	0	82,039	11,750	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	6	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	3,720	0	73,936	0	90.01
90.02	09002	IUSCC HEM/ONC	0	2,747	0	359,211	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	236	0	20,681	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	24,475	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	7,477	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	1,924	0	34,387	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	234	0	0	131,221	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	813	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	6	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	23	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	35,714	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	19	0	38,807	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	2,405	0	30,866	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	119,339	0	23,831	61,636	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	19,947	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	932	2,686	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	4,553	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,532	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	971	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	475	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	5,938	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	1,982	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,140,287	0	3,092,957	1,935,308	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	14,858	28,946	190.00
191.00	19100	RESEARCH	0	1,681	0	1,608	0	191.00
191.01	19101	RESEARCH-GCRC	0	957	0	61,045	0	191.01
191.02	19102	OSA	0	0	0	1,543	4,574	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,402	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	8,329	0	5,158	15,909	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	514,848	763,364	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	3,495	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	834	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	6	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	554,263	1,269,023	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,151,260	0	4,250,682	4,021,453	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST	6,408,657					9.03
10.00	01000	DIETARY	99,037	18,751,703				10.00
11.00	01100	CAFETERIA	5,107	0	2,405,850			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	100,512	0	66,336	0	34,114,645	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	113,130	0	17,741	0	0	14.00
15.00	01500	PHARMACY	93,769	0	88,191	0	8,968	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,286	0	0	16.00
17.00	01700	SOCIAL SERVICE	8,316	0	30,854	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	308	0	16,713	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	141,158	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	173,761	0	1,543	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	43,147	0	514	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	15,897	0	3,857	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	15,265	0	1,286	0	0	23.03
23.04	02304	PARAMED EMERGENCY	14,837	0	1,286	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	3,343	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	1,800	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	4,885	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	9,405	0	514	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	9,196	0	771	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	257	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,518,852	15,089,733	585,455	0	16,456,462	30.00
31.00	03100	INTENSIVE CARE UNIT	222,238	317,346	60,423	0	1,838,460	31.00
32.00	03200	CORONARY CARE UNIT	90,585	1,477,017	42,939	0	1,327,279	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	33,948	75,996	15,941	0	502,213	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	66,142	4,371	0	125,553	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	347,609	16,713	0	547,054	34.02
34.03	03402	UH NS 3IC	0	123,918	514	0	17,936	34.03
34.04	03403	RH PED IC	0	378,827	34,711	0	1,085,140	34.04
34.05	03404	TRANSPLANT ICU	0	0	8,485	0	278,011	34.05
34.06	03407	PEDS CANCER CARE	0	52,161	5,914	0	170,394	34.06
40.00	04000	SUBPROVIDER - IPF	86,311	392,864	15,170	0	242,139	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	27,641	0	14,913	0	448,405	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	443,908	0	143,472	0	2,358,610	50.00
50.01	05001	ENDOSCOPY	27,665	0	4,371	0	107,617	50.01
51.00	05100	RECOVERY ROOM	150,488	0	22,626	0	663,639	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,485	0	8,485	0	161,426	53.00
53.01	05301	PULMONARY FUNCTION TESTING	12,770	0	11,056	0	62,777	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	249,759	0	102,333	0	511,182	54.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	69,950	0	12,085	0	62,777	55.00
56.00	05600	RADIOISOTOPE	39,733	0	2,828	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,313	0	2,314	0	44,840	59.00
60.00	06000	LABORATORY	71,823	0	121,874	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	17,845	0	3,600	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	15,712	0	4,114	0	53,809	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,975	0	12,856	0	8,968	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	49,697	0	89,991	0	17,936	65.00
66.00	06600	PHYSICAL THERAPY	68,955	0	38,053	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,201	0	8,228	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,652	0	14,141	0	44,840	68.00
69.00	06900	ELECTROCARDIOLOGY	26,531	0	12,342	0	35,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,994	0	16,970	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,028	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	26,740	0	0	73.03
74.00	07400	RENAL DIALYSIS	34,831	0	29,054	0	502,213	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	1,286	0	35,872	76.00
76.01	03021	CARDIOLOGY	0	0	8,999	0	98,649	76.01
76.02	03022	PSYCH OTHER ANCILLARY	11,723	0	514	0	17,936	76.02
76.03	03023	CARDIAC CATHERIZATION	122,687	101,936	13,370	0	179,362	76.03
76.04	03024	DAY SURGERY	2,194	0	18,770	0	475,309	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	7,491	0	1,543	0	26,904	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	5,914	0	89,681	90.01
90.02	09002	IUSCC HEM/ONC	53,658	0	71,736	0	511,182	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	1,543	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	43,279	0	2,314	0	26,904	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	10,028	0	62,777	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	21,855	0	278,011	90.07
90.08	09008	MOTILITY LAB	0	0	257	0	8,968	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	19,119	0	0	0	0	90.10
90.11	09023	SLEEP LAB	54,735	0	12,085	0	0	90.11
90.12	09024	OP CARE ADULTS	41,553	0	1,286	0	17,936	90.12
90.13	09011	PEDIATRIC CLINIC	31,688	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	771	0	17,936	90.14
90.15	09013	NEUROLOGY UH	0	0	4,371	0	62,777	90.15
90.16	09014	ORTHOPEDICS UH	0	0	2,057	0	8,968	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	5,399	0	35,872	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	4,371	0	62,777	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	2,057	0	35,872	90.19
90.20	09025	IUMG - MH	0	0	2,314	0	26,904	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	298,129	0	86,134	0	2,268,929	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	3,600	0	62,777	94.00
95.00	09500	AMBULANCE SERVICES	0	0	27,769	0	376,660	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,308	0	94,619	0	699,512	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	320	0	7,456	0	0	105.00
106.00	10600	HEART ACQUISITION	7,096	0	257	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	3,600	0	0	107.00
108.00	10800	LUNG ACQUISITION	17,097	0	1,028	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,800	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	514	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	514	0	8,968	112.00
112.01	08601	POST TRANSPLANT EXPENSES	17,064	0	9,513	0	8,968	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	26,753	0	10,285	0	170,394	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,842,443	18,423,549	2,316,374	0	33,361,325	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,399	0	0	0	0	190.00
191.00	19100	RESEARCH	108,754	0	10,542	0	80,713	191.00
191.01	19101	RESEARCH-GCRC	0	328,154	0	0	0	191.01
191.02	19102	OSA	0	0	8,485	0	107,617	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,286	0	26,904	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	518,423	0	35,225	0	170,394	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	41,598	0	13,370	0	322,852	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	343,466	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	257	0	0	192.04
192.05	19205	MHH LABS	0	0	1,028	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	514	0	0	192.06
192.07	19207	RHI	0	0	771	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	6,685	0	15,170	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	2,828	0	44,840	192.10
192.11	19211	UNUSED SPACE	533,889	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,408,657	18,751,703	2,405,850	0	34,114,645	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	145,103,720					14.00
15.00	01500	PHARMACY	1,837,636	98,420,044				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	15,333,432			16.00
17.00	01700	SOCIAL SERVICE	133	0	0	10,728,099		17.00
18.00	01850	PATIENT TRANSPORTATION	2,531	0	0	0	3,194,781	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	442	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	3	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	3,000	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	5,332	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	476	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	2,598	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,540,508	0	1,834,773	8,051,534	382,156	30.00
31.00	03100	INTENSIVE CARE UNIT	1,312,053	0	184,740	648,467	38,479	31.00
32.00	03200	CORONARY CARE UNIT	1,335,300	0	132,688	452,734	27,637	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	288,061	0	59,512	251,229	12,395	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	54,097	0	13,163	43,717	2,742	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	704,347	0	48,791	166,164	10,163	34.02
34.03	03402	UH NS 3IC	247,893	0	1,081	7,755	225	34.03
34.04	03403	RH PED IC	826,798	0	107,415	279,644	22,373	34.04
34.05	03404	TRANSPLANT ICU	244,602	0	21,460	73,670	4,470	34.05
34.06	03407	PEDS CANCER CARE	69,973	0	21,548	61,268	4,488	34.06
40.00	04000	SUBPROVIDER - IPF	28,482	0	32,396	201,386	6,748	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	207,707	0	58,462	358,138	12,177	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,719,743	0	1,686,753	9,708	351,325	50.00
50.01	05001	ENDOSCOPY	401,060	0	59,023	0	12,294	50.01
51.00	05100	RECOVERY ROOM	341,649	0	166,847	18,588	34,752	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
53.00	05300	ANESTHESIOLOGY	2,374,172	0	99,943	0	20,817	53.00
53.01	05301	PULMONARY FUNCTION TESTING	195,818	0	71,841	0	14,963	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,200,129	260	1,503,012	0	313,055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	184,865	0	223,340	0	46,518	55.00
56.00	05600	RADIOISOTOPE	2,493,180	0	67,015	0	13,958	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,511,576	0	64,663	0	13,468	59.00
60.00	06000	LABORATORY	15,476,761	0	2,081,211	0	434,540	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	711,423	5	60,376	0	12,575	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	559,881	0	36,207	0	7,541	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,248,932	0	209,086	0	43,550	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,538,490	0	316,362	0	65,893	65.00
66.00	06600	PHYSICAL THERAPY	478,247	0	168,826	0	35,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,801	0	32,754	0	6,822	67.00
68.00	06800	SPEECH PATHOLOGY	1,295,038	0	35,603	0	7,415	68.00
69.00	06900	ELECTROCARDIOLOGY	60,643	0	161,282	0	33,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235,796	0	85,816	0	17,874	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,106	0	277,951	0	57,893	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	919,426	0	191,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	75,601,558	1,974,241	0	411,205	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	22,801,488	157,041	0	32,709	73.03
74.00	07400	RENAL DIALYSIS	1,438,746	0	93,707	266	19,518	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	86,519	0	4,833	0	1,007	76.00
76.01	03021	CARDIOLOGY	4,734,138	0	215,472	0	44,879	76.01
76.02	03022	PSYCH OTHER ANCILLARY	15,981	0	4,292	0	894	76.02
76.03	03023	CARDIAC CATHERIZATION	4,453,322	8,409	239,265	651	49,835	76.03
76.04	03024	DAY SURGERY	257,603	0	26,923	35,074	5,608	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	4,228	0	3,978	0	829	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	7,197	0	1,499	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	86,490	0	25,375	0	5,285	90.01
90.02	09002	IUSCC HEM/ONC	1,099,499	706	179,217	0	37,328	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	7,636	0	5,927	0	1,234	90.03
90.04	09004	AMB SVC-PSYCH ADULT	14,563	0	7,325	0	1,526	90.04
90.05	09005	AMB SVC-DIABETES ADULT	3	140	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	45,138	0	44,589	0	9,287	90.06
90.07	09007	AMB SVC-RILEY CLINICS	196,914	0	21,648	0	4,509	90.07
90.08	09008	MOTILITY LAB	45,693	0	1,797	0	374	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	174	0	236	0	49	90.10
90.11	09023	SLEEP LAB	9,643	0	42,009	0	8,750	90.11
90.12	09024	OP CARE ADULTS	4,376	300	745	0	155	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	15,892	0	9,553	0	1,990	90.14
90.15	09013	NEUROLOGY UH	2,398	2	1,475	0	307	90.15
90.16	09014	ORTHOPEDICS UH	2,567	0	826	0	172	90.16
90.17	09015	PHYSICAL MEDICINE	9,757	0	2,218	0	462	90.17
90.18	09016	DERMATOLOGY CLINIC	56,576	0	3,751	0	781	90.18
90.19	09017	INFUSION/HEM/ONC	26,182	852	9,427	0	1,964	90.19
90.20	09025	IUMG - MH	12,861	0	1,050	0	219	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	2,353,972	0	776,982	148	161,834	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,235,766	0	29,874	0	6,222	94.00
95.00	09500	AMBULANCE SERVICES	137,337	0	146,113	0	30,433	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	16	0	231,758	0	48,272	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	98,742	0	82,387	0	17,160	105.00
106.00	10600	HEART ACQUISITION	4,616	0	9,869	0	2,056	106.00
107.00	10700	LIVER ACQUISITION	46,790	0	52,695	0	10,976	107.00
108.00	10800	LUNG ACQUISITION	15,076	0	20,571	0	4,285	108.00
109.00	10900	PANCREAS ACQUISITION	24,229	0	16,397	0	3,415	109.00
110.00	11000	INTESTINE ACQUISITION	6,007	0	9,323	0	1,942	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	2,709	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	124,563	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	22,417	67,869	4,669	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	144,591,004	98,413,720	15,325,869	10,728,010	3,193,205	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	240,461	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	29,997	0	84	89	18	191.01
191.02	19102	OSA	7,148	0	202	0	42	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,032	0	4,627	0	964	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	174,358	6,324	1,086	0	226	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	8,821	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	1,185	0	247	192.04
192.05	19205	MHH LABS	13,412	0	379	0	79	192.05
192.06	19206	BELTWAY SURGERY	22	0	0	0	0	192.06
192.07	19207	RHI	7,354	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	6,976	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	4,187	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	8,948	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	145,103,720	98,420,044	15,333,432	10,728,099	3,194,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	48,684,577			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	14,080,046		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	13,175,271	3,810,418	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,180,622	341,447	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	511,206	147,846	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	1,073,293	310,407	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	6,360	1,839	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	636,026	183,945	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	5,565	1,610	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	151,056	43,687	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,288,402	1,240,247	0	50.00
50.01	05001	ENDOSCOPY	0	0	240,895	69,669	0	50.01
51.00	05100	RECOVERY ROOM	0	0	11,925	3,449	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,537,247	1,312,215	0	53.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
53.01	05301	PULMONARY FUNCTION TESTING	0	0	285,416	82,545	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,697,844	1,358,661	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	143,901	41,617	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	75,528	21,843	0	59.00
60.00	06000	LABORATORY	0	0	1,760,201	509,067	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	33,391	9,657	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	78,708	22,763	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	214,659	62,081	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	53,267	15,405	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	539,827	156,123	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	374,460	108,297	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	298,137	86,224	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	203,528	58,862	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	325,963	94,272	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	30,211	8,737	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	46,907	13,566	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	1,590	460	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	360,149	104,159	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	2,006,661	580,345	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	322,783	93,352	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	860,225	248,785	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	6,360	1,839	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	682,137	197,281	0	90.07
90.08	09008	MOTILITY LAB	0	0	1,532,822	443,307	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	482,584	139,568	0	90.10
90.11	09023	SLEEP LAB	0	0	795	230	0	90.11
90.12	09024	OP CARE ADULTS	0	0	20,671	5,978	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	283,031	81,855	0	90.14
90.15	09013	NEUROLOGY UH	0	0	756,870	218,894	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	101,764	29,431	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	87,454	25,292	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	886,461	256,373	0	90.19
90.20	09025	IUMG - MH	0	0	7,950	2,299	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	4,303,508	1,244,616	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	23,056	6,668	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	47,706,687	13,797,231	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	760,051	219,814	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	38,957	11,267	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	8,745	2,529	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	79,503	22,993	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	18,286	5,288	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	795	230	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	48,497	14,026	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	23,056	6,668	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	48,684,577	14,080,046	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	ALLIED HEALTH	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	709,976					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	149,029	1,574,271				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	71,453	0	388,604			23.03
23.04	02304	PARAMED EMERGENCY	45,245	0	0	551,617		23.04
23.05	02312	ALLIED HEALTH	104,854	0	0	0	1,002,230	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	71,514	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	197,178	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	23,681	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	34,280	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	12,742	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	752,183	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	60,580	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	42,295	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	23,470	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	4,084	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	15,523	34.02
34.03	03402	UH NS 3IC	0	0	0	0	724	34.03
34.04	03403	RH PED IC	0	0	0	0	26,125	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	6,882	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	5,724	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	18,814	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	33,458	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	907	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	ALLIED HEALTH	
			23.01	23.02	23.03	23.04	23.05	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,183,014	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	391,257	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	388,604	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	25	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	61	76.03
76.04	03024	DAY SURGERY	0	0	0	0	3,277	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	0	551,617	14	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	ALLIED HEALTH	
			23.01	23.02	23.03	23.04	23.05	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	6,340	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	709,976	1,574,271	388,604	551,617	1,002,222	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	8	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	709,976	1,574,271	388,604	551,617	1,002,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO	724,282					23.06
23.07	02307	PARAMED PHARMACY	0	2,030,340				23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	2			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	243,486		23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	380,957	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	243,486	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	724,282	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,559,606	0	0	380,957	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	470,384	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	173	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	0	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	15	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	3	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	6	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	18	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	724,282	2,030,210	2	243,486	380,957	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	130	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	724,282	2,030,340	2	243,486	380,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	140,066					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	322,115,972	-16,985,689	305,130,283		30.00
31.00	03100	INTENSIVE CARE UNIT	0	32,308,821	-1,522,069	30,786,752		31.00
32.00	03200	CORONARY CARE UNIT	0	24,061,553	-659,052	23,402,501		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	9,902,216	-1,383,700	8,518,516		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,436,524	0	2,436,524		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.01
34.02	03401	UH SURG 6IC	0	8,872,061	-8,199	8,863,862		34.02
34.03	03402	UH NS 3IC	0	946,181	0	946,181		34.03
34.04	03403	RH PED IC	0	17,691,004	-819,971	16,871,033		34.04
34.05	03404	TRANSPLANT ICU	0	4,048,360	-7,175	4,041,185		34.05
34.06	03407	PEDS CANCER CARE	0	3,620,716	0	3,620,716		34.06
40.00	04000	SUBPROVIDER - IPF	0	7,371,729	-194,743	7,176,986		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	8,155,150	0	8,155,150		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	160,312,904	-5,528,649	154,784,255		50.00
50.01	05001	ENDOSCOPY	0	3,611,479	-310,564	3,300,915		50.01
51.00	05100	RECOVERY ROOM	0	12,632,228	-15,374	12,616,854		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
53.00	05300	ANESTHESIOLOGY	0	13,122,385	-5,849,462	7,272,923		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	5,898,532	-367,961	5,530,571		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88,829,641	-6,056,505	82,773,136		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,304,446	-185,518	12,118,928		55.00
56.00	05600	RADIOISOTOPE	0	6,217,789	0	6,217,789		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,761,257	-97,371	4,663,886		59.00
60.00	06000	LABORATORY	0	77,146,713	-2,269,268	74,877,445		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	4,378,492	-43,048	4,335,444		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	3,292,467	-101,471	3,190,996		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,705,103	-276,740	17,428,363		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	38,399,324	0	38,399,324		65.00
66.00	06600	PHYSICAL THERAPY	0	17,027,415	-68,672	16,958,743		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,950,795	0	3,950,795		67.00
68.00	06800	SPEECH PATHOLOGY	0	8,473,871	-695,950	7,777,921		68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,041,079	-482,757	5,558,322		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,066	9,723,147	-384,361	9,338,786		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,343,873	0	43,343,873		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	75,623,292	0	75,623,292		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	229,938,859	0	229,938,859		73.00
73.01	07301	RENAL-RILEY	0	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	36,104,019	0	36,104,019		73.03
74.00	07400	RENAL DIALYSIS	0	14,799,130	-262,390	14,536,740		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	1,034,116	0	1,034,116		76.00
76.01	03021	CARDIOLOGY	0	13,615,844	-420,235	13,195,609		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	570,915	0	570,915		76.02
76.03	03023	CARDIAC CATHERIZATION	0	16,750,889	0	16,750,889		76.03
76.04	03024	DAY SURGERY	0	8,433,694	-38,948	8,394,746		76.04
76.06	03026	DAY SURGERY-RILEY	0	60,473	-60,473	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	2,050	-2,050	0		76.07
76.97	07697	CARDIAC REHABILITATION	0	939,828	0	939,828		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	4,403,145	0	4,403,145		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	3,650,798	-464,308	3,186,490		90.01
90.02	09002	IUSCC HEM/ONC	0	43,104,476	-2,587,006	40,517,470		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,513,539	-416,135	1,097,404		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,623,967	-1,109,010	1,514,957		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	68,692	0	68,692		90.05
90.06	09006	OUTPATIENT SURGERY	0	4,656,701	-8,199	4,648,502		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	10,254,102	-879,418	9,374,684		90.07
90.08	09008	MOTILITY LAB	0	2,235,639	-1,976,129	259,510		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	869,245	-622,152	247,093		90.10
90.11	09023	SLEEP LAB	0	5,858,852	-1,025	5,857,827		90.11
90.12	09024	OP CARE ADULTS	0	878,607	-26,649	851,958		90.12
90.13	09011	PEDIATRIC CLINIC	0	258,219	0	258,219		90.13
90.14	09012	ARTHRITIS CLINIC	0	706,478	-364,886	341,592		90.14
90.15	09013	NEUROLOGY UH	0	2,406,059	-975,764	1,430,295		90.15
90.16	09014	ORTHOPEDICS UH	0	1,024,237	-131,195	893,042		90.16
90.17	09015	PHYSICAL MEDICINE	0	1,863,369	-112,746	1,750,623		90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,461,985	0	1,461,985		90.18
90.19	09017	INFUSION/HEM/ONC	0	1,911,425	-1,142,834	768,591		90.19
90.20	09025	IUMG - MH	0	731,523	-10,249	721,274		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0		90.21
90.22	09020	IUMG - MH	0	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0	0	0		90.25
91.00	09100	EMERGENCY	0	49,203,456	-5,548,124	43,655,332		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0		93.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	3,368,496	0	3,368,496		94.00
95.00	09500	AMBULANCE SERVICES	0	29,238,868	0	29,238,868		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	52,540,574	0	52,540,574		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	13,431,949	0	13,431,949		105.00
106.00	10600	HEART ACQUISITION	0	2,552,171	0	2,552,171		106.00
107.00	10700	LIVER ACQUISITION	0	7,580,099	0	7,580,099		107.00
108.00	10800	LUNG ACQUISITION	0	3,808,497	-29,724	3,778,773		108.00
109.00	10900	PANCREAS ACQUISITION	0	2,827,678	0	2,827,678		109.00
110.00	11000	INTESTINE ACQUISITION	0	1,848,350	0	1,848,350		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	262,445	0	262,445		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	5,646,640	0	5,646,640		112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	4,754,295	0	4,754,295		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	140,066	1,644,120,912	-61,503,918	1,582,616,994		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	637,613	0	637,613		190.00
191.00	19100	RESEARCH	0	6,610,684	-979,865	5,630,819		191.00
191.01	19101	RESEARCH-GCRC	0	1,074,805	0	1,074,805		191.01
191.02	19102	OSA	0	6,243,437	0	6,243,437		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,205,350	-50,224	2,155,126		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	22,771,856	-11,274	22,760,582		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	10,142,414	-102,496	10,039,918		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	19,677,802	0	19,677,802		192.03
192.04	19204	MHH RADIOLOGY	0	264,954	-23,574	241,380		192.04
192.05	19205	MHH LABS	0	321,584	0	321,584		192.05
192.06	19206	BELTWAY SURGERY	0	166,099	-1,025	165,074		192.06
192.07	19207	RHI	0	188,024	0	188,024		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	34,434,869	-62,523	34,372,346		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	27,472	0	27,472		192.09
192.10	19212	CARDIO PHYSICIANS	0	1,418,274	-29,724	1,388,550		192.10
192.11	19211	UNUSED SPACE	0	21,624,790	0	21,624,790		192.11
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	140,066	1,771,930,939	-62,764,623	1,709,166,316		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	8,437	0	0	8,437	4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00511	DATA PROCESSING	0	18,078	0	0	18,078	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	0	19,719	0	235,205	254,924	5.03
5.04	00513	ADMITTING	0	12,084	0	0	12,084	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	590,043	0	1,554,177	2,144,220	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	225,919	0	0	225,919	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	0	20,373	0	120,511	140,884	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	289,918	0	1,163	291,081	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	16,045	0	0	16,045	9.03
10.00	01000	DIETARY	0	339,467	0	216,050	555,517	10.00
11.00	01100	CAFETERIA	0	10,845	0	0	10,845	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	285,974	0	1,413,937	1,699,911	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	436,831	0	791,468	1,228,299	14.00
15.00	01500	PHARMACY	0	513,053	0	3,363,068	3,876,121	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,298	0	0	8,298	16.00
17.00	01700	SOCIAL SERVICE	0	52,970	0	3,599	56,569	17.00
18.00	01850	PATIENT TRANSPORTATION	0	7,922	0	84,691	92,613	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	38,591	0	0	38,591	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	411,537	0	24,296	435,833	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	91,622	0	32,325	123,947	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	33,757	0	0	33,757	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	32,414	0	0	32,414	23.03
23.04	02304	PARAMED EMERGENCY	0	31,506	0	0	31,506	23.04
23.05	02312	ALLIED HEALTH	0	2,269	0	0	2,269	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	4,432	4,432	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	19,972	0	0	19,972	23.09
23.10	02310	PARAMED PHARMACY TECH	0	19,527	0	0	19,527	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	7,071,039	0	2,477,619	9,548,658	30.00
31.00	03100	INTENSIVE CARE UNIT	0	471,914	0	352,700	824,614	31.00
32.00	03200	CORONARY CARE UNIT	0	341,492	0	134,654	476,146	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	72,087	0	212,548	284,635	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	37,396	0	22,880	60,276	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	175,815	175,815	34.02
34.03	03402	UH NS 3IC	0	59,156	0	9,956	69,112	34.03
34.04	03403	RH PED IC	0	263,716	0	146,190	409,906	34.04
34.05	03404	TRANSPLANT ICU	0	118,321	0	0	118,321	34.05
34.06	03407	PEDS CANCER CARE	0	299,306	0	1,312	300,618	34.06
40.00	04000	SUBPROVIDER - IPF	0	183,279	0	12,686	195,965	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	143,432	0	56,275	199,707	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,214,168	0	15,193,508	17,407,676	50.00
50.01	05001	ENDOSCOPY	0	58,746	0	411,461	470,207	50.01
51.00	05100	RECOVERY ROOM	0	443,540	0	150,056	593,596	51.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	39,533	0	1,123,299	1,162,832	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	182,555	0	277,350	459,905	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,725,554	0	10,612,533	12,338,087	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	384,777	0	2,216,150	2,600,927	55.00
56.00	05600	RADIOISOTOPE	0	171,117	0	957,482	1,128,599	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	96,220	0	0	96,220	59.00
60.00	06000	LABORATORY	0	1,547,195	0	2,139,251	3,686,446	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	37,893	0	39,276	77,169	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	161,885	0	193,601	355,486	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	86,492	0	98,914	185,406	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	216,592	0	1,458,344	1,674,936	65.00
66.00	06600	PHYSICAL THERAPY	0	230,770	0	131,400	362,170	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	147,629	0	32,302	179,931	67.00
68.00	06800	SPEECH PATHOLOGY	0	201,846	0	241,017	442,863	68.00
69.00	06900	ELECTROCARDIOLOGY	0	86,509	0	387,849	474,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	64,932	0	732,222	797,154	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,770	0	0	29,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	191,997	191,997	73.03
74.00	07400	RENAL DIALYSIS	0	310,291	0	340,230	650,521	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	53,142	53,142	76.00
76.01	03021	CARDIOLOGY	0	99,937	0	1,604,532	1,704,469	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	24,893	0	6,768	31,661	76.02
76.03	03023	CARDIAC CATHERIZATION	0	262,652	0	1,058,080	1,320,732	76.03
76.04	03024	DAY SURGERY	0	232,567	0	38,579	271,146	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	15,906	0	5,574	21,480	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	179,362	0	92,381	271,743	90.01
90.02	09002	IUSCC HEM/ONC	0	985,351	0	6,686,376	7,671,727	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	50,169	0	383,465	433,634	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	151,276	0	26,359	177,635	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	18,139	0	0	18,139	90.05
90.06	09006	OUTPATIENT SURGERY	0	83,421	0	579,267	662,688	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	322,637	0	489,383	812,020	90.07
90.08	09008	MOTILITY LAB	0	1,998	0	35,043	37,041	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	40,598	0	6,368	46,966	90.10
90.11	09023	SLEEP LAB	0	116,227	0	11,208	127,435	90.11
90.12	09024	OP CARE ADULTS	0	88,237	0	4,275	92,512	90.12
90.13	09011	PEDIATRIC CLINIC	0	67,288	0	0	67,288	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	6,432	6,432	90.14
90.15	09013	NEUROLOGY UH	0	0	0	100,329	100,329	90.15
90.16	09014	ORTHOPEDICS UH	0	86,640	0	0	86,640	90.16
90.17	09015	PHYSICAL MEDICINE	0	94,144	0	3,448	97,592	90.17
90.18	09016	DERMATOLOGY CLINIC	0	74,879	0	57,663	132,542	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	4,992	4,992	90.19
90.20	09025	IUMG - MH	0	0	0	3,598	3,598	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	882,334	0	388,285	1,270,619	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	48,389	0	112,388	160,777	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	4,212,979	4,212,979	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	212,343	0	841,327	1,053,670	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	11,718	0	301,096	312,814	105.00
106.00	10600	HEART ACQUISITION	0	15,068	0	14,048	29,116	106.00
107.00	10700	LIVER ACQUISITION	0	6,142	0	142,407	148,549	107.00
108.00	10800	LUNG ACQUISITION	0	36,314	0	45,885	82,199	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,356	0	73,743	76,099	109.00
110.00	11000	INTESTINE ACQUISITION	0	1,152	0	18,281	19,433	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	50,640	0	379,110	429,750	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	61,617	0	0	61,617	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	25,360,717	0	66,162,610	91,523,327	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	135,667	0	0	135,667	190.00
191.00	19100	RESEARCH	0	253,673	0	129,863	383,536	191.00
191.01	19101	RESEARCH-GCRC	0	148,091	0	0	148,091	191.01
191.02	19102	OSA	0	14,990	0	28,357	43,347	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,680	0	5,522	16,202	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,152,472	0	648,156	1,800,628	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	88,333	0	1,524,587	1,612,920	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	5,206,204	0	0	5,206,204	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	38,886	38,886	192.04
192.05	19205	MHH LABS	0	689	0	10,767	11,456	192.05
192.06	19206	BELTWAY SURGERY	0	8,594	0	2,165	10,759	192.06
192.07	19207	RHI	0	0	0	8,552	8,552	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	82,304	0	950,485	1,032,789	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	63,560	63,560	192.10
192.11	19211	UNUSED SPACE	0	5,723,201	0	0	5,723,201	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	38,185,615	0	69,573,510	107,759,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	8,437					4.00
5.01	00510	NONPATIENT TELEPHONES	0	0				5.01
5.02	00511	DATA PROCESSING	0	0	18,078			5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	0	0	18	254,942		5.03
5.04	00513	ADMITTING	0	0	22	0	12,106	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	195	0	837	0	1	5.06
6.00	00600	MAINTENANCE & REPAIRS	5	0	29	17	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	33	0	3	23	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	13	112	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	4	0	0	23	0	9.03
10.00	01000	DIETARY	132	0	182	89	0	10.00
11.00	01100	CAFETERIA	1	0	1	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	237	0	209	6	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37	0	90	4,260	0	14.00
15.00	01500	PHARMACY	394	0	506	3,170	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3	0	13	0	0	16.00
17.00	01700	SOCIAL SERVICE	66	0	188	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	28	0	63	4	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	397	0	79	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6	0	165	1	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	2	0	10	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	14	0	7	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	5	0	18	5	0	23.03
23.04	02304	PARAMED EMERGENCY	4	0	9	0	0	23.04
23.05	02312	ALLIED HEALTH	7	0	22	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	7	0	15	9	0	23.06
23.07	02307	PARAMED PHARMACY	17	0	4	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2	0	1	1	0	23.09
23.10	02310	PARAMED PHARMACY TECH	3	0	4	4	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	1	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,016	0	4,110	16,459	1,089	30.00
31.00	03100	INTENSIVE CARE UNIT	219	0	356	2,264	286	31.00
32.00	03200	CORONARY CARE UNIT	154	0	250	2,304	205	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	61	0	97	497	92	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	18	0	25	93	20	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	59	0	174	1,215	76	34.02
34.03	03402	UH NS 3IC	2	0	18	428	2	34.03
34.04	03403	RH PED IC	121	0	107	1,426	166	34.04
34.05	03404	TRANSPLANT ICU	28	0	0	422	33	34.05
34.06	03407	PEDS CANCER CARE	19	0	15	121	33	34.06
40.00	04000	SUBPROVIDER - IPF	50	0	106	49	48	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	55	0	113	358	91	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	460	0	936	106,562	1,746	50.00
50.01	05001	ENDOSCOPY	15	0	62	692	61	50.01
51.00	05100	RECOVERY ROOM	80	0	225	589	135	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24	0	44	4,096	113	53.00
53.01	05301	PULMONARY FUNCTION TESTING	36	0	87	338	14	53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
54.00	05400	RADIOLOGY-DIAGNOSTIC	365	0	1,229	15,872	854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	58	0	218	319	20	55.00
56.00	05600	RADIOISOTOPE	13	0	62	4,301	29	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11	0	34	4,333	44	59.00
60.00	06000	LABORATORY	367	0	965	26,700	1,569	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	12	0	13	1,227	14	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	14	0	37	966	24	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45	0	66	17,681	273	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	298	0	313	4,379	478	65.00
66.00	06600	PHYSICAL THERAPY	140	0	94	825	161	66.00
67.00	06700	OCCUPATIONAL THERAPY	29	0	57	115	38	67.00
68.00	06800	SPEECH PATHOLOGY	45	0	149	2,234	21	68.00
69.00	06900	ELECTROCARDIOLOGY	37	0	99	105	170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	63	0	97	407	86	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3	0	6	187	279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,016	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,760	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	102	0	197	0	0	73.03
74.00	07400	RENAL DIALYSIS	91	0	175	2,482	73	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	8	0	7	149	7	76.00
76.01	03021	CARDIOLOGY	31	0	47	8,167	110	76.01
76.02	03022	PSYCH OTHER ANCILLARY	2	0	56	28	2	76.02
76.03	03023	CARDIAC CATHERIZATION	60	0	238	7,683	152	76.03
76.04	03024	DAY SURGERY	60	0	146	444	6	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	5	0	31	7	1	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	18	0	93	149	3	90.01
90.02	09002	IUSCC HEM/ONC	200	0	397	1,897	3	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	3	0	32	13	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	7	0	50	25	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	30	0	109	78	28	90.06
90.07	09007	AMB SVC-RILEY CLINICS	57	0	316	340	2	90.07
90.08	09008	MOTILITY LAB	1	0	1	79	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	12	0	0	90.10
90.11	09023	SLEEP LAB	38	0	84	17	0	90.11
90.12	09024	OP CARE ADULTS	3	0	44	8	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	2	0	9	27	0	90.14
90.15	09013	NEUROLOGY UH	11	0	41	4	0	90.15
90.16	09014	ORTHOPEDICS UH	4	0	32	4	0	90.16
90.17	09015	PHYSICAL MEDICINE	11	0	54	17	0	90.17
90.18	09016	DERMATOLOGY CLINIC	9	0	7	98	0	90.18
90.19	09017	INFUSION/HEM/ONC	9	0	0	45	0	90.19
90.20	09025	IUMG - MH	6	0	32	22	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	290	0	762	4,061	375	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	13	0	16	2,132	0	94.00
95.00	09500	AMBULANCE SERVICES	102	0	109	237	1	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	297	0	824	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	24	0	90	170	128	105.00
106.00	10600	HEART ACQUISITION	3	0	4	8	15	106.00
107.00	10700	LIVER ACQUISITION	17	0	43	81	82	107.00
108.00	10800	LUNG ACQUISITION	5	0	13	26	32	108.00
109.00	10900	PANCREAS ACQUISITION	3	0	22	42	25	109.00
110.00	11000	INTESTINE ACQUISITION	4	0	6	10	14	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	2	0	0	5	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	43	0	115	215	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	31	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,119	0	16,886	254,058	12,106	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	28	0	0	190.00
191.00	19100	RESEARCH	42	0	104	415	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	40	52	0	191.01
191.02	19102	OSA	34	0	43	12	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7	0	9	19	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	96	0	394	301	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	57	0	353	15	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	4	0	0	192.03
192.04	19204	MHH RADIOLOGY	2	0	0	0	0	192.04
192.05	19205	MHH LABS	3	0	6	23	0	192.05
192.06	19206	BELTWAY SURGERY	1	0	6	0	0	192.06
192.07	19207	RHI	2	0	0	13	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	65	0	138	12	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	1	7	0	192.09
192.10	19212	CARDIO PHYSICIANS	9	0	66	15	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,437	0	18,078	254,942	12,106	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING	0					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,145,253				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	31,657	257,627			6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0		6.03
7.00	00700	OPERATION OF PLANT	0	71,669	141	0	212,753	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	590	2,002	0	1,654	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	5,145	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	4,867	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	7,712	111	0	92	9.03
10.00	01000	DIETARY	0	21,572	2,344	0	1,937	10.00
11.00	01100	CAFETERIA	0	2,876	75	0	62	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	40,268	1,975	0	1,632	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	174,161	3,016	0	2,492	14.00
15.00	01500	PHARMACY	0	115,090	3,543	0	2,927	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,530	57	0	47	16.00
17.00	01700	SOCIAL SERVICE	0	12,773	366	0	302	17.00
18.00	01850	PATIENT TRANSPORTATION	0	3,818	55	0	45	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	58,628	266	0	220	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	15,663	2,842	0	2,348	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	553	633	0	523	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	1,608	233	0	193	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	270	224	0	185	23.03
23.04	02304	PARAMED EMERGENCY	0	506	218	0	180	23.04
23.05	02312	ALLIED HEALTH	0	1,075	16	0	13	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	781	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	2,213	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	198	138	0	114	23.09
23.10	02310	PARAMED PHARMACY TECH	0	350	135	0	111	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	154	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	282,029	48,817	0	40,340	30.00
31.00	03100	INTENSIVE CARE UNIT	0	30,193	3,258	0	2,692	31.00
32.00	03200	CORONARY CARE UNIT	0	21,274	2,358	0	1,948	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	8,577	498	0	411	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,446	258	0	213	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	8,480	0	0	0	34.02
34.03	03402	UH NS 3IC	0	467	408	0	338	34.03
34.04	03403	RH PED IC	0	16,214	1,821	0	1,505	34.04
34.05	03404	TRANSPLANT ICU	0	3,733	817	0	675	34.05
34.06	03407	PEDS CANCER CARE	0	2,931	2,067	0	1,708	34.06
40.00	04000	SUBPROVIDER - IPF	0	6,925	1,266	0	1,046	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	8,014	990	0	818	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	99,387	15,288	0	12,632	50.00
50.01	05001	ENDOSCOPY	0	3,082	406	0	335	50.01
51.00	05100	RECOVERY ROOM	0	12,276	3,063	0	2,531	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,447	273	0	226	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	5,665	1,261	0	1,042	53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,982	11,915	0	9,845	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,282	2,657	0	2,195	55.00
56.00	05600	RADIOISOTOPE	0	3,836	1,182	0	976	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,128	664	0	549	59.00
60.00	06000	LABORATORY	0	63,375	10,683	0	8,827	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	4,167	262	0	216	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	2,529	1,118	0	924	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,098	597	0	493	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	41,625	1,496	0	1,236	65.00
66.00	06600	PHYSICAL THERAPY	0	18,895	1,593	0	1,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,155	1,019	0	842	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,062	1,394	0	1,152	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,069	597	0	494	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,487	448	0	370	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,826	206	0	170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	90,187	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	181,568	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	15,270	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	14,050	2,142	0	1,770	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,095	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	9,470	690	0	570	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	560	172	0	142	76.02
76.03	03023	CARDIAC CATHERIZATION	0	13,267	1,814	0	1,498	76.03
76.04	03024	DAY SURGERY	0	8,402	1,606	0	1,327	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	1,039	110	0	91	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	5,319	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	3,008	1,238	0	1,023	90.01
90.02	09002	IUSCC HEM/ONC	0	43,508	6,804	0	5,622	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,144	346	0	286	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,269	1,045	0	863	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	24	125	0	103	90.05
90.06	09006	OUTPATIENT SURGERY	0	5,143	576	0	476	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	9,661	2,228	0	1,841	90.07
90.08	09008	MOTILITY LAB	0	238	14	0	11	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	163	280	0	232	90.10
90.11	09023	SLEEP LAB	0	6,614	803	0	663	90.11
90.12	09024	OP CARE ADULTS	0	706	609	0	503	90.12
90.13	09011	PEDIATRIC CLINIC	0	88	465	0	384	90.13
90.14	09012	ARTHRITIS CLINIC	0	358	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	1,645	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	780	598	0	494	90.16
90.17	09015	PHYSICAL MEDICINE	0	1,746	650	0	537	90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,367	517	0	427	90.18
90.19	09017	INFUSION/HEM/ONC	0	838	0	0	0	90.19
90.20	09025	IUMG - MH	0	821	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	42,282	6,092	0	5,034	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,299	334	0	276	94.00
95.00	09500	AMBULANCE SERVICES	0	34,520	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	61,696	1,466	0	1,211	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	15,970	81	0	67	105.00
106.00	10600	HEART ACQUISITION	0	3,018	104	0	86	106.00
107.00	10700	LIVER ACQUISITION	0	9,017	42	0	35	107.00
108.00	10800	LUNG ACQUISITION	0	4,403	251	0	207	108.00
109.00	10900	PANCREAS ACQUISITION	0	3,359	16	0	13	109.00
110.00	11000	INTESTINE ACQUISITION	0	2,212	8	0	7	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	303	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	6,493	350	0	289	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	5,208	425	0	352	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,035,511	169,071	0	139,583	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	327	937	0	774	190.00
191.00	19100	RESEARCH	0	5,575	1,752	0	1,447	191.00
191.01	19101	RESEARCH-GCRC	0	382	1,023	0	845	191.01
191.02	19102	OSA	0	7,358	104	0	86	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,519	74	0	61	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	23,223	7,958	0	6,575	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	11,439	610	0	504	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	7,429	35,948	0	29,703	192.03
192.04	19204	MHH RADIOLOGY	0	290	0	0	0	192.04
192.05	19205	MHH LABS	0	369	5	0	4	192.05
192.06	19206	BELTWAY SURGERY	0	171	59	0	49	192.06
192.07	19207	RHI	0	218	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	41,339	568	0	470	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	28	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	1,612	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	7,463	39,518	0	32,652	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,145,253	257,627	0	212,753	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE	0					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	295,452				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	5,145		9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	4,867	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	26	0	0	0	9.03
10.00	01000	DIETARY	0	0	0	55	9	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	22	7	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	182	0	61	36	14.00
15.00	01500	PHARMACY	0	205	0	96	59	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4	0	16.00
17.00	01700	SOCIAL SERVICE	0	7	0	0	17	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	4	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	169	0	3	16	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	912	0	18	3	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	0	0	1	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	158,311	0	1,017	893	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,134	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	13,957	0	74	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	1,101	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	219	0	0	18	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	408	0	0	0	34.02
34.03	03402	UH NS 3IC	0	67	0	30	0	34.03
34.04	03403	RH PED IC	0	815	0	0	130	34.04
34.05	03404	TRANSPLANT ICU	0	22	0	59	0	34.05
34.06	03407	PEDS CANCER CARE	0	129	0	0	147	34.06
40.00	04000	SUBPROVIDER - IPF	0	3,026	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,442	0	42	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	31,170	0	495	138	50.00
50.01	05001	ENDOSCOPY	0	2,130	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,987	0	37	25	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4	9	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	1	0	19	58	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,224	0	348	221	54.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	754	0	118	0	55.00
56.00	05600	RADIOISOTOPE	0	1,025	0	34	9	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	793	0	0	0	59.00
60.00	06000	LABORATORY	0	1	0	46	33	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	301	0	39	24	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	129	0	5	1	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	97	0	17	38	65.00
66.00	06600	PHYSICAL THERAPY	0	1,955	0	15	12	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4	0	14	22	67.00
68.00	06800	SPEECH PATHOLOGY	0	111	0	22	67	68.00
69.00	06900	ELECTROCARDIOLOGY	0	969	0	15	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	110	0	0	14	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	2	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	773	0	92	25	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	26	0	8	41	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	4,774	0	1	0	76.03
76.04	03024	DAY SURGERY	0	635	0	99	14	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	2	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	955	0	89	0	90.01
90.02	09002	IUSCC HEM/ONC	0	705	0	435	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	61	0	25	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	30	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	9	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	494	0	42	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	60	0	0	159	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	2	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	6	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	43	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	5	0	47	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	617	0	37	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	30,626	0	29	75	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	24	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1	3	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	6	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	3	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	1	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	1	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	7	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	2	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	292,636	0	3,744	2,340	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	18	35	190.00
191.00	19100	RESEARCH	0	431	0	2	0	191.00
191.01	19101	RESEARCH-GCRC	0	246	0	74	0	191.01
191.02	19102	OSA	0	0	0	2	6	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	2,137	0	6	19	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	623	924	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	4	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	1	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	2	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	671	1,538	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	295,452	0	5,145	4,867	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST	24,013					9.03
10.00	01000	DIETARY	371	582,208				10.00
11.00	01100	CAFETERIA	19	0	13,879			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	377	0	383	0	1,745,027	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	424	0	102	0	0	14.00
15.00	01500	PHARMACY	351	0	509	0	459	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7	0	0	16.00
17.00	01700	SOCIAL SERVICE	31	0	178	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	1	0	96	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	814	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	651	0	9	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	162	0	3	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	60	0	22	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	57	0	7	0	0	23.03
23.04	02304	PARAMED EMERGENCY	56	0	7	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	19	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	10	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	28	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	35	0	3	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	34	0	4	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	1	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,690	468,508	3,384	0	841,779	30.00
31.00	03100	INTENSIVE CARE UNIT	833	9,853	349	0	94,041	31.00
32.00	03200	CORONARY CARE UNIT	339	45,859	248	0	67,893	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	127	2,360	92	0	25,689	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,054	25	0	6,422	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	10,793	96	0	27,983	34.02
34.03	03402	UH NS 3IC	0	3,847	3	0	917	34.03
34.04	03403	RH PED IC	0	11,762	200	0	55,507	34.04
34.05	03404	TRANSPLANT ICU	0	0	49	0	14,221	34.05
34.06	03407	PEDS CANCER CARE	0	1,620	34	0	8,716	34.06
40.00	04000	SUBPROVIDER - IPF	323	12,198	88	0	12,386	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	104	0	86	0	22,937	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,663	0	828	0	120,647	50.00
50.01	05001	ENDOSCOPY	104	0	25	0	5,505	50.01
51.00	05100	RECOVERY ROOM	564	0	131	0	33,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21	0	49	0	8,257	53.00
53.01	05301	PULMONARY FUNCTION TESTING	48	0	64	0	3,211	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	936	0	590	0	26,148	54.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	262	0	70	0	3,211	55.00
56.00	05600	RADIOISOTOPE	149	0	16	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	170	0	13	0	2,294	59.00
60.00	06000	LABORATORY	269	0	703	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	67	0	21	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	59	0	24	0	2,752	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41	0	74	0	459	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	186	0	519	0	917	65.00
66.00	06600	PHYSICAL THERAPY	258	0	220	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	132	0	47	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	36	0	82	0	2,294	68.00
69.00	06900	ELECTROCARDIOLOGY	99	0	71	0	1,835	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	64	0	98	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	154	0	0	73.03
74.00	07400	RENAL DIALYSIS	131	0	168	0	25,689	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	7	0	1,835	76.00
76.01	03021	CARDIOLOGY	0	0	52	0	5,046	76.01
76.02	03022	PSYCH OTHER ANCILLARY	44	0	3	0	917	76.02
76.03	03023	CARDIAC CATHERIZATION	460	3,165	77	0	9,175	76.03
76.04	03024	DAY SURGERY	8	0	108	0	24,313	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	28	0	9	0	1,376	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	34	0	4,587	90.01
90.02	09002	IUSCC HEM/ONC	201	0	414	0	26,148	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	9	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	162	0	13	0	1,376	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	58	0	3,211	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	126	0	14,221	90.07
90.08	09008	MOTILITY LAB	0	0	1	0	459	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	72	0	0	0	0	90.10
90.11	09023	SLEEP LAB	205	0	70	0	0	90.11
90.12	09024	OP CARE ADULTS	156	0	7	0	917	90.12
90.13	09011	PEDIATRIC CLINIC	119	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	4	0	917	90.14
90.15	09013	NEUROLOGY UH	0	0	25	0	3,211	90.15
90.16	09014	ORTHOPEDICS UH	0	0	12	0	459	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	31	0	1,835	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	25	0	3,211	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	12	0	1,835	90.19
90.20	09025	IUMG - MH	0	0	13	0	1,376	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	1,117	0	497	0	116,060	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	21	0	3,211	94.00
95.00	09500	AMBULANCE SERVICES	0	0	160	0	19,267	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	12	0	546	0	35,781	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1	0	43	0	0	105.00
106.00	10600	HEART ACQUISITION	27	0	1	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	21	0	0	107.00
108.00	10800	LUNG ACQUISITION	64	0	6	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	10	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	3	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	3	0	459	112.00
112.01	08601	POST TRANSPLANT EXPENSES	64	0	55	0	459	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	100	0	59	0	8,716	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,144	572,019	13,364	0	1,706,493	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50	0	0	0	0	190.00
191.00	19100	RESEARCH	408	0	61	0	4,129	191.00
191.01	19101	RESEARCH-GCRC	0	10,189	0	0	0	191.01
191.02	19102	OSA	0	0	49	0	5,505	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	7	0	1,376	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,943	0	203	0	8,716	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	156	0	77	0	16,514	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,287	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	1	0	0	192.04
192.05	19205	MHH LABS	0	0	6	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	3	0	0	192.06
192.07	19207	RHI	0	0	4	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	25	0	88	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	16	0	2,294	192.10
192.11	19211	UNUSED SPACE	2,000	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,013	582,208	13,879	0	1,745,027	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,413,160					14.00
15.00	01500	PHARMACY	17,896	4,021,326				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	26,959			16.00
17.00	01700	SOCIAL SERVICE	1	0	0	70,498		17.00
18.00	01850	PATIENT TRANSPORTATION	25	0	0	0	96,752	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	29	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	52	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	5	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	25	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	92,909	0	3,552	52,910	11,365	30.00
31.00	03100	INTENSIVE CARE UNIT	12,777	0	358	4,261	1,144	31.00
32.00	03200	CORONARY CARE UNIT	13,004	0	257	2,975	822	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,805	0	115	1,651	369	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	527	0	25	287	82	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	6,859	0	94	1,092	302	34.02
34.03	03402	UH NS 3IC	2,414	0	2	51	7	34.03
34.04	03403	RH PED IC	8,052	0	208	1,838	665	34.04
34.05	03404	TRANSPLANT ICU	2,382	0	42	484	133	34.05
34.06	03407	PEDS CANCER CARE	681	0	42	403	133	34.06
40.00	04000	SUBPROVIDER - IPF	277	0	63	1,323	201	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,023	0	113	2,353	362	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	601,134	0	3,265	64	10,448	50.00
50.01	05001	ENDOSCOPY	3,906	0	114	0	366	50.01
51.00	05100	RECOVERY ROOM	3,327	0	323	122	1,034	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
53.00	05300	ANESTHESIOLOGY	23,121	0	193	0	619	53.00
53.01	05301	PULMONARY FUNCTION TESTING	1,907	0	139	0	445	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,594	11	2,909	0	9,310	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,800	0	432	0	1,383	55.00
56.00	05600	RADIOISOTOPE	24,279	0	130	0	415	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,459	0	125	0	401	59.00
60.00	06000	LABORATORY	150,718	0	1,312	0	14,662	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	6,928	0	117	0	374	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	5,452	0	70	0	224	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	99,808	0	405	0	1,295	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,721	0	612	0	1,960	65.00
66.00	06600	PHYSICAL THERAPY	4,657	0	327	0	1,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	651	0	63	0	203	67.00
68.00	06800	SPEECH PATHOLOGY	12,612	0	69	0	221	68.00
69.00	06900	ELECTROCARDIOLOGY	591	0	312	0	999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,296	0	166	0	532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,053	0	538	0	1,722	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	1,780	0	5,695	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,088,996	3,822	0	12,229	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	931,635	304	0	973	73.03
74.00	07400	RENAL DIALYSIS	14,011	0	181	2	580	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	843	0	9	0	30	76.00
76.01	03021	CARDIOLOGY	46,103	0	417	0	1,335	76.01
76.02	03022	PSYCH OTHER ANCILLARY	156	0	8	0	27	76.02
76.03	03023	CARDIAC CATHERIZATION	43,368	344	463	4	1,482	76.03
76.04	03024	DAY SURGERY	2,509	0	52	230	167	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	41	0	8	0	25	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	14	0	45	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	842	0	49	0	157	90.01
90.02	09002	IUSCC HEM/ONC	10,707	29	347	0	1,110	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	74	0	11	0	37	90.03
90.04	09004	AMB SVC-PSYCH ADULT	142	0	14	0	45	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	6	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	440	0	86	0	276	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,918	0	42	0	134	90.07
90.08	09008	MOTILITY LAB	445	0	3	0	11	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2	0	0	0	1	90.10
90.11	09023	SLEEP LAB	94	0	81	0	260	90.11
90.12	09024	OP CARE ADULTS	43	12	1	0	5	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	155	0	18	0	59	90.14
90.15	09013	NEUROLOGY UH	23	0	3	0	9	90.15
90.16	09014	ORTHOPEDICS UH	25	0	2	0	5	90.16
90.17	09015	PHYSICAL MEDICINE	95	0	4	0	14	90.17
90.18	09016	DERMATOLOGY CLINIC	551	0	7	0	23	90.18
90.19	09017	INFUSION/HEM/ONC	255	35	18	0	58	90.19
90.20	09025	IUMG - MH	125	0	2	0	7	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	22,924	0	1,504	1	4,813	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	12,034	0	58	0	185	94.00
95.00	09500	AMBULANCE SERVICES	1,337	0	283	0	905	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	449	0	1,436	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	962	0	159	0	510	105.00
106.00	10600	HEART ACQUISITION	45	0	19	0	61	106.00
107.00	10700	LIVER ACQUISITION	456	0	102	0	326	107.00
108.00	10800	LUNG ACQUISITION	147	0	40	0	127	108.00
109.00	10900	PANCREAS ACQUISITION	236	0	32	0	102	109.00
110.00	11000	INTESTINE ACQUISITION	58	0	18	0	58	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	26	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	1,213	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	43	446	139	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,408,166	4,021,068	26,945	70,497	96,705	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,342	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	292	0	0	1	1	191.01
191.02	19102	OSA	70	0	0	0	1	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	107	0	9	0	29	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,698	258	2	0	7	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	86	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	2	0	7	192.04
192.05	19205	MHH LABS	131	0	1	0	2	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	72	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	68	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	41	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	87	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,413,160	4,021,326	26,959	70,498	96,752	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			99,183			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				458,455		22.00
23.00	02300	PARAMED ED PRGM					0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT						34.01
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
45.01	04510	ICF/MR						45.01
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	07301	RENAL-RILEY						73.01
73.02	07302	RENAL-ADULT						73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.04	07501	BMTU OUTPATIENT						75.04
76.00	03020	RH NBN ECMO IC						76.00
76.01	03021	CARDIOLOGY						76.01
76.02	03022	PSYCH OTHER ANCILLARY						76.02
76.03	03023	CARDIAC CATHERIZATION						76.03
76.04	03024	DAY SURGERY						76.04
76.06	03026	DAY SURGERY-RILEY						76.06
76.07	03027	CARDIOLOGY-RILEY						76.07
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE						90.21
90.22	09020	IUMG - MH						90.22
90.24	09021	IU CANCER PAVILLION						90.24
90.25	09022	CARDIO CLINIC						90.25
91.00	09100	EMERGENCY						91.00
91.01	09101	EMERGENCY-RILEY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINE ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	MHH LABS						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	0	99,183	458,455	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	99,183	458,455	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	ALLIED HEALTH	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	125,833					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST		35,894				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY			33,214			23.03
23.04	02304	PARAMED EMERGENCY				32,486		23.04
23.05	02312	ALLIED HEALTH					3,422	23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT						34.01
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
45.01	04510	ICF/MR						45.01
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	ALLIED HEALTH	
			23.01	23.02	23.03	23.04	23.05	
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	07301	RENAL-RILEY						73.01
73.02	07302	RENAL-ADULT						73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.04	07501	BMTU OUTPATIENT						75.04
76.00	03020	RH NBN ECMO IC						76.00
76.01	03021	CARDIOLOGY						76.01
76.02	03022	PSYCH OTHER ANCILLARY						76.02
76.03	03023	CARDIAC CATHERIZATION						76.03
76.04	03024	DAY SURGERY						76.04
76.06	03026	DAY SURGERY-RILEY						76.06
76.07	03027	CARDIOLOGY-RILEY						76.07
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE						90.21
90.22	09020	IUMG - MH						90.22
90.24	09021	IU CANCER PAVILLION						90.24
90.25	09022	CARDIO CLINIC						90.25
91.00	09100	EMERGENCY						91.00
91.01	09101	EMERGENCY-RILEY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	ALLIED HEALTH	
			23.01	23.02	23.03	23.04	23.05	
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINE ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	MHH LABS						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	125,833	35,894	33,214	32,486	3,422	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	125,833	35,894	33,214	32,486	3,422	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO	874					23.06
23.07	02307	PARAMED PHARMACY		6,694				23.07
23.08	02308	PARAMED MEDICAL ASSIST			0			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				20,469		23.09
23.10	02310	PARAMED PHARMACY TECH					20,197	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT						34.01
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
45.01	04510	ICF/MR						45.01
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	07301	RENAL-RILEY						73.01
73.02	07302	RENAL-ADULT						73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.04	07501	BMTU OUTPATIENT						75.04
76.00	03020	RH NBN ECMO IC						76.00
76.01	03021	CARDIOLOGY						76.01
76.02	03022	PSYCH OTHER ANCILLARY						76.02
76.03	03023	CARDIAC CATHERIZATION						76.03
76.04	03024	DAY SURGERY						76.04
76.06	03026	DAY SURGERY-RILEY						76.06
76.07	03027	CARDIOLOGY-RILEY						76.07
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE						90.21
90.22	09020	IUMG - MH						90.22
90.24	09021	IU CANCER PAVILLION						90.24
90.25	09022	CARDIO CLINIC						90.25
91.00	09100	EMERGENCY						91.00
91.01	09101	EMERGENCY-RILEY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINE ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	MHH LABS						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	874	6,694	0	20,469	20,197	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	874	6,694	0	20,469	20,197	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	156					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		11,583,836	0	11,583,836		30.00
31.00	03100	INTENSIVE CARE UNIT		1,007,632	0	1,007,632		31.00
32.00	03200	CORONARY CARE UNIT		650,067	0	650,067		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		329,177	0	329,177		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		73,008	0	73,008		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0	0	0		34.01
34.02	03401	UH SURG 6IC		233,446	0	233,446		34.02
34.03	03402	UH NS 3IC		78,113	0	78,113		34.03
34.04	03403	RH PED IC		510,443	0	510,443		34.04
34.05	03404	TRANSPLANT ICU		141,421	0	141,421		34.05
34.06	03407	PEDS CANCER CARE		319,417	0	319,417		34.06
40.00	04000	SUBPROVIDER - IPF		235,340	0	235,340		40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0		41.00
42.00	04200	SUBPROVIDER		0	0	0		42.00
43.00	04300	NURSERY		240,608	0	240,608		43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0		44.00
45.00	04500	NURSING FACILITY		0	0	0		45.00
45.01	04510	ICF/MR		0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE		0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		18,414,539	0	18,414,539		50.00
50.01	05001	ENDOSCOPY		487,010	0	487,010		50.01
51.00	05100	RECOVERY ROOM		653,991	0	653,991		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0		52.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
53.00	05300	ANESTHESIOLOGY		1,205,328	0	1,205,328		53.00
53.01	05301	PULMONARY FUNCTION TESTING		474,240	0	474,240		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		12,596,440	0	12,596,440		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		2,626,706	0	2,626,706		55.00
56.00	05600	RADIOISOTOPE		1,165,055	0	1,165,055		56.00
57.00	05700	CT SCAN		0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION		132,238	0	132,238		59.00
60.00	06000	LABORATORY		3,966,676	0	3,966,676		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY		90,587	0	90,587		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB		370,043	0	370,043		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		314,876	0	314,876		63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY		1,753,828	0	1,753,828		65.00
66.00	06600	PHYSICAL THERAPY		393,685	0	393,685		66.00
67.00	06700	OCCUPATIONAL THERAPY		187,322	0	187,322		67.00
68.00	06800	SPEECH PATHOLOGY		470,434	0	470,434		68.00
69.00	06900	ELECTROCARDIOLOGY		486,820	0	486,820		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		812,392	0	812,392		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		85,781	0	85,781		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		98,678	0	98,678		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		3,288,375	0	3,288,375		73.00
73.01	07301	RENAL-RILEY		0	0	0		73.01
73.02	07302	RENAL-ADULT		0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY		1,140,634	0	1,140,634		73.03
74.00	07400	RENAL DIALYSIS		712,956	0	712,956		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
75.04	07501	BMTU OUTPATIENT		0	0	0		75.04
76.00	03020	RH NBN ECMO IC		57,132	0	57,132		76.00
76.01	03021	CARDIOLOGY		1,776,582	0	1,776,582		76.01
76.02	03022	PSYCH OTHER ANCILLARY		33,778	0	33,778		76.02
76.03	03023	CARDIAC CATHERIZATION		1,408,757	0	1,408,757		76.03
76.04	03024	DAY SURGERY		311,272	0	311,272		76.04
76.06	03026	DAY SURGERY-RILEY		0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY		0	0	0		76.07
76.97	07697	CARDIAC REHABILITATION		24,253	0	24,253		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		5,378	0	5,378		89.00
90.00	09000	CLINIC		0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN		283,988	0	283,988		90.01
90.02	09002	IUSCC HEM/ONC		7,770,254	0	7,770,254		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY		435,675	0	435,675		90.03
90.04	09004	AMB SVC-PSYCH ADULT		182,676	0	182,676		90.04
90.05	09005	AMB SVC-DIABETES ADULT		18,406	0	18,406		90.05
90.06	09006	OUTPATIENT SURGERY		673,735	0	673,735		90.06
90.07	09007	AMB SVC-RILEY CLINICS		843,125	0	843,125		90.07
90.08	09008	MOTILITY LAB		38,305	0	38,305		90.08
90.09	09009	AMB SVC - PSYCH CHILD		0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS		47,730	0	47,730		90.10
90.11	09023	SLEEP LAB		136,364	0	136,364		90.11
90.12	09024	OP CARE ADULTS		95,526	0	95,526		90.12
90.13	09011	PEDIATRIC CLINIC		68,344	0	68,344		90.13
90.14	09012	ARTHRITIS CLINIC		7,987	0	7,987		90.14
90.15	09013	NEUROLOGY UH		105,301	0	105,301		90.15
90.16	09014	ORTHOPEDICS UH		89,098	0	89,098		90.16
90.17	09015	PHYSICAL MEDICINE		102,638	0	102,638		90.17
90.18	09016	DERMATOLOGY CLINIC		139,438	0	139,438		90.18
90.19	09017	INFUSION/HEM/ONC		8,097	0	8,097		90.19
90.20	09025	IUMG - MH		6,002	0	6,002		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE		0	0	0		90.21
90.22	09020	IUMG - MH		0	0	0		90.22
90.24	09021	IU CANCER PAVILLION		0	0	0		90.24
90.25	09022	CARDIO CLINIC		0	0	0		90.25
91.00	09100	EMERGENCY		1,507,161	0	1,507,161		91.00
91.01	09101	EMERGENCY-RILEY		0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
93.00	04040	FAMILY PRACTICE		0	0	0		93.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		181,380	0	181,380		94.00
95.00	09500	AMBULANCE SERVICES		4,269,900	0	4,269,900		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0		97.00
99.00	09900	CMHC		0	0	0		99.00
99.10	09910	CORF		0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY		1,157,392	0	1,157,392		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		331,025	0	331,025		105.00
106.00	10600	HEART ACQUISITION		32,507	0	32,507		106.00
107.00	10700	LIVER ACQUISITION		158,774	0	158,774		107.00
108.00	10800	LUNG ACQUISITION		87,520	0	87,520		108.00
109.00	10900	PANCREAS ACQUISITION		79,960	0	79,960		109.00
110.00	11000	INTESTINE ACQUISITION		21,832	0	21,832		110.00
111.00	11100	ISLET ACQUISITION		0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION		798	0	798		112.00
112.01	08601	POST TRANSPLANT EXPENSES		439,053	0	439,053		112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0		115.00
116.00	11600	HOSPICE		77,138	0	77,138		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	90,345,423	0	90,345,423		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		137,836	0	137,836		190.00
191.00	19100	RESEARCH		400,244	0	400,244		191.00
191.01	19101	RESEARCH-GCRC		161,236	0	161,236		191.01
191.02	19102	OSA		56,617	0	56,617		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES		20,424	0	20,424		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST		1,854,164	0	1,854,164		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC		1,642,731	0	1,642,731		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES		5,282,122	0	5,282,122		192.03
192.04	19204	MHH RADIOLOGY		39,188	0	39,188		192.04
192.05	19205	MHH LABS		12,006	0	12,006		192.05
192.06	19206	BELTWAY SURGERY		11,052	0	11,052		192.06
192.07	19207	RHI		8,861	0	8,861		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING		1,075,563	0	1,075,563		192.08
192.09	19209	ARTHRITIS CLINIC - NR		77	0	77		192.09
192.10	19212	CARDIO PHYSICIANS		67,661	0	67,661		192.10
192.11	19211	UNUSED SPACE		5,807,043	0	5,807,043		192.11
193.00	19300	NONPAID WORKERS		0	0	0		193.00
200.00		Cross Foot Adjustments	156	836,877	0	836,877		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	156	107,759,125	0	107,759,125		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	4,376,526					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			35,835,553			2.00
4.00	00400	EMPLOYEE BENEFITS	967	0	0	600,432,515		4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	0	0	12,285	5.01
5.02	00511	DATA PROCESSING	2,072	0	0	3,455	0	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	2,260	0	121,148	0	12	5.03
5.04	00513	ADMITTING	1,385	0	0	0	15	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	67,626	0	800,517	13,946,992	569	5.06
6.00	00600	MAINTENANCE & REPAIRS	25,893	0	0	330,984	20	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	2,335	0	62,072	2,367,843	2	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	33,228	0	599	0	9	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	1,839	0	0	320,104	0	9.03
10.00	01000	DIETARY	38,907	0	111,282	9,450,609	124	10.00
11.00	01100	CAFETERIA	1,243	0	0	87,340	1	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	32,776	0	728,283	16,953,314	142	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,066	0	407,665	2,629,603	61	14.00
15.00	01500	PHARMACY	58,802	0	1,732,231	28,134,324	344	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	951	0	0	201,538	9	16.00
17.00	01700	SOCIAL SERVICE	6,071	0	1,854	4,715,568	128	17.00
18.00	01850	PATIENT TRANSPORTATION	908	0	43,622	2,003,701	43	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,423	0	0	28,363,028	54	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	47,167	0	12,514	453,372	112	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	10,501	0	16,650	155,996	7	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	3,869	0	0	997,227	5	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	3,715	0	0	368,462	12	23.03
23.04	02304	PARAMED EMERGENCY	3,611	0	0	279,549	6	23.04
23.05	02312	ALLIED HEALTH	260	0	0	492,882	15	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	464,472	10	23.06
23.07	02307	PARAMED PHARMACY	0	0	2,283	1,231,248	3	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	0	0	133,821	1	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	0	0	193,889	3	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	90,525	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	810,425	0	1,276,159	141,676,068	2,787	30.00
31.00	03100	INTENSIVE CARE UNIT	54,087	0	181,667	15,646,819	242	31.00
32.00	03200	CORONARY CARE UNIT	39,139	0	69,357	11,028,403	170	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,262	0	109,478	4,392,091	66	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,286	0	11,785	1,288,797	17	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	90,558	4,198,807	118	34.02
34.03	03402	UH NS 3IC	6,780	0	5,128	154,633	12	34.03
34.04	03403	RH PED IC	30,225	0	75,299	8,613,595	73	34.04
34.05	03404	TRANSPLANT ICU	13,561	0	0	2,004,621	0	34.05
34.06	03407	PEDS CANCER CARE	34,304	0	676	1,389,361	10	34.06
40.00	04000	SUBPROVIDER - IPF	21,006	0	6,534	3,550,294	72	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	16,439	0	28,986	3,957,385	77	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	253,770	0	7,825,790	32,825,621	636	50.00
50.01	05001	ENDOSCOPY	6,733	0	211,933	1,048,877	42	50.01
51.00	05100	RECOVERY ROOM	50,835	0	77,290	5,688,581	153	51.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,531	0	578,583	1,747,627	30	53.00
53.01	05301	PULMONARY FUNCTION TESTING	20,923	0	142,856	2,600,458	59	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	197,769	0	5,466,247	26,049,574	835	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,100	0	1,141,483	4,136,593	148	55.00
56.00	05600	RADIOISOTOPE	19,612	0	493,175	907,049	42	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,028	0	0	778,173	23	59.00
60.00	06000	LABORATORY	177,327	0	1,101,874	26,199,472	656	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,343	0	20,230	876,457	9	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	18,554	0	99,719	1,006,023	25	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,913	0	50,948	3,247,303	45	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,824	0	751,156	21,285,486	213	65.00
66.00	06600	PHYSICAL THERAPY	26,449	0	67,681	10,004,686	64	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,920	0	16,638	2,056,794	39	67.00
68.00	06800	SPEECH PATHOLOGY	23,134	0	124,142	3,234,377	101	68.00
69.00	06900	ELECTROCARDIOLOGY	9,915	0	199,771	2,628,575	67	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,442	0	377,149	4,481,216	66	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,412	0	0	234,349	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	98,893	7,264,778	134	73.03
74.00	07400	RENAL DIALYSIS	35,563	0	175,244	6,517,397	119	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	27,372	567,974	5	76.00
76.01	03021	CARDIOLOGY	11,454	0	826,454	2,202,770	32	76.01
76.02	03022	PSYCH OTHER ANCILLARY	2,853	0	3,486	146,984	38	76.02
76.03	03023	CARDIAC CATHERIZATION	30,103	0	544,990	4,257,474	162	76.03
76.04	03024	DAY SURGERY	26,655	0	19,871	4,253,371	99	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	1,823	0	2,871	392,602	21	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,557	0	47,583	1,280,438	63	90.01
90.02	09002	IUSCC HEM/ONC	112,933	0	3,443,983	14,313,875	270	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	5,750	0	197,513	242,888	22	90.03
90.04	09004	AMB SVC-PSYCH ADULT	17,338	0	13,577	468,698	34	90.04
90.05	09005	AMB SVC-DIABETES ADULT	2,079	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	9,561	0	298,366	2,143,967	74	90.06
90.07	09007	AMB SVC-RILEY CLINICS	36,978	0	252,069	4,042,760	215	90.07
90.08	09008	MOTILITY LAB	229	0	18,050	99,349	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,653	0	3,280	5,390	8	90.10
90.11	09023	SLEEP LAB	13,321	0	5,773	2,686,597	57	90.11
90.12	09024	OP CARE ADULTS	10,113	0	2,202	232,264	30	90.12
90.13	09011	PEDIATRIC CLINIC	7,712	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	3,313	159,537	6	90.14
90.15	09013	NEUROLOGY UH	0	0	51,677	784,437	28	90.15
90.16	09014	ORTHOPEDICS UH	9,930	0	0	317,611	22	90.16
90.17	09015	PHYSICAL MEDICINE	10,790	0	1,776	803,663	37	90.17
90.18	09016	DERMATOLOGY CLINIC	8,582	0	29,701	667,326	5	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	2,571	623,586	0	90.19
90.20	09025	IUMG - MH	0	0	1,853	398,356	22	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	101,126	0	199,996	20,684,839	518	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	5,546	0	57,888	896,774	11	94.00
95.00	09500	AMBULANCE SERVICES	0	0	2,169,999	7,302,152	74	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	24,337	0	433,346	21,189,394	560	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,343	0	155,087	1,744,502	61	105.00
106.00	10600	HEART ACQUISITION	1,727	0	7,236	191,081	3	106.00
107.00	10700	LIVER ACQUISITION	704	0	73,350	1,232,310	29	107.00
108.00	10800	LUNG ACQUISITION	4,162	0	23,634	358,707	9	108.00
109.00	10900	PANCREAS ACQUISITION	270	0	37,983	234,261	15	109.00
110.00	11000	INTESTINE ACQUISITION	132	0	9,416	316,207	4	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	170,984	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,804	0	195,270	3,082,308	78	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	7,062	0	0	2,230,758	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,906,640	0	34,078,685	577,816,380	11,474	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,549	0	0	0	19	190.00
191.00	19100	RESEARCH	29,074	0	66,889	2,966,032	71	191.00
191.01	19101	RESEARCH-GCRC	16,973	0	0	0	27	191.01
191.02	19102	OSA	1,718	0	14,606	2,444,039	29	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,224	0	2,844	490,827	6	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	132,087	0	333,849	6,863,760	268	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	10,124	0	785,276	4,071,702	240	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	596,693	0	0	0	3	192.03
192.04	19204	MHH RADIOLOGY	0	0	20,029	112,104	0	192.04
192.05	19205	MHH LABS	79	0	5,546	179,019	4	192.05
192.06	19206	BELTWAY SURGERY	985	0	1,115	63,270	4	192.06
192.07	19207	RHI	0	0	4,405	151,785	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	9,433	0	489,571	4,643,824	94	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	36	1	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	32,738	629,737	45	192.10
192.11	19211	UNUSED SPACE	655,947	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	38,185,615	0	69,573,510	135,922,813	24,569	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.725097	0.000000	1.941466	0.226375	1.999919	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				8,437	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000014	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING	12,285					5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	12	229,192,753				5.03
5.04	00513	ADMITTING	15	129	3,454,263,655			5.04
5.05	00514	CASHIERING	0	0	0	5,936,992,516		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	569	0	361,782	841,682	-127,236,201	5.06
6.00	00600	MAINTENANCE & REPAIRS	20	15,015	0	0	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	2	20,811	0	0	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	9	100,323	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	20,685	0	0	0	9.03
10.00	01000	DIETARY	124	80,375	0	0	0	10.00
11.00	01100	CAFETERIA	1	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	142	5,791	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	61	3,830,565	0	0	0	14.00
15.00	01500	PHARMACY	344	2,850,975	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	128	206	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	43	3,927	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	54	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	112	685	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	7	4	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	5	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	12	4,654	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	6	0	0	0	0	23.04
23.05	02312	ALLIED HEALTH	15	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	10	8,273	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	3	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	1	738	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	3	4,030	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,787	14,801,490	699,179,886	710,326,292	0	30.00
31.00	03100	INTENSIVE CARE UNIT	242	2,035,567	71,521,630	71,521,630	0	31.00
32.00	03200	CORONARY CARE UNIT	170	2,071,633	51,369,666	51,369,666	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	66	446,908	23,039,947	23,039,947	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	17	83,928	5,095,986	5,095,986	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	118	1,092,750	18,889,416	18,889,416	0	34.02
34.03	03402	UH NS 3IC	12	384,590	418,686	418,686	0	34.03
34.04	03403	RH PED IC	73	1,282,724	41,585,182	41,585,182	0	34.04
34.05	03404	TRANSPLANT ICU	0	379,484	8,308,243	8,308,243	0	34.05
34.06	03407	PEDS CANCER CARE	10	108,558	8,342,084	8,342,084	0	34.06
40.00	04000	SUBPROVIDER - IPF	72	44,188	12,098,878	12,542,108	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	77	322,244	22,632,248	22,633,210	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	636	95,754,127	436,624,954	653,020,767	0	50.00
50.01	05001	ENDOSCOPY	42	622,219	15,229,865	22,850,452	0	50.01
51.00	05100	RECOVERY ROOM	153	530,046	33,727,735	64,594,140	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30	3,683,377	28,193,135	38,692,665	0	53.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
53.01	05301	PULMONARY FUNCTION TESTING	59	303,799	3,528,368	27,813,096	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	835	14,273,415	213,428,593	581,886,208	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	148	286,806	5,049,457	86,465,413	0	55.00
56.00	05600	RADIOISOTOPE	42	3,868,010	7,169,286	25,944,635	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23	3,896,551	11,077,206	25,034,196	0	59.00
60.00	06000	LABORATORY	656	24,011,209	392,239,403	805,596,775	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	9	1,103,727	3,458,693	23,374,512	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	25	868,620	6,111,741	14,017,440	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45	15,900,566	68,313,609	80,947,096	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	213	3,938,306	119,567,373	122,478,525	0	65.00
66.00	06600	PHYSICAL THERAPY	64	741,970	40,196,971	65,360,379	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	103,638	9,501,868	12,680,435	0	67.00
68.00	06800	SPEECH PATHOLOGY	101	2,009,169	5,173,457	13,783,445	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67	94,083	42,483,074	62,439,976	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66	365,823	21,611,707	33,223,365	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4	167,720	69,775,271	107,607,826	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	254,073,162	355,952,930	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	439,940,908	764,320,852	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	134	0	0	60,797,881	0	73.03
74.00	07400	RENAL DIALYSIS	119	2,232,123	18,281,184	36,278,439	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	5	134,229	1,870,965	1,870,965	0	76.00
76.01	03021	CARDIOLOGY	32	7,344,714	27,462,312	83,419,136	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	38	24,794	448,648	1,661,753	0	76.02
76.03	03023	CARDIAC CATHERIZATION	162	6,909,046	38,100,880	92,630,531	0	76.03
76.04	03024	DAY SURGERY	99	399,654	1,510,648	10,423,268	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	21	6,559	332,517	1,540,045	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	2,786,432	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	63	134,183	646,411	9,823,816	0	90.01
90.02	09002	IUSCC HEM/ONC	270	1,705,803	714,526	69,383,435	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	22	11,847	13,136	2,294,591	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	34	22,594	1,774	2,835,853	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	4	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	74	70,029	7,105,274	17,262,519	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	215	305,500	395,587	8,380,950	0	90.07
90.08	09008	MOTILITY LAB	1	70,890	33,932	695,735	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	8	270	317	91,319	0	90.10
90.11	09023	SLEEP LAB	57	14,961	31,907	16,263,644	0	90.11
90.12	09024	OP CARE ADULTS	30	6,789	2,101	288,300	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	6	24,656	66	3,698,311	0	90.14
90.15	09013	NEUROLOGY UH	28	3,721	989	570,872	0	90.15
90.16	09014	ORTHOPEDICS UH	22	3,983	1,106	319,736	0	90.16
90.17	09015	PHYSICAL MEDICINE	37	15,137	3,857	858,522	0	90.17
90.18	09016	DERMATOLOGY CLINIC	5	87,774	971	1,452,010	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	40,619	13,289	3,649,648	0	90.19
90.20	09025	IUMG - MH	22	19,953	8,248	406,442	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	518	3,652,037	93,715,285	300,806,137	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	11	1,917,213	30,073	11,565,456	0	94.00
95.00	09500	AMBULANCE SERVICES	74	213,069	134,089	56,567,355	0	95.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	560	25	0	89,724,434	0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	61	153,192	31,895,794	31,895,732	0	105.00
106.00	10600	HEART ACQUISITION	3	7,162	3,820,867	3,820,867	0	106.00
107.00	10700	LIVER ACQUISITION	29	72,592	20,400,705	20,400,705	0	107.00
108.00	10800	LUNG ACQUISITION	9	23,390	7,963,958	7,963,958	0	108.00
109.00	10900	PANCREAS ACQUISITION	15	37,590	6,348,028	6,348,028	0	109.00
110.00	11000	INTESTINE ACQUISITION	4	9,319	3,609,342	3,609,342	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	4,203	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	78	193,252	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	8,678,489	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,474	228,397,307	3,454,218,256	5,934,063,916	-127,236,201	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19	0	0	0	0	190.00
191.00	19100	RESEARCH	71	373,060	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	27	46,538	32,696	32,696	0	191.01
191.02	19102	OSA	29	11,090	8,113	78,144	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6	17,115	3,344	1,791,489	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	268	270,505	574	420,616	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	240	13,685	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	3	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	301	458,779	0	192.04
192.05	19205	MHH LABS	4	20,808	371	146,876	0	192.05
192.06	19206	BELTWAY SURGERY	4	34	0	0	0	192.06
192.07	19207	RHI	0	11,409	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	94	10,823	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	1	6,496	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	45	13,883	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	57,133,023	14,505,275	6,770,394	29,269,852		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,650.632723	0.063289	0.001960	0.004930		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	18,078	254,942	12,106	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.471551	0.001112	0.000004	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,644,694,738					5.06
6.00	00600	MAINTENANCE & REPAIRS	24,276,623	4,276,323				6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0			6.03
7.00	00700	OPERATION OF PLANT	54,960,571	2,335	0	4,273,988		7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	452,565	33,228	0	33,228	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,945,454	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,732,685	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,914,281	1,839	0	1,839	0	9.03
10.00	01000	DIETARY	16,542,634	38,907	0	38,907	0	10.00
11.00	01100	CAFETERIA	2,205,309	1,243	0	1,243	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	30,880,119	32,776	0	32,776	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	133,559,105	50,066	0	50,066	0	14.00
15.00	01500	PHARMACY	88,259,512	58,802	0	58,802	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,210,388	951	0	951	0	16.00
17.00	01700	SOCIAL SERVICE	9,795,355	6,071	0	6,071	0	17.00
18.00	01850	PATIENT TRANSPORTATION	2,927,611	908	0	908	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	44,960,460	4,423	0	4,423	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,011,877	47,167	0	47,167	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	423,784	10,501	0	10,501	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	1,232,835	3,869	0	3,869	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	207,356	3,715	0	3,715	0	23.03
23.04	02304	PARAMED EMERGENCY	388,101	3,611	0	3,611	0	23.04
23.05	02312	ALLIED HEALTH	824,158	260	0	260	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	599,275	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	1,696,994	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	2	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	151,936	2,289	0	2,289	0	23.09
23.10	02310	PARAMED PHARMACY TECH	268,629	2,238	0	2,238	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	117,943	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	215,841,965	810,425	0	810,425	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,153,959	54,087	0	54,087	0	31.00
32.00	03200	CORONARY CARE UNIT	16,314,310	39,139	0	39,139	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,577,584	8,262	0	8,262	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,875,866	4,286	0	4,286	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	6,502,837	0	0	0	0	34.02
34.03	03402	UH NS 3IC	358,345	6,780	0	6,780	0	34.03
34.04	03403	RH PED IC	12,433,947	30,225	0	30,225	0	34.04
34.05	03404	TRANSPLANT ICU	2,862,441	13,561	0	13,561	0	34.05
34.06	03407	PEDS CANCER CARE	2,247,929	34,304	0	34,304	0	34.06
40.00	04000	SUBPROVIDER - IPF	5,310,488	21,006	0	21,006	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,145,995	16,439	0	16,439	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	76,217,246	253,770	0	253,770	0	50.00
50.01	05001	ENDOSCOPY	2,363,277	6,733	0	6,733	0	50.01
51.00	05100	RECOVERY ROOM	9,414,286	50,835	0	50,835	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
53.00	05300	ANESTHESIOLOGY	4,177,520	4,531	0	4,531	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,343,951	20,923	0	20,923	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,568,785	197,769	0	197,769	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,418,358	44,100	0	44,100	0	55.00
56.00	05600	RADIOISOTOPE	2,942,096	19,612	0	19,612	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,632,092	11,028	0	11,028	0	59.00
60.00	06000	LABORATORY	48,600,079	177,327	0	177,327	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,195,652	4,343	0	4,343	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,939,239	18,554	0	18,554	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,209,909	9,913	0	9,913	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,921,300	24,824	0	24,824	0	65.00
66.00	06600	PHYSICAL THERAPY	14,490,165	26,449	0	26,449	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,186,693	16,920	0	16,920	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,415,754	23,134	0	23,134	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,653,780	9,915	0	9,915	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,042,298	7,442	0	7,442	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,743,964	3,412	0	3,412	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	69,161,863	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,239,450	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	11,709,758	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	10,774,382	35,563	0	35,563	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	839,643	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	7,262,051	11,454	0	11,454	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	429,373	2,853	0	2,853	0	76.02
76.03	03023	CARDIAC CATHERIZATION	10,173,991	30,103	0	30,103	0	76.03
76.04	03024	DAY SURGERY	6,442,891	26,655	0	26,655	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	796,795	1,823	0	1,823	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,078,897	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,307,016	20,557	0	20,557	0	90.01
90.02	09002	IUSCC HEM/ONC	33,365,282	112,933	0	112,933	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	877,419	5,750	0	5,750	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	972,995	17,338	0	17,338	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	18,140	2,079	0	2,079	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,944,268	9,561	0	9,561	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	7,408,565	36,978	0	36,978	0	90.07
90.08	09008	MOTILITY LAB	182,886	229	0	229	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	124,908	4,653	0	4,653	0	90.10
90.11	09023	SLEEP LAB	5,072,145	13,321	0	13,321	0	90.11
90.12	09024	OP CARE ADULTS	541,700	10,113	0	10,113	0	90.12
90.13	09011	PEDIATRIC CLINIC	67,288	7,712	0	7,712	0	90.13
90.14	09012	ARTHRITIS CLINIC	274,213	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	1,261,382	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	598,127	9,930	0	9,930	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,338,987	10,790	0	10,790	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,047,971	8,582	0	8,582	0	90.18
90.19	09017	INFUSION/HEM/ONC	642,513	0	0	0	0	90.19
90.20	09025	IUMG - MH	629,246	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	32,424,488	101,126	0	101,126	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,763,136	5,546	0	5,546	0	94.00
95.00	09500	AMBULANCE SERVICES	26,472,584	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	47,313,133	24,337	0	24,337	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,247,050	1,343	0	1,343	0	105.00
106.00	10600	HEART ACQUISITION	2,314,711	1,727	0	1,727	0	106.00
107.00	10700	LIVER ACQUISITION	6,914,523	704	0	704	0	107.00
108.00	10800	LUNG ACQUISITION	3,376,382	4,162	0	4,162	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,576,175	270	0	270	0	109.00
110.00	11000	INTESTINE ACQUISITION	1,696,229	132	0	132	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	232,284	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,979,447	5,804	0	5,804	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,993,581	7,062	0	7,062	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,560,535,540	2,806,437	0	2,804,102	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	250,464	15,549	0	15,549	0	190.00
191.00	19100	RESEARCH	4,275,580	29,074	0	29,074	0	191.00
191.01	19101	RESEARCH-GCRC	292,789	16,973	0	16,973	0	191.01
191.02	19102	OSA	5,642,960	1,718	0	1,718	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,932,000	1,224	0	1,224	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	17,809,020	132,087	0	132,087	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	8,772,413	10,124	0	10,124	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	5,697,236	596,693	0	596,693	0	192.03
192.04	19204	MHH RADIOLOGY	222,480	0	0	0	0	192.04
192.05	19205	MHH LABS	283,199	79	0	79	0	192.05
192.06	19206	BELTWAY SURGERY	131,218	985	0	985	0	192.06
192.07	19207	RHI	166,981	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	31,701,758	9,433	0	9,433	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	21,613	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1,236,286	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	5,723,201	655,947	0	655,947	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	127,236,201	26,154,711	0	59,226,712	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.077362	6.116168	0.000000	13.857482	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,145,253	257,627	0	212,753	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001304	0.060245	0.000000	0.049779	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,315,478					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	1,181,858			9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	1,133,241		9.02
9.03	00903	HOUSEKEEPING - METHODIST	296	0	0	0	1,559,704	9.03
10.00	01000	DIETARY	0	0	12,748	2,056	24,103	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,243	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,011	1,705	24,462	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,043	0	14,040	8,493	27,533	14.00
15.00	01500	PHARMACY	2,298	0	22,167	13,814	22,821	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	951	0	0	16.00
17.00	01700	SOCIAL SERVICE	76	0	110	3,937	2,024	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	833	0	75	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,893	0	656	3,767	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,233	0	4,090	789	42,289	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	10,501	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	3,869	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	3,715	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	3,611	23.04
23.05	02312	ALLIED HEALTH	0	0	0	260	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	2,289	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	2,238	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,776,576	0	232,839	207,938	369,649	30.00
31.00	03100	INTENSIVE CARE UNIT	225,941	0	0	0	54,087	31.00
32.00	03200	CORONARY CARE UNIT	156,617	0	17,093	0	22,046	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	12,351	0	0	0	8,262	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,454	0	0	4,286	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	4,577	0	0	0	0	34.02
34.03	03402	UH NS 3IC	753	0	6,780	0	0	34.03
34.04	03403	RH PED IC	9,141	0	0	30,226	0	34.04
34.05	03404	TRANSPLANT ICU	243	0	13,561	0	0	34.05
34.06	03407	PEDS CANCER CARE	1,453	0	0	34,304	0	34.06
40.00	04000	SUBPROVIDER - IPF	33,959	0	0	0	21,006	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	27,400	0	9,711	0	6,727	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	349,780	0	113,623	32,111	108,036	50.00
50.01	05001	ENDOSCOPY	23,897	0	0	0	6,733	50.01
51.00	05100	RECOVERY ROOM	22,300	0	8,460	5,750	36,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,016	2,181	1,335	53.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
53.01	05301	PULMONARY FUNCTION TESTING	10	0	4,400	13,414	3,108	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,506	0	79,873	51,428	60,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,464	0	27,075	0	17,024	55.00
56.00	05600	RADIOISOTOPE	11,500	0	7,909	2,032	9,670	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,896	0	0	0	11,028	59.00
60.00	06000	LABORATORY	16	0	10,621	7,609	17,480	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	4,343	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,381	0	9,055	5,675	3,824	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,442	0	1,218	224	2,671	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,084	0	3,803	8,926	12,095	65.00
66.00	06600	PHYSICAL THERAPY	21,933	0	3,475	2,803	16,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	43	0	3,254	5,099	8,567	67.00
68.00	06800	SPEECH PATHOLOGY	1,240	0	5,088	15,697	2,349	68.00
69.00	06900	ELECTROCARDIOLOGY	10,876	0	3,458	0	6,457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,234	0	0	3,306	4,136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,412	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	25	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	8,672	0	21,203	5,883	8,477	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	288	0	1,856	9,598	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	4	0	0	0	2,853	76.02
76.03	03023	CARDIAC CATHERIZATION	53,572	0	244	0	29,859	76.03
76.04	03024	DAY SURGERY	7,131	0	22,810	3,311	534	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	18	0	0	0	1,823	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	10,713	0	20,557	0	0	90.01
90.02	09002	IUSCC HEM/ONC	7,910	0	99,875	0	13,059	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	681	0	5,750	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	6,805	0	10,533	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	2,079	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	5,541	0	9,561	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	675	0	0	36,978	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	229	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	17	0	0	0	4,653	90.10
90.11	09023	SLEEP LAB	0	0	0	0	13,321	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	10,113	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	7,712	90.13
90.14	09012	ARTHRITIS CLINIC	67	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	9,930	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	54	0	10,790	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	6,926	0	8,582	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	343,680	0	6,626	17,369	72,557	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	5,546	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	259	757	805	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,266	0	78	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,727	106.00
107.00	10700	LIVER ACQUISITION	0	0	704	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	4,161	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	270	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	132	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	1,651	0	4,153	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	551	0	6,511	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,283,880	0	859,965	545,367	1,178,527	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4,131	8,157	3,261	190.00
191.00	19100	RESEARCH	4,841	0	447	0	26,468	191.00
191.01	19101	RESEARCH-GCRC	2,755	0	16,973	0	0	191.01
191.02	19102	OSA	0	0	429	1,289	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,224	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	23,985	0	1,434	4,483	126,171	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	10,124	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	143,148	215,115	83,591	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	985	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	235	1,627	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	17	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	154,107	357,610	129,935	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,151,260	0	4,250,682	4,021,453	6,408,657	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.347238	0.000000	3.596610	3.548630	4.108893	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	295,452	0	5,145	4,867	24,013	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.089113	0.000000	0.004353	0.004295	0.015396	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY	667,944					10.00
11.00	01100	CAFETERIA	0	9,357				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	258	0	3,804		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	69	0	0	225,119,059	14.00
15.00	01500	PHARMACY	0	343	0	1	2,850,975	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	120	0	0	206	17.00
18.00	01850	PATIENT TRANSPORTATION	0	65	0	0	3,927	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	549	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6	0	0	685	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	2	0	0	4	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	15	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	5	0	0	4,654	23.03
23.04	02304	PARAMED EMERGENCY	0	5	0	0	0	23.04
23.05	02312	ALLIED HEALTH	0	13	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	7	0	0	8,273	23.06
23.07	02307	PARAMED PHARMACY	0	19	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	2	0	0	738	23.09
23.10	02310	PARAMED PHARMACY TECH	0	3	0	0	4,030	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	1	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	537,503	2,277	0	1,835	14,801,490	30.00
31.00	03100	INTENSIVE CARE UNIT	11,304	235	0	205	2,035,567	31.00
32.00	03200	CORONARY CARE UNIT	52,612	167	0	148	2,071,633	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,707	62	0	56	446,908	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,356	17	0	14	83,928	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	12,382	65	0	61	1,092,750	34.02
34.03	03402	UH NS 3IC	4,414	2	0	2	384,590	34.03
34.04	03403	RH PED IC	13,494	135	0	121	1,282,724	34.04
34.05	03404	TRANSPLANT ICU	0	33	0	31	379,484	34.05
34.06	03407	PEDS CANCER CARE	1,858	23	0	19	108,558	34.06
40.00	04000	SUBPROVIDER - IPF	13,994	59	0	27	44,188	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	58	0	50	322,244	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	558	0	263	95,754,127	50.00
50.01	05001	ENDOSCOPY	0	17	0	12	622,219	50.01
51.00	05100	RECOVERY ROOM	0	88	0	74	530,046	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
53.00	05300	ANESTHESIOLOGY	0	33	0	18	3,683,377	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	43	0	7	303,799	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	398	0	57	14,273,415	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	47	0	7	286,806	55.00
56.00	05600	RADIOISOTOPE	0	11	0	0	3,868,010	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9	0	5	3,896,551	59.00
60.00	06000	LABORATORY	0	474	0	0	24,011,209	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	14	0	0	1,103,727	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	16	0	6	868,620	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	50	0	1	15,900,566	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	350	0	2	3,938,306	65.00
66.00	06600	PHYSICAL THERAPY	0	148	0	0	741,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	32	0	0	103,638	67.00
68.00	06800	SPEECH PATHOLOGY	0	55	0	5	2,009,169	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48	0	4	94,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	66	0	0	365,823	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4	0	0	167,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	104	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	113	0	56	2,232,123	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	5	0	4	134,229	76.00
76.01	03021	CARDIOLOGY	0	35	0	11	7,344,714	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	2	0	2	24,794	76.02
76.03	03023	CARDIAC CATHERIZATION	3,631	52	0	20	6,909,046	76.03
76.04	03024	DAY SURGERY	0	73	0	53	399,654	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	6	0	3	6,559	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	23	0	10	134,183	90.01
90.02	09002	IUSCC HEM/ONC	0	279	0	57	1,705,803	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	6	0	0	11,847	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	9	0	3	22,594	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	4	90.05
90.06	09006	OUTPATIENT SURGERY	0	39	0	7	70,029	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	85	0	31	305,500	90.07
90.08	09008	MOTILITY LAB	0	1	0	1	70,890	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	270	90.10
90.11	09023	SLEEP LAB	0	47	0	0	14,961	90.11
90.12	09024	OP CARE ADULTS	0	5	0	2	6,789	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3	0	2	24,656	90.14
90.15	09013	NEUROLOGY UH	0	17	0	7	3,721	90.15
90.16	09014	ORTHOPEDICS UH	0	8	0	1	3,983	90.16
90.17	09015	PHYSICAL MEDICINE	0	21	0	4	15,137	90.17
90.18	09016	DERMATOLOGY CLINIC	0	17	0	7	87,774	90.18
90.19	09017	INFUSION/HEM/ONC	0	8	0	4	40,619	90.19
90.20	09025	IUMG - MH	0	9	0	3	19,953	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	335	0	253	3,652,037	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	14	0	7	1,917,213	94.00
95.00	09500	AMBULANCE SERVICES	0	108	0	42	213,069	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	368	0	78	25	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	29	0	0	153,192	105.00
106.00	10600	HEART ACQUISITION	0	1	0	0	7,162	106.00
107.00	10700	LIVER ACQUISITION	0	14	0	0	72,592	107.00
108.00	10800	LUNG ACQUISITION	0	4	0	0	23,390	108.00
109.00	10900	PANCREAS ACQUISITION	0	7	0	0	37,590	109.00
110.00	11000	INTESTINE ACQUISITION	0	2	0	0	9,319	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	2	0	1	4,203	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	37	0	1	193,252	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	40	0	19	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	656,255	9,009	0	3,720	224,323,613	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	41	0	9	373,060	191.00
191.01	19101	RESEARCH-GCRC	11,689	0	0	0	46,538	191.01
191.02	19102	OSA	0	33	0	12	11,090	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5	0	3	17,115	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	137	0	19	270,505	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	52	0	36	13,685	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	1	0	0	0	192.04
192.05	19205	MHH LABS	0	4	0	0	20,808	192.05
192.06	19206	BELTWAY SURGERY	0	2	0	0	34	192.06
192.07	19207	RHI	0	3	0	0	11,409	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	59	0	0	10,823	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	6,496	192.09
192.10	19212	CARDIO PHYSICIANS	0	11	0	5	13,883	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,751,703	2,405,850	0	34,114,645	145,103,720	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.073765	257.117666	0.000000	8,968.098055	0.644564	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	582,208	13,879	0	1,745,027	1,413,160	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.871642	1.483275	0.000000	458.734753	0.006277	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	175,196,876					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,936,150,834				16.00
17.00	01700	SOCIAL SERVICE	0	0	362,458			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	5,936,150,834		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	ALLIED HEALTH	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	710,326,292	272,028	710,326,292		30.00
31.00	03100	INTENSIVE CARE UNIT	0	71,521,630	21,909	71,521,630		31.00
32.00	03200	CORONARY CARE UNIT	0	51,369,666	15,296	51,369,666		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	23,039,947	8,488	23,039,947		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,095,986	1,477	5,095,986		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.01
34.02	03401	UH SURG 6IC	0	18,889,416	5,614	18,889,416		34.02
34.03	03402	UH NS 3IC	0	418,686	262	418,686		34.03
34.04	03403	RH PED IC	0	41,585,182	9,448	41,585,182		34.04
34.05	03404	TRANSPLANT ICU	0	8,308,243	2,489	8,308,243		34.05
34.06	03407	PEDS CANCER CARE	0	8,342,084	2,070	8,342,084		34.06
40.00	04000	SUBPROVIDER - IPF	0	12,542,108	6,804	12,542,108		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	22,633,210	12,100	22,633,210		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	653,020,767	328	653,020,767	0	50.00
50.01	05001	ENDOSCOPY	0	22,850,452	0	22,850,452	0	50.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
51.00	05100	RECOVERY ROOM	0	64,594,140	628	64,594,140	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,692,665	0	38,692,665	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	27,813,096	0	27,813,096	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	462	581,886,208	0	581,886,208	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	86,465,413	0	86,465,413	0	55.00
56.00	05600	RADIOISOTOPE	0	25,944,635	0	25,944,635	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,034,196	0	25,034,196	0	59.00
60.00	06000	LABORATORY	0	805,596,775	0	805,596,775	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	9	23,374,512	0	23,374,512	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	14,017,440	0	14,017,440	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	80,947,096	0	80,947,096	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	122,478,525	0	122,478,525	0	65.00
66.00	06600	PHYSICAL THERAPY	0	65,360,379	0	65,360,379	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,680,435	0	12,680,435	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,783,445	0	13,783,445	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,439,976	0	62,439,976	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,223,365	0	33,223,365	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	107,607,826	0	107,607,826	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	355,952,930	0	355,952,930	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,577,819	764,320,852	0	764,320,852	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	40,588,799	60,797,881	0	60,797,881	0	73.03
74.00	07400	RENAL DIALYSIS	0	36,278,439	9	36,278,439	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,870,965	0	1,870,965	0	76.00
76.01	03021	CARDIOLOGY	0	83,419,136	0	83,419,136	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	1,661,753	0	1,661,753	0	76.02
76.03	03023	CARDIAC CATHERIZATION	14,968	92,630,531	22	92,630,531	0	76.03
76.04	03024	DAY SURGERY	0	10,423,268	1,185	10,423,268	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	1,540,045	0	1,540,045	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	2,786,432	0	2,786,432	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	9,823,816	0	9,823,816	0	90.01
90.02	09002	IUSCC HEM/ONC	1,257	69,383,435	0	69,383,435	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	2,294,591	0	2,294,591	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,835,853	0	2,835,853	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	250	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	17,262,519	0	17,262,519	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	8,380,950	0	8,380,950	0	90.07
90.08	09008	MOTILITY LAB	0	695,735	0	695,735	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	91,319	0	91,319	0	90.10
90.11	09023	SLEEP LAB	0	16,263,644	0	16,263,644	0	90.11
90.12	09024	OP CARE ADULTS	534	288,300	0	288,300	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3,698,311	0	3,698,311	0	90.14
90.15	09013	NEUROLOGY UH	4	570,872	0	570,872	0	90.15
90.16	09014	ORTHOPEDICS UH	0	319,736	0	319,736	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	858,522	0	858,522	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,452,010	0	1,452,010	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,517	3,649,648	0	3,649,648	0	90.19
90.20	09025	IUMG - MH	0	406,442	0	406,442	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	300,806,137	5	300,806,137	0	91.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	11,565,456	0	11,565,456	0	94.00
95.00	09500	AMBULANCE SERVICES	0	56,567,355	0	56,567,355	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	89,724,434	0	89,724,434	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	31,895,732	0	31,895,732	0	105.00
106.00	10600	HEART ACQUISITION	0	3,820,867	0	3,820,867	0	106.00
107.00	10700	LIVER ACQUISITION	0	20,400,705	0	20,400,705	0	107.00
108.00	10800	LUNG ACQUISITION	0	7,963,958	0	7,963,958	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	6,348,028	0	6,348,028	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	3,609,342	0	3,609,342	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	8,678,489	2,293	8,678,489	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	175,185,619	5,933,222,234	362,455	5,933,222,234	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	32,696	3	32,696	0	191.01
191.02	19102	OSA	0	78,144	0	78,144	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,791,489	0	1,791,489	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	11,257	420,616	0	420,616	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	458,779	0	458,779	0	192.04
192.05	19205	MHH LABS	0	146,876	0	146,876	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	98,420,044	15,333,432	10,728,099	3,194,781	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.561768	0.002583	29.598185	0.000538	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,021,326	26,959	70,498	96,752	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022953	0.000005	0.194500	0.000016	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		61,236				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			61,236			22.00
23.00	02300	PARAMED ED PRGM				0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES				0	5,429,803	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	1,139,758	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				0	546,466	23.03
23.04	02304	PARAMED EMERGENCY				0	346,031	23.04
23.05	02312	ALLIED HEALTH				0	801,914	23.05
23.06	02306	PARAMED LAB SCIENCE PRO				0	546,931	23.06
23.07	02307	PARAMED PHARMACY				0	1,507,972	23.07
23.08	02308	PARAMED MEDICAL ASSIST				0	2	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				0	181,108	23.09
23.10	02310	PARAMED PHARMACY TECH				0	262,171	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY				0	97,450	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	16,572	16,572	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,485	1,485	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	643	643	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	1,350	1,350	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	8	8	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	800	800	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	7	7	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	190	190	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,394	5,394	0	0	50.00
50.01	05001	ENDOSCOPY	0	303	303	0	0	50.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
51.00	05100	RECOVERY ROOM	0	15	15	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,707	5,707	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	359	359	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,909	5,909	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	181	181	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	95	95	0	0	59.00
60.00	06000	LABORATORY	0	2,214	2,214	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	42	42	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	99	99	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	270	270	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	67	67	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	679	679	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	471	471	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	375	375	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	256	256	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	410	410	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	38	38	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	59	59	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	2	2	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	453	453	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	2,524	2,524	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	406	406	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,082	1,082	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	8	8	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	858	858	0	0	90.07
90.08	09008	MOTILITY LAB	0	1,928	1,928	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	607	607	0	0	90.10
90.11	09023	SLEEP LAB	0	1	1	0	0	90.11
90.12	09024	OP CARE ADULTS	0	26	26	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	356	356	0	0	90.14
90.15	09013	NEUROLOGY UH	0	952	952	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	128	128	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	110	110	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	1,115	1,115	0	0	90.19
90.20	09025	IUMG - MH	0	10	10	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	5,413	5,413	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
			20.00	21.00	22.00	23.00	23.01	
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	29	29	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	60,006	60,006	0	5,429,803	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	956	956	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49	49	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	11	11	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	100	100	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	23	23	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	1	1	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	61	61	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	29	29	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	48,684,577	14,080,046	0	709,976	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	795.031958	229.930858	0.000000	0.130755	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	99,183	458,455	0	125,833	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.619684	7.486691	0.000000	0.023175	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	22,146					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	100				23.03
23.04	02304	PARAMED EMERGENCY	0	0	100			23.04
23.05	02312	ALLIED HEALTH	0	0	0	362,458		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	100	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	272,028	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	21,909	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	15,296	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,488	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	1,477	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	5,614	0	34.02
34.03	03402	UH NS 3IC	0	0	0	262	0	34.03
34.04	03403	RH PED IC	0	0	0	9,448	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	2,489	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	2,070	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,804	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	12,100	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	328	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	628	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,642	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,504	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	100	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	100	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	9	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	22	0	76.03
76.04	03024	DAY SURGERY	0	0	0	1,185	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	100	5	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	2,293	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,146	100	100	362,455	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	3	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,574,271	388,604	551,617	1,002,230	724,282	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	71.086020	3,886.040000	5,516.170000	2.765093	7,242.820000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,894	33,214	32,486	3,422	874	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.620789	332.140000	324.860000	0.009441	8.740000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	ALLIED HEALTH						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY	175,196,876					23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	100				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	100			23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	100		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	100	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	100	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	100	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	462	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	9	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,577,819	0	0	100	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	40,588,799	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	14,968	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	0	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1,257	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	250	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	534	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	4	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,517	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	175,185,619	100	100	100	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	11,257	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,030,340	2	243,486	380,957	140,066	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.011589	0.020000	2,434.860000	3,809.570000	1,400.660000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,694	0	20,469	20,197	156	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000038	0.000000	204.690000	201.970000	1.560000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	305,130,283		305,130,283	0	305,130,283	30.00
31.00	03100	INTENSIVE CARE UNIT	30,786,752		30,786,752	0	30,786,752	31.00
32.00	03200	CORONARY CARE UNIT	23,402,501		23,402,501	0	23,402,501	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,518,516		8,518,516	0	8,518,516	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,436,524		2,436,524	0	2,436,524	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03401	UH SURG 6IC	8,863,862		8,863,862	0	8,863,862	34.02
34.03	03402	UH NS 3IC	946,181		946,181	0	946,181	34.03
34.04	03403	RH PED IC	16,871,033		16,871,033	0	16,871,033	34.04
34.05	03404	TRANSPLANT ICU	4,041,185		4,041,185	0	4,041,185	34.05
34.06	03407	PEDS CANCER CARE	3,620,716		3,620,716	0	3,620,716	34.06
40.00	04000	SUBPROVIDER - IPF	7,176,986		7,176,986	0	7,176,986	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	8,155,150		8,155,150	0	8,155,150	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	154,784,255		154,784,255	0	154,784,255	50.00
50.01	05001	ENDOSCOPY	3,300,915		3,300,915	0	3,300,915	50.01
51.00	05100	RECOVERY ROOM	12,616,854		12,616,854	0	12,616,854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,272,923		7,272,923	0	7,272,923	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,530,571		5,530,571	0	5,530,571	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,773,136		82,773,136	0	82,773,136	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,118,928		12,118,928	0	12,118,928	55.00
56.00	05600	RADIOISOTOPE	6,217,789		6,217,789	0	6,217,789	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,663,886		4,663,886	0	4,663,886	59.00
60.00	06000	LABORATORY	74,877,445		74,877,445	0	74,877,445	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,335,444		4,335,444	0	4,335,444	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,190,996		3,190,996	0	3,190,996	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,428,363		17,428,363	0	17,428,363	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,399,324	0	38,399,324	0	38,399,324	65.00
66.00	06600	PHYSICAL THERAPY	16,958,743	0	16,958,743	0	16,958,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,950,795	0	3,950,795	0	3,950,795	67.00
68.00	06800	SPEECH PATHOLOGY	7,777,921	0	7,777,921	0	7,777,921	68.00
69.00	06900	ELECTROCARDIOLOGY	5,558,322		5,558,322	0	5,558,322	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,338,786		9,338,786	0	9,338,786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,343,873		43,343,873	0	43,343,873	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,623,292		75,623,292	0	75,623,292	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	229,938,859		229,938,859	0	229,938,859	73.00
73.01	07301	RENAL-RILEY	0		0	0	0	73.01
73.02	07302	RENAL-ADULT	0		0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	36,104,019		36,104,019	0	36,104,019	73.03
74.00	07400	RENAL DIALYSIS	14,536,740		14,536,740	0	14,536,740	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0		0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,034,116		1,034,116	0	1,034,116	76.00
76.01	03021	CARDIOLOGY	13,195,609		13,195,609	0	13,195,609	76.01
76.02	03022	PSYCH OTHER ANCILLARY	570,915		570,915	0	570,915	76.02
76.03	03023	CARDIAC CATHERIZATION	16,750,889		16,750,889	0	16,750,889	76.03
76.04	03024	DAY SURGERY	8,394,746		8,394,746	0	8,394,746	76.04
76.06	03026	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	939,828		939,828	0	939,828	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,403,145		4,403,145	0	4,403,145	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,186,490		3,186,490	0	3,186,490	90.01
90.02	09002	IUSCC HEM/ONC	40,517,470		40,517,470	0	40,517,470	90.02

