

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0084	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/28/2007 TIME 16:33

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
ST. VINCENT HOSPITAL & HCC 15-0084  
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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ECR ENCRYPTION INFORMATION  
DATE: 11/28/2007 TIME 16:33

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\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A	2	B	3	4
1	HOSPITAL	0	5,084,071		622,025	0
2	SUBPROVIDER	0	-201,303		0	0
5	HOSPITAL-BASED SNF	0	62		0	0
7	HOSPITAL-BASED HHA	0	0		0	0
100	TOTAL	0	4,882,830		622,025	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 2001 WEST 86TH STREET P.O. BOX:  
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

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

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2006 TO: 6/30/2007  
 18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER  
 19 HOSPITAL 1  
 20 SUBPROVIDER 4

OTHER INFORMATION  
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.  
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y  
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).  
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N  
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1  
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1  
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N  
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N  
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. Y  
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. 7/28/1995  
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. 7/28/1995  
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /  
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.  
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y  
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y  
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y  
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N  
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N  
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N  
 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) Y Y  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.  
 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /



TITLE XIX INPATIENT SERVICES

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 2,958,161  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N  
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES  
 0 1 2 3 4  
 7/ 1/2006 N 0.00 0  
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0  
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N  
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0  
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N  
 60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE XVIII 4	TRIPS / TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	503	183,960			56,728	26,148
2 HMO						10,422
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	503	183,960			56,728	26,148
6 INTENSIVE CARE UNIT	34	12,045			5,830	
7 CORONARY CARE UNIT	22	8,030			3,127	
7 01 CARDIAC RECOVERY	16	5,840			1,582	
9 SURGICAL INTENSIVE CARE UNIT						
9 01 PEDIATRIC INTENSIVE CARE UNI	15	5,475				
10 NEONATAL INTENSIVE CARE UNIT	75	27,375				
11 NURSERY						
12 TOTAL	665	242,725			67,267	26,148
13 RPCH VISITS						
14 SUBPROVIDER	54	19,710			2,964	1,912
15 SKILLED NURSING FACILITY	20	7,300			3,333	
16 NURSING FACILITY						
16 01 ICF/MR						
17 OTHER LONG TERM CARE						
18 HOME HEALTH AGENCY					30,854	3,521
20 AMBULATORY SURGICAL CENTER (						
21 HOSPICE	25	9,125				
23 CORF						
25 TOTAL	764					
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
27 01 AMBULANCE TRIPS						
27 02 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS	5.01	5.02	121,165	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			121,165				
6 INTENSIVE CARE UNIT			10,584				
7 CORONARY CARE UNIT			4,992				
7 01 CARDIAC RECOVERY			2,833				
9 SURGICAL INTENSIVE CARE UNIT							
9 01 PEDIATRIC INTENSIVE CARE UNI			2,262				
10 NEONATAL INTENSIVE CARE UNIT			19,292				
11 NURSERY			7,937				
12 TOTAL			169,065			117.57	
13 RPCH VISITS							
14 SUBPROVIDER			11,303				
15 SKILLED NURSING FACILITY			4,452				
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			49,698				
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE			6,337				
23 CORF							
25 TOTAL						117.57	
26 OBSERVATION BED DAYS			10,536	2,334	8,202		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES / TITLE V 12	DISCHARGES / TITLE XVIII 13	DISCHARGES / TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS				11,747	3,349	28,869	
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
7 01 CARDIAC RECOVERY							
9 SURGICAL INTENSIVE CARE UNIT							
9 01 PEDIATRIC INTENSIVE CARE UNI							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	117.57	4,688.95		11,747	3,349	28,869	
13 RPCH VISITS							
14 SUBPROVIDER		65.96		366	444	2,382	

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
15 SKILLED NURSING FACILITY	9	10	11	12	13	14	15	
16 NURSING FACILITY		23.76						
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY		85.16						
20 AMBULATORY SURGICAL CENTER (								
21 HOSPICE		87.70						
23 CORF								
25 TOTAL	117.57	4,951.53						
26 OBSERVATION BED DAYS								
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS								
27 01 AMBULANCE TRIPS								
27 02 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								



HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,773	1,850	3,130
2 UNDUPLICATED CENSUS COUNT		1,684.00	5.00	708.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	9,753
2 UNDUPLICATED CENSUS COUNT	2,503.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	9.54		9.54
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	16.17		16.17
7 NURSING SUPERVISOR	5.52		5.52
8 PHYSICAL THERAPY SERVICE	13.09		13.09
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	2.74		2.74
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.69		.69
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.37		1.37
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	8.03		8.03
17 HOME HEALTH AIDE SUPERVISOR			
18 0			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAS IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	4	15
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915	11300

20.01	3480	18020
20.02	3920	26900
20.03	8320	29140
20.04		45460
20.05		50036
20.06		50041
20.07		50042
20.08		50224
20.09		50244
20.10		50257
20.11		50258
20.12		50268
20.13		50338
20.14		99915

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

	FULL EPISODES		LUPA EPISODES	PEP ONLY EPISODES
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	3	4
21 SKILLED NURSING VISITS	11,237	583	647	201
22 SKILLED NURSING VISIT CHARGES	1,498,316	76,337	89,775	26,971
23 PHYSICAL THERAPY VISITS	9,559	147	154	218
24 PHYSICAL THERAPY VISIT CHARGES	1,458,941	22,335	25,187	33,191
25 OCCUPATIONAL THERAPY VISITS	2,279	119	24	74
26 OCCUPATIONAL THERAPY VISIT CHARGES	351,315	17,961	4,174	11,574
27 SPEECH PATHOLOGY VISITS	357	50	2	5
28 SPEECH PATHOLOGY VISIT CHARGES	55,047	7,552	319	850
29 MEDICAL SOCIAL SERVICE VISITS	230	20	7	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	46,490	3,920	1,411	609
31 HOME HEALTH AIDE VISITS	4,451	182	17	83
32 HOME HEALTH AIDE VISIT CHARGES	378,170	15,470	1,445	7,055
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	28,113	1,101	851	584
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	3,788,279	143,575	122,311	80,250
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,804	0	319	43
37 TOTAL NUMBER OF OUTLIER EPISODES	0	21	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	78,788	5,828	5,919	585

HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 15-0084  
 HHA NO: 15-7083  
 COUNTY: MARION  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 PREPARED 11/28/2007  
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	112	12,780
22 SKILLED NURSING VISIT CHARGES	0	14,787	1,706,186
23 PHYSICAL THERAPY VISITS	0	36	10,114
24 PHYSICAL THERAPY VISIT CHARGES	0	5,434	1,545,088
25 OCCUPATIONAL THERAPY VISITS	0	15	2,511
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	2,211	387,235
27 SPEECH PATHOLOGY VISITS	0	0	414
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	63,768
29 MEDICAL SOCIAL SERVICE VISITS	0	2	262
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	386	52,816
31 HOME HEALTH AIDE VISITS	0	40	4,773
32 HOME HEALTH AIDE VISIT CHARGES	0	3,400	405,540
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	205	30,854
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	26,218	4,160,633
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	7	2,173
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	23
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	2,005	93,125

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 DAYS	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	4	4.02	4.03
1	RUC				
2	RUB				53
3	RUA				197
3 .01	RUX				
3 .02	RUL				
4	RVC				36
5	RVB				187
6	RVA				1,908
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				37
9	RHA				89
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				13
12	RMA				762
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				23
17	SE1				
18	SSC				
19	SSB				
20	SSA				28
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				3,333

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01) : 0.9893  
 Wage Index Factor (after 10/01) : 0.9896  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
I 15-0084 I FROM 7/ 1/2006 I WORKSHEET S-7  
I I TO 6/30/2007 I

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

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9893  
 Wage Index Factor (after 10/01) : 0.9896  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
I 15-0084 I FROM 7/ 1/2006 I WORKSHEET S-7  
I I TO 6/30/2007 I

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9893  
 Wage Index Factor (after 10/01) : 0.9896  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
I 15-0084 I FROM 7/ 1/2006 I WORKSHEET S-7  
I TO 6/30/2007 I

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9893  
 Wage Index Factor (after 10/01): 0.9896  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	31,310	357		
3 INPATIENT RESPITE CARE	320			
4 GENERAL INPATIENT CARE	4,814			
5 TOTAL HOSPICE DAYS	36,444	357		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	3,691	35,358
3 INPATIENT RESPITE CARE	365	685
4 GENERAL INPATIENT CARE	7,282	12,096
5 TOTAL HOSPICE DAYS	11,338	48,139

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	508	21		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	71.74	17.00		
9 UNDUPLICATED CENSUS COUNT	508	21		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	198	727
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	57.26	66.22
9 UNDUPLICATED CENSUS COUNT	198	727

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 37,283,571
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 1,961,186
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 39,244,757
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 9,658,998
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .329251
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 3,180,235
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 127,620,378
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) 42,019,137
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS 68,663,078
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30) 22,607,387
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29) 45,199,372

PROVIDER NO:  
15-0084

PERIOD:  
FROM 7/1/2006  
TO 6/30/2007

PREPARED 11/28/2007  
WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
2	0200 OLD CAP REL COSTS-BLDG & FIXT					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		5,157,774	5,157,774	11,296,122	16,453,896
3.01	0301 NEW CAPITAL-STRESS				525,549	525,549
3.02	0302 NEW CAPITAL-MARTEN HOUSE				558,612	558,612
3.03	0303 NEW CAPITAL-WOMEN'S BLDG				1,570,539	1,570,539
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				18,030,091	18,030,091
5	0500 EMPLOYEE BENEFITS	11,087,238	76,304,297	87,391,535	-44,985	87,346,550
6.01	0610 NONPATIENT TELEPHONES	629,208	2,664,536	3,293,744	-63,927	3,229,817
6.02	0620 DATA PROCESSING	9,967,546	26,636,538	36,604,084		36,604,084
6.03	0630 PURCHASING, RECEIVING AND STORES	1,594,020	1,058,871	2,652,891		2,652,891
6.04	0640 ADMITTING	923,921	98,042	1,021,963	-434	1,021,529
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	7,965,739	2,864,060	10,829,799		10,829,799
6.06	0641 OP REGISTRATION					
6.07	0660 OTHER ADMINISTRATIVE AND GENERAL	27,000,242	38,979,561	65,979,803	-4,850,217	61,129,586
8	0800 OPERATION OF PLANT	5,582,307	16,319,444	21,901,751	-3,259,358	18,642,393
9	0900 LAUNDRY & LINEN SERVICE				2,202,929	2,202,929
10	1000 HOUSEKEEPING	4,900,066	1,996,518	6,896,584	-17,728	6,878,856
11	1100 DIETARY	4,496,984	2,690,650	7,187,634	-4,104,234	3,083,400
12	1200 CAFETERIA		45	45	3,698,037	3,698,082
14	1400 NURSING ADMINISTRATION	7,316,847	1,107,458	8,424,305	-324,642	8,099,663
15	1500 CENTRAL SERVICES & SUPPLY	511,659	3,873,760	4,385,419	-3,733,601	651,818
16	1600 PHARMACY	9,933,601	30,857,862	40,791,463	-22,734,137	18,057,326
17	1700 MEDICAL RECORDS & LIBRARY	3,596,027	2,638,963	6,234,990	-4,831	6,230,159
18	1800 SOCIAL SERVICE	3,357,275	730,902	4,088,177	-5,622	4,082,555
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				6,147,354	6,147,354
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	12,004,980	1,841,119	13,846,099	-5,666,902	8,179,197
24	2400 PARAMED ED PRGM					
24.01	2401 PARAMED ED PRGM-CPE	347,377	47,892	395,269	-276,952	118,317
24.02	2402 PARAMED ED PRGM-PHARMACY	124	4,276	4,400		4,400
24.03	2403 PARAMED ED PRGM-RADIOLOGY	149,929	17,309	167,238	113,550	280,788
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	44,506,266	7,564,362	52,070,628	-3,404,877	48,665,751
27	2700 INTENSIVE CARE UNIT	6,128,290	1,262,127	7,390,417	-195,395	7,195,022
27.01	2701 CORONARY CARE UNIT	3,460,329	513,614	3,973,943	578,839	4,552,782
29	2900 CARDIAC RECOVERY	2,508,812	296,659	2,805,471	-41,668	2,763,803
29.01	2901 SURGICAL INTENSIVE CARE UNIT					
30	2080 PEDIATRIC INTENSIVE CARE UNIT	3,335,351	337,352	3,672,703	-53,388	3,619,315
31	2060 NEONATAL INTENSIVE CARE UNIT	15,110,245	3,043,433	18,153,678	-1,139,305	17,014,373
33	3100 SUBPROVIDER	3,281,018	229,250	3,510,268	-137,456	3,372,812
33	3300 NURSERY				2,123,921	2,123,921
34	3400 SKILLED NURSING FACILITY	972,693	74,932	1,047,625	-4,843	1,042,782
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
37	3700 ANCILLARY SRVC COST CNTRS					
37.01	3701 OPERATING ROOM	16,254,035	48,966,547	65,220,582	-3,056,049	62,164,533
38	3800 AMBULATORY SURGERY	3,229,535	499,337	3,728,872	-25,129	3,703,743
39	3900 RECOVERY ROOM					
40	3900 DELIVERY ROOM & LABOR ROOM	4,335,353	310,739	4,646,092	-6,634	4,639,458
41	4000 ANESTHESIOLOGY					
41.01	4100 RADIOLOGY-DIAGNOSTIC	14,459,769	16,264,882	30,724,651	-4,918,722	25,805,929
41.02	3120 CARDIAC CATHETERIZATION LABORATORY	1,434,686	11,777,626	13,212,312	-6,985,127	6,227,185
41.03	3630 ULTRA SOUND	1,048,206	208,897	1,257,103	16,623	1,273,726
41.04	3121 SATELLITE CATH LABS					
41.05	3260 EP LAB	359,008	8,714,911	9,073,919	-283,011	8,790,908
41.06	3122 CATH HOLDING	568,864	325,475	894,339	-58,785	835,554
42	4200 ECHOCARDIOGRAPHY	417,744	222,597	640,341	42,458	682,799
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	85,339	29,481,781	29,567,120	-238,204	29,328,916
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	4,606,098	1,970,666	6,576,764	788,763	7,365,527
49.01	4901 SLEEP LAB	925,125	474,790	1,399,915	-41,168	1,358,747
50	5000 PHYSICAL THERAPY	5,506,795	2,216,907	7,723,702	229,382	7,953,084
50.01	3160 CARDIAC REHAB	341,084	7,645	348,729	65,510	414,239
50.02	5001 SPORTS MEDICINE	1,546,517	390,794	1,937,311	-44,636	1,892,675
51	5100 OCCUPATIONAL THERAPY	610,451	32,294	642,745	42,484	685,229
52	5200 SPEECH PATHOLOGY	471,171	168,570	639,741	31,026	670,767
53	5300 ELECTROCARDIOLOGY	376,270	703,604	1,079,874	534,208	1,614,082
54	5400 ELECTROENCEPHALOGRAPHY	618,387	126,198	744,585	-58,195	686,390
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,511,345	1,511,345
56	5600 DRUGS CHARGED TO PATIENTS				24,078,801	24,078,801
57	5700 RENAL DIALYSIS		1,329,206	1,329,206	-22,299	1,306,907
58	5800 ASC (NON-DISTINCT PART)					
59	3330 ENDOSCOPY	1,364,918	1,315,556	2,680,474	-205,656	2,474,818
60	6000 OUTPAT SERVICE COST CNTRS					
60.01	4950 CLINIC	2,482,871	1,351,934	3,834,805	-447,222	3,387,583
61	6100 PARTIAL HOSPITALIZATION	642,175	44,580	686,755	-10,087	676,668
61.01	6100 EMERGENCY	7,598,443	3,187,153	10,785,596	-725,961	10,059,635
61.01	4958 PATIENT SERVICES	1,785,871	56,597	1,842,468	-16,445	1,826,023
61.03	4956 LAFAYETTE RD CLINIC	91,775	134,050	225,825	-16,463	209,362
61.04	4951 ZIONSVILLE CLINIC	336,315	785,728	1,122,043	43,737	1,165,780
61.05	4952 BROWNSBURG CLINIC		12,053	12,053	-6,999	5,054
61.07	4954 WOUND CENTER		1,643,783	1,643,783	-8,430	1,635,353
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 OTHER REIMBURS COST CNTRS					
66	6600 AMBULANCE SERVICES					
67	6700 DURABLE MEDICAL EQUIP-RENTED					
67.01	6700 DURABLE MEDICAL EQUIP-SOLD					
67.01	5950 FAMILY PRACTICE	5,917,747	1,862,310	7,780,057	-554,947	7,225,110

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
67.02	5954 OTHER REIMBURS COST CNTRS					
68	5951 GERIATRIC CLINIC	1,157,036	190,965	1,348,001	-16,035	1,331,966
68.01	5952 KOKOMO DIALYSIS					
68.02	5953 PSYCH SERVICES		58,108	58,108	-48	58,060
69	5953 DIABETIC THERAPY	488,812	83,550	572,362	-2,654	569,708
70	6900 CORF					
71	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	4,443,702	754,916	5,198,618	-75,177	5,123,441
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION		86,784	86,784		86,784
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION	265,242	454,927	720,169	-221,298	498,871
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		7,416,302	7,416,302	-7,416,302	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE	5,003,578	2,749,744	7,753,322	-173,729	7,579,593
95	SUBTOTALS	279,441,016	375,594,112	655,035,128	-1,470,034	653,565,094
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	353,604	939,740	1,293,344	-2,739	1,290,605
97	9700 RESEARCH	719,553	802,503	1,522,056	-214,593	1,307,463
98	9800 PHYSICIANS' PRIVATE OFFICES	6,433,033	4,972,844	11,405,877	-796,925	10,608,952
99	9900 NONPAID WORKERS					
100	7950 O'CONNORS					
100.01	7951 WELLNESS	395,135	221,446	616,581	-8,359	608,222
100.02	7952 OCC HEALTH	69	3,523	3,592	35	3,627
100.03	7953 CMO		-1,599	-1,599		-1,599
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS					
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS					
100.06	7956 SETON BOARD		272	272		272
100.07	7957 MARTEN HOUSE				2,817,423	2,817,423
100.08	7958 FOUNDATION	611,942	1,554,780	2,166,722	-32,924	2,133,798
100.09	7959 NETWORK DEVELOPMENT	329,460	1,264,464	1,593,924		1,593,924
100.10	7960 EAP	302,471	87,470	389,941	-7,551	382,390
100.11	7961 MISSION EFFECTIVENESS	461,388	437,960	899,348	-7,846	891,502
100.12	7962 OTHER NONREIMBURSABLE COST CENTERS					
100.13	7963 MARKETING	2,206,194	13,982,151	16,188,345		16,188,345
100.14	7964 NEW HOPE					
100.15	7965 JOINT VENTURES	134,071	4,034,920	4,168,991	-276,487	3,892,504
100.16	7966 OTHER NONREIMBURSABLE COST CENTERS					
100.17	7967 VACANT SPACE					
100.18	7968 HEART CENTER OF INDIANA	-120		-120		-120
100.19	7969 MISSION SERVICES	474,103	1,449,588	1,923,691		1,923,691
101	TOTAL	291,861,919	405,344,174	697,206,093	-0-	697,206,093

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		
2	0200 OLD CAP REL COSTS-BLDG & FIXT		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	334,474	16,788,370
3.01	0301 NEW CAPITAL-STRESS	-293,232	232,317
3.02	0302 NEW CAPITAL-MARTEN HOUSE		558,612
3.03	0303 NEW CAPITAL-WOMEN'S BLDG	-12,221	1,558,318
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	106,789	18,136,880
5	0500 EMPLOYEE BENEFITS	-11,121,851	76,224,699
6.01	0610 NONPATIENT TELEPHONES	-1,534,218	1,695,599
6.02	0620 DATA PROCESSING	-16,407,328	20,196,756
6.03	0630 PURCHASING, RECEIVING AND STORES	-1,246,332	1,406,559
6.04	0640 ADMITTING	2,001,786	3,023,315
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-6,368,406	4,461,393
6.06	0641 OP REGISTRATION	2,490,317	2,490,317
6.07	0660 OTHER ADMINISTRATIVE AND GENERAL	-26,362,686	34,766,900
8	0800 OPERATION OF PLANT	-146,248	18,496,145
9	0900 LAUNDRY & LINEN SERVICE		2,202,929
10	1000 HOUSEKEEPING	-91	6,878,765
11	1100 DIETARY	-953,867	2,129,533
12	1200 CAFETERIA	-1,657,215	2,040,867
14	1400 NURSING ADMINISTRATION	-475	8,099,188
15	1500 CENTRAL SERVICES & SUPPLY	241,558	893,376
16	1600 PHARMACY	-3,708,935	14,348,391
17	1700 MEDICAL RECORDS & LIBRARY	-807,411	5,422,748
18	1800 SOCIAL SERVICE	-32,364	4,050,191
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		6,147,354
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,520,459	4,658,738
24	2400 PARAMED ED PRGM		
24.01	2401 PARAMED ED PRGM-CPE	-41,480	76,837
24.02	2402 PARAMED ED PRGM-PHARMACY		4,400
24.03	2403 PARAMED ED PRGM-RADIOLOGY	-104,866	175,922
25	2500 ADULTS & PEDIATRICS	-1,615,349	47,050,402
26	2600 INTENSIVE CARE UNIT	-81,250	7,113,772
27	2700 CORONARY CARE UNIT		4,552,782
27.01	2701 CARDIAC RECOVERY		2,763,803
29	2900 SURGICAL INTENSIVE CARE UNIT		
29.01	2080 PEDIATRIC INTENSIVE CARE UNIT	-1,288,966	2,330,349
30	2060 NEONATAL INTENSIVE CARE UNIT	-4,787,713	12,226,660
31	3100 SUBPROVIDER	-16,974	3,355,838
33	3300 NURSERY		2,123,921
34	3400 SKILLED NURSING FACILITY	-8,161	1,034,621
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
37	3700 OPERATING ROOM	-1,732,959	60,431,574
37.01	3701 AMBULATORY SURGERY	-1,444,569	2,259,174
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		4,639,458
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-767,653	25,038,276
41.01	3120 CARDIAC CATHETERIZATION LABORATORY	-445,648	5,781,537
41.02	3630 ULTRA SOUND		1,273,726
41.03	3121 SATELLITE CATH LABS		
41.04	3260 EP LAB		8,790,908
41.05	3122 CATH HOLDING		835,554
41.06	3261 ECHOCARDIOGRAPHY	-62	682,737
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-1,125,731	28,203,185
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		7,365,527
49.01	4901 SLEEP LAB	-4,667	1,354,080
50	5000 PHYSICAL THERAPY	-16,906	7,936,178
50.01	3160 CARDIAC REHAB		414,239
50.02	5001 SPORTS MEDICINE	-153,885	1,738,790
51	5100 OCCUPATIONAL THERAPY		685,229
52	5200 SPEECH PATHOLOGY	-1,781	668,986
53	5300 ELECTROCARDIOLOGY	-300,000	1,314,082
54	5400 ELECTROENCEPHALOGRAPHY	-100	686,290
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,511,345
56	5600 DRUGS CHARGED TO PATIENTS		24,078,801
57	5700 RENAL DIALYSIS		1,306,907
58	5800 ASC (NON-DISTINCT PART)		
59	3330 ENDOSCOPY		2,474,818
60	6000 OUTPAT SERVICE COST CNTRS		
60.01	6000 CLINIC	-137,341	3,250,242
61	6100 PARTIAL HOSPITALIZATION		676,668
61.01	6100 EMERGENCY	-955,248	9,104,387
61.01	4958 PATIENT SERVICES	-31,396	1,794,627
61.03	4956 LAFAYETTE RD CLINIC		209,362
61.04	4951 ZIONSVILLE CLINIC	-11,105	1,154,675
61.05	4952 BROWNSBURG CLINIC		5,054
61.07	4954 WOUND CENTER		1,635,353
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
64	6400 OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
67.01	5950 FAMILY PRACTICE	-5,176,145	2,048,965

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OTHER REIMBURS COST CNTRS		
67.02 5954	GERIATRIC CLINIC	-884,208	447,758
68 5951	KOKOMO DIALYSIS		
68.01 5952	PSYCH SERVICES		58,060
68.02 5953	DIABETIC THERAPY	-22,355	547,353
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY	-97,318	5,026,123
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION	-86,784	
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		498,871
85.01 8510	PANCREAS ACQUISITION		
86 8600	OTHER ORGAN ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
89 8900	UTILIZATION REVIEW-SNF		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
92 9200	AMBULATORY SURGICAL CENTER (D.P.)		
93 9300	HOSPICE	-510,568	7,069,025
95	SUBTOTALS	-90,849,603	562,715,491
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,290,605
97 9700	RESEARCH		1,307,463
98 9800	PHYSICIANS' PRIVATE OFFICES	2,687,229	13,296,181
99 9900	NONPAID WORKERS		
100 7950	O'CONNORS		
100.01 7951	WELLNESS		608,222
100.02 7952	OCC HEALTH		3,627
100.03 7953	CMO	1,599	
100.04 7954	OTHER NONREIMBURSABLE COST CENTERS		
100.05 7955	OTHER NONREIMBURSABLE COST CENTERS		
100.06 7956	SETON BOARD		272
100.07 7957	MARTEN HOUSE		2,817,423
100.08 7958	FOUNDATION		2,133,798
100.09 7959	NETWORK DEVELOPMENT	-864,684	729,240
100.10 7960	EAP		382,390
100.11 7961	MISSION EFFECTIVENESS		891,502
100.12 7962	OTHER NONREIMBURSABLE COST CENTERS		
100.13 7963	MARKETING	-3,080,172	13,108,173
100.14 7964	NEW HOPE		
100.15 7965	JOINT VENTURES		3,892,504
100.16 7966	OTHER NONREIMBURSABLE COST CENTERS		
100.17 7967	VACANT SPACE		
100.18 7968	HEART CENTER OF INDIANA	120	
100.19 7969	MISSION SERVICES	-827,424	1,096,267
101	TOTAL	-92,932,935	604,273,158

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAPITAL-STRESS	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAPITAL-MARTEN HOUSE	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAPITAL-WOMEN'S BLDG	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OP REGISTRATION	0641	ADMITTING
6.07	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM-CPE	2401	PARAMED ED PRGM
24.02	PARAMED ED PRGM-PHARMACY	2402	PARAMED ED PRGM
24.03	PARAMED ED PRGM-RADIOLOGY	2403	PARAMED ED PRGM
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	CARDIAC RECOVERY	2701	CORONARY CARE UNIT
29	SURGICAL INTENSIVE CARE UNIT	2900	
29.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING-FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	AMBULATORY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
41.02	ULTRA SOUND	3630	ULTRA SOUND
41.03	SATELLITE CATH LABS	3121	CARDIAC CATHETERIZATION LABORATORY
41.04	EP LAB	3260	ECHOCARDIOGRAPHY
41.05	CATH HOLDING	3122	CARDIAC CATHETERIZATION LABORATORY
41.06	ECHOCARDIOGRAPHY	3261	ECHOCARDIOGRAPHY
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	3160	CARDIOPULMONARY
50.02	SPORTS MEDICINE	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	ENDOSCOPY	3330	ENDOSCOPY
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	PARTIAL HOSPITALIZATION	4950	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
61.01	PATIENT SERVICES	4958	OTHER OUTPATIENT SERVICE COST CENTER
61.03	LAFAYETTE RD CLINIC	4956	OTHER OUTPATIENT SERVICE COST CENTER
61.04	ZIONSVILLE CLINIC	4951	OTHER OUTPATIENT SERVICE COST CENTER
61.05	BROWNSBURG CLINIC	4952	OTHER OUTPATIENT SERVICE COST CENTER
61.07	WOUND CENTER	4954	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
67.01	FAMILY PRACTICE	5950	OTHER REIMBURSABLE COST CENTERS
67.02	GERIATRIC CLINIC	5954	OTHER REIMBURSABLE COST CENTERS