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.03	09003	AMB SVC-OPTHALMOLOGY	1,097,404		1,097,404	0	1,097,404	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,514,957		1,514,957	0	1,514,957	90.04
90.05	09005	AMB SVC-DIABETES ADULT	68,692		68,692	0	68,692	90.05
90.06	09006	OUTPATIENT SURGERY	4,648,502		4,648,502	0	4,648,502	90.06
90.07	09007	AMB SVC-RILEY CLINICS	9,374,684		9,374,684	0	9,374,684	90.07
90.08	09008	MOTILITY LAB	259,510		259,510	0	259,510	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	247,093		247,093	0	247,093	90.10
90.11	09023	SLEEP LAB	5,857,827		5,857,827	0	5,857,827	90.11
90.12	09024	OP CARE ADULTS	851,958		851,958	0	851,958	90.12
90.13	09011	PEDIATRIC CLINIC	258,219		258,219	0	258,219	90.13
90.14	09012	ARTHRITIS CLINIC	341,592		341,592	0	341,592	90.14
90.15	09013	NEUROLOGY UH	1,430,295		1,430,295	0	1,430,295	90.15
90.16	09014	ORTHOPEDICS UH	893,042		893,042	0	893,042	90.16
90.17	09015	PHYSICAL MEDICINE	1,750,623		1,750,623	0	1,750,623	90.17
90.18	09016	DERMATOLOGY CLINIC	1,461,985		1,461,985	0	1,461,985	90.18
90.19	09017	INFUSION/HEM/ONC	768,591		768,591	0	768,591	90.19
90.20	09025	IUMG - MH	721,274		721,274	0	721,274	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0		0	0	0	90.21
90.22	09020	IUMG - MH	0		0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0		0	0	0	90.24
90.25	09022	CARDIO CLINIC	0		0	0	0	90.25
91.00	09100	EMERGENCY	43,655,332		43,655,332	0	43,655,332	91.00
91.01	09101	EMERGENCY-RILEY	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,190,657		16,190,657		16,190,657	92.00
93.00	04040	FAMILY PRACTICE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,368,496		3,368,496	0	3,368,496	94.00
95.00	09500	AMBULANCE SERVICES	29,238,868		29,238,868	0	29,238,868	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	52,540,574		52,540,574		52,540,574	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,431,949		13,431,949		13,431,949	105.00
106.00	10600	HEART ACQUISITION	2,552,171		2,552,171		2,552,171	106.00
107.00	10700	LIVER ACQUISITION	7,580,099		7,580,099		7,580,099	107.00
108.00	10800	LUNG ACQUISITION	3,778,773		3,778,773		3,778,773	108.00
109.00	10900	PANCREAS ACQUISITION	2,827,678		2,827,678		2,827,678	109.00
110.00	11000	INTESTINE ACQUISITION	1,848,350		1,848,350		1,848,350	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	262,445		262,445		262,445	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,646,640		5,646,640		5,646,640	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	4,754,295		4,754,295		4,754,295	116.00
200.00		Subtotal (see instructions)	1,598,807,651	0	1,598,807,651	0	1,598,807,651	200.00
201.00		Less Observation Beds	16,190,657		16,190,657		16,190,657	201.00
202.00		Total (see instructions)	1,582,616,994	0	1,582,616,994	0	1,582,616,994	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	710,326,292		710,326,292			30.00
31.00	03100	INTENSIVE CARE UNIT	71,521,630		71,521,630			31.00
32.00	03200	CORONARY CARE UNIT	51,369,666		51,369,666			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	23,039,947		23,039,947			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	5,095,986		5,095,986			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0			34.01
34.02	03401	UH SURG 6IC	18,889,416		18,889,416			34.02
34.03	03402	UH NS 3IC	418,686		418,686			34.03
34.04	03403	RH PED IC	41,585,182		41,585,182			34.04
34.05	03404	TRANSPLANT ICU	8,308,243		8,308,243			34.05
34.06	03407	PEDS CANCER CARE	8,342,084		8,342,084			34.06
40.00	04000	SUBPROVIDER - IPF	12,542,108		12,542,108			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	22,633,210		22,633,210			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	436,624,954	216,395,813	653,020,767	0.237028	0.000000	50.00
50.01	05001	ENDOSCOPY	15,229,865	7,620,587	22,850,452	0.144457	0.000000	50.01
51.00	05100	RECOVERY ROOM	33,727,735	30,866,405	64,594,140	0.195325	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	28,193,135	10,499,530	38,692,665	0.187966	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,528,368	24,284,727	27,813,095	0.198848	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	213,428,593	368,457,616	581,886,209	0.142250	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,049,457	81,415,956	86,465,413	0.140159	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,169,286	18,775,349	25,944,635	0.239656	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,077,206	13,956,991	25,034,197	0.186301	0.000000	59.00
60.00	06000	LABORATORY	392,239,403	413,357,372	805,596,775	0.092947	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,458,693	19,915,819	23,374,512	0.185477	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	6,111,741	7,905,699	14,017,440	0.227645	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	68,313,609	12,633,487	80,947,096	0.215306	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	119,567,373	2,911,152	122,478,525	0.313519	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	40,196,971	25,163,408	65,360,379	0.259465	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,501,868	3,178,567	12,680,435	0.311566	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,173,457	8,609,988	13,783,445	0.564294	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	42,483,074	19,956,902	62,439,976	0.089019	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,611,707	11,611,658	33,223,365	0.281091	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	69,775,271	37,832,555	107,607,826	0.402795	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	254,073,162	101,879,768	355,952,930	0.212453	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	439,940,908	324,379,944	764,320,852	0.300841	0.000000	73.00
73.01	07301	RENAL-RILEY	0	0	0	0.000000	0.000000	73.01
73.02	07302	RENAL-ADULT	0	0	0	0.000000	0.000000	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	60,797,881	60,797,881	0.593837	0.000000	73.03
74.00	07400	RENAL DIALYSIS	18,281,184	17,997,255	36,278,439	0.400699	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0.000000	0.000000	75.04
76.00	03020	RH NBN ECMO IC	1,870,965	0	1,870,965	0.552718	0.000000	76.00
76.01	03021	CARDIOLOGY	27,462,312	55,956,824	83,419,136	0.158184	0.000000	76.01
76.02	03022	PSYCH OTHER ANCILLARY	448,648	1,213,106	1,661,754	0.343562	0.000000	76.02
76.03	03023	CARDIAC CATHERIZATION	38,100,880	54,529,651	92,630,531	0.180836	0.000000	76.03
76.04	03024	DAY SURGERY	1,510,648	8,912,619	10,423,267	0.805385	0.000000	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	332,517	1,207,528	1,540,045	0.610260	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	2,786,432	2,786,432			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	646,411	9,177,405	9,823,816	0.324364	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	714,526	68,668,909	69,383,435	0.583965	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	14,716	2,279,875	2,294,591	0.478257	0.000000	90.03