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
68	OTHER REIMBURS COST		
68	KOKOMO DIALYSIS	5951	OTHER REIMBURSABLE COST CENTERS
68.01	PSYCH SERVICES	5952	OTHER REIMBURSABLE COST CENTERS
68.02	DIABETIC THERAPY	5953	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	O'CONNORS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	WELLNESS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCC HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	CMO	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	SETON BOARD	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	MARTEN HOUSE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	FOUNDATION	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	NETWORK DEVELOPMENT	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	EAP	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	MISSION EFFECTIVENESS	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	OTHER NONREIMBURSABLE COST CENTERS	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	MARKETING	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NEW HOPE	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	JOINT VENTURES	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	OTHER NONREIMBURSABLE COST CENTERS	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	VACANT SPACE	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	HEART CENTER OF INDIANA	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	MISSION SERVICES	7969	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 PHARMACY	A	DRUGS CHARGED TO PATIENTS	56		22,541,451
2 DRUGS CHARGED	B	DRUGS CHARGED TO PATIENTS	56		1,413,466
3					
4					
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31					
32					
33					
34 INTEREST	C	NEW CAPITAL-STRESS	3.01		294,588
35		NEW CAP REL COSTS-BLDG & FIXT	3		7,109,438
1 INTEREST	C	NEW CAPITAL-WOMEN'S BLDG	3.03		12,276
2 DEPRECIATION-DIRECTLY ASSIGNED	D	NEW CAP REL COSTS-BLDG & FIXT	3		24,711,908
3		OCC HEALTH	100.02		35
4					
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7					
8					
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31					
32					
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35					
1 DEPRECIATION-DIRECTLY ASSIGNED	D				
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11					
12					
13					

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
14					
15					
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17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32 MED SUPPLIES	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,701,392
33 LAUNDRY	I	LAUNDRY & LINEN SERVICE	9	266,455	1,936,474
34					
35 RADIOLOGY DIRECTOR	J	ULTRA SOUND	41.02	124,716	29,106
1 RADIOLOGY DIRECTOR	J	LAFAYETTE RD CLIINIC	61.03	21,850	5,099
2		ZIONSVILLE CLINIC	61.04	63,989	14,934
3 RADIOLOGY DIRECTOR	K	ADULTS & PEDIATRICS	25	160,396	2,186,748
4		CORONARY CARE UNIT	27	45,849	625,073
5		CARDIAC RECOVERY	27.01	37,804	515,399
6		OPERATING ROOM	37	41,457	565,204
7		RADIOLOGY-DIAGNOSTIC	41	19,093	260,304
8		EP LAB	41.04	6,307	85,984
9		CATH HOLDING	41.05	11,182	152,452
10		ECHOCARDIOGRAPHY	41.06	6,735	91,823
11		CARDIAC REHAB	50.01	4,767	64,997
12		ELECTROCARDIOLOGY	53	11,544	157,384
13		HEART ACQUISITION	85	4,651	63,415
14 REHAB DIRECTOR	L	PHYSICAL THERAPY	50	420,932	52,563
15		OCCUPATIONAL THERAPY	51	40,456	5,052
16		SPEECH PATHOLOGY	52	36,718	4,585
17 MED ED DIRECTOR	M	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	514,984	
18 DIETARY	N	CAFETERIA	12	2,503,921	1,194,116
19 DIRECTOR OF ONCOLOGY	O	ADULTS & PEDIATRICS	25	59,751	42,451
20		RADIOLOGY-DIAGNOSTIC	41	81,392	57,826
21		HOSPICE	93	75,351	53,534
22		PHYSICIANS' PRIVATE OFFICES	98	1,763	1,253
23 INSURANCE	P	NEW CAP REL COSTS-BLDG & FIXT	3		455,316
24 NURSERY	Q	NURSERY	33	1,967,431	156,490
25 CARE 2003/2002	S	OPERATING ROOM	37	113,780	16,984
26		RESPIRATORY THERAPY	49	880,343	107,279
27		ELECTROCARDIOLOGY	53	474,559	70,631
28		MEDICAL SUPPLIES CHARGED TO PATIENTS	55	171	25
29					
30					
31 STRESS BLDG RENT	T	NEW CAPITAL-STRESS	3.01		4,800
32 MARTEN HOUSE	U	MARTEN HOUSE	100.07		2,817,423
33 MARTEN HOUSE DEPR	V	NEW CAPITAL-MARTEN HOUSE	3.02		558,612
34					
35 DEPRECIATION	W	NEW CAPITAL-STRESS	3.01		247,636
1 DEPRECIATION	W	NEW CAPITAL-WOMEN'S BLDG	3.03		1,559,158
2		NEW CAP REL COSTS-MVBLE EQUIP	4		18,152,942
3 RENTAL BEDS	X	CENTRAL SERVICES & SUPPLY	15		190,243
4 ORGAN ACQUISITION	Z	OPERATING ROOM	37	158,098	128,026
5 CPE PARAMED	BB	OTHER ADMINISTRATIVE AND GENERAL	6.07	244,929	32,003
6 ASCENSION INTEREST	CC	OTHER ADMINISTRATIVE AND GENERAL	6.07		607,413
7					
8					
9 HOSPICE	DD	HOSPICE	93		77,562
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 RESPIRATORY DIRECTOR	E	HOUSEKEEPING	10	59,616	5,110
26		DIETARY	11	48,123	4,125

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
27		CENTRAL SERVICES & SUPPLY	15	2,645	227
28		ADULTS & PEDIATRICS	25	1,306	112
29		RESPIRATORY THERAPY	49	24,090	2,065
30		SLEEP LAB	49.01	5,672	486
31		ENDOSCOPY	59	7,077	607
32 IV ADDITIVE	F	DRUGS CHARGED TO PATIENTS	56		136,423
33 PARAMED ED - RADIOLOGY TECH	G	PARAMED ED PRGM-RADIOLOGY	24.03	113,550	
34					
35					
1 RESIDENT SALARIES		R I&R SERVICES-SALARY & FRINGES APPRVD	22	6,147,354	
36 TOTAL RECLASSIFICATIONS				14,810,807	91,282,028

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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 PHARMACY	A	PHARMACY	16			22,541,451	
2 DRUGS CHARGED	B	ADULTS & PEDIATRICS	25			38,746	
3		INTENSIVE CARE UNIT	26			9,433	
4		CORONARY CARE UNIT	27			2,925	
5		CARDIAC RECOVERY	27.01			1,218	
6		PEDIATRIC INTENSIVE CARE UNIT	29.01			2,300	
7		NEONATAL INTENSIVE CARE UNIT	30			23,451	
8		SUBPROVIDER	31			806	
9		SKILLED NURSING FACILITY	34			473	
10		OPERATING ROOM	37			728,454	
11		AMBULATORY SURGERY	37.01			10,155	
12		DELIVERY ROOM & LABOR ROOM	39			6,634	
13		RADIOLOGY-DIAGNOSTIC	41			24,896	
14		CARDIAC CATHETERIZATION LABORATORY	41.01			4,775	
15		ULTRA SOUND	41.02			572	
16		EP LAB	41.04			23	
17		CATH HOLDING	41.05			2,275	
18		LABORATORY	44			152,871	
19		RESPIRATORY THERAPY	49			6,335	
20		SLEEP LAB	49.01			301	
21		PHYSICAL THERAPY	50			2,799	
22		ELECTROENCEPHALOGRAPHY	54			66	
23		RENAL DIALYSIS	57			8,439	
24		ENDOSCOPY	59			8,079	
25		CLINIC	60			324,995	
26		EMERGENCY	61			43,196	
27		ZIONSVILLE CLINIC	61.04			160	
28		WOUND CENTER	61.07			222	
29		FAMILY PRACTICE	67.01			540	
30		GERIATRIC CLINIC	67.02			4,017	
31		DIABETIC THERAPY	68.02			355	
32		HOME HEALTH AGENCY	71			3,276	
33		HEART ACQUISITION	85			679	
34 INTEREST	C	INTEREST EXPENSE	88			7,416,302	11
35							11
1 INTEREST	C						11
2 DEPRECIATION-DIRECTLY ASSIGNED	D	EMPLOYEE BENEFITS	5			44,985	9
3		NONPATIENT TELEPHONES	6.01			63,927	
4		ADMITTING	6.04			434	
5		OTHER ADMINISTRATIVE AND GENERAL	6.07			1,528,196	
6		OPERATION OF PLANT	8			3,259,358	
7		HOUSEKEEPING	10			12,100	
8		DIETARY	11			322,022	
9		NURSING ADMINISTRATION	14			324,642	
10		CENTRAL SERVICES & SUPPLY	15			92,749	
11		PHARMACY	16			192,686	
12		MEDICAL RECORDS & LIBRARY	17			4,831	
13		SOCIAL SERVICE	18			5,622	
14		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			34,532	
15		PARAMED ED PRGM-CPE	24.01			20	
16		ADULTS & PEDIATRICS	25			2,755,710	
17		INTENSIVE CARE UNIT	26			184,195	
18		CORONARY CARE UNIT	27			13,715	
19		CARDIAC RECOVERY	27.01			69,308	
20		PEDIATRIC INTENSIVE CARE UNIT	29.01			48,229	
21		NEONATAL INTENSIVE CARE UNIT	30			791,884	
22		SUBPROVIDER	31			136,650	
23		SKILLED NURSING FACILITY	34			4,370	
24		OPERATING ROOM	37			3,317,503	
25		AMBULATORY SURGERY	37.01			14,974	
26		RADIOLOGY-DIAGNOSTIC	41			4,976,332	
27		CARDIAC CATHETERIZATION LABORATORY	41.01			1,861,784	
28		ULTRA SOUND	41.02			136,578	
29		EP LAB	41.04			375,279	
30		CATH HOLDING	41.05			220,144	
31		ECHOCARDIOGRAPHY	41.06			56,047	
32		LABORATORY	44			72,395	
33		RESPIRATORY THERAPY	49			214,923	
34		SLEEP LAB	49.01			47,025	
35		PHYSICAL THERAPY	50			241,282	
1 DEPRECIATION-DIRECTLY ASSIGNED	D	CARDIAC REHAB	50.01			4,062	
2		SPORTS MEDICINE	50.02			44,636	
3		OCCUPATIONAL THERAPY	51			3,024	
4		SPEECH PATHOLOGY	52			10,149	
5		ELECTROCARDIOLOGY	53			179,590	
6		ELECTROENCEPHALOGRAPHY	54			58,129	
7		RENAL DIALYSIS	57			13,463	
8		ENDOSCOPY	59			205,261	
9		CLINIC	60			122,227	
10		PARTIAL HOSPITALIZATION	60.01			10,087	
11		EMERGENCY	61			681,630	
12		PATIENT SERVICES	61.01			16,445	
13		LAFAYETTE RD CLINIC	61.03			43,412	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
14		ZIONSVILLE CLINIC	61.04		26,186	
15		BROWNSBURG CLINIC	61.05		6,999	
16		WOUND CENTER	61.07		8,208	
17		FAMILY PRACTICE	67.01		39,423	
18		GERIATRIC CLINIC	67.02		12,018	
19		PSYCH SERVICES	68.01		48	
20		DIABETIC THERAPY	68.02		2,237	
21		HOME HEALTH AGENCY	71		71,901	
22		HEART ACQUISITION	85		2,561	
23		HOSPICE	93		380,176	
24		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		2,739	
25		RESEARCH	97		214,593	
26		PHYSICIANS' PRIVATE OFFICES	98		799,941	
27		WELLNESS	100.01		8,359	
28		FOUNDATION	100.08		32,924	
29		EAP	100.10		2,751	
30		MISSION EFFECTIVENESS	100.11		7,846	
31		JOINT VENTURES	100.15		276,487	
32		CENTRAL SERVICES & SUPPLY	15		1,701,392	
33		LAUNDRY	I 10	33,854	36,500	
34		CENTRAL SERVICES & SUPPLY	15	232,601	1,899,974	
35		RADIOLOGY-DIAGNOSTIC	J 41	210,555	49,139	
1		RADIOLOGY DIRECTOR	J			
2						
3		CARDIOLOGY DIRECTOR	K			
4		CARDIAC CATHETERIZATION LABORATORY	41.01	349,785	4,768,783	
5						
6						
7						
8						
9						
10						
11						
12						
13						
14		REHAB DIRECTOR	L			
15		OTHER ADMINISTRATIVE AND GENERAL	6.07	498,106	62,200	
16						
17		MED ED DIRECTOR	M			
18		FAMILY PRACTICE	67.01	514,984		
19		DIETARY	N 11	2,503,921	1,194,116	
20		DIRECTOR OF ONCOLOGY	O			
21		OTHER ADMINISTRATIVE AND GENERAL	6.07	218,257	155,064	
22						
23		INSURANCE	P			
24		OTHER ADMINISTRATIVE AND GENERAL	6.07		455,316	12
25		NURSERY	Q			
26		CARE 2003/2002	S			
27		ADULTS & PEDIATRICS	25	1,967,431	156,490	
28		ADULTS & PEDIATRICS	25	781,201	116,319	
29		INTENSIVE CARE UNIT	26		153	
30		CORONARY CARE UNIT	27	65,692	9,751	
31		CARDIAC RECOVERY	27.01	468,899	55,446	
32		PEDIATRIC INTENSIVE CARE UNIT	29.01	2,454	405	
33		NEONATAL INTENSIVE CARE UNIT	30	149,864	12,845	
34		STRESS BLDG RENT	T			
35		EAP	100.10		4,800	9
1		MARTEN HOUSE	U			
2		OTHER ADMINISTRATIVE AND GENERAL	6.07		2,817,423	
3		MARTEN HOUSE DEPR	V			
4		NEW CAP REL COSTS-BLDG & FIXT	3		435,761	9
5		NEW CAP REL COSTS-MVBLE EQUIP	4		122,851	9
6		DEPRECIATION	W			
7		NEW CAP REL COSTS-BLDG & FIXT	3		19,959,736	9
8						
9		DEPRECIATION	W			9
10						
11		RENTAL BEDS	X			
12		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		190,243	
13		ORGAN ACQUISITION	Z			
14		HEART ACQUISITION	85	158,098	128,026	
15		CPE PARAMED	BB			
16		PARAMED ED PRGM-CPE	24.01	244,929	32,003	
17		ASCENSION INTEREST	CC			
18		NEW CAP REL COSTS-BLDG & FIXT	3		585,043	11
19		NEW CAPITAL-STRESS	3.01		21,475	11
20		NEW CAPITAL-WOMEN'S BLDG	3.03		895	11
21		HOSPICE	DD			
22		ADULTS & PEDIATRICS	25		39,744	
23		INTENSIVE CARE UNIT	26		871	
24		OPERATING ROOM	37		3,314	
25		RADIOLOGY-DIAGNOSTIC	41		2,032	
26		ULTRA SOUND	41.02		49	
1		ECHOCARDIOGRAPHY	41.06		53	
2		LABORATORY	44		12,938	
3		RESPIRATORY THERAPY	49		3,756	
4		PHYSICAL THERAPY	50		32	
5		CARDIAC REHAB	50.01		192	
6		SPEECH PATHOLOGY	52		128	
7		ELECTROCARDIOLOGY	53		320	
8		DRUGS CHARGED TO PATIENTS	56		12,539	
9		RENAL DIALYSIS	57		397	
10		EMERGENCY	61		1,135	
11		DIABETIC THERAPY	68.02		62	
12		RESPIRATORY DIRECTOR	E			
13		NEONATAL INTENSIVE CARE UNIT	30	148,529	12,732	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
27							
28							
29							
30							
31							
32 IV ADDITIVE	F	DIETARY	11				
33 PARAMED ED - RADIOLOGY TECH	G	OPERATING ROOM	37		30,327	136,423	
34		RADIOLOGY-DIAGNOSTIC	41		74,383		
35		ZIONSVILLE CLINIC	61.04		8,840		
1 RESIDENT SALARIES	R	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		6,147,354		
36 TOTAL RECLASSIFICATIONS					14,810,807	91,282,028	

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

RECLASSIFICATIONS

RECLASS CODE: A  
 EXPLANATION : PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	22,541,451
TOTAL RECLASSIFICATIONS FOR CODE A			22,541,451

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	22,541,451	
		22,541,451	

RECLASS CODE: B  
 EXPLANATION : DRUGS CHARGED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,413,466
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			1,413,466

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	38,746	
INTENSIVE CARE UNIT	26	9,433	
CORONARY CARE UNIT	27	2,925	
CARDIAC RECOVERY	27.01	1,218	
PEDIATRIC INTENSIVE CARE UNIT	29.01	2,300	
NEONATAL INTENSIVE CARE UNIT	30	23,451	
SUBPROVIDER	31	806	
SKILLED NURSING FACILITY	34	473	
OPERATING ROOM	37	728,454	
AMBULATORY SURGERY	37.01	10,155	
DELIVERY ROOM & LABOR ROOM	39	6,634	
RADIOLOGY-DIAGNOSTIC	41	24,896	
CARDIAC CATHETERIZATION LABORA	41.01	4,775	
ULTRA SOUND	41.02	572	
EP LAB	41.04	23	
CATH HOLDING	41.05	2,275	
LABORATORY	44	152,871	
RESPIRATORY THERAPY	49	6,335	
SLEEP LAB	49.01	301	
PHYSICAL THERAPY	50	2,799	
ELECTROENCEPHALOGRAPHY	54	66	
RENAL DIALYSIS	57	8,439	
ENDOSCOPY	59	8,079	
CLINIC	60	324,995	
EMERGENCY	61	43,196	
ZIONSVILLE CLINIC	61.04	160	
WOUND CENTER	61.07	222	
FAMILY PRACTICE	67.01	540	
GERIATRIC CLINIC	67.02	4,017	
DIABETIC THERAPY	68.02	355	
HOME HEALTH AGENCY	71	3,276	
HEART ACQUISITION	85	679	
		1,413,466	

RECLASS CODE: C  
 EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAPITAL-STRESS	3.01	294,588
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,109,438
3.00	NEW CAPITAL-WOMEN'S BLDG	3.03	12,276
TOTAL RECLASSIFICATIONS FOR CODE C			7,416,302

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	7,416,302	
		0	
		0	
		7,416,302	

RECLASS CODE: D  
 EXPLANATION : DEPRECIATION-DIRECTLY ASSIGNED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	24,711,908
2.00	OCC HEALTH	100.02	35
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	44,985	
NONPATIENT TELEPHONES	6.01	63,927	
ADMITTING	6.04	434	
OTHER ADMINISTRATIVE AND GENER	6.07	1,528,196	
OPERATION OF PLANT	8	3,259,358	
HOUSEKEEPING	10	12,100	
DIETARY	11	322,022	
NURSING ADMINISTRATION	14	324,642	
CENTRAL SERVICES & SUPPLY	15	92,749	
PHARMACY	16	192,686	
MEDICAL RECORDS & LIBRARY	17	4,831	
SOCIAL SERVICE	18	5,622	
I&R SERVICES-OTHER PRGM COSTS	23	34,532	
PARAMED ED PRGM-CPE	24.01	20	
ADULTS & PEDIATRICS	25	2,755,710	
INTENSIVE CARE UNIT	26	184,195	
CORONARY CARE UNIT	27	13,715	
CARDIAC RECOVERY	27.01	69,308	
PEDIATRIC INTENSIVE CARE UNIT	29.01	48,229	
NEONATAL INTENSIVE CARE UNIT	30	791,884	
SUBPROVIDER	31	136,650	
SKILLED NURSING FACILITY	34	4,370	
OPERATING ROOM	37	3,317,503	
AMBULATORY SURGERY	37.01	14,974	
RADIOLOGY-DIAGNOSTIC	41	4,976,332	

RECLASSIFICATIONS

RECLASS CODE: D  
EXPLANATION : DEPRECIATION-DIRECTLY ASSIGNED

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
26.00			0	CARDIAC CATHETERIZATION LABORA	41.01	1,861,784	
27.00			0	ULTRA SOUND	41.02	136,578	
28.00			0	EP LAB	41.04	375,279	
29.00			0	CATH HOLDING	41.05	220,144	
30.00			0	ECHOCARDIOGRAPHY	41.06	56,047	
31.00			0	LABORATORY	44	72,395	
32.00			0	RESPIRATORY THERAPY	49	214,923	
33.00			0	SLEEP LAB	49.01	47,025	
34.00			0	PHYSICAL THERAPY	50	241,282	
35.00			0	CARDIAC REHAB	50.01	4,062	
36.00			0	SPORTS MEDICINE	50.02	44,636	
37.00			0	OCCUPATIONAL THERAPY	51	3,024	
38.00			0	SPEECH PATHOLOGY	52	10,149	
39.00			0	ELECTROCARDIOLOGY	53	179,590	
40.00			0	ELECTROENCEPHALOGRAPHY	54	58,129	
41.00			0	RENAL DIALYSIS	57	13,463	
42.00			0	ENDOSCOPY	59	205,261	
43.00			0	CLINIC	60	122,227	
44.00			0	PARTIAL HOSPITALIZATION	60.01	10,087	
45.00			0	EMERGENCY	61	681,630	
46.00			0	PATIENT SERVICES	61.01	16,445	
47.00			0	LAFAYETTE RD CLINIC	61.03	43,412	
48.00			0	ZIONSVILLE CLINIC	61.04	26,186	
49.00			0	BROWNSBURG CLINIC	61.05	6,999	
50.00			0	WOUND CENTER	61.07	8,208	
51.00			0	FAMILY PRACTICE	67.01	39,423	
52.00			0	GERIATRIC CLINIC	67.02	12,018	
53.00			0	PSYCH SERVICES	68.01	48	
54.00			0	DIABETIC THERAPY	68.02	2,237	
55.00			0	HOME HEALTH AGENCY	71	71,901	
56.00			0	HEART ACQUISITION	85	2,561	
57.00			0	HOSPICE	93	380,176	
58.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	2,739	
59.00			0	RESEARCH	97	214,593	
60.00			0	PHYSICIANS' PRIVATE OFFICES	98	799,941	
61.00			0	WELLNESS	100.01	8,359	
62.00			0	FOUNDATION	100.08	32,924	
63.00			0	EAP	100.10	2,751	
64.00			0	MISSION EFFECTIVENESS	100.11	7,846	
65.00			0	JOINT VENTURES	100.15	276,487	
TOTAL RECLASSIFICATIONS FOR CODE D			24,711,943				24,711,943

RECLASS CODE: H  
EXPLANATION : MED SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,701,392	CENTRAL SERVICES & SUPPLY	15	1,701,392	
TOTAL RECLASSIFICATIONS FOR CODE H			1,701,392				1,701,392

RECLASS CODE: I  
EXPLANATION : LAUNDRY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	2,202,929	HOUSEKEEPING	10	70,354	
2.00			0	CENTRAL SERVICES & SUPPLY	15	2,132,575	
TOTAL RECLASSIFICATIONS FOR CODE I			2,202,929				2,202,929

RECLASS CODE: J  
EXPLANATION : RADIOLOGY DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRA SOUND	41.02	153,822	RADIOLOGY-DIAGNOSTIC	41	259,694	
2.00	LAFAYETTE RD CLINIC	61.03	26,949			0	
3.00	ZIONSVILLE CLINIC	61.04	78,923			0	
TOTAL RECLASSIFICATIONS FOR CODE J			259,694				259,694

RECLASS CODE: K  
EXPLANATION : RADIOLOGY DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	2,347,144	CARDIAC CATHETERIZATION LABORA	41.01	5,118,568	
2.00	CORONARY CARE UNIT	27	670,922			0	
3.00	CARDIAC RECOVERY	27.01	553,203			0	
4.00	OPERATING ROOM	37	606,661			0	
5.00	RADIOLOGY-DIAGNOSTIC	41	279,397			0	
6.00	EP LAB	41.04	92,291			0	
7.00	CATH HOLDING	41.05	163,634			0	

RECLASSIFICATIONS

RECLASS CODE: K  
EXPLANATION : CARDIOLOGY DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
8.00	ECHOCARDIOGRAPHY	41.06	98,558				0
9.00	CARDIAC REHAB	50.01	69,764				0
10.00	ELECTROCARDIOLOGY	53	168,928				0
11.00	HEART ACQUISITION	85	68,066				0
TOTAL RECLASSIFICATIONS FOR CODE K			5,118,568				5,118,568

RECLASS CODE: L  
EXPLANATION : REHAB DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	473,495	OTHER ADMINISTRATIVE AND GENER	6.07	560,306	0
2.00	OCCUPATIONAL THERAPY	51	45,508				0
3.00	SPEECH PATHOLOGY	52	41,303				0
TOTAL RECLASSIFICATIONS FOR CODE L			560,306				560,306

RECLASS CODE: M  
EXPLANATION : MED ED DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	514,984	FAMILY PRACTICE	67.01	514,984	
TOTAL RECLASSIFICATIONS FOR CODE M			514,984				514,984

RECLASS CODE: N  
EXPLANATION : DIETARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	3,698,037	DIETARY	11	3,698,037	
TOTAL RECLASSIFICATIONS FOR CODE N			3,698,037				3,698,037

RECLASS CODE: O  
EXPLANATION : DIRECTOR OF ONCOLOGY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	102,202	OTHER ADMINISTRATIVE AND GENER	6.07	373,321	
2.00	RADIOLOGY-DIAGNOSTIC	41	139,218				0
3.00	HOSPICE	93	128,885				0
4.00	PHYSICIANS' PRIVATE OFFICES	98	3,016				0
TOTAL RECLASSIFICATIONS FOR CODE O			373,321				373,321

RECLASS CODE: P  
EXPLANATION : INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	455,316	OTHER ADMINISTRATIVE AND GENER	6.07	455,316	
TOTAL RECLASSIFICATIONS FOR CODE P			455,316				455,316

RECLASS CODE: Q  
EXPLANATION : NURSERY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	2,123,921	ADULTS & PEDIATRICS	25	2,123,921	
TOTAL RECLASSIFICATIONS FOR CODE Q			2,123,921				2,123,921

RECLASS CODE: S  
EXPLANATION : CARE 2003/2002

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	130,764	ADULTS & PEDIATRICS	25	897,520	
2.00	RESPIRATORY THERAPY	49	987,622	INTENSIVE CARE UNIT	26	896	
3.00	ELECTROCARDIOLOGY	53	545,190	CORONARY CARE UNIT	27	75,443	
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	196	CARDIAC RECOVERY	27.01	524,345	
5.00			0	PEDIATRIC INTENSIVE CARE UNIT	29.01	2,859	
6.00			0	NEONATAL INTENSIVE CARE UNIT	30	162,709	
TOTAL RECLASSIFICATIONS FOR CODE S			1,663,772				1,663,772

RECLASS CODE: T  
EXPLANATION : STRESS BLDG RENT

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

RECLASSIFICATIONS

RECLASS CODE: U  
 EXPLANATION : MARTEN HOUSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARTEN HOUSE	100.07	2,817,423
TOTAL RECLASSIFICATIONS FOR CODE U			2,817,423

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	2,817,423	
		2,817,423	

RECLASS CODE: V  
 EXPLANATION : MARTEN HOUSE DEPR

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAPITAL-MARTEN HOUSE	3.02	558,612
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE V			558,612

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	435,761	
NEW CAP REL COSTS-MVBLE EQUIP	4	122,851	
		558,612	

RECLASS CODE: W  
 EXPLANATION : DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAPITAL-STRESS	3.01	247,636
2.00	NEW CAPITAL-WOMEN'S BLDG	3.03	1,559,158
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	18,152,942
TOTAL RECLASSIFICATIONS FOR CODE W			19,959,736

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	19,959,736	
		0	
		0	
		19,959,736	

RECLASS CODE: X  
 EXPLANATION : RENTAL BEDS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	190,243
TOTAL RECLASSIFICATIONS FOR CODE X			190,243

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	190,243	
		190,243	

RECLASS CODE: Z  
 EXPLANATION : ORGAN ACQUISITION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	286,124
TOTAL RECLASSIFICATIONS FOR CODE Z			286,124

DECREASE			
COST CENTER	LINE	AMOUNT	
HEART ACQUISITION	85	286,124	
		286,124	

RECLASS CODE: BB  
 EXPLANATION : CPE PARAMED

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	276,932
TOTAL RECLASSIFICATIONS FOR CODE BB			276,932

DECREASE			
COST CENTER	LINE	AMOUNT	
PARAMED ED PRGM-CPE	24.01	276,932	
		276,932	

RECLASS CODE: CC  
 EXPLANATION : ASCENSION INTEREST

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	607,413
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE CC			607,413

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	585,043	
NEW CAPITAL-STRESS	3.01	21,475	
NEW CAPITAL-WOMEN'S BLDG	3.03	895	
		607,413	