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.04	09004	AMB SVC-PSYCH ADULT	1,774	2,834,079	2,835,853	0.534216	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	7,105,274	10,157,244	17,262,518	0.269283	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	395,587	7,985,364	8,380,951	1.118570	0.000000	90.07
90.08	09008	MOTILITY LAB	33,932	661,803	695,735	0.373001	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	317	91,002	91,319	2.705822	0.000000	90.10
90.11	09023	SLEEP LAB	31,907	16,231,737	16,263,644	0.360179	0.000000	90.11
90.12	09024	OP CARE ADULTS	2,101	286,199	288,300	2.955109	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	66	3,698,245	3,698,311	0.092364	0.000000	90.14
90.15	09013	NEUROLOGY UH	989	569,883	570,872	2.505457	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	1,106	318,630	319,736	2.793061	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	3,857	854,665	858,522	2.039113	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	971	1,451,038	1,452,009	1.006870	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	13,289	3,636,359	3,649,648	0.210593	0.000000	90.19
90.20	09025	IUMG - MH	8,248	398,195	406,443	1.774601	0.000000	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0.000000	0.000000	90.21
90.22	09020	IUMG - MH	0	0	0	0.000000	0.000000	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0.000000	0.000000	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0.000000	0.000000	90.25
91.00	09100	EMERGENCY	93,715,285	207,090,853	300,806,138	0.145128	0.000000	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,534,355	24,144,965	27,679,320	0.584937	0.000000	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	30,073	11,535,384	11,565,457	0.291255	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	134,089	56,433,266	56,567,355	0.516886	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	89,724,434	89,724,434			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	31,895,732	0	31,895,732			105.00
106.00	10600	HEART ACQUISITION	3,820,867	0	3,820,867			106.00
107.00	10700	LIVER ACQUISITION	20,400,705	0	20,400,705			107.00
108.00	10800	LUNG ACQUISITION	7,963,958	0	7,963,958			108.00
109.00	10900	PANCREAS ACQUISITION	6,348,028	0	6,348,028			109.00
110.00	11000	INTESTINE ACQUISITION	3,609,342	0	3,609,342			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	8,678,489	8,678,489			116.00
200.00		Subtotal (see instructions)	3,468,982,945	2,491,918,612	5,960,901,557			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,468,982,945	2,491,918,612	5,960,901,557			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		34.01
34.02	03401	UH SURG 6IC		34.02
34.03	03402	UH NS 3IC		34.03
34.04	03403	RH PED IC		34.04
34.05	03404	TRANSPLANT ICU		34.05
34.06	03407	PEDS CANCER CARE		34.06
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
45.01	04510	ICF/MR		45.01
46.00	04600	OTHER LONG TERM CARE		46.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.237028	50.00
50.01	05001	ENDOSCOPY	0.144457	50.01
51.00	05100	RECOVERY ROOM	0.195325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	55.00
56.00	05600	RADIOISOTOPE	0.239656	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	59.00
60.00	06000	LABORATORY	0.092947	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	73.00
73.01	07301	RENAL-RILEY	0.000000	73.01
73.02	07302	RENAL-ADULT	0.000000	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	73.03
74.00	07400	RENAL DIALYSIS	0.400699	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	75.04
76.00	03020	RH NBN ECMO IC	0.552718	76.00
76.01	03021	CARDIOLOGY	0.158184	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	76.03
76.04	03024	DAY SURGERY	0.805385	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	76.97
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	90.05