RECLASS CODE: DD  
 EXPLANATION : HOSPICE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	77,562
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
TOTAL RECLASSIFICATIONS FOR CODE DD			77,562

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	39,744	
INTENSIVE CARE UNIT	26	871	
OPERATING ROOM	37	3,314	
RADIOLOGY-DIAGNOSTIC	41	2,032	
ULTRA SOUND	41.02	49	
ECHOCARDIOGRAPHY	41.06	53	
LABORATORY	44	12,938	
RESPIRATORY THERAPY	49	3,756	
PHYSICAL THERAPY	50	32	
CARDIAC REHAB	50.01	192	
SPEECH PATHOLOGY	52	128	
ELECTROCARDIOLOGY	53	320	
DRUGS CHARGED TO PATIENTS	56	12,539	
RENAL DIALYSIS	57	397	
EMERGENCY	61	1,135	
DIABETIC THERAPY	68.02	62	
		77,562	

RECLASSIFICATIONS

RECLASS CODE: E  
EXPLANATION : RESPIRATORY DIRECTOR

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	HOUSEKEEPING	64,726	30	NEONATAL INTENSIVE CARE UNIT	161,261
2.00	DIETARY	52,248			0
3.00	CENTRAL SERVICES & SUPPLY	2,872			0
4.00	ADULTS & PEDIATRICS	1,418			0
5.00	RESPIRATORY THERAPY	26,155			0
6.00	SLEEP LAB	49.01			0
7.00	ENDOSCOPY	59			0
TOTAL RECLASSIFICATIONS FOR CODE E		161,261			161,261

RECLASS CODE: F  
EXPLANATION : IV ADDITIVE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	136,423	11	DIETARY	136,423
TOTAL RECLASSIFICATIONS FOR CODE F		136,423			136,423

RECLASS CODE: G  
EXPLANATION : PARAMED ED - RADIOLOGY TECH

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PARAMED ED PRGM-RADIOLOGY	113,550	37	OPERATING ROOM	30,327
2.00		0	41	RADIOLOGY-DIAGNOSTIC	74,383
3.00		0	61.04	ZIONSVILLE CLINIC	8,840
TOTAL RECLASSIFICATIONS FOR CODE G		113,550			113,550

RECLASS CODE: R  
EXPLANATION : RESIDENT SALARIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	6,147,354	23	I&R SERVICES-OTHER PRGM COSTS	6,147,354
TOTAL RECLASSIFICATIONS FOR CODE R		6,147,354			6,147,354

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	6,981,986	1,409,495			1,409,495		8,391,481	
2	LAND IMPROVEMENTS	10,273,247	352,751			352,751		10,625,998	
3	BUILDINGS & FIXTURE	339,246,794	50,999,322			50,999,322		390,246,116	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	213,383,045	8,591,078			8,591,078		221,974,123	
7	SUBTOTAL	569,885,072	61,352,646			61,352,646		631,237,718	
8	RECONCILING ITEMS								
9	TOTAL	569,885,072	61,352,646			61,352,646		631,237,718	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAPITAL-STRESS								
3 02	NEW CAPITAL-MARTEN H								
3 03	NEW CAPITAL-WOMEN'S								
4	NEW CAP REL COSTS-MV	221,974,123		221,974,123	1.000000				
5	TOTAL	221,974,123		221,974,123	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	10,278,464		6,054,590	455,316			16,788,370
3 01	NEW CAPITAL-STRESS	-23,551		255,868				232,317
3 02	NEW CAPITAL-MARTEN H	558,612						558,612
3 03	NEW CAPITAL-WOMEN'S	1,547,656		10,662				1,558,318
4	NEW CAP REL COSTS-MV	18,136,880						18,136,880
5	TOTAL	30,498,061		6,321,120	455,316			37,274,497

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4  
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,157,774						5,157,774
3 01	NEW CAPITAL-STRESS							
3 02	NEW CAPITAL-MARTEN H							
3 03	NEW CAPITAL-WOMEN'S							
4	NEW CAP REL COSTS-MV							
5	TOTAL	5,157,774						5,157,774

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	A	-6,602,693	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	A	-275,987	NEW CAPITAL-STRESS	3.01	9
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-35,827	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-86,066	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-27,343,725			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-37,219,776			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,657,158	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	A	-57	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 GUEST/VISITOR TRAY OFFSET	A	-544,280	DIETARY	11	
38 RAD TECHNOLOGY - PARAMED	B	-44,309	PARAMED ED PRGM-RADIOLOGY	24.03	
39 CARRYFORWARD ADJUSTMENT	A	106,789	NEW CAP REL COSTS-MVBLE E	4	9
40 CARRYFORWARD ADJUSTMENT	A	-5,703	NEW CAP REL COSTS-BLDG &	3	9
41 MISC INCOME	B	-1,051	EMPLOYEE BENEFITS	5	
42 MISC INCOME	B	-1,363	CASHIERING/ACCOUNTS RECEI	6.05	
43 MISC INCOME	B	-11,916,855	OTHER ADMINISTRATIVE AND	6.07	
44 MISC INCOME	B	-96,698	OPERATION OF PLANT	8	
45 MISC INCOME	B	-91	HOUSEKEEPING	10	
46 MISC INCOME	B	-409,587	DIETARY	11	
47 MISC INCOME	B	-475	NURSING ADMINISTRATION	14	
48 MISC INCOME	B	-18,053	CENTRAL SERVICES & SUPPLY	15	
49 MISC INCOME	B	-3,708,689	PHARMACY	16	
49.01 MISC INCOME	B	-2,796	MEDICAL RECORDS & LIBRARY	17	
49.02 MISC INCOME	B	-32,364	SOCIAL SERVICE	18	
49.03 MISC INCOME	B	-188,585	I&R SERVICES-OTHER PRGM C	23	
49.04 MISC INCOME	B	-41,480	PARAMED ED PRGM-CPE	24.01	
49.05 MISC INCOME	B	-60,557	PARAMED ED PRGM-RADIOLOGY	24.03	
49.06 MISC INCOME	B	-35,215	ADULTS & PEDIATRICS	25	
49.07 MISC INCOME	B	-14,867	NEONATAL INTENSIVE CARE U	30	
49.08 MISC INCOME	B	-252	SUBPROVIDER	31	
49.09 MISC INCOME	B	-76,639	OPERATING ROOM	37	
49.10 MISC INCOME	B	-120	AMBULATORY SURGERY	37.01	
49.11 MISC INCOME	B	-145,084	RADIOLOGY-DIAGNOSTIC	41	
49.12 MISC INCOME	B	-132,586	CARDIAC CATHETERIZATION L	41.01	
49.13 MISC INCOME	B	-62	ECHOCARDIOGRAPHY	41.06	
49.14 MISC INCOME	B	-15,702	PHYSICAL THERAPY	50	
49.15 MISC INCOME	B	-136,751	SPORTS MEDICINE	50.02	
49.16 MISC INCOME	B	-448	SPEECH PATHOLOGY	52	
49.17 MISC INCOME	B	-127,341	CLINIC	60	
49.18 MISC INCOME	B	-280,876	EMERGENCY	61	
49.19 MISC INCOME	B	-27,734	PATIENT SERVICES	61.01	
49.20 MISC INCOME	B	-35	ZIONSVILLE CLINIC	61.04	
49.21 MISC INCOME	B	-553,778	FAMILY PRACTICE	67.01	
49.22 MISC INCOME	B	-177,999	GERIATRIC CLINIC	67.02	
49.23 MISC INCOME	B	-22,355	DIABETIC THERAPY	68.02	
49.24 MISC INCOME	B	-97,318	HOME HEALTH AGENCY	71	
49.25 MISC INCOME	B	-510,568	HOSPICE	93	
49.26 TCU START-UP COSTS	A	1,839	SKILLED NURSING FACILITY	34	
49.27 RENAL TRANSPLANT START-UP COSTS	A	-86,784	KIDNEY ACQUISITION	83	
49.28 CMO - NEGATIVE BALANCE	A	1,599	CMO	100.03	
49.29 ST V HEART CENTER OF IN - NEGATIVE B	A	120	HEART CENTER OF INDIANA	100.18	
49.30 VISITOR PARKING LOT	A	-106,758	OPERATION OF PLANT	8	
49.31 VISITOR PARKING LOT - BENEFITS	A	-7,496	EMPLOYEE BENEFITS	5	
49.32 VISITOR PARKING LOT - CAPITAL	A	-29,328	NEW CAP REL COSTS-BLDG &	3	9
49.33 INCENTIVE ADJUSTMENT - SALARY	A	-53,507	OTHER ADMINISTRATIVE AND	6.07	
49.34 INCENTIVE ADJUSTMENT - FICA	A	-97,952	OTHER ADMINISTRATIVE AND	6.07	
49.35 INTEREST INCOME/EXPENSE OFFSET	A	-11,502	NEW CAPITAL-WOMEN'S BLDG	3.03	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-92,932,935			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & ASCENSION - INTEREST	6,970,752	7,440,557	-469,805	11
2	3	1 NEW CAPITAL-STRESS ASCENSION - INTEREST	255,868	273,113	-17,245	11
3	3	3 NEW CAPITAL-WOMEN'S BLDG ASCENSION - INTEREST	10,663	11,382	-719	11
4	6	7 OTHER ADMINISTRATIVE AND ASCENSION - INTEREST	569,059	607,413	-38,354	
4.01	6	7 OTHER ADMINISTRATIVE AND ASCENSION - TRIMEDX	6,770,609	6,759,292	11,317	
4.02	3	NEW CAP REL COSTS-BLDG & ST. VINCENT HEALTH	7,442,003		7,442,003	9
4.03	5	EMPLOYEE BENEFITS ST. VINCENT HEALTH	616,419	14,543,040	-13,926,621	
4.04	6	1 NONPATIENT TELEPHONES ST. VINCENT HEALTH	1,541,785	3,040,176	-1,498,391	
4.05	6	2 DATA PROCESSING ST. VINCENT HEALTH	20,143,388	36,550,716	-16,407,328	
4.06	6	3 PURCHASING, RECEIVING AND ST. VINCENT HEALTH	1,396,824	2,643,156	-1,246,332	
4.07	6	4 ADMITTING ST. VINCENT HEALTH	2,001,786		2,001,786	
4.08	6	5 CASHIERING/ACCOUNTS RECEI ST. VINCENT HEALTH	4,172,629	10,539,672	-6,367,043	
4.09	6	6 OP REGISTRATION ST. VINCENT HEALTH	2,490,317		2,490,317	
4.10	6	7 OTHER ADMINISTRATIVE AND ST. VINCENT HEALTH	13,228,805	22,833,132	-9,604,327	
4.11	8	OPERATION OF PLANT ST. VINCENT HEALTH	143,274		143,274	
4.12	15	CENTRAL SERVICES & SUPPLY ST. VINCENT HEALTH	259,611		259,611	
4.13	17	MEDICAL RECORDS & LIBRARY ST. VINCENT HEALTH	2,921,733	3,726,348	-804,615	
4.14	98	PHYSICIANS' PRIVATE OFFIC ST. VINCENT HEALTH	2,687,229		2,687,229	
4.15	100	9 NETWORK DEVELOPMENT ST. VINCENT HEALTH	729,240	1,593,924	-864,684	
4.16	100	13 MARKETING ST. VINCENT HEALTH		3,080,172	-3,080,172	
4.17	100	19 MISSION SERVICES ST. VINCENT HEALTH		827,424	-827,424	
4.18	5	EMPLOYEE BENEFITS ASCENSION - PENSION	13,489,120	13,871,862	-382,742	
4.19	5	EMPLOYEE BENEFITS ST. VINCENT HEALTH - SELF	28,357,951	25,077,462	3,280,489	
5		TOTALS	116,199,065	153,418,841	-37,219,776	

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

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

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

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

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE 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 A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.  
HOME OFFICE

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET A-8-2  
 I I TO 6/30/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	5	BENEFITS - SALARIED	75,070	75,070				
2	6	A&G - SALARIED	1,138,698	1,138,698				
3	16	PHARMACY - SALARIED	246	246				
4	23	I&R - SALARIED	3,029,738	3,029,738				
5	25	A&P - SALARIED	1,552,434	1,552,434				
6	29	1 PICU - SALARIED	1,288,966	1,288,966				
7	30	NICU - SALARIED	4,404,446	4,404,446				
8	31	STRESS - SALARIED	13,882	13,882				
9	37	SURGERY - SALARIED	112	112				
10	37	1 AMBULATORY SURGERY - SALA	1,444,449	1,444,449				
11	41	RADIOLOGY - SALARIED	421,870	421,870				
12	50	2 SPORTS MEDICINE - SALARIE	9,756	9,756				
13	61	4 ZIONSVILLE - SALARIED	5,670	5,670				
14	67	1 FAMILY PRACTICE - SALARIE	3,841,207	3,841,207				
15	67	2 GERIATRIC - SALARIED	706,209	706,209				
17	5	BENEFITS - CONTRACTED	9,360	9,360				
18	6	7 A&G - CONTRACTED	3,524,310	3,524,310				
20	23	I&R - CONTRACTED	302,136	302,136				
21	25	A&P - CONTRACTED	27,700	27,700				
22	26	ICU - CONTRACTED	81,250	81,250				
23	30	NICU - CONTRACTED	368,400	368,400				
24	31	STRESS - CONTRACTED	2,840	2,840				
25	34	TCU - CONTRACTED	10,000	10,000				
26	37	OR - CONTRACTED	1,656,208	1,656,208				
27	41	RADIOLOGY - CONTRACTED	200,699	200,699				
28	41	1 CARDIAC CATH LAB - CONTRA	313,062	313,062				
29	44	LAB - CONTRACTED	1,125,731	1,125,731				
30	49	1 SLEEP LAB - CONTRACTED	4,667	4,667				
31	50	PT - LAB	1,204	1,204				
32	50	2 SPORTS MEDICINE - CONTRAC	7,378	7,378				
33	52	ST - CONTRACTED	1,333	1,333				
34	53	EKG - CONTRACTED	300,000	300,000				
35	54	EEG - CONTRACTED	100	100				
36	60	CLINIC - CONTRACTED	10,000	10,000				
37	61	ER - CONTRACTED	674,372	674,372				
38	61	1 PATIENT SERVICES - CONTRA	3,662	3,662				
39	61	4 ZIONSVILLE CLINIC - CONTR	5,400	5,400				
40	67	1 FAMILY PRACTICE - CONTRAC	781,160	781,160				
101		TOTAL	27,343,725	27,343,725				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	COL 12 13	14	COL 14 15	16	17	18
1	5	BENEFITS - SALARIED						75,070
2	6	A&G - SALARIED						1,138,698
3	16	PHARMACY - SALARIED						246
4	23	I&R - SALARIED						3,029,738
5	25	A&P - SALARIED						1,552,434
6	29	1 PICU - SALARIED						1,288,966
7	30	NICU - SALARIED						4,404,446
8	31	STRESS - SALARIED						13,882
9	37	SURGERY - SALARIED						112
10	37	1 AMBULATORY SURGERY - SALA						1,444,449
11	41	RADIOLOGY - SALARIED						421,870
12	50	2 SPORTS MEDICINE - SALARIE						9,756
13	61	4 ZIONSVILLE - SALARIED						5,670
14	67	1 FAMILY PRACTICE - SALARIE						3,841,207
15	67	2 GERIATRIC - SALARIED						706,209
17	5	BENEFITS - CONTRACTED						9,360
18	6	7 A&G - CONTRACTED						3,524,310
20	23	I&R - CONTRACTED						302,136
21	25	A&P - CONTRACTED						27,700
22	26	ICU - CONTRACTED						81,250
23	30	NICU - CONTRACTED						368,400
24	31	STRESS - CONTRACTED						2,840
25	34	TCU - CONTRACTED						10,000
26	37	OR - CONTRACTED						1,656,208
27	41	RADIOLOGY - CONTRACTED						200,699
28	41	1 CARDIAC CATH LAB - CONTRA						313,062
29	44	LAB - CONTRACTED						1,125,731
30	49	1 SLEEP LAB - CONTRACTED						4,667
31	50	PT - LAB						1,204
32	50	2 SPORTS MEDICINE - CONTRAC						7,378
33	52	ST - CONTRACTED						1,333
34	53	EKG - CONTRACTED						300,000
35	54	EEG - CONTRACTED						100
36	60	CLINIC - CONTRACTED						10,000
37	61	ER - CONTRACTED						674,372
38	61	1 PATIENT SERVICES - CONTRA						3,662
39	61	4 ZIONSVILLE CLINIC - CONTR						5,400
40	67	1 FAMILY PRACTICE - CONTRAC						781,160
101		TOTAL						27,343,725

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0084  
 I PERIOD: FROM 7/1/2006 TO 6/30/2007  
 I PREPARED 11/28/2007  
 I WORKSHEET B  
 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL-S TRESS	NEW CAPITAL-M ARTEN HOUSE	NEW CAPITAL-W OMEN'S BLDG
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAPITAL-STRESS	16,788,370			16,788,370			
003 02 NEW CAPITAL-MARTEN HOUSE	232,317				232,317		
003 03 NEW CAPITAL-WOMEN'S BLDG	558,612					558,612	
004 NEW CAP REL COSTS-MVBLE E	1,558,318						1,558,318
005 EMPLOYEE BENEFITS	18,136,880						
006 01 NONPATIENT TELEPHONES	76,224,699			60,068			
006 02 DATA PROCESSING	1,695,599			110,824	1,182		3,807
006 03 PURCHASING, RECEIVING AND	20,196,756			148,358	38,989		1,410
006 04 ADMITTING	1,406,559			115,856			
006 05 CASHIERING/ACCOUNTS RECEI	3,023,315			137,078			13,215
006 06 OP REGISTRATION	4,461,393			20,387			
006 07 OTHER ADMINISTRATIVE AND	2,490,317			1,545			
008 OPERATION OF PLANT	34,766,900			244,661	13,809	24,232	57,513
009 LAUNDRY & LINEN SERVICE	18,496,145			2,910,135	11,607		142,423
010 HOUSEKEEPING	2,202,929						
011 DIETARY	6,878,765			129,338	2,539		12,983
012 CAFETERIA	2,129,533			147,429	4,966		61,532
014 NURSING ADMINISTRATION	2,040,867			174,256			
015 CENTRAL SERVICES & SUPPLY	8,099,188			217,697	1,116		23,297
016 PHARMACY	893,376			385,704			29,049
017 MEDICAL RECORDS & LIBRARY	14,348,391			211,735			26,944
018 SOCIAL SERVICE	5,422,748			150,409	2,657		23,307
022 I&R SERVICES-SALARY & FRI	4,050,191			24,913	673		
023 I&R SERVICES-OTHER PRGM C	6,147,354						
024 PARAMED ED PRGM	4,658,738			261,699			4,674
024 01 PARAMED ED PRGM-CPE	76,837						
024 02 PARAMED ED PRGM-PHARMACY	4,400			28,810			
024 03 PARAMED ED PRGM-RADIOLOGY	175,922						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,050,402			3,167,842			359,686
026 INTENSIVE CARE UNIT	7,113,772			318,225			
027 CORONARY CARE UNIT	4,552,782			262,519			
027 01 CARDIAC RECOVERY	2,763,803			177,551			
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	2,330,349			254,561			
030 NEONATAL INTENSIVE CARE U	12,226,660			24,736			275,167
031 SUBPROVIDER	3,355,838				89,336		
033 NURSERY	2,123,921						125,049
034 SKILLED NURSING FACILITY	1,034,621			166,954			
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	60,431,574			1,379,897			92,535
038 AMBULATORY SURGERY	2,259,174			299,479			
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	4,639,458						209,687
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	25,038,276			685,703			42,858
041 01 CARDIAC CATHETERIZATION L	5,781,537			350,714			
041 02 ULTRA SOUND	1,273,726			26,828			
041 03 SATELLITE CATH LABS							
041 04 EP LAB	8,790,908			31,818			
041 05 CATH HOLDING	835,554			74,111			
041 06 ECHOCARDIOGRAPHY	682,737			3,104			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	28,203,185			198,636			32,201
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	7,365,527			83,710	3,991		
049 01 SLEEP LAB	1,354,080			2,735	26,262		
050 PHYSICAL THERAPY	7,936,178			128,709			927
050 01 CARDIAC REHAB	414,239						
050 02 SPORTS MEDICINE	1,738,790						
051 OCCUPATIONAL THERAPY	685,229			5,087	580		
052 SPEECH PATHOLOGY	668,986			21,673			
053 ELECTROCARDIOLOGY	1,314,082			58,632			
054 ELECTROENCEPHALOGRAPHY	686,290			9,435			
055 MEDICAL SUPPLIES CHARGED	1,511,345			14			
056 DRUGS CHARGED TO PATIENTS	24,078,801						
057 RENAL DIALYSIS	1,306,907			47,803			
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	2,474,818			144,229			
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	3,250,242						
061 PARTIAL HOSPITALIZATION	676,668				28,849		
061 EMERGENCY	9,104,387			497,609			
061 01 PATIENT SERVICES	1,794,627			45,178			11,724
061 03 LAFAYETTE RD CLINIC	209,362						
061 04 ZIONSVILLE CLINIC	1,154,675						
061 05 BROWNSBURG CLINIC	5,054						
061 07 WOUND CENTER	1,635,353						
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL-S TRESS	NEW CAPITAL-M ARTEN HOUSE	NEW CAPITAL-W OMEN'S BLDG
		0	1	2	3	3.01	3.02	3.03
OTHER REIMBURS COST CNTRS								
067	01 FAMILY PRACTICE	2,048,965						
067	02 GERIATRIC CLINIC	447,758						
068	KOKOMO DIALYSIS							
068	01 PSYCH SERVICES	58,060						
068	02 DIABETIC THERAPY	547,353						
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	5,026,123			75,082			
082	LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS								
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	498,871						
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	7,069,025			302,706			
095	SUBTOTALS	562,715,491			14,326,182	226,556	24,232	1,549,988
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	1,290,605			56,089			5,409
097	RESEARCH	1,307,463						
098	PHYSICIANS' PRIVATE OFFIC	13,296,181			113,545			
099	NONPAID WORKERS							
100	O'CONNORS				1,873			
100	01 WELLNESS	608,222						2,921
100	02 OCC HEALTH	3,627						
100	03 CMO							
100	04 OTHER NONREIMBURSABLE COS							
100	05 OTHER NONREIMBURSABLE COS							
100	06 SETON BOARD	272			190,569			
100	07 MARTEN HOUSE	2,817,423					534,380	
100	08 FOUNDATION	2,133,798						
100	09 NETWORK DEVELOPMENT	729,240						
100	10 EAP	382,390				5,761		
100	11 MISSION EFFECTIVENESS	891,502						
100	12 OTHER NONREIMBURSABLE COS							
100	13 MARKETING	13,108,173						
100	14 NEW HOPE				580,156			
100	15 JOINT VENTURES	3,892,504						
100	16 OTHER NONREIMBURSABLE COS							
100	17 VACANT SPACE				1,489,573			
100	18 HEART CENTER OF INDIANA							
100	19 MISSION SERVICES	1,096,267			30,383			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	604,273,158			16,788,370	232,317	558,612	1,558,318

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI
	4	5	6.01	6.02	6.03	6.04	6.05
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAPITAL-STRESS							
003 02 NEW CAPITAL-MARTEN HOUSE							
003 03 NEW CAPITAL-WOMEN'S BLDG							
004 NEW CAP REL COSTS-MVBLE E	18,136,880						
005 EMPLOYEE BENEFITS	50,548	76,335,315					
006 01 NONPATIENT TELEPHONES	178,848	296,421	2,286,681				
006 02 DATA PROCESSING	12,817	2,727,420	9,499	23,135,249			
006 03 PURCHASING, RECEIVING AND		640,555	633	145,646	2,309,249		
006 04 ADMITTING	8,585	713,095	12,032	386,521	624	4,294,465	
006 05 CASHIERING/ACCOUNTS RECEI		3,030,141	3,166	879,476			8,394,563
006 06 OP REGISTRATION		648,676		408,928			
006 07 OTHER ADMINISTRATIVE AND	532,226	8,073,647	210,240	2,246,304	14,620		
008 OPERATION OF PLANT	781,367	1,540,749	123,485	761,839	30,568		
009 LAUNDRY & LINEN SERVICE		72,170					
010 HOUSEKEEPING	13,866	1,334,175	17,731	106,433	19,394		
011 DIETARY	197,575	552,861	37,995	156,849			
012 CAFETERIA		678,195		5,602			
014 NURSING ADMINISTRATION	440,449	1,981,790	43,695	425,733	3,605		
015 CENTRAL SERVICES & SUPPLY	79,177	136,963	13,932	67,221	78,749		1
016 PHARMACY	88,017	2,690,479	80,423	448,140	632,251		
017 MEDICAL RECORDS & LIBRARY	4,605	1,693,437	26,597	1,058,732	1,374		
018 SOCIAL SERVICE	392	909,328	60,792	235,274	4,158		969
022 I&R SERVICES-SALARY & FRI		1,665,029					
023 I&R SERVICES-OTHER PRGM C	36,636	905,427	74,724	369,716	8,866		14,276
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-CPE	27	27,748	1,267	11,204	89		
024 02 PARAMED ED PRGM-PHARMACY		34			9		
024 03 PARAMED ED PRGM-RADIOLOGY		71,364	1,267	16,805	375		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,488,416	10,949,678	77,890	2,795,273	80,197	2,804,191	826,556
026 INTENSIVE CARE UNIT	154,472	1,659,664	26,597	341,707	17,327	225,355	150,271
027 CORONARY CARE UNIT	13,534	931,866	32,296	263,282	8,963	106,290	59,980
027 01 CARDIAC RECOVERY	55,584	562,756	20,897	173,654	5,188	60,320	51,062
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	45,969	553,605	7,599	168,053	4,637	48,163	51,287
030 NEONATAL INTENSIVE CARE U	780,960	2,818,877	70,924	834,662	17,207	410,767	311,467
031 SUBPROVIDER	41,221	884,914		151,247	1,665	240,664	64,226
033 NURSERY		532,885		179,256	3,149	168,995	47,284
034 SKILLED NURSING FACILITY	5,157	263,457			1,074	94,792	10,134
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,000,997	4,479,077	229,237	834,662	775,056		1,707,289
037 01 AMBULATORY SURGERY	14,919	483,496	60,159	179,256	8,421		41,629
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	176,394	1,174,243	26,597	487,353	4,139		153,896
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	5,650,301	3,752,247	214,673	1,462,058	128,149		1,304,157
041 01 CARDIAC CATHETERIZATION L	527,729	293,849	41,795	168,053	62,489		238,060
041 02 ULTRA SOUND	214,837	317,689	9,499	28,009	1,371		78,272
041 03 SATELLITE CATH LABS							
041 04 EP LAB	316,353	98,947	10,132	5,602	26,878		189,357
041 05 CATH HOLDING	189,184	157,107	16,465	39,212	2,424		26,371
041 06 ECHOCARDIOGRAPHY	73,516	114,971	3,166	44,814	3,853		68,280
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	27,013	23,114	13,932	100,832	185,202		862,490
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	304,673	1,492,544	22,797	140,044	36,407		303,491
049 01 SLEEP LAB	18,605	252,109	17,731	50,416	1,923		41,091
050 PHYSICAL THERAPY	172,720	1,605,543	55,726	364,114	10,259		157,594
050 01 CARDIAC REHAB	5,533	93,675	1,900	5,602	57		2,051
050 02 SPORTS MEDICINE	57,544	416,236	12,032	123,239	894		2,718
051 OCCUPATIONAL THERAPY		176,300	5,699	16,805	292		21,261
052 SPEECH PATHOLOGY	7,504	137,563	7,599	22,407	284		12,260
053 ELECTROCARDIOLOGY	237,815	233,576	8,232	44,814	1,343		16,653
054 ELECTROENCEPHALOGRAPHY	51,095	167,492	10,765	28,009	1,515		43,011
055 MEDICAL SUPPLIES CHARGED	1	46					34,543
056 DRUGS CHARGED TO PATIENTS							717,162
057 RENAL DIALYSIS	12,677		7,599	16,805	5,424		20,163
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	200,354	371,609	22,797	33,611	23,781		91,981
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,267	672,493	76,624	834,662	12,304		57,251
060 01 PARTIAL HOSPITALIZATION	8,531	173,935	18,998	106,433	374		25,866
061 EMERGENCY	320,755	2,058,061	70,924	745,033	28,785		368,032
061 01 PATIENT SERVICES	15,531	483,709	6,966	33,611	2,500		17,457
061 03 LAFAYETTE RD CLINIC	33,318	30,776	24,064	5,602	182		
061 04 ZIONSVILLE CLINIC	26,483	104,493		33,611	1,600		
061 05 BROWNSBURG CLINIC				5,602			
061 07 WOUND CENTER	1,649		10,132	61,619	333		32,617
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0084 I PERIOD: 7/1/2006 TO 6/30/2007 I PREPARED 11/28/2007 I WORKSHEET B PART I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI
		4	5	6.01	6.02	6.03	6.04	6.05
067	01 OTHER REIMBURS COST CNTRS							
067	01 FAMILY PRACTICE	175,846	422,952	58,893	638,600	2,754		
068	02 GERIATRIC CLINIC	6,783	122,108	13,298	134,442	808		
068	01 KOKOMO DIALYSIS							
068	01 PSYCH SERVICES			633				988
068	02 DIABETIC THERAPY	601	132,396	6,966	50,416	425		2,960
069	02 CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	78,643	1,203,590	47,494	677,812	2,999		40,077
082	LUNG ACQUISITION							
083	SPEC PURPOSE COST CENTERS							
083	01 KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	983	30,280	2,533	11,204	4,044		3,275
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	158,069	1,375,643	39,895	364,114	18,431	134,928	124,747
095	SUBTOTALS	17,107,671	72,199,275	2,129,633	20,536,035	2,289,789	4,294,465	8,394,563
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	866	95,775	6,333	16,805	4,085		
097	RESEARCH	3,490	194,893	16,465	151,247	1,437		
098	PHYSICIANS' PRIVATE OFFIC	939,367	2,469,009	82,956	1,686,128	4,666		
099	NONPAID WORKERS							
100	O'CONNORS				5,602			
100	01 WELLNESS	5,862	107,024	4,433	67,221	1,017		
100	02 OCC HEALTH		19	12,032	16,805	11		
100	03 CMO			1,900	33,611			
100	04 OTHER NONREIMBURSABLE COS							
100	05 OTHER NONREIMBURSABLE COS							
100	06 SETON BOARD							
100	07 MARTEN HOUSE							
100	08 FOUNDATION	39,575	165,746	9,499	67,221	1,484		
100	09 NETWORK DEVELOPMENT		134,401		56,018			
100	10 EAP		81,925	5,699	44,814	201		
100	11 MISSION EFFECTIVENESS	10,686	124,968	6,966	151,247	1,260		
100	12 OTHER NONREIMBURSABLE COS				39,212			
100	13 MARKETING		597,554	8,232	168,053	1,497		
100	14 NEW HOPE							
100	15 JOINT VENTURES	29,363	36,314		5,602	3,069		
100	16 OTHER NONREIMBURSABLE COS			2,533				
100	17 VACANT SPACE							
100	18 HEART CENTER OF INDIANA							
100	19 MISSION SERVICES		128,412		89,628	733		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	18,136,880	76,335,315	2,286,681	23,135,249	2,309,249	4,294,465	8,394,563