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.06	09006	OUTPATIENT SURGERY	0.269283		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.118570		90.07
90.08	09008	MOTILITY LAB	0.373001		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	2.705822		90.10
90.11	09023	SLEEP LAB	0.360179		90.11
90.12	09024	OP CARE ADULTS	2.955109		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.092364		90.14
90.15	09013	NEUROLOGY UH	2.505457		90.15
90.16	09014	ORTHOPEDICS UH	2.793061		90.16
90.17	09015	PHYSICAL MEDICINE	2.039113		90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870		90.18
90.19	09017	INFUSION/HEM/ONC	0.210593		90.19
90.20	09025	IUMG - MH	1.774601		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000		90.21
90.22	09020	IUMG - MH	0.000000		90.22
90.24	09021	IU CANCER PAVILLION	0.000000		90.24
90.25	09022	CARDIO CLINIC	0.000000		90.25
91.00	09100	EMERGENCY	0.145128		91.00
91.01	09101	EMERGENCY-RILEY	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937		92.00
93.00	04040	FAMILY PRACTICE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.291255		94.00
95.00	09500	AMBULANCE SERVICES	0.516886		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINE ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	305,130,283		305,130,283	0	305,130,283	30.00
31.00	03100	INTENSIVE CARE UNIT	30,786,752		30,786,752	0	30,786,752	31.00
32.00	03200	CORONARY CARE UNIT	23,402,501		23,402,501	0	23,402,501	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,518,516		8,518,516	0	8,518,516	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,436,524		2,436,524	0	2,436,524	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03401	UH SURG 6IC	8,863,862		8,863,862	0	8,863,862	34.02
34.03	03402	UH NS 3IC	946,181		946,181	0	946,181	34.03
34.04	03403	RH PED IC	16,871,033		16,871,033	0	16,871,033	34.04
34.05	03404	TRANSPLANT ICU	4,041,185		4,041,185	0	4,041,185	34.05
34.06	03407	PEDS CANCER CARE	3,620,716		3,620,716	0	3,620,716	34.06
40.00	04000	SUBPROVIDER - IPF	7,176,986		7,176,986	0	7,176,986	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	8,155,150		8,155,150	0	8,155,150	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	154,784,255		154,784,255	0	154,784,255	50.00
50.01	05001	ENDOSCOPY	3,300,915		3,300,915	0	3,300,915	50.01
51.00	05100	RECOVERY ROOM	12,616,854		12,616,854	0	12,616,854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,272,923		7,272,923	0	7,272,923	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,530,571		5,530,571	0	5,530,571	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,773,136		82,773,136	0	82,773,136	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,118,928		12,118,928	0	12,118,928	55.00
56.00	05600	RADIOISOTOPE	6,217,789		6,217,789	0	6,217,789	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,663,886		4,663,886	0	4,663,886	59.00
60.00	06000	LABORATORY	74,877,445		74,877,445	0	74,877,445	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,335,444		4,335,444	0	4,335,444	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,190,996		3,190,996	0	3,190,996	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,428,363		17,428,363	0	17,428,363	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,399,324	0	38,399,324	0	38,399,324	65.00
66.00	06600	PHYSICAL THERAPY	16,958,743	0	16,958,743	0	16,958,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,950,795	0	3,950,795	0	3,950,795	67.00
68.00	06800	SPEECH PATHOLOGY	7,777,921	0	7,777,921	0	7,777,921	68.00
69.00	06900	ELECTROCARDIOLOGY	5,558,322		5,558,322	0	5,558,322	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,338,786		9,338,786	0	9,338,786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,343,873		43,343,873	0	43,343,873	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,623,292		75,623,292	0	75,623,292	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	229,938,859		229,938,859	0	229,938,859	73.00
73.01	07301	RENAL-RILEY	0		0	0	0	73.01
73.02	07302	RENAL-ADULT	0		0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	36,104,019		36,104,019	0	36,104,019	73.03
74.00	07400	RENAL DIALYSIS	14,536,740		14,536,740	0	14,536,740	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0		0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,034,116		1,034,116	0	1,034,116	76.00
76.01	03021	CARDIOLOGY	13,195,609		13,195,609	0	13,195,609	76.01
76.02	03022	PSYCH OTHER ANCILLARY	570,915		570,915	0	570,915	76.02
76.03	03023	CARDIAC CATHERIZATION	16,750,889		16,750,889	0	16,750,889	76.03
76.04	03024	DAY SURGERY	8,394,746		8,394,746	0	8,394,746	76.04
76.06	03026	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	939,828		939,828	0	939,828	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,403,145		4,403,145	0	4,403,145	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,186,490		3,186,490	0	3,186,490	90.01
90.02	09002	IUSCC HEM/ONC	40,517,470		40,517,470	0	40,517,470	90.02

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.03	09003	AMB SVC-OPTHALMOLOGY	1,097,404		1,097,404	0	1,097,404	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,514,957		1,514,957	0	1,514,957	90.04
90.05	09005	AMB SVC-DIABETES ADULT	68,692		68,692	0	68,692	90.05
90.06	09006	OUTPATIENT SURGERY	4,648,502		4,648,502	0	4,648,502	90.06
90.07	09007	AMB SVC-RILEY CLINICS	9,374,684		9,374,684	0	9,374,684	90.07
90.08	09008	MOTILITY LAB	259,510		259,510	0	259,510	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	247,093		247,093	0	247,093	90.10
90.11	09023	SLEEP LAB	5,857,827		5,857,827	0	5,857,827	90.11
90.12	09024	OP CARE ADULTS	851,958		851,958	0	851,958	90.12
90.13	09011	PEDIATRIC CLINIC	258,219		258,219	0	258,219	90.13
90.14	09012	ARTHRITIS CLINIC	341,592		341,592	0	341,592	90.14
90.15	09013	NEUROLOGY UH	1,430,295		1,430,295	0	1,430,295	90.15
90.16	09014	ORTHOPEDICS UH	893,042		893,042	0	893,042	90.16
90.17	09015	PHYSICAL MEDICINE	1,750,623		1,750,623	0	1,750,623	90.17
90.18	09016	DERMATOLOGY CLINIC	1,461,985		1,461,985	0	1,461,985	90.18
90.19	09017	INFUSION/HEM/ONC	768,591		768,591	0	768,591	90.19
90.20	09025	IUMG - MH	721,274		721,274	0	721,274	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0		0	0	0	90.21
90.22	09020	IUMG - MH	0		0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0		0	0	0	90.24
90.25	09022	CARDIO CLINIC	0		0	0	0	90.25
91.00	09100	EMERGENCY	43,655,332		43,655,332	0	43,655,332	91.00
91.01	09101	EMERGENCY-RILEY	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,190,657		16,190,657		16,190,657	92.00
93.00	04040	FAMILY PRACTICE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,368,496		3,368,496	0	3,368,496	94.00
95.00	09500	AMBULANCE SERVICES	29,238,868		29,238,868	0	29,238,868	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	52,540,574		52,540,574		52,540,574	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,431,949		13,431,949		13,431,949	105.00
106.00	10600	HEART ACQUISITION	2,552,171		2,552,171		2,552,171	106.00
107.00	10700	LIVER ACQUISITION	7,580,099		7,580,099		7,580,099	107.00
108.00	10800	LUNG ACQUISITION	3,778,773		3,778,773		3,778,773	108.00
109.00	10900	PANCREAS ACQUISITION	2,827,678		2,827,678		2,827,678	109.00
110.00	11000	INTESTINE ACQUISITION	1,848,350		1,848,350		1,848,350	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	262,445		262,445		262,445	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,646,640		5,646,640		5,646,640	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	4,754,295		4,754,295		4,754,295	116.00
200.00		Subtotal (see instructions)	1,598,807,651	0	1,598,807,651	0	1,598,807,651	200.00
201.00		Less Observation Beds	16,190,657		16,190,657		16,190,657	201.00
202.00		Total (see instructions)	1,582,616,994	0	1,582,616,994	0	1,582,616,994	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	710,326,292		710,326,292			30.00
31.00	03100	INTENSIVE CARE UNIT	71,521,630		71,521,630			31.00
32.00	03200	CORONARY CARE UNIT	51,369,666		51,369,666			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	23,039,947		23,039,947			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	5,095,986		5,095,986			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0			34.01
34.02	03401	UH SURG 6IC	18,889,416		18,889,416			34.02
34.03	03402	UH NS 3IC	418,686		418,686			34.03
34.04	03403	RH PED IC	41,585,182		41,585,182			34.04
34.05	03404	TRANSPLANT ICU	8,308,243		8,308,243			34.05
34.06	03407	PEDS CANCER CARE	8,342,084		8,342,084			34.06
40.00	04000	SUBPROVIDER - IPF	12,542,108		12,542,108			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	22,633,210		22,633,210			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	436,624,954	216,395,813	653,020,767	0.237028	0.000000	50.00
50.01	05001	ENDOSCOPY	15,229,865	7,620,587	22,850,452	0.144457	0.000000	50.01
51.00	05100	RECOVERY ROOM	33,727,735	30,866,405	64,594,140	0.195325	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	28,193,135	10,499,530	38,692,665	0.187966	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,528,368	24,284,727	27,813,095	0.198848	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	213,428,593	368,457,616	581,886,209	0.142250	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,049,457	81,415,956	86,465,413	0.140159	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,169,286	18,775,349	25,944,635	0.239656	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,077,206	13,956,991	25,034,197	0.186301	0.000000	59.00
60.00	06000	LABORATORY	392,239,403	413,357,372	805,596,775	0.092947	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,458,693	19,915,819	23,374,512	0.185477	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	6,111,741	7,905,699	14,017,440	0.227645	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	68,313,609	12,633,487	80,947,096	0.215306	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	119,567,373	2,911,152	122,478,525	0.313519	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	40,196,971	25,163,408	65,360,379	0.259465	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,501,868	3,178,567	12,680,435	0.311566	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,173,457	8,609,988	13,783,445	0.564294	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	42,483,074	19,956,902	62,439,976	0.089019	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,611,707	11,611,658	33,223,365	0.281091	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	69,775,271	37,832,555	107,607,826	0.402795	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	254,073,162	101,879,768	355,952,930	0.212453	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	439,940,908	324,379,944	764,320,852	0.300841	0.000000	73.00
73.01	07301	RENAL-RILEY	0	0	0	0.000000	0.000000	73.01
73.02	07302	RENAL-ADULT	0	0	0	0.000000	0.000000	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	60,797,881	60,797,881	0.593837	0.000000	73.03
74.00	07400	RENAL DIALYSIS	18,281,184	17,997,255	36,278,439	0.400699	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0.000000	0.000000	75.04
76.00	03020	RH NBN ECMO IC	1,870,965	0	1,870,965	0.552718	0.000000	76.00
76.01	03021	CARDIOLOGY	27,462,312	55,956,824	83,419,136	0.158184	0.000000	76.01
76.02	03022	PSYCH OTHER ANCILLARY	448,648	1,213,106	1,661,754	0.343562	0.000000	76.02
76.03	03023	CARDIAC CATHERIZATION	38,100,880	54,529,651	92,630,531	0.180836	0.000000	76.03
76.04	03024	DAY SURGERY	1,510,648	8,912,619	10,423,267	0.805385	0.000000	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	332,517	1,207,528	1,540,045	0.610260	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	2,786,432	2,786,432	1.580209	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	646,411	9,177,405	9,823,816	0.324364	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	714,526	68,668,909	69,383,435	0.583965	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	14,716	2,279,875	2,294,591	0.478257	0.000000	90.03

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.04	09004	AMB SVC-PSYCH ADULT	1,774	2,834,079	2,835,853	0.534216	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	7,105,274	10,157,244	17,262,518	0.269283	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	395,587	7,985,364	8,380,951	1.118570	0.000000	90.07
90.08	09008	MOTILITY LAB	33,932	661,803	695,735	0.373001	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	317	91,002	91,319	2.705822	0.000000	90.10
90.11	09023	SLEEP LAB	31,907	16,231,737	16,263,644	0.360179	0.000000	90.11
90.12	09024	OP CARE ADULTS	2,101	286,199	288,300	2.955109	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	66	3,698,245	3,698,311	0.092364	0.000000	90.14
90.15	09013	NEUROLOGY UH	989	569,883	570,872	2.505457	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	1,106	318,630	319,736	2.793061	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	3,857	854,665	858,522	2.039113	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	971	1,451,038	1,452,009	1.006870	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	13,289	3,636,359	3,649,648	0.210593	0.000000	90.19
90.20	09025	IUMG - MH	8,248	398,195	406,443	1.774601	0.000000	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0.000000	0.000000	90.21
90.22	09020	IUMG - MH	0	0	0	0.000000	0.000000	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0.000000	0.000000	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0.000000	0.000000	90.25
91.00	09100	EMERGENCY	93,715,285	207,090,853	300,806,138	0.145128	0.000000	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,534,355	24,144,965	27,679,320	0.584937	0.000000	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	30,073	11,535,384	11,565,457	0.291255	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	134,089	56,433,266	56,567,355	0.516886	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	89,724,434	89,724,434			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	31,895,732	0	31,895,732			105.00
106.00	10600	HEART ACQUISITION	3,820,867	0	3,820,867			106.00
107.00	10700	LIVER ACQUISITION	20,400,705	0	20,400,705			107.00
108.00	10800	LUNG ACQUISITION	7,963,958	0	7,963,958			108.00
109.00	10900	PANCREAS ACQUISITION	6,348,028	0	6,348,028			109.00
110.00	11000	INTESTINE ACQUISITION	3,609,342	0	3,609,342			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	8,678,489	8,678,489			116.00
200.00		Subtotal (see instructions)	3,468,982,945	2,491,918,612	5,960,901,557			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,468,982,945	2,491,918,612	5,960,901,557			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT			34.01
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.237028		50.00
50.01	05001	ENDOSCOPY	0.144457		50.01
51.00	05100	RECOVERY ROOM	0.195325		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.187966		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159		55.00
56.00	05600	RADIOISOTOPE	0.239656		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301		59.00
60.00	06000	LABORATORY	0.092947		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.313519		65.00
66.00	06600	PHYSICAL THERAPY	0.259465		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566		67.00
68.00	06800	SPEECH PATHOLOGY	0.564294		68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841		73.00
73.01	07301	RENAL-RILEY	0.000000		73.01
73.02	07302	RENAL-ADULT	0.000000		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837		73.03
74.00	07400	RENAL DIALYSIS	0.400699		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.04	07501	BMTU OUTPATIENT	0.000000		75.04
76.00	03020	RH NBN ECMO IC	0.552718		76.00
76.01	03021	CARDIOLOGY	0.158184		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562		76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836		76.03
76.04	03024	DAY SURGERY	0.805385		76.04
76.06	03026	DAY SURGERY-RILEY	0.000000		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	0.610260		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.580209		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.324364		90.01
90.02	09002	IUSCC HEM/ONC	0.583965		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.06	09006	OUTPATIENT SURGERY	0.269283		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.118570		90.07
90.08	09008	MOTILITY LAB	0.373001		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	2.705822		90.10
90.11	09023	SLEEP LAB	0.360179		90.11
90.12	09024	OP CARE ADULTS	2.955109		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.092364		90.14
90.15	09013	NEUROLOGY UH	2.505457		90.15
90.16	09014	ORTHOPEDICS UH	2.793061		90.16
90.17	09015	PHYSICAL MEDICINE	2.039113		90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870		90.18
90.19	09017	INFUSION/HEM/ONC	0.210593		90.19
90.20	09025	IUMG - MH	1.774601		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000		90.21
90.22	09020	IUMG - MH	0.000000		90.22
90.24	09021	IU CANCER PAVILLION	0.000000		90.24
90.25	09022	CARDIO CLINIC	0.000000		90.25
91.00	09100	EMERGENCY	0.145128		91.00
91.01	09101	EMERGENCY-RILEY	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937		92.00
93.00	04040	FAMILY PRACTICE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.291255		94.00
95.00	09500	AMBULANCE SERVICES	0.516886		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINE ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part II Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	154,784,255	18,414,539	136,369,716	0	0	50.00
50.01	05001	ENDOSCOPY	3,300,915	487,010	2,813,905	0	0	50.01
51.00	05100	RECOVERY ROOM	12,616,854	653,991	11,962,863	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,272,923	1,205,328	6,067,595	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,530,571	474,240	5,056,331	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,773,136	12,596,440	70,176,696	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,118,928	2,626,706	9,492,222	0	0	55.00
56.00	05600	RADIOISOTOPE	6,217,789	1,165,055	5,052,734	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,663,886	132,238	4,531,648	0	0	59.00
60.00	06000	LABORATORY	74,877,445	3,966,676	70,910,769	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,335,444	90,587	4,244,857	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,190,996	370,043	2,820,953	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,428,363	314,876	17,113,487	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,399,324	1,753,828	36,645,496	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,958,743	393,685	16,565,058	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,950,795	187,322	3,763,473	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,777,921	470,434	7,307,487	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,558,322	486,820	5,071,502	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,338,786	812,392	8,526,394	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,343,873	85,781	43,258,092	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,623,292	98,678	75,524,614	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	229,938,859	3,288,375	226,650,484	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	36,104,019	1,140,634	34,963,385	0	0	73.03
74.00	07400	RENAL DIALYSIS	14,536,740	712,956	13,823,784	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	1,034,116	57,132	976,984	0	0	76.00
76.01	03021	CARDIOLOGY	13,195,609	1,776,582	11,419,027	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	570,915	33,778	537,137	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	16,750,889	1,408,757	15,342,132	0	0	76.03
76.04	03024	DAY SURGERY	8,394,746	311,272	8,083,474	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	939,828	24,253	915,575	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,403,145	5,378	4,397,767	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,186,490	283,988	2,902,502	0	0	90.01
90.02	09002	IUSCC HEM/ONC	40,517,470	7,770,254	32,747,216	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,097,404	435,675	661,729	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,514,957	182,676	1,332,281	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	68,692	18,406	50,286	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,648,502	673,735	3,974,767	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	9,374,684	843,125	8,531,559	0	0	90.07
90.08	09008	MOTILITY LAB	259,510	38,305	221,205	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	247,093	47,730	199,363	0	0	90.10
90.11	09023	SLEEP LAB	5,857,827	136,364	5,721,463	0	0	90.11
90.12	09024	OP CARE ADULTS	851,958	95,526	756,432	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	258,219	68,344	189,875	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	341,592	7,987	333,605	0	0	90.14
90.15	09013	NEUROLOGY UH	1,430,295	105,301	1,324,994	0	0	90.15
90.16	09014	ORTHOPEDICS UH	893,042	89,098	803,944	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,750,623	102,638	1,647,985	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,461,985	139,438	1,322,547	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	768,591	8,097	760,494	0	0	90.19
90.20	09025	IUMG - MH	721,274	6,002	715,272	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25

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

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet C Part II Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	43,655,332	1,507,161	42,148,171	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,190,657	614,662	15,575,995	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,368,496	181,380	3,187,116	0	0	94.00
95.00	09500	AMBULANCE SERVICES	29,238,868	4,269,900	24,968,968	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	52,540,574	1,157,392	51,383,182	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,431,949	331,025	13,100,924	0	0	105.00
106.00	10600	HEART ACQUISITION	2,552,171	32,507	2,519,664	0	0	106.00
107.00	10700	LIVER ACQUISITION	7,580,099	158,774	7,421,325	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,778,773	87,520	3,691,253	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,827,678	79,960	2,747,718	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	1,848,350	21,832	1,826,518	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	262,445	798	261,647	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,646,640	439,053	5,207,587	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	4,754,295	77,138	4,677,157	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,178,857,962	75,557,577	1,103,300,385	0	0	200.00
201.00		Less Observation Beds	16,190,657	614,662	15,575,995	0	0	201.00
202.00		Total (line 200 minus line 201)	1,162,667,305	74,942,915	1,087,724,390	0	0	202.00

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

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part II Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	154,784,255	653,020,767	0.237028		50.00
50.01	05001	ENDOSCOPY	3,300,915	22,850,452	0.144457		50.01
51.00	05100	RECOVERY ROOM	12,616,854	64,594,140	0.195325		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	7,272,923	38,692,665	0.187966		53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,530,571	27,813,095	0.198848		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,773,136	581,886,209	0.142250		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,118,928	86,465,413	0.140159		55.00
56.00	05600	RADIOISOTOPE	6,217,789	25,944,635	0.239656		56.00
57.00	05700	CT SCAN	0	0	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,663,886	25,034,197	0.186301		59.00
60.00	06000	LABORATORY	74,877,445	805,596,775	0.092947		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,335,444	23,374,512	0.185477		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,190,996	14,017,440	0.227645		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,428,363	80,947,096	0.215306		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	38,399,324	122,478,525	0.313519		65.00
66.00	06600	PHYSICAL THERAPY	16,958,743	65,360,379	0.259465		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,950,795	12,680,435	0.311566		67.00
68.00	06800	SPEECH PATHOLOGY	7,777,921	13,783,445	0.564294		68.00
69.00	06900	ELECTROCARDIOLOGY	5,558,322	62,439,976	0.089019		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,338,786	33,223,365	0.281091		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,343,873	107,607,826	0.402795		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,623,292	355,952,930	0.212453		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	229,938,859	764,320,852	0.300841		73.00
73.01	07301	RENAL-RILEY	0	0	0.000000		73.01
73.02	07302	RENAL-ADULT	0	0	0.000000		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	36,104,019	60,797,881	0.593837		73.03
74.00	07400	RENAL DIALYSIS	14,536,740	36,278,439	0.400699		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000		75.04
76.00	03020	RH NBN ECMO IC	1,034,116	1,870,965	0.552718		76.00
76.01	03021	CARDIOLOGY	13,195,609	83,419,136	0.158184		76.01
76.02	03022	PSYCH OTHER ANCILLARY	570,915	1,661,754	0.343562		76.02
76.03	03023	CARDIAC CATHERIZATION	16,750,889	92,630,531	0.180836		76.03
76.04	03024	DAY SURGERY	8,394,746	10,423,267	0.805385		76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	939,828	1,540,045	0.610260		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,403,145	2,786,432	1.580209		89.00
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	3,186,490	9,823,816	0.324364		90.01
90.02	09002	IUSCC HEM/ONC	40,517,470	69,383,435	0.583965		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	1,097,404	2,294,591	0.478257		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,514,957	2,835,853	0.534216		90.04
90.05	09005	AMB SVC-DIABETES ADULT	68,692	0	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	4,648,502	17,262,518	0.269283		90.06
90.07	09007	AMB SVC-RILEY CLINICS	9,374,684	8,380,951	1.118570		90.07
90.08	09008	MOTILITY LAB	259,510	695,735	0.373001		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	247,093	91,319	2.705822		90.10
90.11	09023	SLEEP LAB	5,857,827	16,263,644	0.360179		90.11
90.12	09024	OP CARE ADULTS	851,958	288,300	2.955109		90.12
90.13	09011	PEDIATRIC CLINIC	258,219	0	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	341,592	3,698,311	0.092364		90.14
90.15	09013	NEUROLOGY UH	1,430,295	570,872	2.505457		90.15
90.16	09014	ORTHOPEDICS UH	893,042	319,736	2.793061		90.16
90.17	09015	PHYSICAL MEDICINE	1,750,623	858,522	2.039113		90.17
90.18	09016	DERMATOLOGY CLINIC	1,461,985	1,452,009	1.006870		90.18
90.19	09017	INFUSION/HEM/ONC	768,591	3,649,648	0.210593		90.19
90.20	09025	IUMG - MH	721,274	406,443	1.774601		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000		90.21
90.22	09020	IUMG - MH	0	0	0.000000		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0.000000		90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000		90.25

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

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part II Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)			
			6.00	7.00	8.00			
91.00	09100	EMERGENCY	43,655,332	300,806,138	0.145128			91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,190,657	27,679,320	0.584937			92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000			93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,368,496	11,565,457	0.291255			94.00
95.00	09500	AMBULANCE SERVICES	29,238,868	56,567,355	0.516886			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000			97.00
99.00	09900	CMHC	0	0	0.000000			99.00
99.10	09910	CORF	0	0	0.000000			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000			100.00
101.00	10100	HOME HEALTH AGENCY	52,540,574	89,724,434	0.585577			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,431,949	31,895,732	0.421121			105.00
106.00	10600	HEART ACQUISITION	2,552,171	3,820,867	0.667956			106.00
107.00	10700	LIVER ACQUISITION	7,580,099	20,400,705	0.371561			107.00
108.00	10800	LUNG ACQUISITION	3,778,773	7,963,958	0.474484			108.00
109.00	10900	PANCREAS ACQUISITION	2,827,678	6,348,028	0.445442			109.00
110.00	11000	INTESTINE ACQUISITION	1,848,350	3,609,342	0.512102			110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000			111.00
112.00	08600	OTHER ORGAN ACQUISITION	262,445	0	0.000000			112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,646,640	0	0.000000			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000			115.00
116.00	11600	HOSPICE	4,754,295	8,678,489	0.547825			116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,178,857,962	4,986,829,107				200.00
201.00		Less Observation Beds	16,190,657	0				201.00
202.00		Total (line 200 minus line 201)	1,162,667,305	4,986,829,107				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,583,836	0	11,583,836	287,271	40.32	30.00
31.00	INTENSIVE CARE UNIT	1,007,632		1,007,632	21,909	45.99	31.00
32.00	CORONARY CARE UNIT	650,067		650,067	15,296	42.50	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	329,177		329,177	8,488	38.78	32.01
33.00	BURN INTENSIVE CARE UNIT	73,008		73,008	1,477	49.43	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	UH SURG 6IC	233,446		233,446	5,614	41.58	34.02
34.03	UH NS 3IC	78,113		78,113	262	298.14	34.03
34.04	RH PED IC	510,443		510,443	9,448	54.03	34.04
34.05	TRANSPLANT ICU	141,421		141,421	2,489	56.82	34.05
34.06	PEDS CANCER CARE	319,417		319,417	2,070	154.31	34.06
40.00	SUBPROVIDER - IPF	235,340	0	235,340	6,804	34.59	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	240,608		240,608	12,100	19.88	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	15,402,508		15,402,508	373,228		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	84,785	3,418,531		30.00
31.00	INTENSIVE CARE UNIT	7,996	367,736		31.00
32.00	CORONARY CARE UNIT	6,268	266,390		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	UH SURG 6IC	2,325	96,674		34.02
34.03	UH NS 3IC	99	29,516		34.03
34.04	RH PED IC	114	6,159		34.04
34.05	TRANSPLANT ICU	793	45,058		34.05
34.06	PEDS CANCER CARE	119	18,363		34.06
40.00	SUBPROVIDER - IPF	2,061	71,290		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
45.01	ICF/MR	0	0		45.01
200.00	Total (lines 30-199)	104,560	4,319,717		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,414,539	653,020,767	0.028199	120,243,289	3,390,741	50.00
50.01	05001	ENDOSCOPY	487,010	22,850,452	0.021313	5,667,648	120,795	50.01
51.00	05100	RECOVERY ROOM	653,991	64,594,140	0.010125	9,697,583	98,188	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,205,328	38,692,665	0.031151	7,402,994	230,611	53.00
53.01	05301	PULMONARY FUNCTION TESTING	474,240	27,813,095	0.017051	536,323	9,145	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,596,440	581,886,209	0.021648	70,229,483	1,520,328	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,626,706	86,465,413	0.030379	1,531,510	46,526	55.00
56.00	05600	RADIOISOTOPE	1,165,055	25,944,635	0.044905	3,178,226	142,718	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	132,238	25,034,197	0.005282	6,908,087	36,489	59.00
60.00	06000	LABORATORY	3,966,676	805,596,775	0.004924	129,910,557	639,680	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	90,587	23,374,512	0.003875	1,040,413	4,032	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	370,043	14,017,440	0.026399	1,850,454	48,850	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	314,876	80,947,096	0.003890	19,333,854	75,209	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,753,828	122,478,525	0.014319	33,370,831	477,837	65.00
66.00	06600	PHYSICAL THERAPY	393,685	65,360,379	0.006023	15,602,821	93,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	187,322	12,680,435	0.014773	2,548,802	37,653	67.00
68.00	06800	SPEECH PATHOLOGY	470,434	13,783,445	0.034130	1,696,509	57,902	68.00
69.00	06900	ELECTROCARDIOLOGY	486,820	62,439,976	0.007797	19,929,897	155,393	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	812,392	33,223,365	0.024452	7,111,801	173,898	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,781	107,607,826	0.000797	25,743,098	20,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	98,678	355,952,930	0.000277	91,782,152	25,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,288,375	764,320,852	0.004302	132,874,690	571,627	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,140,634	60,797,881	0.018761	0	0	73.03
74.00	07400	RENAL DIALYSIS	712,956	36,278,439	0.019652	9,752,941	191,665	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	57,132	1,870,965	0.030536	0	0	76.00
76.01	03021	CARDIOLOGY	1,776,582	83,419,136	0.021297	7,165,252	152,598	76.01
76.02	03022	PSYCH OTHER ANCILLARY	33,778	1,661,754	0.020327	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	1,408,757	92,630,531	0.015208	15,241,562	231,794	76.03
76.04	03024	DAY SURGERY	311,272	10,423,267	0.029863	137,215	4,098	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	24,253	1,540,045	0.015748	129,302	2,036	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,378	2,786,432	0.001930	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	283,988	9,823,816	0.028908	20,974	606	90.01
90.02	09002	IUSCC HEM/ONC	7,770,254	69,383,435	0.111990	340,960	38,184	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	435,675	2,294,591	0.189870	12,670	2,406	90.03
90.04	09004	AMB SVC-PSYCH ADULT	182,676	2,835,853	0.064417	1,510	97	90.04
90.05	09005	AMB SVC-DIABETES ADULT	18,406	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	673,735	17,262,518	0.039029	3,347,893	130,665	90.06
90.07	09007	AMB SVC-RILEY CLINICS	843,125	8,380,951	0.100600	6,976	702	90.07
90.08	09008	MOTILITY LAB	38,305	695,735	0.055057	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	47,730	91,319	0.522673	113	59	90.10
90.11	09023	SLEEP LAB	136,364	16,263,644	0.008385	23,659	198	90.11
90.12	09024	OP CARE ADULTS	95,526	288,300	0.331342	903	299	90.12
90.13	09011	PEDIATRIC CLINIC	68,344	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	7,987	3,698,311	0.002160	0	0	90.14
90.15	09013	NEUROLOGY UH	105,301	570,872	0.184456	605	112	90.15
90.16	09014	ORTHOPEDICS UH	89,098	319,736	0.278661	554	154	90.16
90.17	09015	PHYSICAL MEDICINE	102,638	858,522	0.119552	3,276	392	90.17
90.18	09016	DERMATOLOGY CLINIC	139,438	1,452,009	0.096031	799	77	90.18
90.19	09017	INFUSION/HEM/ONC	8,097	3,649,648	0.002219	12,888	29	90.19
90.20	09025	IUMG - MH	6,002	406,443	0.014767	5,606	83	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0	0	90.24

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.25	09022	CARDIO CLINIC	0	0	0.000000	0	0	90.25
91.00	09100	EMERGENCY	1,507,161	300,806,138	0.005010	26,813,131	134,334	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	614,662	27,679,320	0.022207	612,196	13,595	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	181,380	11,565,457	0.015683	13,967	219	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	68,901,678	4,757,820,197		771,835,974	8,881,941	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part III Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	752,185	0	0	752,185	30.00
31.00	03100	INTENSIVE CARE UNIT	0	60,580	0		60,580	31.00
32.00	03200	CORONARY CARE UNIT	0	42,295	0		42,295	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	23,470	0		23,470	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,084	0		4,084	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.01
34.02	03401	UH SURG 6IC	0	15,523	0		15,523	34.02
34.03	03402	UH NS 3IC	0	724	0		724	34.03
34.04	03403	RH PED IC	0	26,125	0		26,125	34.04
34.05	03404	TRANSPLANT ICU	0	6,882	0		6,882	34.05
34.06	03407	PEDS CANCER CARE	0	5,724	0		5,724	34.06
40.00	04000	SUBPROVIDER - IPF	0	18,814	0	0	18,814	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	33,458	0		33,458	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
45.01	04510	ICF/MR	0	0	0		0	45.01
200.00		Total (lines 30-199)	0	989,864	0		989,864	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	287,271	2.62	84,785	222,137		30.00
31.00	03100	INTENSIVE CARE UNIT	21,909	2.77	7,996	22,149		31.00
32.00	03200	CORONARY CARE UNIT	15,296	2.77	6,268	17,362		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,488	2.77	0	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,477	2.77	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.01
34.02	03401	UH SURG 6IC	5,614	2.77	2,325	6,440		34.02
34.03	03402	UH NS 3IC	262	2.76	99	273		34.03
34.04	03403	RH PED IC	9,448	2.77	114	316		34.04
34.05	03404	TRANSPLANT ICU	2,489	2.76	793	2,189		34.05
34.06	03407	PEDS CANCER CARE	2,070	2.77	119	330		34.06
40.00	04000	SUBPROVIDER - IPF	6,804	2.77	2,061	5,709		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	12,100	2.77	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	373,228		104,560	276,905		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	244,393	0	244,393	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	1,736	0	1,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,183,019	0	1,183,019	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	391,257	0	391,257	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	724,282	0	724,282	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	388,604	0	388,604	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	140,066	0	140,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,940,563	0	1,940,563	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	470,384	0	470,384	73.03
74.00	07400	RENAL DIALYSIS	0	0	25	0	25	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	234	0	234	76.03
76.04	03024	DAY SURGERY	0	0	3,277	0	3,277	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	15	0	15	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	3	0	3	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	6	0	6	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	18	0	18	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII Hospital PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	0	0	551,631	0	551,631	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	39,910	0	39,910	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	6,079,423	0	6,079,423	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	244,393	653,020,767	0.000374	0.000374	120,243,289	50.00
50.01	05001	ENDOSCOPY	0	22,850,452	0.000000	0.000000	5,667,648	50.01
51.00	05100	RECOVERY ROOM	1,736	64,594,140	0.000027	0.000027	9,697,583	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,692,665	0.000000	0.000000	7,402,994	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	27,813,095	0.000000	0.000000	536,323	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,019	581,886,209	0.002033	0.002033	70,229,483	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	391,257	86,465,413	0.004525	0.004525	1,531,510	55.00
56.00	05600	RADIOISOTOPE	0	25,944,635	0.000000	0.000000	3,178,226	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,034,197	0.000000	0.000000	6,908,087	59.00
60.00	06000	LABORATORY	724,282	805,596,775	0.000899	0.000899	129,910,557	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	23,374,512	0.000000	0.000000	1,040,413	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	14,017,440	0.000000	0.000000	1,850,454	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	80,947,096	0.000000	0.000000	19,333,854	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	388,604	122,478,525	0.003173	0.003173	33,370,831	65.00
66.00	06600	PHYSICAL THERAPY	0	65,360,379	0.000000	0.000000	15,602,821	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,680,435	0.000000	0.000000	2,548,802	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,783,445	0.000000	0.000000	1,696,509	68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,439,976	0.000000	0.000000	19,929,897	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,066	33,223,365	0.004216	0.004216	7,111,801	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	107,607,826	0.000000	0.000000	25,743,098	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	355,952,930	0.000000	0.000000	91,782,152	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,940,563	764,320,852	0.002539	0.002539	132,874,690	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	470,384	60,797,881	0.007737	0.007737	0	73.03
74.00	07400	RENAL DIALYSIS	25	36,278,439	0.000001	0.000001	9,752,941	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,870,965	0.000000	0.000000	0	76.00
76.01	03021	CARDIOLOGY	0	83,419,136	0.000000	0.000000	7,165,252	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	1,661,754	0.000000	0.000000	0	76.02
76.03	03023	CARDIAC CATHERIZATION	234	92,630,531	0.000003	0.000003	15,241,562	76.03
76.04	03024	DAY SURGERY	3,277	10,423,267	0.000314	0.000314	137,215	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	1,540,045	0.000000	0.000000	129,302	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	2,786,432	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	9,823,816	0.000000	0.000000	20,974	90.01
90.02	09002	IUSCC HEM/ONC	15	69,383,435	0.000000	0.000000	340,960	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	2,294,591	0.000000	0.000000	12,670	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,835,853	0.000000	0.000000	1,510	90.04
90.05	09005	AMB SVC-DIABETES ADULT	3	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	17,262,518	0.000000	0.000000	3,347,893	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	8,380,951	0.000000	0.000000	6,976	90.07
90.08	09008	MOTILITY LAB	0	695,735	0.000000	0.000000	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	91,319	0.000000	0.000000	113	90.10
90.11	09023	SLEEP LAB	0	16,263,644	0.000000	0.000000	23,659	90.11
90.12	09024	OP CARE ADULTS	6	288,300	0.000021	0.000021	903	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3,698,311	0.000000	0.000000	0	90.14
90.15	09013	NEUROLOGY UH	0	570,872	0.000000	0.000000	605	90.15
90.16	09014	ORTHOPEDICS UH	0	319,736	0.000000	0.000000	554	90.16
90.17	09015	PHYSICAL MEDICINE	0	858,522	0.000000	0.000000	3,276	90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,452,009	0.000000	0.000000	799	90.18
90.19	09017	INFUSION/HEM/ONC	18	3,649,648	0.000005	0.000005	12,888	90.19
90.20	09025	IUMG - MH	0	406,443	0.000000	0.000000	5,606	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0.000000	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0.000000	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0.000000	0	90.24

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII Hospital PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
90.25	09022	CARDIO CLINIC	0	0	0.000000	0.000000	0	90.25
91.00	09100	EMERGENCY	551,631	300,806,138	0.001834	0.001834	26,813,131	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	39,910	27,679,320	0.001442	0.001442	612,196	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	11,565,457	0.000000	0.000000	13,967	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	6,079,423	4,757,820,197			771,835,974	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	44,971	43,227,348	16,167		50.00
50.01	05001	ENDOSCOPY	0	2,007,813	0		50.01
51.00	05100	RECOVERY ROOM	262	5,573,320	150		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,677,434	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	2,370,519	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,777	78,717,870	160,033		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,930	24,014,291	108,665		55.00
56.00	05600	RADIOISOTOPE	0	3,410,661	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,414,383	0		59.00
60.00	06000	LABORATORY	116,790	5,830,214	5,241		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	152,340	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	1,963,085	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,229,822	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	105,886	530,109	1,682		65.00
66.00	06600	PHYSICAL THERAPY	0	201,883	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	668,885	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,023,713	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,983	1,289,140	5,435		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,008,117	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,910,348	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	337,369	106,291,524	269,874		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	10	360,326	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	4,088,191	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	594,820	0		76.02
76.03	03023	CARDIAC CATHERIZATION	46	17,123,554	51		76.03
76.04	03024	DAY SURGERY	43	2,138,716	672		76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	0	338,909	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	205,376	0		90.01
90.02	09002	IUSCC HEM/ONC	0	33,153,465	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	987,971	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	379,480	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	3,970,971	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	66,891	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	55,295	0		90.10
90.11	09023	SLEEP LAB	0	3,567,822	0		90.11
90.12	09024	OP CARE ADULTS	0	71,053	1		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	1,857,833	0		90.14
90.15	09013	NEUROLOGY UH	0	249,388	0		90.15
90.16	09014	ORTHOPEDICS UH	0	111,842	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	233,916	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	426,050	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	1,275,772	6		90.19
90.20	09025	IUMG - MH	0	189,181	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0		90.21
90.22	09020	IUMG - MH	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0		90.24

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
90.25	09022	CARDIO CLINIC	0	0	0		90.25
91.00	09100	EMERGENCY	49,175	23,368,906	42,859		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	883	2,211,390	3,189		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	835,125	431,539,937	614,025		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.237028	43,227,348	0	0	10,246,092	50.00
50.01	05001	ENDOSCOPY	0.144457	2,007,813	0	0	290,043	50.01
51.00	05100	RECOVERY ROOM	0.195325	5,573,320	0	0	1,088,609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	1,677,434	0	0	315,301	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	2,370,519	0	0	471,373	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	78,717,870	0	0	11,197,617	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	24,014,291	0	0	3,365,819	55.00
56.00	05600	RADIOISOTOPE	0.239656	3,410,661	0	0	817,385	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	3,414,383	0	0	636,103	59.00
60.00	06000	LABORATORY	0.092947	5,830,214	52	0	541,901	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	152,340	0	0	28,256	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	1,963,085	0	0	446,886	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	2,229,822	11,616	0	480,094	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	530,109	1,064	0	166,199	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	201,883	0	0	52,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	668,885	0	0	377,448	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	7,023,713	0	0	625,244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	1,289,140	0	0	362,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	11,008,117	2,277	0	4,434,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	32,910,348	0	0	6,991,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	106,291,524	19,406	417,599	31,976,848	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.400699	360,326	0	0	144,382	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.552718	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0.158184	4,088,191	0	0	646,686	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	594,820	0	0	204,358	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	17,123,554	0	0	3,096,555	76.03
76.04	03024	DAY SURGERY	0.805385	2,138,716	0	0	1,722,490	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	338,909	0	0	206,823	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	205,376	0	0	66,617	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	33,153,465	0	0	19,360,463	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	987,971	0	0	472,504	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	379,480	0	0	202,724	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.269283	3,970,971	0	0	1,069,315	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.118570	66,891	0	0	74,822	90.07
90.08	09008	MOTILITY LAB	0.373001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2.705822	55,295	0	0	149,618	90.10
90.11	09023	SLEEP LAB	0.360179	3,567,822	0	0	1,285,055	90.11
90.12	09024	OP CARE ADULTS	2.955109	71,053	0	0	209,969	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.092364	1,857,833	0	0	171,597	90.14
90.15	09013	NEUROLOGY UH	2.505457	249,388	0	0	624,831	90.15
90.16	09014	ORTHOPEDICS UH	2.793061	111,842	0	0	312,382	90.16
90.17	09015	PHYSICAL MEDICINE	2.039113	233,916	0	0	476,981	90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870	426,050	0	0	428,977	90.18
90.19	09017	INFUSION/HEM/ONC	0.210593	1,275,772	0	0	268,669	90.19
90.20	09025	IUMG - MH	1.774601	189,181	0	0	335,721	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	0	0	90.21

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII Hospital PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.22	09020	IUMG - MH	0.000000	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	0	0	90.25
91.00	09100	EMERGENCY	0.145128	23,368,906	0	0	3,391,483	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937	2,211,390	0	0	1,293,524	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.291255		0			94.00
95.00	09500	AMBULANCE SERVICES	0.516886		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		431,539,937	34,415	417,599	111,128,428	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		431,539,937	34,415	417,599	111,128,428	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	5	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,501	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	334	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	917	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,838	125,631		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0		76.03
76.04	03024	DAY SURGERY	0	0		76.04
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0		90.21

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.22	09020	IUMG - MH	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0		90.25
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	9,595	125,631		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	9,595	125,631		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part II
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,414,539	653,020,767	0.028199	19,353	546	50.00
50.01	05001	ENDOSCOPY	487,010	22,850,452	0.021313	19,133	408	50.01
51.00	05100	RECOVERY ROOM	653,991	64,594,140	0.010125	3,098	31	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,205,328	38,692,665	0.031151	1,172	37	53.00
53.01	05301	PULMONARY FUNCTION TESTING	474,240	27,813,095	0.017051	782	13	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,596,440	581,886,209	0.021648	198,524	4,298	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,626,706	86,465,413	0.030379	0	0	55.00
56.00	05600	RADIOISOTOPE	1,165,055	25,944,635	0.044905	24,915	1,119	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	132,238	25,034,197	0.005282	15,768	83	59.00
60.00	06000	LABORATORY	3,966,676	805,596,775	0.004924	504,434	2,484	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	90,587	23,374,512	0.003875	1,784	7	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	370,043	14,017,440	0.026399	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	314,876	80,947,096	0.003890	6,617	26	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,753,828	122,478,525	0.014319	76,349	1,093	65.00
66.00	06600	PHYSICAL THERAPY	393,685	65,360,379	0.006023	53,617	323	66.00
67.00	06700	OCCUPATIONAL THERAPY	187,322	12,680,435	0.014773	1,533	23	67.00
68.00	06800	SPEECH PATHOLOGY	470,434	13,783,445	0.034130	11,107	379	68.00
69.00	06900	ELECTROCARDIOLOGY	486,820	62,439,976	0.007797	55,194	430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	812,392	33,223,365	0.024452	48,257	1,180	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,781	107,607,826	0.000797	19,947	16	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	98,678	355,952,930	0.000277	1,368	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,288,375	764,320,852	0.004302	739,014	3,179	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,140,634	60,797,881	0.018761	0	0	73.03
74.00	07400	RENAL DIALYSIS	712,956	36,278,439	0.019652	7,516	148	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	57,132	1,870,965	0.030536	0	0	76.00
76.01	03021	CARDIOLOGY	1,776,582	83,419,136	0.021297	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	33,778	1,661,754	0.020327	256,836	5,221	76.02
76.03	03023	CARDIAC CATHERIZATION	1,408,757	92,630,531	0.015208	15,393	234	76.03
76.04	03024	DAY SURGERY	311,272	10,423,267	0.029863	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	24,253	1,540,045	0.015748	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,378	2,786,432	0.001930	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	283,988	9,823,816	0.028908	0	0	90.01
90.02	09002	IUSCC HEM/ONC	7,770,254	69,383,435	0.111990	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	435,675	2,294,591	0.189870	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	182,676	2,835,853	0.064417	146	9	90.04
90.05	09005	AMB SVC-DIABETES ADULT	18,406	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	673,735	17,262,518	0.039029	9,533	372	90.06
90.07	09007	AMB SVC-RILEY CLINICS	843,125	8,380,951	0.100600	0	0	90.07
90.08	09008	MOTILITY LAB	38,305	695,735	0.055057	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	47,730	91,319	0.522673	0	0	90.10
90.11	09023	SLEEP LAB	136,364	16,263,644	0.008385	0	0	90.11
90.12	09024	OP CARE ADULTS	95,526	288,300	0.331342	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	68,344	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	7,987	3,698,311	0.002160	0	0	90.14
90.15	09013	NEUROLOGY UH	105,301	570,872	0.184456	0	0	90.15
90.16	09014	ORTHOPEDICS UH	89,098	319,736	0.278661	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	102,638	858,522	0.119552	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	139,438	1,452,009	0.096031	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	8,097	3,649,648	0.002219	0	0	90.19
90.20	09025	IUMG - MH	6,002	406,443	0.014767	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0	0	90.22

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2012
To 12/31/2012

Worksheet D
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000	0	0	90.25
91.00	09100	EMERGENCY	1,507,161	300,806,138	0.005010	206,151	1,033	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	27,679,320	0.000000	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	181,380	11,565,457	0.015683	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	68,287,016	4,757,820,197		2,297,541	22,692	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	244,393	0	244,393	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	1,736	0	1,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,183,019	0	1,183,019	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	391,257	0	391,257	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	724,282	0	724,282	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	388,604	0	388,604	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	140,066	0	140,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,940,563	0	1,940,563	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	470,384	0	470,384	73.03
74.00	07400	RENAL DIALYSIS	0	0	25	0	25	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	234	0	234	76.03
76.04	03024	DAY SURGERY	0	0	3,277	0	3,277	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	15	0	15	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	3	0	3	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	6	0	6	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	18	0	18	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25
91.00	09100	EMERGENCY	0	0	551,631	0	551,631	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	6,039,513	0	6,039,513	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	244,393	653,020,767	0.000374	0.000374	19,353	50.00
50.01	05001	ENDOSCOPY	0	22,850,452	0.000000	0.000000	19,133	50.01
51.00	05100	RECOVERY ROOM	1,736	64,594,140	0.000027	0.000027	3,098	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,692,665	0.000000	0.000000	1,172	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	27,813,095	0.000000	0.000000	782	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,019	581,886,209	0.002033	0.002033	198,524	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	391,257	86,465,413	0.004525	0.004525	0	55.00
56.00	05600	RADIOISOTOPE	0	25,944,635	0.000000	0.000000	24,915	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,034,197	0.000000	0.000000	15,768	59.00
60.00	06000	LABORATORY	724,282	805,596,775	0.000899	0.000899	504,434	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	23,374,512	0.000000	0.000000	1,784	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	14,017,440	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	80,947,096	0.000000	0.000000	6,617	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	388,604	122,478,525	0.003173	0.003173	76,349	65.00
66.00	06600	PHYSICAL THERAPY	0	65,360,379	0.000000	0.000000	53,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,680,435	0.000000	0.000000	1,533	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,783,445	0.000000	0.000000	11,107	68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,439,976	0.000000	0.000000	55,194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,066	33,223,365	0.004216	0.004216	48,257	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	107,607,826	0.000000	0.000000	19,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	355,952,930	0.000000	0.000000	1,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,940,563	764,320,852	0.002539	0.002539	739,014	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	470,384	60,797,881	0.007737	0.007737	0	73.03
74.00	07400	RENAL DIALYSIS	25	36,278,439	0.000001	0.000001	7,516	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,870,965	0.000000	0.000000	0	76.00
76.01	03021	CARDIOLOGY	0	83,419,136	0.000000	0.000000	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	1,661,754	0.000000	0.000000	256,836	76.02
76.03	03023	CARDIAC CATHERIZATION	234	92,630,531	0.000003	0.000003	15,393	76.03
76.04	03024	DAY SURGERY	3,277	10,423,267	0.000314	0.000314	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	1,540,045	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	2,786,432	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	9,823,816	0.000000	0.000000	0	90.01
90.02	09002	IUSCC HEM/ONC	15	69,383,435	0.000000	0.000000	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	2,294,591	0.000000	0.000000	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,835,853	0.000000	0.000000	146	90.04
90.05	09005	AMB SVC-DIABETES ADULT	3	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	17,262,518	0.000000	0.000000	9,533	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	8,380,951	0.000000	0.000000	0	90.07
90.08	09008	MOTILITY LAB	0	695,735	0.000000	0.000000	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	91,319	0.000000	0.000000	0	90.10
90.11	09023	SLEEP LAB	0	16,263,644	0.000000	0.000000	0	90.11
90.12	09024	OP CARE ADULTS	6	288,300	0.000021	0.000021	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3,698,311	0.000000	0.000000	0	90.14
90.15	09013	NEUROLOGY UH	0	570,872	0.000000	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0	319,736	0.000000	0.000000	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	858,522	0.000000	0.000000	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,452,009	0.000000	0.000000	0	90.18
90.19	09017	INFUSION/HEM/ONC	18	3,649,648	0.000005	0.000005	0	90.19
90.20	09025	IUMG - MH	0	406,443	0.000000	0.000000	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0.000000	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0.000000	0	90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0.000000	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0.000000	0.000000	0	90.25
91.00	09100	EMERGENCY	551,631	300,806,138	0.001834	0.001834	206,151	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	27,679,320	0.000000	0.000000	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	11,565,457	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	6,039,513	4,757,820,197			2,297,541	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	7	0	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	404	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	453	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	242	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	203	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,876	0	0		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0		76.03
76.04	03024	DAY SURGERY	0	0	0		76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0		90.21
90.22	09020	IUMG - MH	0	0	0		90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
90.24	09021	IU CANCER PAVILLION	0	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0	0		90.25
91.00	09100	EMERGENCY	378	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	3,563	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part V
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.237028	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.144457	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.195325	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.239656	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	0	0	0	0	59.00
60.00	06000	LABORATORY	0.092947	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	0	0	440	0	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.400699	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.552718	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0.158184	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0.805385	0	0	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.269283	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.118570	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.373001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2.705822	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.360179	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	2.955109	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.092364	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	2.505457	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	2.793061	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2.039113	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.210593	0	0	0	0	90.19
90.20	09025	IUMG - MH	1.774601	0	0	0	0	90.20