COST CENTER DESCRIPTION	OP REGISTRATI ON	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
OTHER REIMBURS COST CNTRS	6.06	6a.06	6.07	8	9	10	11
067 01 FAMILY PRACTICE		3,348,010	277,061				25,222
067 02 GERIATRIC CLINIC		725,197	60,013				
068 KOKOMO DIALYSIS							
068 01 PSYCH SERVICES		59,681	4,939				
068 02 DIABETIC THERAPY	3,593	744,710	61,628				
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	48,788	7,200,608	595,879	130,269			
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION	12	551,202	45,614				
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	113,084	9,700,642	802,767	525,206		188,470	192,723
095 SUBTOTALS	3,549,466	551,763,861	41,838,798	22,521,860	2,463,373	7,937,859	4,148,748
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,475,967	122,142	110,080		39,502	
097 RESEARCH		1,674,995	138,613				
098 PHYSICIANS' PRIVATE OFFIC		18,591,852	1,538,550	197,006		70,695	
099 NONPAID WORKERS							
100 O'CONNORS		7,475	619	3,250		1,166	
100 01 WELLNESS		796,700	65,930	6,880		2,469	
100 02 OCC HEALTH		32,494	2,689				
100 03 CMO		35,511	2,939				
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 SETON BOARD		190,841	15,793	330,644		118,651	
100 07 MARTEN HOUSE		3,351,803	277,375				
100 08 FOUNDATION		2,417,323	200,043				
100 09 NETWORK DEVELOPMENT		919,659	76,105				
100 10 EAP		520,790	43,097	36,986		13,272	
100 11 MISSION EFFECTIVENESS		1,186,629	98,198				
100 12 OTHER NONREIMBURSABLE COS		39,212	3,245				
100 13 MARKETING		13,883,509	1,148,916				
100 14 NEW HOPE		580,156	48,010	1,006,593		361,215	
100 15 JOINT VENTURES		3,966,852	328,273				
100 16 OTHER NONREIMBURSABLE COS		2,533	210				
100 17 VACANT SPACE		1,489,573	123,268	2,584,464		927,433	
100 18 HEART CENTER OF INDIANA							
100 19 MISSION SERVICES		1,345,423	111,339	52,715		18,917	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,549,466	604,273,158	46,184,152	26,850,478	2,463,373	9,491,179	4,148,748

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
	12	14	15	16	17	18	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAPITAL-STRESS							
003 02 NEW CAPITAL-MARTEN HOUSE							
003 03 NEW CAPITAL-WOMEN'S BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	3,549,653						
014 NURSING ADMINISTRATION	139,025	12,903,022					
015 CENTRAL SERVICES & SUPPLY	20,120		2,852,966				
016 PHARMACY	154,121	9,394	47,447	20,855,908			
017 MEDICAL RECORDS & LIBRARY	110,006				9,640,092		
018 SOCIAL SERVICE	61,784	1,599	67			5,852,207	
022 I&R SERVICES-SALARY & FRI	138,579						8,597,468
023 I&R SERVICES-OTHER PRGM C	74,280	48,502	1,048	61,007			
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-CPE	2,543			6			
024 02 PARAMED ED PRGM-PHARMACY	2						
024 03 PARAMED ED PRGM-RADIOLOGY	5,050	9,381		45			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	749,386	4,909,345	231,638	115,363	1,545,854	1,775,538	4,380,298
026 INTENSIVE CARE UNIT	100,525	768,786	59,008	50,781	21,352	206,313	525,636
027 CORONARY CARE UNIT	49,695	375,553	28,247	16,458	109,686	37,887	1,244,609
027 01 CARDIAC RECOVERY	34,046	256,483	14,216	16,486		20,321	
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	39,013	210,165	13,854	11,625	17,366	376,806	84,585
030 NEONATAL INTENSIVE CARE U	177,567	1,099,480	43,351	73,891	37,863	1,162,451	90,627
031 SUBPROVIDER	70,227	229,422	2,871	1,544	92,035		
033 NURSERY	74,720	223,117	7,655	787	140,880	259,011	18,125
034 SKILLED NURSING FACILITY	25,299	102,705	2,957	1,347			
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	322,016	1,210,511	1,572,452	15,846,764	382,986		501,469
037 01 AMBULATORY SURGERY	43,134	173,377	23,830	13,286		11,022	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	77,738	509,984	12,151	57,676	19,277	341,674	338,340
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	270,892	228,557	267,072	769,539	3,291,394		
041 01 CARDIAC CATHETERIZATION L	19,911	66,790	120,356	335,392	116,885		
041 02 ULTRA SOUND	17,777		4,740	14,303			
041 03 SATELLITE CATH LABS							
041 04 EP LAB	6,966	43,652	76,326	94,233			
041 05 CATH HOLDING	12,352	76,540	6,960	11,173			
041 06 ECHOCARDIOGRAPHY	7,440	9,556	712	224			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,137		2,248	195,517	600,976		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	104,409	60,107	23,404	1,168,634	120,301		
049 01 SLEEP LAB	21,151		5,855	385	95,818		
050 PHYSICAL THERAPY	120,699	54	29,914	3,786	49,536		138,961
050 01 CARDIAC REHAB	5,266	42,926					
050 02 SPORTS MEDICINE	33,813		2,319				
051 OCCUPATIONAL THERAPY	13,241		789				
052 SPEECH PATHOLOGY	10,337		14,345				
053 ELECTROCARDIOLOGY	21,389	44,818	3,152	1,571			
054 ELECTROENCEPHALOGRAPHY	11,198		5,503	20,784			
055 MEDICAL SUPPLIES CHARGED	3	18	1				
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			19,695	21,797			30,209
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	26,388	180,794	83,525	516,481	248,410	2,755	84,585
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	70,174	213,705	8,488	433,706		129,161	175,212
060 01 PARTIAL HOSPITALIZATION	14,967		16				
061 EMERGENCY	165,500	679,546	72,607	150,856	2,140,607	1,401,829	308,131
061 01 PATIENT SERVICES	21,757	67,421	5,604	23,382	173,456	4,478	114,794
061 03 LAFAYETTE RD CLINIC			6				
061 04 ZIONSVILLE CLINIC		2,193	471	440	220,674		
061 05 BROWNSBURG CLINIC					407		
061 07 WOUND CENTER			312	2,738			
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	I&R SERVICES-SALARY & FRI
		12	14	15	16	17	18	22
067	01 OTHER REIMBURS COST CNTRS							
067	01 FAMILY PRACTICE		29,133	2,318	1,301		53,731	241,672
068	02 GERIATRIC CLINIC	14,570	28,831	658	5,158			126,878
068	01 KOKOMO DIALYSIS							
068	01 PSYCH SERVICES							
068	02 DIABETIC THERAPY	8,821	36,707	466	454	5,124		
069	02 CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		324,952	6,698	4,290			
082	LUNG ACQUISITION							
083	SPEC PURPOSE COST CENTERS							
083	01 KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	2,075	10,115	9,761	124,502			
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		393,458	12,202	636,275			60,418
095	SUBTOTALS	3,471,109	12,677,677	2,847,321	20,803,981	9,430,887	5,782,977	8,464,549
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	16,010		12	3			
097	RESEARCH	12,969	725	49				30,209
098	PHYSICIANS' PRIVATE OFFIC		185,959	3,234	50,412	209,205	69,230	
099	NONPAID WORKERS							
100	O'CONNORS							
100	01 WELLNESS	9,422	37,315	78	42			
100	02 OCC HEALTH			43				
100	03 CMO							
100	04 OTHER NONREIMBURSABLE COS							
100	05 OTHER NONREIMBURSABLE COS							
100	06 SETON BOARD							
100	07 MARTEN HOUSE							
100	08 FOUNDATION	10,717						
100	09 NETWORK DEVELOPMENT	4,468						
100	10 EAP							
100	11 MISSION EFFECTIVENESS	12,930	657	678				
100	12 OTHER NONREIMBURSABLE COS							
100	13 MARKETING		135					
100	14 NEW HOPE							
100	15 JOINT VENTURES	3,663	14	1,551	1,470			
100	16 OTHER NONREIMBURSABLE COS							
100	17 VACANT SPACE							102,710
100	18 HEART CENTER OF INDIANA	66	540					
100	19 MISSION SERVICES	8,299						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,549,653	12,903,022	2,852,966	20,855,908	9,640,092	5,852,207	8,597,468