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2012
To 12/31/2012

Worksheet D
Part V
Date/Time Prepared:
9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	0	0	90.25
91.00	09100	EMERGENCY	0.145128	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.291255		0			94.00
95.00	09500	AMBULANCE SERVICES	0.516886		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	0	440	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	440	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part V
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	132	73.00
73.01	07301	RENAL-RILEY	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	76.03
76.04	03024	DAY SURGERY	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	90.19
90.20	09025	IUMG - MH	0	0	90.20

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0		90.21
90.22	09020	IUMG - MH	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0		90.25
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	0	132		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	132		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,583,836	0	11,583,836	287,271	40.32	30.00
31.00	INTENSIVE CARE UNIT	1,007,632		1,007,632	21,909	45.99	31.00
32.00	CORONARY CARE UNIT	650,067		650,067	15,296	42.50	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	329,177		329,177	8,488	38.78	32.01
33.00	BURN INTENSIVE CARE UNIT	73,008		73,008	1,477	49.43	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	UH SURG 6IC	233,446		233,446	5,614	41.58	34.02
34.03	UH NS 3IC	78,113		78,113	262	298.14	34.03
34.04	RH PED IC	510,443		510,443	9,448	54.03	34.04
34.05	TRANSPLANT ICU	141,421		141,421	2,489	56.82	34.05
34.06	PEDS CANCER CARE	319,417		319,417	2,070	154.31	34.06
40.00	SUBPROVIDER - IPF	235,340	0	235,340	6,804	34.59	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	240,608		240,608	12,100	19.88	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	15,402,508		15,402,508	373,228		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	36,605	1,475,914		30.00
31.00	INTENSIVE CARE UNIT	2,949	135,625		31.00
32.00	CORONARY CARE UNIT	2,061	87,593		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	1,144	44,364		32.01
33.00	BURN INTENSIVE CARE UNIT	199	9,837		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	UH SURG 6IC	756	31,434		34.02
34.03	UH NS 3IC	33	9,839		34.03
34.04	RH PED IC	1,271	68,672		34.04
34.05	TRANSPLANT ICU	336	19,092		34.05
34.06	PEDS CANCER CARE	279	43,052		34.06
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	1,631	32,424		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
45.01	ICF/MR	0	0		45.01
200.00	Total (lines 30-199)	47,264	1,957,846		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,414,539	653,020,767	0.028199	41,227,252	1,162,567	50.00
50.01	05001	ENDOSCOPY	487,010	22,850,452	0.021313	1,545,215	32,933	50.01
51.00	05100	RECOVERY ROOM	653,991	64,594,140	0.010125	3,187,300	32,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,205,328	38,692,665	0.031151	2,755,314	85,831	53.00
53.01	05301	PULMONARY FUNCTION TESTING	474,240	27,813,095	0.017051	650,964	11,100	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,596,440	581,886,209	0.021648	24,992,906	541,046	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,626,706	86,465,413	0.030379	707,298	21,487	55.00
56.00	05600	RADIOISOTOPE	1,165,055	25,944,635	0.044905	646,197	29,017	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	132,238	25,034,197	0.005282	542,251	2,864	59.00
60.00	06000	LABORATORY	3,966,676	805,596,775	0.004924	48,479,489	238,713	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	90,587	23,374,512	0.003875	279,026	1,081	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	370,043	14,017,440	0.026399	516,215	13,628	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	314,876	80,947,096	0.003890	8,448,978	32,867	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,753,828	122,478,525	0.014319	20,983,294	300,460	65.00
66.00	06600	PHYSICAL THERAPY	393,685	65,360,379	0.006023	5,065,427	30,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	187,322	12,680,435	0.014773	1,344,025	19,855	67.00
68.00	06800	SPEECH PATHOLOGY	470,434	13,783,445	0.034130	746,885	25,491	68.00
69.00	06900	ELECTROCARDIOLOGY	486,820	62,439,976	0.007797	4,419,301	34,457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	812,392	33,223,365	0.024452	2,856,353	69,844	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,781	107,607,826	0.000797	6,283,100	5,008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	98,678	355,952,930	0.000277	24,134,495	6,685	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,288,375	764,320,852	0.004302	59,017,392	253,893	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,140,634	60,797,881	0.018761	0	0	73.03
74.00	07400	RENAL DIALYSIS	712,956	36,278,439	0.019652	1,994,253	39,191	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	57,132	1,870,965	0.030536	428,227	13,076	76.00
76.01	03021	CARDIOLOGY	1,776,582	83,419,136	0.021297	2,755,305	58,680	76.01
76.02	03022	PSYCH OTHER ANCILLARY	33,778	1,661,754	0.020327	43,418	883	76.02
76.03	03023	CARDIAC CATHERIZATION	1,408,757	92,630,531	0.015208	2,937,965	44,681	76.03
76.04	03024	DAY SURGERY	311,272	10,423,267	0.029863	90,437	2,701	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	24,253	1,540,045	0.015748	29,120	459	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,378	2,786,432	0.001930	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	283,988	9,823,816	0.028908	76,085	2,199	90.01
90.02	09002	IUSCC HEM/ONC	7,770,254	69,383,435	0.111990	119,082	13,336	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	435,675	2,294,591	0.189870	2,043	388	90.03
90.04	09004	AMB SVC-PSYCH ADULT	182,676	2,835,853	0.064417	118	8	90.04
90.05	09005	AMB SVC-DIABETES ADULT	18,406	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	673,735	17,262,518	0.039029	819,355	31,979	90.06
90.07	09007	AMB SVC-RILEY CLINICS	843,125	8,380,951	0.100600	35,395	3,561	90.07
90.08	09008	MOTILITY LAB	38,305	695,735	0.055057	9,813	540	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	47,730	91,319	0.522673	0	0	90.10
90.11	09023	SLEEP LAB	136,364	16,263,644	0.008385	0	0	90.11
90.12	09024	OP CARE ADULTS	95,526	288,300	0.331342	559	185	90.12
90.13	09011	PEDIATRIC CLINIC	68,344	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	7,987	3,698,311	0.002160	0	0	90.14
90.15	09013	NEUROLOGY UH	105,301	570,872	0.184456	146	27	90.15
90.16	09014	ORTHOPEDICS UH	89,098	319,736	0.278661	169	47	90.16
90.17	09015	PHYSICAL MEDICINE	102,638	858,522	0.119552	284	34	90.17
90.18	09016	DERMATOLOGY CLINIC	139,438	1,452,009	0.096031	84	8	90.18
90.19	09017	INFUSION/HEM/ONC	8,097	3,649,648	0.002219	0	0	90.19
90.20	09025	IUMG - MH	6,002	406,443	0.014767	819	12	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0	0	90.24

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.25	09022	CARDIO CLINIC	0	0	0.000000	0	0	90.25
91.00	09100	EMERGENCY	1,507,161	300,806,138	0.005010	11,043,534	55,328	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	614,662	27,679,320	0.022207	488,400	10,846	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	181,380	11,565,457	0.015683	3,007	47	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	68,901,678	4,757,820,197		279,706,295	3,229,823	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part III Date/Time Prepared: 9/17/2013 8:39 am

Title XIX Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	752,185	0	0	752,185	30.00
31.00	03100	INTENSIVE CARE UNIT	0	60,580	0		60,580	31.00
32.00	03200	CORONARY CARE UNIT	0	42,295	0		42,295	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	23,470	0		23,470	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,084	0		4,084	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.01
34.02	03401	UH SURG 6IC	0	15,523	0		15,523	34.02
34.03	03402	UH NS 3IC	0	724	0		724	34.03
34.04	03403	RH PED IC	0	26,125	0		26,125	34.04
34.05	03404	TRANSPLANT ICU	0	6,882	0		6,882	34.05
34.06	03407	PEDS CANCER CARE	0	5,724	0		5,724	34.06
40.00	04000	SUBPROVIDER - IPF	0	18,814	0	0	18,814	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	33,458	0		33,458	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
45.01	04510	ICF/MR	0	0	0		0	45.01
200.00		Total (lines 30-199)	0	989,864	0		989,864	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	287,271	2.62	36,605	95,905		30.00
31.00	03100	INTENSIVE CARE UNIT	21,909	2.77	2,949	8,169		31.00
32.00	03200	CORONARY CARE UNIT	15,296	2.77	2,061	5,709		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,488	2.77	1,144	3,169		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,477	2.77	199	551		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.01
34.02	03401	UH SURG 6IC	5,614	2.77	756	2,094		34.02
34.03	03402	UH NS 3IC	262	2.76	33	91		34.03
34.04	03403	RH PED IC	9,448	2.77	1,271	3,521		34.04
34.05	03404	TRANSPLANT ICU	2,489	2.76	336	927		34.05
34.06	03407	PEDS CANCER CARE	2,070	2.77	279	773		34.06
40.00	04000	SUBPROVIDER - IPF	6,804	2.77	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	12,100	2.77	1,631	4,518		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	373,228		47,264	125,427		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	244,393	0	244,393	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	1,736	0	1,736	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,183,019	0	1,183,019	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	391,257	0	391,257	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	724,282	0	724,282	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	388,604	0	388,604	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	140,066	0	140,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,940,563	0	1,940,563	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	470,384	0	470,384	73.03
74.00	07400	RENAL DIALYSIS	0	0	25	0	25	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	234	0	234	76.03
76.04	03024	DAY SURGERY	0	0	3,277	0	3,277	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	15	0	15	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	3	0	3	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	6	0	6	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	18	0	18	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0	0	0	90.21
90.22	09020	IUMG - MH	0	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0	0	0	0	0	90.25

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	0	0	551,631	0	551,631	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	6,039,513	0	6,039,513	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	244,393	653,020,767	0.000374	0.000374	41,227,252	50.00
50.01	05001	ENDOSCOPY	0	22,850,452	0.000000	0.000000	1,545,215	50.01
51.00	05100	RECOVERY ROOM	1,736	64,594,140	0.000027	0.000027	3,187,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,692,665	0.000000	0.000000	2,755,314	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	27,813,095	0.000000	0.000000	650,964	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,183,019	581,886,209	0.002033	0.002033	24,992,906	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	391,257	86,465,413	0.004525	0.004525	707,298	55.00
56.00	05600	RADIOISOTOPE	0	25,944,635	0.000000	0.000000	646,197	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,034,197	0.000000	0.000000	542,251	59.00
60.00	06000	LABORATORY	724,282	805,596,775	0.000899	0.000899	48,479,489	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	23,374,512	0.000000	0.000000	279,026	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	14,017,440	0.000000	0.000000	516,215	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	80,947,096	0.000000	0.000000	8,448,978	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	388,604	122,478,525	0.003173	0.003173	20,983,294	65.00
66.00	06600	PHYSICAL THERAPY	0	65,360,379	0.000000	0.000000	5,065,427	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,680,435	0.000000	0.000000	1,344,025	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,783,445	0.000000	0.000000	746,885	68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,439,976	0.000000	0.000000	4,419,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	140,066	33,223,365	0.004216	0.004216	2,856,353	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	107,607,826	0.000000	0.000000	6,283,100	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	355,952,930	0.000000	0.000000	24,134,495	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,940,563	764,320,852	0.002539	0.002539	59,017,392	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	470,384	60,797,881	0.007737	0.007737	0	73.03
74.00	07400	RENAL DIALYSIS	25	36,278,439	0.000001	0.000001	1,994,253	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,870,965	0.000000	0.000000	428,227	76.00
76.01	03021	CARDIOLOGY	0	83,419,136	0.000000	0.000000	2,755,305	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	1,661,754	0.000000	0.000000	43,418	76.02
76.03	03023	CARDIAC CATHERIZATION	234	92,630,531	0.000003	0.000003	2,937,965	76.03
76.04	03024	DAY SURGERY	3,277	10,423,267	0.000314	0.000314	90,437	76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	1,540,045	0.000000	0.000000	29,120	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	2,786,432	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	9,823,816	0.000000	0.000000	76,085	90.01
90.02	09002	IUSCC HEM/ONC	15	69,383,435	0.000000	0.000000	119,082	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	2,294,591	0.000000	0.000000	2,043	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,835,853	0.000000	0.000000	118	90.04
90.05	09005	AMB SVC-DIABETES ADULT	3	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	17,262,518	0.000000	0.000000	819,355	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	8,380,951	0.000000	0.000000	35,395	90.07
90.08	09008	MOTILITY LAB	0	695,735	0.000000	0.000000	9,813	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	91,319	0.000000	0.000000	0	90.10
90.11	09023	SLEEP LAB	0	16,263,644	0.000000	0.000000	0	90.11
90.12	09024	OP CARE ADULTS	6	288,300	0.000021	0.000021	559	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3,698,311	0.000000	0.000000	0	90.14
90.15	09013	NEUROLOGY UH	0	570,872	0.000000	0.000000	146	90.15
90.16	09014	ORTHOPEDICS UH	0	319,736	0.000000	0.000000	169	90.16
90.17	09015	PHYSICAL MEDICINE	0	858,522	0.000000	0.000000	284	90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,452,009	0.000000	0.000000	84	90.18
90.19	09017	INFUSION/HEM/ONC	18	3,649,648	0.000005	0.000005	0	90.19
90.20	09025	IUMG - MH	0	406,443	0.000000	0.000000	819	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0.000000	0.000000	0	90.21
90.22	09020	IUMG - MH	0	0	0.000000	0.000000	0	90.22
90.24	09021	IU CANCER PAVILLION	0	0	0.000000	0.000000	0	90.24

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XIX Hospital PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
90.25	09022	CARDIO CLINIC	0	0	0.000000	0.000000	0	90.25
91.00	09100	EMERGENCY	551,631	300,806,138	0.001834	0.001834	11,043,534	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	27,679,320	0.000000	0.000000	488,400	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	11,565,457	0.000000	0.000000	3,007	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	6,039,513	4,757,820,197			279,706,295	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	15,419	0	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
51.00	05100	RECOVERY ROOM	86	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,811	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,201	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	43,583	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	66,580	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,042	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,845	0	0		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	2	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	9	0	0		76.03
76.04	03024	DAY SURGERY	28	0	0		76.04
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0	0		90.21
90.22	09020	IUMG - MH	0	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0	0		90.24

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
90.25	09022	CARDIO CLINIC	0	0	0		90.25
91.00	09100	EMERGENCY	20,254	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	361,860	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.237028	0	15,637,827	0	0	50.00
50.01	05001	ENDOSCOPY	0.144457	0	474,812	0	0	50.01
51.00	05100	RECOVERY ROOM	0.195325	0	2,438,728	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	0	848,353	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	0	2,328,274	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	0	28,294,489	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	0	13,480,058	0	0	55.00
56.00	05600	RADIOISOTOPE	0.239656	0	1,137,356	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	0	570,495	0	0	59.00
60.00	06000	LABORATORY	0.092947	0	26,974,554	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	0	423,565	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	0	1,003,126	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	0	1,163,310	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	0	386,805	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	0	2,258,613	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	0	585,723	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	0	882,600	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	0	2,210,555	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	0	1,541,810	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	0	2,964,307	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	0	9,032,153	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	0	22,799,369	0	0	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.400699	0	1,042,551	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.552718	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0.158184	0	3,937,097	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	0	70,915	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	0	3,792,652	0	0	76.03
76.04	03024	DAY SURGERY	0.805385	0	616,405	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	0	53,600	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.580209				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	0	499,969	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	0	5,031,837	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	0	156,876	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	0	101,442	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.269283	0	637,110	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.118570	0	1,004,209	0	0	90.07
90.08	09008	MOTILITY LAB	0.373001	0	47,211	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2.705822	0	374	0	0	90.10
90.11	09023	SLEEP LAB	0.360179	0	1,411,537	0	0	90.11
90.12	09024	OP CARE ADULTS	2.955109	0	51,808	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.092364	0	43,489	0	0	90.14
90.15	09013	NEUROLOGY UH	2.505457	0	63,186	0	0	90.15
90.16	09014	ORTHOPEDICS UH	2.793061	0	40,538	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2.039113	0	59,625	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870	0	68,109	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.210593	0	124,643	0	0	90.19
90.20	09025	IUMG - MH	1.774601	0	28,264	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	0	0	90.21

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am

Title XIX Hospital PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.22	09020	IUMG - MH	0.000000	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	0	0	90.25
91.00	09100	EMERGENCY	0.145128	0	20,283,447	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937	0	3,189,916	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.291255		407,901			94.00
95.00	09500	AMBULANCE SERVICES	0.516886	0	6,950,008			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	187,151,601	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	187,151,601	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	3,706,603	0		50.00
50.01	05001	ENDOSCOPY	68,590	0		50.01
51.00	05100	RECOVERY ROOM	476,345	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	159,462	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	462,973	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,024,891	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,889,351	0		55.00
56.00	05600	RADIOISOTOPE	272,574	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	106,284	0		59.00
60.00	06000	LABORATORY	2,507,204	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	78,562	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	228,357	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	250,468	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	121,271	0		65.00
66.00	06600	PHYSICAL THERAPY	586,031	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	182,491	0		67.00
68.00	06800	SPEECH PATHOLOGY	498,046	0		68.00
69.00	06900	ELECTROCARDIOLOGY	196,781	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	433,389	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,194,008	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,918,908	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,858,985	0		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	417,749	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	622,786	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	24,364	0		76.02
76.03	03023	CARDIAC CATHERIZATION	685,848	0		76.03
76.04	03024	DAY SURGERY	496,443	0		76.04
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	32,710	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	162,172	0		90.01
90.02	09002	IUSCC HEM/ONC	2,938,417	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	75,027	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	54,192	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	171,563	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,123,278	0		90.07
90.08	09008	MOTILITY LAB	17,610	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	1,012	0		90.10
90.11	09023	SLEEP LAB	508,406	0		90.11
90.12	09024	OP CARE ADULTS	153,098	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	4,017	0		90.14
90.15	09013	NEUROLOGY UH	158,310	0		90.15
90.16	09014	ORTHOPEDICS UH	113,225	0		90.16
90.17	09015	PHYSICAL MEDICINE	121,582	0		90.17
90.18	09016	DERMATOLOGY CLINIC	68,577	0		90.18
90.19	09017	INFUSION/HEM/ONC	26,249	0		90.19
90.20	09025	IUMG - MH	50,157	0		90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0		90.21

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.22	09020	IUMG - MH	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0		90.25
91.00	09100	EMERGENCY	2,943,696	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,865,900	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	118,803	0		94.00
95.00	09500	AMBULANCE SERVICES	3,592,362			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	42,769,127	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	42,769,127	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part V
Date/Time Prepared: 9/17/2013 8:39 am

Title XIX

Subprovider - IPF

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.237028	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.144457	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.195325	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.239656	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	0	0	0	0	59.00
60.00	06000	LABORATORY	0.092947	0	843	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	0	89	0	0	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.400699	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.552718	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0.158184	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0.805385	0	0	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.580209				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	0	31,168	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.269283	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.118570	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.373001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2.705822	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.360179	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	2.955109	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.092364	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	2.505457	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	2.793061	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2.039113	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.210593	0	0	0	0	90.19
90.20	09025	IUMG - MH	1.774601	0	0	0	0	90.20

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2012
To 12/31/2012

Worksheet D
Part V
Date/Time Prepared:
9/17/2013 8:39 am

Title XIX

Subprovider - IPF

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	0	0	90.25
91.00	09100	EMERGENCY	0.145128	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.291255		0			94.00
95.00	09500	AMBULANCE SERVICES	0.516886		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	32,100	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	32,100	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part V
Date/Time Prepared: 9/17/2013 8:39 am

Title XIX

Subprovider - IPF

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	78	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27	0		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0		76.03
76.04	03024	DAY SURGERY	0	0		76.04
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	16,650	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 9/17/2013 8:39 am
	Title XIX	Subprovider - IPF	

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0	0		90.21
90.22	09020	IUMG - MH	0	0		90.22
90.24	09021	IU CANCER PAVILLION	0	0		90.24
90.25	09022	CARDIO CLINIC	0	0		90.25
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	16,755	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	16,755	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 9/17/2013 8:39 am

	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	287,271	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	287,271	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	272,028	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	84,785	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	305,130,283	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	305,130,283	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	732,959,502	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	732,959,502	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.416299	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,694.43	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	305,130,283	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,062.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	90,056,083	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	90,056,083	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	30,786,752	21,909	1,405.21	7,996	11,236,059	43.00
44.00	CORONARY CARE UNIT	23,402,501	15,296	1,529.98	6,268	9,589,915	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	8,518,516	8,488	1,003.60	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	2,436,524	1,477	1,649.64	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	UH SURG 6IC	8,863,862	5,614	1,578.89	2,325	3,670,919	46.02
46.03	UH NS 3IC	946,181	262	3,611.38	99	357,527	46.03
46.04	RH PED IC	16,871,033	9,448	1,785.67	114	203,566	46.04
46.05	TRANSPLANT ICU	4,041,185	2,489	1,623.62	793	1,287,531	46.05
46.06	PEDS CANCER CARE	3,620,716	2,070	1,749.14	119	208,148	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	165,092,821	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	281,702,569	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	4,519,623	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,717,066	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	14,236,689	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	267,465,880	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	15,243	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,062.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	16,190,657	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	11,583,836	305,130,283	0.037964	16,190,657	614,662	90.00
91.00	Nursing School cost	0	305,130,283	0.000000	16,190,657	0	91.00
92.00	Allied health cost	752,185	305,130,283	0.002465	16,190,657	39,910	92.00
93.00	All other Medical Education	0	305,130,283	0.000000	16,190,657	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,804	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,804	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,804	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,061	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,176,986	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,176,986	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	12,542,108	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	12,542,108	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.572231	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,843.34	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,176,986	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,054.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,173,984	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,173,984	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D-1
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	514,445	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,688,429	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	76,999	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	26,255	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	103,254	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,585,175	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

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

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	235,340	7,176,986	0.032791	0	0	90.00
91.00	Nursing School cost	0	7,176,986	0.000000	0	0	91.00
92.00	Allied health cost	18,814	7,176,986	0.002621	0	0	92.00
93.00	All other Medical Education	0	7,176,986	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	Title XIX	Hospital	PPS
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			287,271 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			287,271 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			272,028 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			36,605 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			12,100 15.00
16.00	Nursery days (title V or XIX only)			1,631 16.00
	SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			305,130,283 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			305,130,283 27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			305,130,283 37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,062.17 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			38,880,733 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			38,880,733 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet D-1

Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XIX			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	8,155,150	12,100	673.98	1,631	1,099,261	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	30,786,752	21,909	1,405.21	2,949	4,143,964	43.00
44.00	CORONARY CARE UNIT	23,402,501	15,296	1,529.98	2,061	3,153,289	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	8,518,516	8,488	1,003.60	1,144	1,148,118	44.01
45.00	BURN INTENSIVE CARE UNIT	2,436,524	1,477	1,649.64	199	328,278	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	UH SURG 6IC	8,863,862	5,614	1,578.89	756	1,193,641	46.02
46.03	UH NS 3IC	946,181	262	3,611.38	33	119,176	46.03
46.04	RH PED IC	16,871,033	9,448	1,785.67	1,271	2,269,587	46.04
46.05	TRANSPLANT ICU	4,041,185	2,489	1,623.62	336	545,536	46.05
46.06	PEDS CANCER CARE	3,620,716	2,070	1,749.14	279	488,010	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	61,373,862	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	114,743,455	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,083,273	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,591,683	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,674,956	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	109,068,499	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 9/17/2013 8:39 am
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	15,243	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,062.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	16,190,657	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	11,583,836	305,130,283	0.037964	16,190,657	614,662	90.00
91.00	Nursing School cost	0	305,130,283	0.000000	16,190,657	0	91.00
92.00	Allied health cost	752,185	305,130,283	0.002465	16,190,657	39,910	92.00
93.00	All other Medical Education	0	305,130,283	0.000000	16,190,657	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII Hospital PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		181,771,625		30.00
31.00	03100	INTENSIVE CARE UNIT		26,933,927		31.00
32.00	03200	CORONARY CARE UNIT		21,332,267		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		7,973,713		34.02
34.03	03402	UH NS 3IC		166,179		34.03
34.04	03403	RH PED IC		518,603		34.04
34.05	03404	TRANSPLANT ICU		2,659,416		34.05
34.06	03407	PEDS CANCER CARE		422,616		34.06
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.237028	120,243,289	28,501,026	50.00
50.01	05001	ENDOSCOPY	0.144457	5,667,648	818,731	50.01
51.00	05100	RECOVERY ROOM	0.195325	9,697,583	1,894,180	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	7,402,994	1,391,511	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	536,323	106,647	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	70,229,483	9,990,144	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	1,531,510	214,655	55.00
56.00	05600	RADIOISOTOPE	0.239656	3,178,226	761,681	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	6,908,087	1,286,984	59.00
60.00	06000	LABORATORY	0.092947	129,910,557	12,074,797	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	1,040,413	192,973	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	1,850,454	421,247	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	19,333,854	4,162,695	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	33,370,831	10,462,390	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	15,602,821	4,048,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	2,548,802	794,120	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	1,696,509	957,330	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	19,929,897	1,774,140	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	7,111,801	1,999,063	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	25,743,098	10,369,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	91,782,152	19,499,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	132,874,690	39,974,155	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.400699	9,752,941	3,907,994	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.552718	0	0	76.00
76.01	03021	CARDIOLOGY	0.158184	7,165,252	1,133,428	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	15,241,562	2,756,223	76.03
76.04	03024	DAY SURGERY	0.805385	137,215	110,511	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	129,302	78,908	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	20,974	6,803	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	340,960	199,109	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	12,670	6,060	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	1,510	807	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.269283	3,347,893	901,531	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.118570	6,976	7,803	90.07

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.08	09008	MOTILITY LAB	0.373001	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2.705822	113	306	90.10
90.11	09023	SLEEP LAB	0.360179	23,659	8,521	90.11
90.12	09024	OP CARE ADULTS	2.955109	903	2,668	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.092364	0	0	90.14
90.15	09013	NEUROLOGY UH	2.505457	605	1,516	90.15
90.16	09014	ORTHOPEDICS UH	2.793061	554	1,547	90.16
90.17	09015	PHYSICAL MEDICINE	2.039113	3,276	6,680	90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870	799	804	90.18
90.19	09017	INFUSION/HEM/ONC	0.210593	12,888	2,714	90.19
90.20	09025	IUMG - MH	1.774601	5,606	9,948	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	90.25
91.00	09100	EMERGENCY	0.145128	26,813,131	3,891,336	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937	612,196	358,096	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.291255	13,967	4,068	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		771,835,974	165,092,821	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		771,835,974		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D-3
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		3,703,447		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.237028	19,353	4,587	50.00
50.01	05001	ENDOSCOPY	0.144457	19,133	2,764	50.01
51.00	05100	RECOVERY ROOM	0.195325	3,098	605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	1,172	220	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	782	155	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	198,524	28,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	0	0	55.00
56.00	05600	RADIOISOTOPE	0.239656	24,915	5,971	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	15,768	2,938	59.00
60.00	06000	LABORATORY	0.092947	504,434	46,886	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	1,784	331	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	6,617	1,425	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	76,349	23,937	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	53,617	13,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	1,533	478	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	11,107	6,268	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	55,194	4,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	48,257	13,565	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	19,947	8,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	1,368	291	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	739,014	222,326	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.400699	7,516	3,012	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.552718	0	0	76.00
76.01	03021	CARDIOLOGY	0.158184	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	256,836	88,239	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	15,393	2,784	76.03
76.04	03024	DAY SURGERY	0.805385	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	146	78	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.269283	9,533	2,567	90.06

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2012
To 12/31/2012

Worksheet D-3
Date/Time Prepared:
9/17/2013 8:39 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.07	09007	AMB SVC-RILEY CLINICS	1.118570	0	0	90.07
90.08	09008	MOTILITY LAB	0.373001	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2.705822	0	0	90.10
90.11	09023	SLEEP LAB	0.360179	0	0	90.11
90.12	09024	OP CARE ADULTS	2.955109	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.092364	0	0	90.14
90.15	09013	NEUROLOGY UH	2.505457	0	0	90.15
90.16	09014	ORTHOPEDICS UH	2.793061	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2.039113	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.210593	0	0	90.19
90.20	09025	IUMG - MH	1.774601	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	90.25
91.00	09100	EMERGENCY	0.145128	206,151	29,918	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.291255	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		2,297,541	514,445	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		2,297,541		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		95,846,741		30.00
31.00	03100	INTENSIVE CARE UNIT		10,749,411		31.00
32.00	03200	CORONARY CARE UNIT		6,558,756		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		5,182,980		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		490,671		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		2,038,534		34.02
34.03	03402	UH NS 3IC		83,912		34.03
34.04	03403	RH PED IC		7,455,648		34.04
34.05	03404	TRANSPLANT ICU		521,409		34.05
34.06	03407	PEDS CANCER CARE		757,563		34.06
40.00	04000	SUBPROVIDER - IPF		1,946,439		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		2,699,947		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.237028	41,227,252	9,772,013	50.00
50.01	05001	ENDOSCOPY	0.144457	1,545,215	223,217	50.01
51.00	05100	RECOVERY ROOM	0.195325	3,187,300	622,559	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	2,755,314	517,905	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	650,964	129,443	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	24,992,906	3,555,241	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	707,298	99,134	55.00
56.00	05600	RADIOISOTOPE	0.239656	646,197	154,865	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	542,251	101,022	59.00
60.00	06000	LABORATORY	0.092947	48,479,489	4,506,023	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	279,026	51,753	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	516,215	117,514	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	8,448,978	1,819,116	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	20,983,294	6,578,661	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	5,065,427	1,314,301	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	1,344,025	418,752	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	746,885	421,463	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	4,419,301	393,402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	2,856,353	802,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	6,283,100	2,530,801	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	24,134,495	5,127,446	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	59,017,392	17,754,851	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.400699	1,994,253	799,095	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.552718	428,227	236,689	76.00
76.01	03021	CARDIOLOGY	0.158184	2,755,305	435,845	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	43,418	14,917	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	2,937,965	531,290	76.03
76.04	03024	DAY SURGERY	0.805385	90,437	72,837	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	29,120	17,771	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.580209	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	76,085	24,679	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	119,082	69,540	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	2,043	977	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	118	63	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.269283	819,355	220,638	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1.118570	35,395	39,592	90.07

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 9/17/2013 8:39 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.08	09008	MOTILITY LAB	0.373001	9,813	3,660	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2.705822	0	0	90.10
90.11	09023	SLEEP LAB	0.360179	0	0	90.11
90.12	09024	OP CARE ADULTS	2.955109	559	1,652	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.092364	0	0	90.14
90.15	09013	NEUROLOGY UH	2.505457	146	366	90.15
90.16	09014	ORTHOPEDICS UH	2.793061	169	472	90.16
90.17	09015	PHYSICAL MEDICINE	2.039113	284	579	90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870	84	85	90.18
90.19	09017	INFUSION/HEM/ONC	0.210593	0	0	90.19
90.20	09025	IUMG - MH	1.774601	819	1,453	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	90.25
91.00	09100	EMERGENCY	0.145128	11,043,534	1,602,726	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937	488,400	285,683	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.291255	3,007	876	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		279,706,295	61,373,862	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		279,706,295		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2012 To 12/31/2012

Worksheet D-3
Date/Time Prepared: 9/17/2013 8:39 am

Title XIX

Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		2,067,297		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.237028	6,047	1,433	50.00
50.01	05001	ENDOSCOPY	0.144457	0	0	50.01
51.00	05100	RECOVERY ROOM	0.195325	1,780	348	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.187966	391	73	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.198848	49,095	9,762	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142250	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140159	0	0	55.00
56.00	05600	RADIOISOTOPE	0.239656	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186301	0	0	59.00
60.00	06000	LABORATORY	0.092947	235,592	21,898	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.185477	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.227645	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.215306	200	43	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.313519	7,875	2,469	65.00
66.00	06600	PHYSICAL THERAPY	0.259465	6,514	1,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311566	770	240	67.00
68.00	06800	SPEECH PATHOLOGY	0.564294	1,585	894	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089019	28,671	2,552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281091	5,665	1,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.402795	2,823	1,137	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.212453	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300841	201,128	60,508	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.593837	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.400699	11,811	4,733	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.552718	0	0	76.00
76.01	03021	CARDIOLOGY	0.158184	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.343562	43,418	14,917	76.02
76.03	03023	CARDIAC CATHERIZATION	0.180836	0	0	76.03
76.04	03024	DAY SURGERY	0.805385	0	0	76.04
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.610260	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.580209	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.324364	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.583965	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.478257	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.534216	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.269283	1,331	358	90.06

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2012
To 12/31/2012

Worksheet D-3
Date/Time Prepared:
9/17/2013 8:39 am

Title XIX

Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.07	09007	AMB SVC-RILEY CLINICS	1.118570	0	0	90.07
90.08	09008	MOTILITY LAB	0.373001	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2.705822	0	0	90.10
90.11	09023	SLEEP LAB	0.360179	0	0	90.11
90.12	09024	OP CARE ADULTS	2.955109	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.092364	0	0	90.14
90.15	09013	NEUROLOGY UH	2.505457	0	0	90.15
90.16	09014	ORTHOPEDICS UH	2.793061	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2.039113	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1.006870	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.210593	0	0	90.19
90.20	09025	IUMG - MH	1.774601	0	0	90.20
90.21	09019	AMB SVC-UH PHYSICAL MEDICINE	0.000000	0	0	90.21
90.22	09020	IUMG - MH	0.000000	0	0	90.22
90.24	09021	IU CANCER PAVILLION	0.000000	0	0	90.24
90.25	09022	CARDIO CLINIC	0.000000	0	0	90.25
91.00	09100	EMERGENCY	0.145128	122,847	17,829	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584937	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.291255	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		727,543	142,476	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		727,543		202.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Kidney		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	444,525	1,062.17	214	227,304	1.00
2.00	INTENSIVE CARE UNIT	43.00	38,853	1,405.21	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	4,826	1,529.98	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,003.60	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,649.64	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,578.89	0	0	5.02
5.03	UH NS 3IC	46.03	0	3,611.38	0	0	5.03
5.04	RH PED IC	46.04	16,017	1,785.67	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,623.62	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.14	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		504,221		214	227,304	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.237028	2,567,665	608,608	8.00
8.01	ENDOSCOPY	50.01	0.144457	25,722	3,716	8.01
9.00	RECOVERY ROOM	51.00	0.195325	209,274	40,876	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.187966	132,866	24,974	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.198848	54,726	10,882	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142250	1,196,644	170,223	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.140159	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.239656	2,334,949	559,585	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.186301	0	0	17.00
18.00	LABORATORY	60.00	0.092947	1,677,429	155,912	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.185477	12,764,573	2,367,535	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.227645	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.215306	31,622	6,808	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.313519	45,146	14,154	23.00
24.00	PHYSICAL THERAPY	66.00	0.259465	1,235	320	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.311566	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.564294	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.089019	402,969	35,872	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.281091	37,607	10,571	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.402795	150,377	60,571	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.212453	30,823	6,548	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.300841	849,275	255,497	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.593837	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.400699	410	164	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.552718	3,200	1,769	34.00
34.01	CARDIOLOGY	76.01	0.158184	672,807	106,427	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.343562	4,540	1,560	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.180836	745,473	134,808	34.03
34.04	DAY SURGERY	76.04	0.805385	8,355	6,729	34.04
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	0.610260	169	103	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.324364	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.583965	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.478257	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.534216	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

Kidney | Hospital | PPS

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.06	OUTPATIENT SURGERY	90.06	0.269283	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.118570	0	0	37.07
37.08	MOTILITY LAB	90.08	0.373001	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	2.705822	0	0	37.10
37.11	SLEEP LAB	90.11	0.360179	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.955109	2,939	8,685	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.092364	0	0	37.14
37.15	NEUROLOGY UH	90.15	2.505457	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	2.793061	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	2.039113	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.006870	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.210593	0	0	37.19
37.20	IUMG - MH	90.20	1.774601	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.145128	0	0	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.584937	22,918	13,406	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			23,973,713	4,606,303	41.00

	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	214	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			214	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	2,939	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	Kidney D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	AMB SVC-UH PHYSICAL MEDICINE	23.21	0	0.000000	0	51.21
51.22	IUMG - MH	23.22	0	0.000000	0	51.22
51.24	IU CANCER PAVILLION	23.24	0	0.000000	0	51.24
51.25	CARDIO CLINIC	23.25	0	0.000000	0	51.25
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	22,918	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		25,857		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	4,833,607		24,477,934		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	13,431,949		13,431,271		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	18,265,556		37,909,205		61.00
62.00	Total Usable Organs (see instructions)		314			62.00
63.00	Medicare Usable Organs (see instructions)		222			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.707006			64.00
65.00	Medicare Cost/Charges (see instructions)	12,913,858		26,802,035		65.00
66.00	Revenue for Organs Sold	320,007		0		66.00
67.00	Subtotal (line 65 minus line 66)	12,593,851		26,802,035		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	12,593,851	0	26,802,035	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	60	74		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	180		73.00
74.00	Total (sum of lines 70 thru 73)	60	254		74.00
75.00	Organs Transplanted	60	180	14,969,119	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	74	320,007	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	60	254		84.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Liver		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	739	1,062.17	10	10,622	1.00
2.00	INTENSIVE CARE UNIT	43.00	17,851	1,405.21	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	2,218	1,529.98	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,003.60	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,649.64	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,578.89	0	0	5.02
5.03	UH NS 3IC	46.03	0	3,611.38	0	0	5.03
5.04	RH PED IC	46.04	7,359	1,785.67	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,623.62	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.14	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		28,167		10	10,622	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.237028	235,881	55,910	8.00
8.01	ENDOSCOPY	50.01	0.144457	11,818	1,707	8.01
9.00	RECOVERY ROOM	51.00	0.195325	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.187966	9,007	1,693	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.198848	1,425	283	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142250	11,280	1,605	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.140159	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.239656	719	172	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.186301	0	0	17.00
18.00	LABORATORY	60.00	0.092947	22,380	2,080	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.185477	1,812,404	336,159	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.227645	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.215306	11,915	2,565	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.313519	16,659	5,223	23.00
24.00	PHYSICAL THERAPY	66.00	0.259465	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.311566	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.564294	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.089019	7,391	658	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.281091	1,570	441	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.402795	2,736	1,102	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.212453	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.300841	31,251	9,402	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.593837	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.400699	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.552718	1,470	812	34.00
34.01	CARDIOLOGY	76.01	0.158184	2,843	450	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.343562	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.180836	16,707	3,021	34.03
34.04	DAY SURGERY	76.04	0.805385	0	0	34.04
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	0.610260	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.324364	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.583965	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.478257	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.534216	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

Liver | Hospital | PPS

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.06	OUTPATIENT SURGERY	90.06	0.269283	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.118570	0	0	37.07
37.08	MOTILITY LAB	90.08	0.373001	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	2.705822	0	0	37.10
37.11	SLEEP LAB	90.11	0.360179	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.955109	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.092364	0	0	37.14
37.15	NEUROLOGY UH	90.15	2.505457	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	2.793061	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	2.039113	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.006870	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.210593	0	0	37.19
37.20	IUMG - MH	90.20	1.774601	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.145128	0	0	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.584937	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			2,197,456	423,283	41.00

	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	10	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			10	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

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

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	433,905		2,225,623		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	7,580,099		7,578,716		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	8,014,004		9,804,339		61.00
62.00	Total Usable Organs (see instructions)		167			62.00
63.00	Medicare Usable Organs (see instructions)		57			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.341317			64.00
65.00	Medicare Cost/Charges (see instructions)	2,735,316		3,346,388		65.00
66.00	Revenue for Organs Sold	147,037		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,588,279		3,346,388		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,588,279	0	3,346,388	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	34		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	133		73.00
74.00	Total (sum of lines 70 thru 73)	0	167		74.00
75.00	Organs Transplanted	0	133	21,050,691	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	34	147,037	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	167		84.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	391	1,062.17	5	5,311	1.00
2.00	INTENSIVE CARE UNIT	43.00	9,451	1,405.21	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	1,174	1,529.98	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,003.60	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,649.64	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,578.89	0	0	5.02
5.03	UH NS 3IC	46.03	0	3,611.38	0	0	5.03
5.04	RH PED IC	46.04	3,896	1,785.67	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,623.62	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.14	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		14,912		5	5,311	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.237028	124,878	29,600	8.00
8.01	ENDOSCOPY	50.01	0.144457	6,257	904	8.01
9.00	RECOVERY ROOM	51.00	0.195325	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.187966	4,768	896	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.198848	754	150	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142250	5,972	850	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.140159	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.239656	381	91	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.186301	0	0	17.00
18.00	LABORATORY	60.00	0.092947	11,848	1,101	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.185477	773,710	143,505	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.227645	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.215306	6,308	1,358	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.313519	8,819	2,765	23.00
24.00	PHYSICAL THERAPY	66.00	0.259465	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.311566	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.564294	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.089019	3,913	348	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.281091	831	234	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.402795	1,449	584	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.212453	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.300841	16,544	4,977	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.593837	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.400699	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.552718	778	430	34.00
34.01	CARDIOLOGY	76.01	0.158184	1,505	238	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.343562	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.180836	8,845	1,599	34.03
34.04	DAY SURGERY	76.04	0.805385	0	0	34.04
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	0.610260	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.324364	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.583965	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.478257	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.534216	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		Heart		Hospital	PPS	
		0	1.00	2.00	3.00	
37.06	OUTPATIENT SURGERY	90.06	0.269283	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.118570	0	0	37.07
37.08	MOTILITY LAB	90.08	0.373001	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	2.705822	0	0	37.10
37.11	SLEEP LAB	90.11	0.360179	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.955109	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.092364	0	0	37.14
37.15	NEUROLOGY UH	90.15	2.505457	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	2.793061	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	2.039113	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.006870	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.210593	0	0	37.19
37.20	IUMG - MH	90.20	1.774601	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.145128	0	0	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.584937	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			977,560	189,630	41.00

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

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

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

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	194,941		992,472		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,552,171		2,550,512		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,747,112		3,542,984		61.00
62.00	Total Usable Organs (see instructions)		40			62.00
63.00	Medicare Usable Organs (see instructions)		23			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.575000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,579,589		2,037,216		65.00
66.00	Revenue for Organs Sold	77,795		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,501,794		2,037,216		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,501,794	0	2,037,216	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	18		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	22		73.00
74.00	Total (sum of lines 70 thru 73)	0	40		74.00
75.00	Organs Transplanted	0	22	3,030,287	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	18	77,795	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	40		84.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Lung		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	326	1,062.17	4	4,249	1.00
2.00	INTENSIVE CARE UNIT	43.00	7,876	1,405.21	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	978	1,529.98	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,003.60	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,649.64	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,578.89	0	0	5.02
5.03	UH NS 3IC	46.03	0	3,611.38	0	0	5.03
5.04	RH PED IC	46.04	3,247	1,785.67	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,623.62	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.14	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		12,427		4	4,249	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.237028	104,065	24,666	8.00
8.01	ENDOSCOPY	50.01	0.144457	5,214	753	8.01
9.00	RECOVERY ROOM	51.00	0.195325	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.187966	3,974	747	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.198848	629	125	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142250	4,977	708	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.140159	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.239656	317	76	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.186301	0	0	17.00
18.00	LABORATORY	60.00	0.092947	9,874	918	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.185477	1,369,134	253,943	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.227645	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.215306	5,256	1,132	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.313519	7,349	2,304	23.00
24.00	PHYSICAL THERAPY	66.00	0.259465	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.311566	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.564294	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.089019	3,261	290	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.281091	693	195	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.402795	1,207	486	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.212453	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.300841	13,787	4,148	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.593837	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.400699	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.552718	649	359	34.00
34.01	CARDIOLOGY	76.01	0.158184	1,254	198	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.343562	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.180836	7,371	1,333	34.03
34.04	DAY SURGERY	76.04	0.805385	0	0	34.04
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	0.610260	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.324364	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.583965	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.478257	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.534216	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

Lung | Hospital | PPS

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.06	OUTPATIENT SURGERY	90.06	0.269283	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.118570	0	0	37.07
37.08	MOTILITY LAB	90.08	0.373001	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	2.705822	0	0	37.10
37.11	SLEEP LAB	90.11	0.360179	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.955109	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.092364	0	0	37.14
37.15	NEUROLOGY UH	90.15	2.505457	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	2.793061	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	2.039113	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.006870	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.210593	0	0	37.19
37.20	IUMG - MH	90.20	1.774601	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.145128	0	0	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.584937	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,539,011	292,381	41.00

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

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

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

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	296,630		1,551,438		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,778,773		3,777,212		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	4,075,403		5,328,650		61.00
62.00	Total Usable Organs (see instructions)		68			62.00
63.00	Medicare Usable Organs (see instructions)		40			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.588235			64.00
65.00	Medicare Cost/Charges (see instructions)	2,397,295		3,134,498		65.00
66.00	Revenue for Organs Sold	64,829		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,332,466		3,134,498		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,332,466	0	3,134,498	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	15		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	53		73.00
74.00	Total (sum of lines 70 thru 73)	0	68		74.00
75.00	Organs Transplanted	0	53	4,540,738	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	15	64,829	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	68		84.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

Pancreas | Hospital | PPS

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	239	1,062.17	3	3,187	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,775	1,405.21	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	717	1,529.98	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,003.60	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,649.64	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,578.89	0	0	5.02
5.03	UH NS 3IC	46.03	0	3,611.38	0	0	5.03
5.04	RH PED IC	46.04	2,381	1,785.67	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,623.62	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.14	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		9,112		3	3,187	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.237028	76,315	18,089	8.00
8.01	ENDOSCOPY	50.01	0.144457	3,824	552	8.01
9.00	RECOVERY ROOM	51.00	0.195325	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.187966	2,914	548	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.198848	461	92	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142250	3,649	519	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.140159	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.239656	233	56	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.186301	0	0	17.00
18.00	LABORATORY	60.00	0.092947	7,241	673	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.185477	829,864	153,921	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.227645	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.215306	3,855	830	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.313519	5,390	1,690	23.00
24.00	PHYSICAL THERAPY	66.00	0.259465	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.311566	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.564294	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.089019	2,391	213	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.281091	508	143	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.402795	885	356	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.212453	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.300841	10,110	3,042	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.593837	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.400699	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.552718	476	263	34.00
34.01	CARDIOLOGY	76.01	0.158184	920	146	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.343562	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.180836	5,405	977	34.03
34.04	DAY SURGERY	76.04	0.805385	0	0	34.04
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	0.610260	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.324364	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.583965	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.478257	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.534216	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

Pancreas | Hospital | PPS

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.06	OUTPATIENT SURGERY	90.06	0.269283	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.118570	0	0	37.07
37.08	MOTILITY LAB	90.08	0.373001	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	2.705822	0	0	37.10
37.11	SLEEP LAB	90.11	0.360179	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.955109	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.092364	0	0	37.14
37.15	NEUROLOGY UH	90.15	2.505457	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	2.793061	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	2.039113	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.006870	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.210593	0	0	37.19
37.20	IUMG - MH	90.20	1.774601	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.145128	0	0	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.584937	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			954,441	182,110	41.00

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

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

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

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	185,297		963,553		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,827,678		2,827,924		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,012,975		3,791,477		61.00
62.00	Total Usable Organs (see instructions)		62			62.00
63.00	Medicare Usable Organs (see instructions)		25			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.403226			64.00
65.00	Medicare Cost/Charges (see instructions)	1,214,910		1,528,822		65.00
66.00	Revenue for Organs Sold	47,587		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,167,323		1,528,822		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,167,323	0	1,528,822	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	11		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	52		73.00
74.00	Total (sum of lines 70 thru 73)	0	63		74.00
75.00	Organs Transplanted	0	52	10,334,288	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	11	47,587	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	63		84.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Intestinal		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	109	1,062.17	1	1,062	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,625	1,405.21	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	326	1,529.98	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,003.60	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,649.64	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,578.89	0	0	5.02
5.03	UH NS 3IC	46.03	0	3,611.38	0	0	5.03
5.04	RH PED IC	46.04	1,082	1,785.67	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,623.62	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.14	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		4,142		1	1,062	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.237028	34,688	8,222	8.00
8.01	ENDOSCOPY	50.01	0.144457	1,738	251	8.01
9.00	RECOVERY ROOM	51.00	0.195325	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.187966	1,325	249	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.198848	210	42	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142250	1,659	236	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.140159	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.239656	106	25	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.186301	0	0	17.00
18.00	LABORATORY	60.00	0.092947	3,291	306	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.185477	271,277	50,316	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.227645	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.215306	1,752	377	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.313519	2,450	768	23.00
24.00	PHYSICAL THERAPY	66.00	0.259465	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.311566	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.564294	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.089019	1,087	97	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.281091	231	65	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.402795	402	162	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.212453	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.300841	4,596	1,383	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.593837	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.400699	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.552718	216	119	34.00
34.01	CARDIOLOGY	76.01	0.158184	418	66	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.343562	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.180836	2,457	444	34.03
34.04	DAY SURGERY	76.04	0.805385	0	0	34.04
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.97	CARDIAC REHABILITATION	76.97	0.610260	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.324364	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.583965	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.478257	0	0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.534216	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		Intestinal		Hospital	PPS	
		0	1.00	2.00	3.00	
37.06	OUTPATIENT SURGERY	90.06	0.269283	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	1.118570	0	0	37.07
37.08	MOTILITY LAB	90.08	0.373001	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	2.705822	0	0	37.10
37.11	SLEEP LAB	90.11	0.360179	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.955109	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.092364	0	0	37.14
37.15	NEUROLOGY UH	90.15	2.505457	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	2.793061	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	2.039113	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	1.006870	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.210593	0	0	37.19
37.20	IUMG - MH	90.20	1.774601	0	0	37.20
37.21	AMB SVC-UH PHYSICAL MEDICINE	90.21	0.000000	0	0	37.21
37.22	IUMG - MH	90.22	0.000000	0	0	37.22
37.24	IU CANCER PAVILLION	90.24	0.000000	0	0	37.24
37.25	CARDIO CLINIC	90.25	0.000000	0	0	37.25
38.00	EMERGENCY	91.00	0.145128	0	0	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.584937	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			327,903	63,128	41.00

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

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2012 To 12/31/2012

Worksheet D-4
Date/Time Prepared: 9/17/2013 8:39 am

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

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	64,190		332,045		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,848,350		1,847,421		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,912,540		2,179,466		61.00
62.00	Total Usable Organs (see instructions)		30			62.00
63.00	Medicare Usable Organs (see instructions)		8			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.266667			64.00
65.00	Medicare Cost/Charges (see instructions)	510,011		581,192		65.00
66.00	Revenue for Organs Sold	21,587		0		66.00
67.00	Subtotal (line 65 minus line 66)	488,424		581,192		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	488,424	0	581,192	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	5		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	25		73.00
74.00	Total (sum of lines 70 thru 73)	0	30		74.00
75.00	Organs Transplanted	0	25	6,964,682	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	5	21,587	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	30		84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	158,160,542	1.00
2.00	Outlier payments for discharges. (see instructions)	21,674,268	2.00
2.01	Outlier reconciliation amount	0	2.01
3.00	Managed Care Simulated Payments	6,965,566	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,290.35	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	527.75	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	22.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	549.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	620.32	10.00
11.00	FTE count for residents in dental and podiatric programs.	18.19	11.00
12.00	Current year allowable FTE (see instructions)	567.94	12.00
13.00	Total allowable FTE count for the prior year.	557.95	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	545.90	14.00
15.00	Sum of lines 12 through 14 divided by 3.	557.26	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	557.26	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.431867	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.401227	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.401227	21.00
22.00	IME payment adjustment (see instructions)	32,635,359	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	70.57	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.001550	26.00
27.00	IME payments adjustment. (see instructions)	0.000414	27.00
28.00	IME Adjustment (see instructions)	68,362	28.00
29.00	Total IME payment (sum of lines 22 and 28)	32,703,721	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.78	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	35.24	31.00
32.00	Sum of lines 30 and 31	43.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)	24.71	33.00
34.00	Disproportionate share adjustment (see instructions)	39,081,470	34.00
	Additional payment for high percentage of ESRD beneficiary discharges		
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	251,620,001	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	251,620,001	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	16,962,747	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	9,444,866	52.00
53.00	Nursing and Allied Health Managed Care payment	250,630	53.00
54.00	Special add-on payments for new technologies	25,241	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	20,672,137	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Hospital	PPS

		1.00	
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).	271,196	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	835,125	58.00
59.00	Total (sum of amounts on lines 49 through 58)	300,081,943	59.00
60.00	Primary payer payments	287,324	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	299,794,619	61.00
62.00	Deductibles billed to program beneficiaries	10,896,324	62.00
63.00	Coinsurance billed to program beneficiaries	2,123,321	63.00
64.00	Allowable bad debts (see instructions)	-53,977	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	-37,784	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	-455,220	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	286,737,190	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.93	HVBP incentive payment (see instructions)	8,131	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)	-68,601	70.94
70.95	Recovery of Accelerated Depreciation	0	70.95
70.96	Low Volume Payment-1	0	70.96
70.97	Low Volume Payment-2	0	70.97
70.98	Low Volume Payment-3	0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	286,676,720	71.00
72.00	Interim payments	285,832,475	72.00
73.00	Tentative settlement (for contractor use only)	0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	844,245	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	14,590,831	75.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)	0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0	93.00
94.00	The rate used to calculate the Time Value of Money	0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)	0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E Part B Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	135,226	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	110,514,403	2.00
3.00	PPS payments	84,851,248	3.00
4.00	Outlier payment (see instructions)	3,134,076	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	614,025	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	135,226	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	452,014	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	452,014	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	452,014	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	316,788	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	135,226	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	88,599,349	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	2,991	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,254,399	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	71,477,185	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	3,474,830	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	74,952,015	30.00
31.00	Primary payer payments	6,986	31.00
32.00	Subtotal (line 30 minus line 31)	74,945,029	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	76,693	33.00
34.00	Allowable bad debts (see instructions)	1,540,790	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,078,553	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,373,732	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	76,100,275	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	76,100,275	40.00
41.00	Interim payments	76,541,173	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	-440,898	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	74,881	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	132	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	132	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	440	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	440	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	440	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	308	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	132	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	132	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	132	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	132	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	132	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	132	40.00
41.00	Interim payments	88	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	44	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-1 Part I Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		287,162,294		76,049,639	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0	09/04/2012	1,036,100	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	07/24/2013	1,329,819	07/24/2013	544,566	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-1,329,819		491,534	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		285,832,475		76,541,173	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		844,245		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		440,898	6.02
7.00	Total Medicare program liability (see instructions)		286,676,720		76,100,275	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,048,048		88	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	07/24/2013	22,336		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		22,336		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,070,384		88	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,520		44	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,071,904		132	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	58,283	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	102,499	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	4,456	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	339,081	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	5,960,901,557	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	437,632,365	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,626,398	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	455,926	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)	1,170,472	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,593,598	1.00
2.00	Net IPF PPS Outlier Payments	555,658	2.00
3.00	Net IPF PPS ECT Payments	51,276	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	16.20	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	1.90	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	1.90	8.00
9.00	Average Daily Census (see instructions)	18.590164	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.051393	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	81,900	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,282,432	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	2,282,432	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	2,282,432	18.00
19.00	Deductibles	113,216	19.00
20.00	Subtotal (line 18 minus line 19)	2,169,216	20.00
21.00	Coinsurance	118,948	21.00
22.00	Subtotal (line 20 minus line 21)	2,050,268	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	17,663	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	12,364	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	14,331	25.00
26.00	Subtotal (sum of lines 22 and 24)	2,062,632	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	9,272	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	2,071,904	31.00
32.00	Interim payments	2,070,384	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	1,520	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	6,764	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	555,658	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

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

Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-4 | Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			22.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts			575.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			622.56	6.00
7.00	Enter the lesser of line 5 or line 6			575.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	193.49	352.14	545.63	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	178.87	325.53	504.40	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		17.94		10.00
11.00	Total weighted FTE count	178.87	343.47		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	176.44	338.15		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	182.46	322.11		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	179.26	334.58		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	179.26	334.58		17.00
18.00	Per resident amount	82,780.49	78,397.41		18.00
19.00	Approved amount for resident costs	14,839,231	26,230,205	41,069,436	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			47.05	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.75	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			91,529.15	23.00
24.00	Multiply line 22 time line 23			160,176	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			41,229,612	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	104,560	4,456		26.00
27.00	Total Inpatient Days (see instructions)	345,885	345,885		27.00
28.00	Ratio of inpatient days to total inpatient days	0.302297	0.012883		28.00
29.00	Program direct GME amount	12,463,588	531,161		29.00
30.00	Reduction for direct GME payments for Medicare managed care		75,053		30.00
31.00	Net Program direct GME amount			12,919,696	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	25	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	47,843,896	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000001	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	284,390,998	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	20,672,137	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	287,324	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	304,775,811	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	112,136,139	42.00
43.00	Primary payer payments (see instructions)	6,986	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	112,129,153	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	416,904,964	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.731044	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.268956	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	12,919,696	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	9,444,866	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	3,474,830	50.00

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

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet G

Date/Time Prepared: 9/17/2013 8:39 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	472,913,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	466,231,000	0	0	0	4.00
5.00	Other receivable	427,519,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-181,083,000	0	0	0	6.00
7.00	Inventory	45,848,000	0	0	0	7.00
8.00	Prepaid expenses	21,504,000	0	0	0	8.00
9.00	Other current assets	386,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,253,318,000	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	140,152,000	0	0	0	12.00
13.00	Land improvements	38,201,000	0	0	0	13.00
14.00	Accumulated depreciation	-17,312,000	0	0	0	14.00
15.00	Buildings	1,755,166,000	0	0	0	15.00
16.00	Accumulated depreciation	-726,086,000	0	0	0	16.00
17.00	Leasehold improvements	12,070,000	0	0	0	17.00
18.00	Accumulated depreciation	-9,376,000	0	0	0	18.00
19.00	Fixed equipment	43,610,000	0	0	0	19.00
20.00	Accumulated depreciation	-29,113,000	0	0	0	20.00
21.00	Automobiles and trucks	2,548,000	0	0	0	21.00
22.00	Accumulated depreciation	-1,567,000	0	0	0	22.00
23.00	Major movable equipment	1,174,247,606	0	0	0	23.00
24.00	Accumulated depreciation	-796,784,787	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	148,364,394	0	0	0	27.00
28.00	Accumulated depreciation	-128,096,213	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,606,024,000	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	9,367,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,367,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,868,709,000	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	597,559,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	116,352,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,722,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	25,304,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	743,937,000	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	331,930,000	0	0	0	48.00
49.00	Other long term liabilities	64,135,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	396,065,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	1,140,002,000	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,728,707,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,728,707,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,868,709,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-1 | Date/Time Prepared: 9/17/2013 8:39 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		966,050,483		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		762,656,517				2.00
3.00	Total (sum of line 1 and line 2)		1,728,707,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,728,707,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,728,707,000		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-2 Parts I & II Date/Time Prepared: 9/17/2013 8:39 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	732,959,502		732,959,502	1.00
2.00	SUBPROVIDER - IPF	12,542,108		12,542,108	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	745,501,610		745,501,610	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	71,521,630		71,521,630	11.00
12.00	CORONARY CARE UNIT	51,369,666		51,369,666	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	23,039,947		23,039,947	12.01
13.00	BURN INTENSIVE CARE UNIT	5,095,986		5,095,986	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	SURGICAL INTENSIVE CARE UNIT	0		0	14.01
14.02	UH SURG 6IC	18,889,416		18,889,416	14.02
14.03	UH NS 3IC	418,686		418,686	14.03
14.04	RH PED IC	41,585,182		41,585,182	14.04
14.05	TRANSPLANT ICU	8,308,243		8,308,243	14.05
14.06	PEDS CANCER CARE	8,342,084		8,342,084	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	228,570,840		228,570,840	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	974,072,450		974,072,450	17.00
18.00	Ancillary services	2,314,482,987	1,962,224,223	4,276,707,210	18.00
19.00	Outpatient services	180,291,894	372,073,286	552,365,180	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	2,786,432	2,786,432	21.00
22.00	HOME HEALTH AGENCY		89,724,434	89,724,434	22.00
23.00	AMBULANCE SERVICES	134,089	56,433,266	56,567,355	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	1	8,678,488	8,678,489	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,468,981,421	2,491,920,129	5,960,901,550	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,927,596,689		29.00
30.00	HOME OFFICE EXPENSE	914,731,663			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		914,731,663		36.00
37.00	NON AHC OPERATION (HO ALLOCATIONS)	424,031,080			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		424,031,080		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,418,297,272		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-3 | Date/Time Prepared: 9/17/2013 8:39 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,960,901,550	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,535,516,761	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,425,384,789	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,418,297,272	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,087,517	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	219,470,000	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISCELLANEOUS INCOME	588,709,000	24.00
25.00	Total other income (sum of lines 6-24)	808,179,000	25.00
26.00	Total (line 5 plus line 25)	815,266,517	26.00
27.00	ED & RESEARCH SUPPORT - IU	52,610,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	52,610,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	762,656,517	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2012 To 12/31/2012

Worksheet H
Date/Time Prepared: 9/17/2013 8:39 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	7,253,498	1,331,405	0	0	1,317,434	9,902,337	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,098,031	299,257	0	0	103,487	5,500,775	6.00
7.00	Physical Therapy	2,035,054	114,126	0	0	12,167	2,161,347	7.00
8.00	Occupational Therapy	427,340	37,228	0	0	8,705	473,273	8.00
9.00	Speech Pathology	68,315	3,165	0	0	1,010	72,490	9.00
10.00	Medical Social Services	113,393	6,252	0	0	945	120,590	10.00
11.00	Home Health Aide	329,169	11,430	0	0	1,821	342,420	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	1,353,887	110,507	0	0	2,250,125	3,714,519	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	5,053,548	444,212	0	0	10,629,386	16,127,146	23.00
24.00	Total (sum of lines 1-23)	21,732,235	2,357,582	0	0	14,325,080	38,414,897	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	9,902,337	0	9,902,337			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	5,500,775	0	5,500,775			6.00
7.00	Physical Therapy	0	2,161,347	0	2,161,347			7.00
8.00	Occupational Therapy	0	473,273	0	473,273			8.00
9.00	Speech Pathology	0	72,490	0	72,490			9.00
10.00	Medical Social Services	0	120,590	0	120,590			10.00
11.00	Home Health Aide	0	342,420	0	342,420			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	3,714,519	0	3,714,519			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	16,127,146	0	16,127,146			23.00
24.00	Total (sum of lines 1-23)	0	38,414,897	0	38,414,897			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2012 To 12/31/2012

Worksheet H-1 Part I
Date/Time Prepared: 9/17/2013 8:39 am

Home Health Agency I | PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	9,902,337	0	0	0	0	9,902,337	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	5,500,775	0	0	0	0	5,500,775	6.00
7.00	Physical Therapy	2,161,347	0	0	0	0	2,161,347	7.00
8.00	Occupational Therapy	473,273	0	0	0	0	473,273	8.00
9.00	Speech Pathology	72,490	0	0	0	0	72,490	9.00
10.00	Medical Social Services	120,590	0	0	0	0	120,590	10.00
11.00	Home Health Aide	342,420	0	0	0	0	342,420	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	3,714,519	0	0	0	0	3,714,519	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	16,127,146	0	0	0	0	16,127,146	23.00
24.00	Total (sum of lines 1-23)	38,414,897	0	0	0	0	38,414,897	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	9,902,337		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,910,403	7,411,178	6.00
7.00	Physical Therapy	750,629	2,911,976	7.00
8.00	Occupational Therapy	164,366	637,639	8.00
9.00	Speech Pathology	25,176	97,666	9.00
10.00	Medical Social Services	41,881	162,471	10.00
11.00	Home Health Aide	118,921	461,341	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	1,290,041	5,004,560	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	5,600,920	21,728,066	23.00
24.00	Total (sum of lines 1-23)		38,414,897	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-1
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I

PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-9,902,337	28,512,560	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	5,500,775	6.00
7.00	Physical Therapy	0	0	0	0	0	2,161,347	7.00
8.00	Occupational Therapy	0	0	0	0	0	473,273	8.00
9.00	Speech Pathology	0	0	0	0	0	72,490	9.00
10.00	Medical Social Services	0	0	0	0	0	120,590	10.00
11.00	Home Health Aide	0	0	0	0	0	342,420	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	3,714,519	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	16,127,146	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-9,902,337	28,512,560	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		9,902,337	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.347297	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I

PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		0	1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	0	212,343	0	841,327	4,796,749	1,120	1.00
2.00	Skilled Nursing Care	7,411,178	0	0	0	0	0	2.00
3.00	Physical Therapy	2,911,976	0	0	0	0	0	3.00
4.00	Occupational Therapy	637,639	0	0	0	0	0	4.00
5.00	Speech Pathology	97,666	0	0	0	0	0	5.00
6.00	Medical Social Services	162,471	0	0	0	0	0	6.00
7.00	Home Health Aide	461,341	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	5,004,560	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	21,728,066	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	38,414,897	212,343	0	841,327	4,796,749	1,120	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	2,604,354	2	0	442,341	8,898,236	688,385	1.00
2.00	Skilled Nursing Care	0	0	0	0	7,411,178	573,344	2.00
3.00	Physical Therapy	0	0	0	0	2,911,976	225,276	3.00
4.00	Occupational Therapy	0	0	0	0	637,639	49,329	4.00
5.00	Speech Pathology	0	0	0	0	97,666	7,556	5.00
6.00	Medical Social Services	0	0	0	0	162,471	12,569	6.00
7.00	Home Health Aide	0	0	0	0	461,341	35,690	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	5,004,560	387,163	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	21,728,066	1,680,927	19.00
20.00	Total (sum of lines 1-19) (2)	2,604,354	2	0	442,341	47,313,133	3,660,239	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I — PPS

	Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.00	6.03	7.00	7.01	8.00	9.00	
1.00	Administrative and General	148,849	0	337,250	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	148,849	0	337,250	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		9.01	9.02	9.03	10.00	11.00	12.00	
1.00	Administrative and General	932	2,686	3,308	0	94,619	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	932	2,686	3,308	0	94,619	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I

PPS

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	699,512	16	0	231,758	0	48,272	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	699,512	16	0	231,758	0	48,272	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I | PPS

	Cost Center Description	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	ALLIED HEALTH	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	
		23.02	23.03	23.04	23.05	23.06	23.07	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.08	23.09	23.10	23.11	24.00	25.00	
1.00	Administrative and General	0	0	0	0	11,153,823	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	7,984,522	0	2.00
3.00	Physical Therapy	0	0	0	0	3,137,252	0	3.00
4.00	Occupational Therapy	0	0	0	0	686,968	0	4.00
5.00	Speech Pathology	0	0	0	0	105,222	0	5.00
6.00	Medical Social Services	0	0	0	0	175,040	0	6.00
7.00	Home Health Aide	0	0	0	0	497,031	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	5,391,723	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	23,408,993	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	52,540,574	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I

PPS

	Cost Center Description	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		26.00	27.00	28.00			
1.00	Administrative and General	11,153,823					1.00
2.00	Skilled Nursing Care	7,984,522	2,151,845	10,136,367			2.00
3.00	Physical Therapy	3,137,252	845,496	3,982,748			3.00
4.00	Occupational Therapy	686,968	185,139	872,107			4.00
5.00	Speech Pathology	105,222	28,358	133,580			5.00
6.00	Medical Social Services	175,040	47,174	222,214			6.00
7.00	Home Health Aide	497,031	133,951	630,982			7.00
8.00	Supplies (see instructions)	0	0	0			8.00
9.00	Drugs	0	0	0			9.00
10.00	DME	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0			11.00
12.00	Respiratory Therapy	5,391,723	1,453,080	6,844,803			12.00
13.00	Private Duty Nursing	0	0	0			13.00
14.00	Clinic	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0			15.00
16.00	Day Care Program	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0			17.00
18.00	Homemaker Service	0	0	0			18.00
19.00	All Others (specify)	23,408,993	6,308,780	29,717,773			19.00
20.00	Total (sum of lines 1-19) (2)	52,540,574	11,153,823	52,540,574			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.269502				21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	
		1.00	1.01	2.00	4.00	5.01	5.02	
1.00	Administrative and General	24,337	0	433,346	21,189,394	560	560	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	24,337	0	433,346	21,189,394	560	560	20.00
21.00	Total cost to be allocated	212,343	0	841,327	4,796,749	1,120	2,604,354	21.00
22.00	Unit cost multiplier	8.725110	0.000000	1.941467	0.226375	2.000000	4,650.632143	22.00

	Cost Center Description	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	25	0	89,724,434	0	8,898,236	24,337	1.00
2.00	Skilled Nursing Care	0	0	0	0	7,411,178	0	2.00
3.00	Physical Therapy	0	0	0	0	2,911,976	0	3.00
4.00	Occupational Therapy	0	0	0	0	637,639	0	4.00
5.00	Speech Pathology	0	0	0	0	97,666	0	5.00
6.00	Medical Social Services	0	0	0	0	162,471	0	6.00
7.00	Home Health Aide	0	0	0	0	461,341	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	5,004,560	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	21,728,066	0	19.00
20.00	Total (sum of lines 1-19)	25	0	89,724,434		47,313,133	24,337	20.00
21.00	Total cost to be allocated	2	0	442,341		3,660,239	148,849	21.00
22.00	Unit cost multiplier	0.080000	0.000000	0.004930		0.077362	6.116161	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I | PPS

	Cost Center Description	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)	
		6.03	7.00	7.01	8.00	9.00	9.01	
1.00	Administrative and General	0	24,337	0	0	0	259	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	24,337	0	0	0	259	20.00
21.00	Total cost to be allocated	0	337,250	0	0	0	932	21.00
22.00	Unit cost multiplier	0.000000	13.857501	0.000000	0.000000	0.000000	3.598456	22.00

	Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		9.02	9.03	10.00	11.00	12.00	13.00	
1.00	Administrative and General	757	805	0	368	0	78	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	757	805	0	368	0	78	20.00
21.00	Total cost to be allocated	2,686	3,308	0	94,619	0	699,512	21.00
22.00	Unit cost multiplier	3.548217	4.109317	0.000000	257.116848	0.000000	8,968.102564	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
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To 12/31/2012

Worksheet H-2
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Home Health Agency I | PPS

	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	25	0	89,724,434	0	89,724,434	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	25	0	89,724,434	0	89,724,434	0	20.00
21.00	Total cost to be allocated	16	0	231,758	0	48,272	0	21.00
22.00	Unit cost multiplier	0.640000	0.000000	0.002583	0.000000	0.000538	0.000000	22.00

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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Worksheet H-2
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9/17/2013 8:39 am

Home Health Agency I | PPS

	Cost Center Description	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	
		23.03	23.04	23.05	23.06	23.07	23.08	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2012 To 12/31/2012

Worksheet H-3 Part I
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	10,136,367		10,136,367	37,884	267.56	1.00
2.00	Physical Therapy	3.00	3,982,748	0	3,982,748	16,778	237.38	2.00
3.00	Occupational Therapy	4.00	872,107	0	872,107	3,229	270.09	3.00
4.00	Speech Pathology	5.00	133,580	0	133,580	625	213.73	4.00
5.00	Medical Social Services	6.00	222,214		222,214	503	441.78	5.00
6.00	Home Health Aide	7.00	630,982		630,982	10,433	60.48	6.00
7.00	Total (sum of lines 1-6)		15,977,998	0	15,977,998	69,452		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		11300	192	117			8.00
8.01	Skilled Nursing Care		14020	53	35			8.01
8.02	Skilled Nursing Care		18020	0	0			8.02
8.03	Skilled Nursing Care		23844	28	4			8.03
8.04	Skilled Nursing Care		26900	2,572	1,740			8.04
8.05	Skilled Nursing Care		29020	383	149			8.05
8.06	Skilled Nursing Care		29140	1,108	634			8.06
8.07	Skilled Nursing Care		31140	0	0			8.07
8.08	Skilled Nursing Care		34620	1,655	816			8.08
8.09	Skilled Nursing Care		99915	2,231	2,096			8.09
9.00	Physical Therapy		11300	125	80			9.00
9.01	Physical Therapy		14020	55	27			9.01
9.02	Physical Therapy		18020	10	0			9.02
9.03	Physical Therapy		23844	8	10			9.03
9.04	Physical Therapy		26900	1,739	1,070			9.04
9.05	Physical Therapy		29020	370	147			9.05
9.06	Physical Therapy		29140	766	538			9.06
9.07	Physical Therapy		31140	0	0			9.07
9.08	Physical Therapy		34620	470	228			9.08
9.09	Physical Therapy		99915	1,385	1,087			9.09
10.00	Occupational Therapy		11300	21	13			10.00
10.01	Occupational Therapy		14020	2	5			10.01
10.02	Occupational Therapy		18020	7	0			10.02
10.03	Occupational Therapy		23844	0	0			10.03
10.04	Occupational Therapy		26900	595	312			10.04
10.05	Occupational Therapy		29020	43	32			10.05
10.06	Occupational Therapy		29140	72	45			10.06
10.07	Occupational Therapy		31140	0	0			10.07
10.08	Occupational Therapy		34620	111	33			10.08
10.09	Occupational Therapy		99915	102	102			10.09
11.00	Speech Pathology		11300	4	0			11.00
11.01	Speech Pathology		14020	0	0			11.01
11.02	Speech Pathology		18020	1	0			11.02
11.03	Speech Pathology		23844	0	0			11.03
11.04	Speech Pathology		26900	53	55			11.04
11.05	Speech Pathology		29020	13	18			11.05
11.06	Speech Pathology		29140	9	8			11.06
11.07	Speech Pathology		31140	0	0			11.07
11.08	Speech Pathology		34620	15	21			11.08
11.09	Speech Pathology		99915	11	32			11.09
12.00	Medical Social Services		11300	0	2			12.00
12.01	Medical Social Services		14020	0	0			12.01
12.02	Medical Social Services		18020	0	0			12.02
12.03	Medical Social Services		23844	0	0			12.03
12.04	Medical Social Services		26900	80	55			12.04
12.05	Medical Social Services		29020	1	3			12.05
12.06	Medical Social Services		29140	7	7			12.06
12.07	Medical Social Services		31140	0	0			12.07
12.08	Medical Social Services		34620	4	6			12.08
12.09	Medical Social Services		99915	20	46			12.09
13.00	Home Health Aide		11300	80	294			13.00
13.01	Home Health Aide		14020	9	51			13.01
13.02	Home Health Aide		18020	0	0			13.02

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2012 To 12/31/2012

Worksheet H-3 Part I
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
13.03	Home Health Aide		23844	3	0			13.03
13.04	Home Health Aide		26900	396	281			13.04
13.05	Home Health Aide		29020	57	314			13.05
13.06	Home Health Aide		29140	273	209			13.06
13.07	Home Health Aide		31140	0	0			13.07
13.08	Home Health Aide		34620	507	426			13.08
13.09	Home Health Aide		99915	552	1,624			13.09
14.00	Total (sum of lines 8-13)			16,198	12,772			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance	Cost of Services: Part A	Cost of Services: Part B Not Subject to Deductibles & Coinsurance	Cost of Services: Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	8,222	5,591		2,199,878	1,495,928		1.00
2.00	Physical Therapy	4,928	3,187		1,169,809	756,530		2.00
3.00	Occupational Therapy	953	542		257,396	146,389		3.00
4.00	Speech Pathology	106	134		22,655	28,640		4.00
5.00	Medical Social Services	112	119		49,479	52,572		5.00
6.00	Home Health Aide	1,877	3,199		113,521	193,476		6.00
7.00	Total (sum of lines 1-6)	16,198	12,772		3,812,738	2,673,535		7.00

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
8.07	Skilled Nursing Care							8.07
8.08	Skilled Nursing Care							8.08
8.09	Skilled Nursing Care							8.09
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
9.07	Physical Therapy							9.07
9.08	Physical Therapy							9.08
9.09	Physical Therapy							9.09
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
10.07	Occupational Therapy							10.07
10.08	Occupational Therapy							10.08
10.09	Occupational Therapy							10.09
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
11.07	Speech Pathology							11.07
11.08	Speech Pathology							11.08
11.09	Speech Pathology							11.09
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
12.07	Medical Social Services							12.07
12.08	Medical Social Services							12.08
12.09	Medical Social Services							12.09
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
13.07	Home Health Aide							13.07
13.08	Home Health Aide							13.08
13.09	Home Health Aide							13.09
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies							15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	

	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	3,695,806	1.00
2.00	Physical Therapy	1,926,339	2.00
3.00	Occupational Therapy	403,785	3.00
4.00	Speech Pathology	51,295	4.00
5.00	Medical Social Services	102,051	5.00
6.00	Home Health Aide	306,997	6.00
7.00	Total (sum of lines 1-6)	6,486,273	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description					
		12.00				
	Limitation Cost Computation					
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
8.06	Skilled Nursing Care					8.06
8.07	Skilled Nursing Care					8.07
8.08	Skilled Nursing Care					8.08
8.09	Skilled Nursing Care					8.09
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
9.06	Physical Therapy					9.06
9.07	Physical Therapy					9.07
9.08	Physical Therapy					9.08
9.09	Physical Therapy					9.09
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
10.06	Occupational Therapy					10.06
10.07	Occupational Therapy					10.07
10.08	Occupational Therapy					10.08
10.09	Occupational Therapy					10.09
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
11.06	Speech Pathology					11.06
11.07	Speech Pathology					11.07
11.08	Speech Pathology					11.08
11.09	Speech Pathology					11.09
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
12.06	Medical Social Services					12.06
12.07	Medical Social Services					12.07
12.08	Medical Social Services					12.08
12.09	Medical Social Services					12.09
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
13.06	Home Health Aide					13.06
13.07	Home Health Aide					13.07
13.08	Home Health Aide					13.08
13.09	Home Health Aide					13.09
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.259465	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.311566	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.564294	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.402795	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.300841	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	0.000000	0	0	col. 2, line 16.01		5.01
5.02	Cost of Drugs 2	73.02	0.000000	0	0	col. 2, line 16.02		5.02
5.03	Cost of Drugs 3	73.03	0.593837	0	0	col. 2, line 16.03		5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-4
Part I-II
Date/Time Prepared:
9/17/2013 8:39 am

Title XVIII | Home Health Agency I | PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	3,270,775	2,388,215	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	3,270,775	2,388,215	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	3,270,775	2,388,215	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	2,570,943	1,761,605	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	11,046	21,224	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	52,970	49,711	13.00
14.00	Total PPS Reimbursement - PEP Episodes	25,343	18,707	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	5,612	10,623	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	2,665,914	1,861,870	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	2,665,914	1,861,870	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	2,665,914	1,861,870	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Home Health Agency I	PPS

		Part A Services	Part B Services	
		1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)	2,665,914	1,861,870	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	2,665,914	1,861,870	31.00
32.00	Interim payments (see instructions)	2,665,914	1,861,869	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	35.00

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

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2012 To 12/31/2012

Worksheet H-5
Date/Time Prepared: 9/17/2013 8:39 am

		Home Health Agency I	PPS
		Inpatient Part A	Part B
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,665,914		1,861,869	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		2,665,914		1,861,869	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,665,914		1,861,870	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 9/17/2013 8:39 am
		Home Health Agency I	PPS

				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 150056
Component CCN: 153510

Period:
From 01/01/2012
To 12/31/2012

Worksheet I-1
Date/Time Prepared:
9/17/2013 8:39 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	4,369,630	Hours of Service	123,238.00	59.25	1.00
2.00	Licensed Practical Nurses	37,675	Hours of Service	2,336.00	1.12	2.00
3.00	Nurses Aides	23,575	Hours of Service	1,795.00	0.86	3.00
4.00	Technicians	1,309,179	Hours of Service	77,866.00	37.44	4.00
5.00	Social Workers	67,355	Hours of Service	2,611.00	1.26	5.00
6.00	Dieticians	97,053	Hours of Service	3,611.00	1.74	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	612,930	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	6,517,397				9.00
10.00	Employee Benefits	485,802	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	155,613	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	580,057	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	7,738,869				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	310,291	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	340,230	Percentage of Time			19.00
20.00	Employee Benefits	1,475,376	Salary			20.00
21.00	Administrative & General	1,743,144	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	842,290	Square Feet			22.00
23.00	Medical Education Program Costs	25				23.00
24.00	Central Service & Supplies	1,438,746	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	647,769	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	14,536,740				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	14,536,740				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056
Component CCN: 153510

Period: From 01/01/2012 To 12/31/2012

Worksheet I-2
Date/Time Prepared: 9/17/2013 8:39 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,152,581	495,843	4,369,630	1,534,837	1,961,178	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	937,195	403,184	3,553,066	1,248,018	1,594,687	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	96	41	363	127	163	0	6.00
7.00	CCDP	1,753	754	6,648	2,335	2,984	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	11,764	5,061	44,599	15,666	20,017	0	10.00
11.00	CCDP	201,773	86,803	764,954	268,691	343,327	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	1,152,581	495,843	4,369,630	1,534,837	1,961,178	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,438,746	0	10,952,815	3,583,900	14,536,715		1.00
	MAINTENANCE							
2.00	Hemodialysis	1,169,884	0	8,906,034	2,914,167	11,820,201		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	119	0	909	297	1,206		6.00
7.00	CCDP	2,189	0	16,663	5,452	22,115		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	14,685	0	111,792	36,580	148,372		10.00
11.00	CCDP	251,869	0	1,917,417	627,404	2,544,821		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	1,438,746	0	10,952,815	3,583,900	14,536,715		17.00
18.00	Medical Educational Program Costs					25		18.00
19.00	Total Renal Costs (line 17 + line 18)					14,536,740		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Component CCN: 153510

Period: From 01/01/2012 To 12/31/2012

Worksheet I-3
Date/Time Prepared: 9/17/2013 8:39 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		1,152,581	495,843	4,369,630	1,534,837	1,961,178	1.00
	MAINTENANCE							
2.00	Hemodialysis		29,397	29,397.00	29,397.00	29,397.00	29,397	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		3	3.00	3.00	3.00	3	6.00
7.00	CCDP		55	55.00	55.00	55.00	55	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		369	369.00	369.00	369.00	369	10.00
11.00	CCDP		6,329	6,329.00	6,329.00	6,329.00	6,329	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		36,153	36,153.00	36,153.00	36,153.00	36,153	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		31.880646	13.715127	120.864935	42.453932	54.246619	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	1,438,746	0	10,952,815	3,583,900		1.00
	MAINTENANCE							
2.00	Hemodialysis	29,397	29,397	29,397				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	3	3	3				6.00
7.00	CCDP	55	55	55				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	369	369	369				10.00
11.00	CCDP	6,329	6,329	6,329				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	36,153	36,153	36,153		10,952,815		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	39.796034	0.000000		0.327213		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 150056
Component CCN: 153510
Period: From 01/01/2012 To 12/31/2012
Worksheet I-4
Date/Time Prepared: 9/17/2013 8:39 am

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	24,266	11,820,201	487.11	20,362	9,918,534	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	76	0	0.00	64	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	3	1,206	402.00	2	804	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	55	22,115	402.09	17	6,836	6.00
7.00	Home Program - Hemodialysis	5,055	0	0.00	4,242	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	53	148,372	2,799.47	46	128,776	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	904	2,544,821	2,815.07	23	64,747	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	29,455	14,536,715		24,687	10,119,697	11.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02
20.03							20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	5,071,965	249.09	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	20,288	317.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	699	349.50	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	4,650	273.53	6.00
7.00	Home Program - Hemodialysis	1,082,382	255.16	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	34,260	744.78	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	203,935	8,866.74	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	6,418,179		11.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00	CLARIAN			20.00
20.01	CLARIAN HEALTH PARTNERS			20.01
20.02	METHODIST DIALYSIS			20.02
20.03				20.03

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet I-1

Date/Time Prepared: 9/17/2013 8:39 am

		Home Program Dialysis			PPS	
		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	645,481	Hours of Service	17,474.00	8.40	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	118,724	Hours of Service	6,514.00	3.13	4.00
5.00	Social Workers	59,714	Hours of Service	2,474.00	1.19	5.00
6.00	Dieticians	28,900	Hours of Service	1,245.00	0.60	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	43,954	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	896,773				9.00
10.00	Employee Benefits	54,409	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	10,794	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	207,782	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	1,169,758				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	48,389	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	112,388	Percentage of Time			19.00
20.00	Employee Benefits	203,007	Salary			20.00
21.00	Administrative & General	365,994	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	130,721	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	1,235,766	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	102,473	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	3,368,496				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	3,368,496				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 150056 | Period: From 01/01/2012 To 12/31/2012 | Worksheet I-2 Date/Time Prepared: 9/17/2013 8:39 am

		Home Program Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	189,904	112,388	645,481	207,338	257,416	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	797	472	2,710	870	1,081	0	6.00
7.00	CCDP	714	422	2,426	779	968	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	106,511	63,035	362,029	116,290	144,375	0	10.00
11.00	CCDP	81,882	48,459	278,316	89,399	110,992	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	189,904	112,388	645,481	207,338	257,416	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,235,766	0	2,648,293	720,203	3,368,496		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	5,187	0	11,117	3,023	14,140		6.00
7.00	CCDP	4,645	0	9,954	2,707	12,661		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	693,101	0	1,485,341	403,938	1,889,279		10.00
11.00	CCDP	532,833	0	1,141,881	310,535	1,452,416		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	1,235,766	0	2,648,293	720,203	3,368,496		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					3,368,496		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period: From 01/01/2012 To 12/31/2012

Worksheet I-3

Date/Time Prepared: 9/17/2013 8:39 am

			Home Program Dialysis	PPS

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		189,904	112,388	645,481	207,338	257,416	1.00
	MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	0	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		67	67.00	67.00	67.00	67	6.00
7.00	CCDP		60	60.00	60.00	60.00	60	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		8,952	8,952.00	8,952.00	8,952.00	8,952	10.00
11.00	CCDP		6,882	6,882.00	6,882.00	6,882.00	6,882	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		15,961	15,961.00	15,961.00	15,961.00	15,961	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		11.898001	7.041413	40.441138	12.990289	16.127812	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	1,235,766	0	2,648,293	720,203		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	67	67	67				6.00
7.00	CCDP	60	60	60				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	8,952	8,952	8,952				10.00
11.00	CCDP	6,882	6,882	6,882				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	15,961	15,961	15,961		2,648,293		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	77.424096	0.000000		0.271950		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet I-4 Date/Time Prepared: 9/17/2013 8:39 am
	Rate 0	Home Program Dialysis	PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	14,987	0	0.00	12,154	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	47	0	0.00	38	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	67	14,140	211.04	47	9,919	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	60	12,661	211.02	12	2,532	6.00
7.00	Home Program - Hemodialysis	3,122	0	0.00	2,532	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,279	1,889,279	1,477.15	893	1,319,095	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	983	1,452,416	1,477.53	201	296,984	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	18,283	3,368,496		14,783	1,628,530	11.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02
20.03							20.03

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	3,027,457	249.09	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	12,110	318.68	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	13,760	292.77	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	3,387	282.25	6.00
7.00	Home Program - Hemodialysis	646,074	255.16	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	674,286	755.08	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	148,544	739.02	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	4,525,618		11.00
	ADDITIONAL RENAL FACILITY NUMBERS			
20.00	CLARIAN			20.00
20.01	CLARIAN HEALTH PARTNERS			20.01
20.02	METHODIST DIALYSIS			20.02
20.03				20.03

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet I-5 Date/Time Prepared: 9/17/2013 8:39 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	11,748,227	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	10,943,797	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	76,693	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	31,420	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	-76,693	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	8,755,038	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	3,069,882	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	76,693	11.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period: From 01/01/2012 To 12/31/2012

Worksheet K
Date/Time Prepared: 9/17/2013 8:39 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	524,513	146,792	0	0	1,053,768	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	50,012	9.00
10.00	Nursing Care	1,080,094	302,279	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	160,675	44,967	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	161,664	45,244	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	461,468	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	40,751	0	0	27.00
28.00	Imaging Services	0	0	0	0	301	28.00
29.00	Labs and Diagnostics	0	0	0	0	-2,448	29.00
30.00	Medical Supplies	0	0	0	0	24,668	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	308,509	86,341	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,235,455	625,623	40,751	0	1,587,769	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,725,073	-525,167	1,199,906	-530,228	669,678	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	50,012	0	50,012	-50,012	0	9.00
10.00	Nursing Care	1,382,373	0	1,382,373	0	1,382,373	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	205,642	0	205,642	0	205,642	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	206,908	0	206,908	0	206,908	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	461,468	0	461,468	0	461,468	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	40,751	0	40,751	0	40,751	27.00
28.00	Imaging Services	301	0	301	0	301	28.00
29.00	Labs and Diagnostics	-2,448	0	-2,448	0	-2,448	29.00
30.00	Medical Supplies	24,668	0	24,668	0	24,668	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	394,850	0	394,850	0	394,850	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,489,598	-525,167	3,964,431	-580,240	3,384,191	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-1

Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	243,473	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,080,094	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	160,675	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	160,675	0	1,323,567	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-1

Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	281,040	524,513		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	1,080,094		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	160,675		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	161,664	161,664		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	308,509	308,509		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	751,213	2,235,455		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-2
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	68,139	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	302,279	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	44,967	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	44,967	0	370,418	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-2
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	78,653	146,792		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	302,279		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	44,967		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	45,244	45,244		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	86,341	86,341		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	210,238	625,623		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST BUILDINGS & FIXTURES	CAPITAL RELATED COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	669,678	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,382,373	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	205,642	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	206,908	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	461,468	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	40,751	0	0	0	0	27.00
28.00	Imaging Services	301	0	0	0	0	28.00
29.00	Labs and Diagnostics	-2,448	0	0	0	0	29.00
30.00	Medical Supplies	24,668	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	394,850	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,384,191	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	669,678	669,678			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	1,382,373	341,035	1,723,408		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	205,642	50,732	256,374		15.00
16.00	Spiritual Counseling	0	0	0	0		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	206,908	51,045	257,953		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	461,468	113,846	575,314		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	40,751	10,053	50,804		27.00
28.00	Imaging Services	0	301	74	375		28.00
29.00	Labs and Diagnostics	0	-2,448	-604	-3,052		29.00
30.00	Medical Supplies	0	24,668	6,086	30,754		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	394,850	97,411	492,261		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	3,384,191		3,384,191		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-669,678	2,714,513	6.00
	INPATIENT CARE SERVICE			
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
	VISITING SERVICES			
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,382,373	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	205,642	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	206,908	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
	OTHER HOSPICE SERVICE COSTS			
22.00	Drugs, Biological and Infusion Therapy	0	461,468	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	40,751	27.00
28.00	Imaging Services	0	301	28.00
29.00	Labs and Diagnostics	0	-2,448	29.00
30.00	Medical Supplies	0	24,668	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE			
35.00	Bereavement Program Costs	0	394,850	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		669,678	39.00
40.00	Unit Cost Multiplier		0.246703	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	
		0	1.00	1.01	2.00	4.00	
1.00	Administrative and General		61,617	0	0	504,988	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,723,408	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	256,374	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	257,953	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	575,314	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	50,804	0	0	0	0	22.00
23.00	Imaging Services	375	0	0	0	0	23.00
24.00	Labs and Diagnostics	-3,052	0	0	0	0	24.00
25.00	Medical Supplies	30,754	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	492,261	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,384,191	61,617	0	0	504,988	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	0	0	0	0	42,785	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	42,785	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.05	5.06	6.00	6.03	7.00	
1.00	Administrative and General	609,390	47,144	43,192	0	97,862	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,723,408	133,326	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	256,374	19,834	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	257,953	19,956	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	575,314	44,507	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	50,804	3,930	0	0	0	22.00
23.00	Imaging Services	375	29	0	0	0	23.00
24.00	Labs and Diagnostics	-3,052	-236	0	0	0	24.00
25.00	Medical Supplies	30,754	2,379	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	492,261	38,082	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,993,581	308,951	43,192	0	97,862	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
		7.01	8.00	9.00	9.01	9.02	
1.00	Administrative and General	0	0	0	1,982	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	1,982	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.03	10.00	11.00	12.00	13.00	
1.00	Administrative and General	26,753	0	10,285	0	170,394	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	26,753	0	10,285	0	170,394	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
		14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	0	0	22,417	67,869	4,669	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	22,417	67,869	4,669	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	ALLIED HEALTH	
		23.01	23.02	23.03	23.04	23.05	
1.00	Administrative and General	0	0	0	0	6,340	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	6,340	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
		23.06	23.07	23.08	23.09	23.10	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		23.11	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	1,108,297				1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	1,856,734	0	1,856,734	564,401	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	276,208	0	276,208	83,961	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	277,909	0	277,909	84,478	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	619,821	0	619,821	188,411	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	54,734	0	54,734	16,638	22.00
23.00	Imaging Services	0	404	0	404	123	23.00
24.00	Labs and Diagnostics	0	-3,288	0	-3,288	-999	24.00
25.00	Medical Supplies	0	33,133	0	33,133	10,072	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	530,343	0	530,343	161,212	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	4,754,295	0	4,754,295		34.00
35.00	Unit Cost Multiplier (see instructions)					0.303976	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	Total Hospice Costs (cols. 26 ± 27)		
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	2,421,135		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	360,169		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	362,387		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	808,232		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	71,372		22.00
23.00	Imaging Services	527		23.00
24.00	Labs and Diagnostics	-4,287		24.00
25.00	Medical Supplies	43,205		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	691,555		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,754,295		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
		1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	7,062	0	0	2,230,758	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,062	0	0	2,230,758	0	34.00
35.00	Total cost to be allocated	61,617	0	0	504,988	0	35.00
36.00	Unit Cost Multiplier (see instructions)	8.725149	0.000000	0.000000	0.226375	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	0	0	0	8,678,489	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	8,678,489		34.00
35.00	Total cost to be allocated	0	0	0	42,785		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.004930		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
		5.06	6.00	6.03	7.00	7.01	
1.00	Administrative and General	609,390	7,062	0	7,062	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,723,408	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	256,374	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	257,953	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	575,314	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	50,804	0	0	0	0	22.00
23.00	Imaging Services	375	0	0	0	0	23.00
24.00	Labs and Diagnostics	-3,052	0	0	0	0	24.00
25.00	Medical Supplies	30,754	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	492,261	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,993,581	7,062	0	7,062	0	34.00
35.00	Total cost to be allocated	308,951	43,192	0	97,862	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.077362	6.116114	0.000000	13.857547	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	0	0	551	0	6,511	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	551	0	6,511	34.00
35.00	Total cost to be allocated	0	0	1,982	0	26,753	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	3.597096	0.000000	4.108893	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	40	0	19	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	40	0	19	0	34.00
35.00	Total cost to be allocated	0	10,285	0	170,394	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	257.125000	0.000000	8,968.105263	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	8,678,489	2,293	8,678,489	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	8,678,489	2,293	8,678,489	0	34.00
35.00	Total cost to be allocated	0	22,417	67,869	4,669	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.002583	29.598343	0.000538	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	ALLIED HEALTH (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
		23.02	23.03	23.04	23.05	23.06	
1.00	Administrative and General	0	0	0	2,293	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	2,293	0	34.00
35.00	Total cost to be allocated	0	0	0	6,340	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	2.764937	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.07	23.08	23.09	23.10	23.11	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part III
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.259465	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.311566	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.564294	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.300841	0	0	4.00
4.01	RENAL-RILEY	73.01	0.000000	0	0	4.01
4.02	RENAL-ADULT	73.02	0.000000	0	0	4.02
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.593837	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.092947	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.185477	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.227645	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.402795	0	0	7.00
8.00	FAMILY PRACTICE	93.00	0.000000	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.140159	0	0	9.00
10.00	RH NBN ECMO IC	76.00	0.552718	0	0	10.00
10.01	CARDIOLOGY	76.01	0.158184	0	0	10.01
10.02	PSYCH OTHER ANCILLARY	76.02	0.343562	0	0	10.02
10.03	CARDIAC CATHERIZATION	76.03	0.180836	0	0	10.03
10.04	DAY SURGERY	76.04	0.805385	0	0	10.04
10.05	ONCOLOGY	76.05				10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	10.07
10.97	CARDIAC REHABILITATION	76.97	0.610260	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-6
Date/Time Prepared:
9/17/2013 8:39 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				4,754,295	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				38,252	2.00
3.00	Average cost per diem (line 1 divided by line 2)				124.29	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	37,611				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	4,674,671				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			641		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			79,670		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150056	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 9/17/2013 8:39 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	12,694,126	1.00
2.00	Capital DRG outlier payments	756,157	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	926.45	3.00
4.00	Number of interns & residents (see instructions)	559.26	4.00
5.00	Indirect medical education percentage (see instructions)	18.57	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	2,357,299	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.78	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	35.24	8.00
9.00	Sum of lines 7 and 8	43.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.10	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	1,155,165	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	16,962,747	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

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

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2012 To 12/31/2012

Worksheet M-1
Date/Time Prepared: 9/17/2013 8:39 am

FQHC I Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	633,339	0	633,339	0	633,339	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	90,426	0	90,426	0	90,426	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	642,249	0	642,249	0	642,249	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	42,323	0	42,323	0	42,323	7.00
8.00	Laboratory Technician	37,084	0	37,084	0	37,084	8.00
9.00	Other Facility Health Care Staff Costs	506,600	0	506,600	0	506,600	9.00
10.00	Subtotal (sum of lines 1-9)	1,952,021	0	1,952,021	0	1,952,021	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	138,881	138,881	0	138,881	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	138,881	138,881	0	138,881	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,952,021	138,881	2,090,902	0	2,090,902	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	229,531	229,531	0	229,531	29.00
30.00	Administrative Costs	709,124	1,688,878	2,398,002	0	2,398,002	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	709,124	1,918,409	2,627,533	0	2,627,533	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,661,145	2,057,290	4,718,435	0	4,718,435	32.00

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

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2012 To 12/31/2012

Worksheet M-1
Date/Time Prepared: 9/17/2013 8:39 am

FQHC I Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	633,339		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	90,426		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	642,249		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	42,323		7.00
8.00	Laboratory Technician	0	37,084		8.00
9.00	Other Facility Health Care Staff Costs	0	506,600		9.00
10.00	Subtotal (sum of lines 1-9)	0	1,952,021		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11-13)	0	0		14.00
15.00	Medical Supplies	0	138,881		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	138,881		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,090,902		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	229,531		29.00
30.00	Administrative Costs	-653,275	1,744,727		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-653,275	1,974,258		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-653,275	4,065,160		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150056
Component CCN: 151804

Period:
From 01/01/2012
To 12/31/2012

Worksheet M-2
Date/Time Prepared:
9/17/2013 8:39 am

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	FQHC I Cost Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	4.00	15,416	4,200	16,800		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.08	3,900	2,100	2,268		3.00
4.00	Subtotal (sum of lines 1-3)	5.08	19,316		19,068	19,316	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	1.05	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	6.13	19,316			19,316	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)					2,090,902	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,090,902	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)					1,974,258	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					337,985	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,312,243	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					2,312,243	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					2,312,243	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					4,403,145	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2012 To 12/31/2012

Worksheet M-3
Date/Time Prepared: 9/17/2013 8:39 am

Title XVIII | FQHC I | Cost

		1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES		
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)	4,403,145	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)	0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)	4,403,145	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)	19,316	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)	0	5.00
6.00	Total adjusted visits (line 4 plus line 5)	19,316	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)	227.95	7.00

		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)	0.00	126.98	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	126.98	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	6,870	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	872,353	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		872,353	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		697,882	16.04
16.05	Total program cost (see instructions)		697,882	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		697,882	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		697,882	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		697,882	26.00
27.00	Interim payments		697,855	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		27	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2012 To 12/31/2012	Worksheet M-5 Date/Time Prepared: 9/17/2013 8:39 am

		FQHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		697,855	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		697,855	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		27	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		697,882	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00