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-CPE	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-RADIOLOGY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
GENERAL SERVICE COST CNTR	23	24	24.01	24.02	24.03	25	
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAPITAL-STRESS							
003 02 NEW CAPITAL-MARTEN HOUSE							
003 03 NEW CAPITAL-WOMEN'S BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	7,675,772						
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-CPE			228,537				
024 02 PARAMED ED PRGM-PHARMACY				4,813			
024 03 PARAMED ED PRGM-RADIOLOGY					302,199		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,910,708		161,098			106,880,256	-8,291,006
026 INTENSIVE CARE UNIT	469,285		25,763			14,216,857	-994,921
027 CORONARY CARE UNIT	1,111,180		3,940			10,381,045	-2,355,789
027 01 CARDIAC RECOVERY						5,009,800	
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	75,517		152			5,220,705	-160,102
030 NEONATAL INTENSIVE CARE U	80,911					23,010,217	-171,538
031 SUBPROVIDER			6,971			6,522,662	
033 NURSERY	16,182					4,210,607	-34,307
034 SKILLED NURSING FACILITY						2,232,554	
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	447,708					103,901,181	-949,177
038 RECOVERY ROOM			1,061			4,674,634	
039 DELIVERY ROOM & LABOR ROO	302,068					9,883,181	-640,408
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					302,199	49,610,733	
041 01 CARDIAC CATHETERIZATION L						9,679,418	
041 02 ULTRA SOUND						2,279,636	
041 03 SATELLITE CATH LABS							
041 04 EP LAB						10,662,297	
041 06 ECHOCARDIOGRAPHY						1,783,969	
042 RADIOLOGY-THERAPEUTIC						1,133,803	
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES						33,740,164	
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
049 01 SLEEP LAB						12,329,362	
050 PHYSICAL THERAPY	124,064					2,323,207	
050 01 CARDIAC REHAB						12,208,099	-263,025
050 02 SPORTS MEDICINE						614,556	
051 OCCUPATIONAL THERAPY						2,585,760	
052 SPEECH PATHOLOGY						1,020,631	
053 ELECTROCARDIOLOGY						1,034,552	
054 ELECTROENCEPHALOGRAPHY						2,301,954	
055 MEDICAL SUPPLIES CHARGED						1,156,968	
056 DRUGS CHARGED TO PATIENTS						1,676,026	
057 RENAL DIALYSIS	26,970				4,813	27,038,877	
058 ASC (NON-DISTINCT PART)						1,749,354	-57,179
059 ENDOSCOPY	75,517					5,303,221	-160,102
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	156,428					6,582,821	-331,640
060 01 PARTIAL HOSPITALIZATION						1,426,378	
061 EMERGENCY	275,098					21,286,410	-583,229
061 01 PATIENT SERVICES	102,487		9,396			3,306,457	-217,281
061 03 LAFAYETTE RD CLINIC						328,410	
061 04 ZIONSVILLE CLINIC						1,653,947	
061 05 BROWNSBURG CLINIC						11,945	
061 07 WOUND CENTER						1,888,886	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET B  
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION		I&R SERVICES- OTHER PRGM C	PARAMED GM	ED PR	PARAMED GM-CPE	ED PR	PARAMED GM-PHARMACY	ED PR	PARAMED GM-RADIOLOGY	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	
OTHER REIMBURS COST CNTRS		23			24		24.01		24.02		24.03	25	
067	01 FAMILY PRACTICE		215,763									4,194,211	-457,435
067	02 GERIATRIC CLINIC		113,276									1,074,581	-240,154
068	KOKOMO DIALYSIS												
068	01 PSYCH SERVICES											64,620	
068	02 DIABETIC THERAPY											857,910	
069	CORF												
070	I&R SERVICES-NOT APPRVD P												
071	HOME HEALTH AGENCY											8,262,696	
082	LUNG ACQUISITION												
SPEC PURPOSE COST CENTERS													
083	KIDNEY ACQUISITION												
084	LIVER ACQUISITION												
085	HEART ACQUISITION											743,269	
085	01 PANCREAS ACQUISITION												
086	OTHER ORGAN ACQUISITION												
092	AMBULATORY SURGICAL CENTE												
093	HOSPICE		53,941				20,156					12,586,258	-114,359
095	SUBTOTALS	7,557,103					228,537		4,813		302,199	540,645,085	-16,021,652
NONREIMBURS COST CENTERS													
096	GIFT, FLOWER, COFFEE SHOP											1,763,716	
097	RESEARCH		26,970									1,884,530	-57,179
098	PHYSICIANS' PRIVATE OFFIC											20,916,143	
099	NONPAID WORKERS												
100	O'CONNORS											12,510	
100	01 WELLNESS											918,836	
100	02 OCC HEALTH											35,226	
100	03 CMO											38,450	
100	04 OTHER NONREIMBURSABLE COS												
100	05 OTHER NONREIMBURSABLE COS												
100	06 SETON BOARD											655,929	
100	07 MARTEN HOUSE											3,629,178	
100	08 FOUNDATION											2,628,083	
100	09 NETWORK DEVELOPMENT											1,000,232	
100	10 EAP											614,145	
100	11 MISSION EFFECTIVENESS											1,299,092	
100	12 OTHER NONREIMBURSABLE COS											42,457	
100	13 MARKETING											15,032,560	
100	14 NEW HOPE											1,995,974	
100	15 JOINT VENTURES											4,301,823	
100	16 OTHER NONREIMBURSABLE COS		91,699									197,152	-194,409
100	17 VACANT SPACE											5,124,738	
100	18 HEART CENTER OF INDIANA											606	
100	19 MISSION SERVICES											1,536,693	
101	CROSS FOOT ADJUSTMENT												
102	NEGATIVE COST CENTER												
103	TOTAL	7,675,772					228,537		4,813		302,199	604,273,158	-16,273,240

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0084  
 I PERIOD: FROM 7/1/2006 TO 6/30/2007  
 I PREPARED 11/28/2007  
 I WORKSHEET B  
 I PART I

TOTAL  
 COST CENTER DESCRIPTION

		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAPITAL-STRESS	
003	02 NEW CAPITAL-MARTEN HOUSE	
003	03 NEW CAPITAL-WOMEN'S BLDG	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 ADMITTING	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OP REGISTRATION	
006	07 OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
024	01 PARAMED ED PRGM-CPE	
024	02 PARAMED ED PRGM-PHARMACY	
024	03 PARAMED ED PRGM-RADIOLOGY	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	98,589,250
026	INTENSIVE CARE UNIT	13,221,936
027	CORONARY CARE UNIT	8,025,256
027	01 CARDIAC RECOVERY	5,009,800
029	SURGICAL INTENSIVE CARE U	
029	01 PEDIATRIC INTENSIVE CARE	5,060,603
030	NEONATAL INTENSIVE CARE U	22,838,679
031	SUBPROVIDER	6,522,662
033	NURSERY	4,176,300
034	SKILLED NURSING FACILITY	2,232,554
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	102,952,004
037	01 AMBULATORY SURGERY	4,674,634
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	9,242,773
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	49,610,733
041	01 CARDIAC CATHETERIZATION L	9,679,418
041	02 ULTRA SOUND	2,279,636
041	03 SATELLITE CATH LABS	
041	04 EP LAB	10,662,297
041	05 CATH HOLDING	1,783,969
041	06 ECHOCARDIOGRAPHY	1,133,803
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	33,740,164
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	12,329,362
049	01 SLEEP LAB	2,323,207
050	PHYSICAL THERAPY	11,945,074
050	01 CARDIAC REHAB	614,556
050	02 SPORTS MEDICINE	2,585,760
051	OCCUPATIONAL THERAPY	1,020,631
052	SPEECH PATHOLOGY	1,034,552
053	ELECTROCARDIOLOGY	2,301,954
054	ELECTROENCEPHALOGRAPHY	1,156,968
055	MEDICAL SUPPLIES CHARGED	1,676,026
056	DRUGS CHARGED TO PATIENTS	27,038,877
057	RENAL DIALYSIS	1,692,175
058	ASC (NON-DISTINCT PART)	
059	ENDOSCOPY	5,143,119
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	6,251,181
060	01 PARTIAL HOSPITALIZATION	1,426,378
061	EMERGENCY	20,703,181
061	01 PATIENT SERVICES	3,089,176
061	03 LAFAYETTE RD CLINIC	328,410
061	04 ZIONSVILLE CLINIC	1,653,947
061	05 BROWNSBURG CLINIC	11,945
061	07 WOUND CENTER	1,888,886
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
	OTHER REIMBURS COST CNTRS	27
067	01 FAMILY PRACTICE	3,736,776
067	02 GERIATRIC CLINIC	834,427
068	KOKOMO DIALYSIS	
068	01 PSYCH SERVICES	64,620
068	02 DIABETIC THERAPY	857,910
069	CORF	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	8,262,696
082	LUNG ACQUISITION	
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	
084	LIVER ACQUISITION	
085	HEART ACQUISITION	743,269
085	01 PANCREAS ACQUISITION	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	12,471,899
095	SUBTOTALS	524,623,433
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	1,763,716
097	RESEARCH	1,827,351
098	PHYSICIANS' PRIVATE OFFIC	20,916,143
099	NONPAID WORKERS	
100	O'CONNORS	12,510
100	01 WELLNESS	918,836
100	02 OCC HEALTH	35,226
100	03 CMO	38,450
100	04 OTHER NONREIMBURSABLE COS	
100	05 OTHER NONREIMBURSABLE COS	
100	06 SETON BOARD	655,929
100	07 MARTEN HOUSE	3,629,178
100	08 FOUNDATION	2,628,083
100	09 NETWORK DEVELOPMENT	1,000,232
100	10 EAP	614,145
100	11 MISSION EFFECTIVENESS	1,299,092
100	12 OTHER NONREIMBURSABLE COS	42,457
100	13 MARKETING	15,032,560
100	14 NEW HOPE	1,995,974
100	15 JOINT VENTURES	4,301,823
100	16 OTHER NONREIMBURSABLE COS	2,743
100	17 VACANT SPACE	5,124,738
100	18 HEART CENTER OF INDIANA	606
100	19 MISSION SERVICES	1,536,693
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	587,999,918

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0084 I PERIOD: FROM 7/1/2006 TO 6/30/2007 I PREPARED 11/28/2007 I WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	0	1	2	3	3.01	3.02	3.03
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAPITAL-STRESS							
003	02 NEW CAPITAL-MARTEN HOUSE							
003	03 NEW CAPITAL-WOMEN'S BLDG							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				60,068			
006	01 NONPATIENT TELEPHONES				110,824	1,182		3,807
006	02 DATA PROCESSING				148,358	38,989		1,410
006	03 PURCHASING, RECEIVING AND				115,856			
006	04 ADMITTING				137,078			
006	05 CASHIERING/ACCOUNTS RECEI				20,387			13,215
006	06 OP REGISTRATION				1,545			
006	07 OTHER ADMINISTRATIVE AND				244,661	13,809	24,232	57,513
008	OPERATION OF PLANT				2,910,135	11,607		142,423
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING				129,338	2,539		12,983
011	DIETARY				147,429	4,966		61,532
012	CAFETERIA				174,256			
014	NURSING ADMINISTRATION				217,697	1,116		23,297
015	CENTRAL SERVICES & SUPPLY				385,704			29,049
016	PHARMACY				211,735			26,944
017	MEDICAL RECORDS & LIBRARY				150,409	2,657		23,307
018	SOCIAL SERVICE				24,913	673		
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM				261,699			4,674
024	01 PARAMED ED PRGM-CPE							
024	02 PARAMED ED PRGM-PHARMACY				28,810			
024	03 PARAMED ED PRGM-RADIOLOGY							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				3,167,842			359,686
026	INTENSIVE CARE UNIT				318,225			
027	CORONARY CARE UNIT				262,519			
027	01 CARDIAC RECOVERY				177,551			
029	SURGICAL INTENSIVE CARE U							
029	01 PEDIATRIC INTENSIVE CARE				254,561			
030	NEONATAL INTENSIVE CARE U				24,736			275,167
031	SUBPROVIDER					89,336		
033	NURSERY							125,049
034	SKILLED NURSING FACILITY				166,954			
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				1,379,897			92,535
037	01 AMBULATORY SURGERY				299,479			
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							209,687
041	RADIOLOGY-DIAGNOSTIC				685,703			42,858
041	01 CARDIAC CATHETERIZATION L				350,714			
041	02 ULTRA SOUND				26,828			
041	03 SATELLITE CATH LABS							
041	04 EP LAB				31,818			
041	05 CATH HOLDING				74,111			
041	06 ECHOCARDIOGRAPHY				3,104			
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY				198,636			32,201
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
049	01 SLEEP LAB				83,710	3,991		
050	PHYSICAL THERAPY				2,735	26,262		
050	01 CARDIAC REHAB				128,709			927
050	02 SPORTS MEDICINE							
051	OCCUPATIONAL THERAPY				5,087	580		
052	SPEECH PATHOLOGY				21,673			
053	ELECTROCARDIOLOGY				58,632			
054	ELECTROENCEPHALOGRAPHY				9,435			
055	MEDICAL SUPPLIES CHARGED				14			
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS				47,803			
058	ASC (NON-DISTINCT PART)							
059	ENDOSCOPY				144,229			
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 PARTIAL HOSPITALIZATION					28,849		
061	EMERGENCY				497,609			
061	01 PATIENT SERVICES				45,178			11,724
061	03 LAFAYETTE RD CLINIC							
061	04 ZIONSVILLE CLINIC							
061	05 BROWNSBURG CLINIC							
061	07 WOUND CENTER							
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG &	OLD CAP REL OSTS-MVBLE	NEW CAP REL OSTS-BLDG &	NEW CAPITAL-S TRESS	NEW CAPITAL-M ARTEN HOUSE	NEW CAPITAL-W OMEN'S BLDG
	0	1	2	3	3.01	3.02	3.03
067 01 OTHER REIMBURS COST CNTRS							
067 01 FAMILY PRACTICE							
067 02 GERIATRIC CLINIC							
068 KOKOMO DIALYSIS							
068 01 PSYCH SERVICES							
068 02 DIABETIC THERAPY							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY				75,082			
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE				302,706			
095 SUBTOTALS				14,326,182	226,556	24,232	1,549,988
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				56,089			5,409
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				113,545			
099 NONPAID WORKERS							
100 O'CONNORS				1,873			
100 01 WELLNESS							2,921
100 02 OCC HEALTH							
100 03 CMO							
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 SETON BOARD				190,569			
100 07 MARTEN HOUSE						534,380	
100 08 FOUNDATION							
100 09 NETWORK DEVELOPMENT							
100 10 EAP					5,761		
100 11 MISSION EFFECTIVENESS							
100 12 OTHER NONREIMBURSABLE COS							
100 13 MARKETING							
100 14 NEW HOPE				580,156			
100 15 JOINT VENTURES							
100 16 OTHER NONREIMBURSABLE COS							
100 17 VACANT SPACE				1,489,573			
100 18 HEART CENTER OF INDIANA							
100 19 MISSION SERVICES				30,383			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				16,788,370	232,317	558,612	1,558,318

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	DATA NG	PROCESSI NG	PURCHASING, R ECEEIVING AND	ADMITTING AND
	4	4a	5	6.01		6.02	6.03	6.04
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAPITAL-STRESS								
003 02 NEW CAPITAL-MARTEN HOUSE								
003 03 NEW CAPITAL-WOMEN'S BLDG								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS	50,548	110,616	110,616					
006 01 NONPATIENT TELEPHONES	178,848	294,661	429	295,090				
006 02 DATA PROCESSING	12,817	201,574	3,947	1,226		206,747		
006 03 PURCHASING, RECEIVING AND		115,856	927	82		1,302	118,167	
006 04 ADMITTING	8,585	158,878	1,032	1,553		3,454	32	164,949
006 05 CASHIERING/ACCOUNTS RECEI		20,387	4,385	409		7,859		
006 06 OP REGISTRATION		1,545	939			3,654		
006 07 OTHER ADMINISTRATIVE AND	532,226	872,441	11,685	27,131		20,074	748	
008 OPERATION OF PLANT	781,367	3,845,532	2,230	15,935		6,808	1,564	
009 LAUNDRY & LINEN SERVICE			104					
010 HOUSEKEEPING	13,866	158,726	1,931	2,288		951	992	
011 DIETARY	197,575	411,502	800	4,903		1,402		
012 CAFETERIA		174,256	982			50		
014 NURSING ADMINISTRATION	440,449	682,559	2,868	5,639		3,805	184	
015 CENTRAL SERVICES & SUPPLY	79,177	493,930	198	1,798		601	4,029	
016 PHARMACY	88,017	326,696	3,894	10,378		4,005	32,350	
017 MEDICAL RECORDS & LIBRARY	4,605	180,978	2,451	3,432		9,461	70	
018 SOCIAL SERVICE	392	25,978	1,316	7,845		2,103	213	
022 I&R SERVICES-SALARY & FRI			2,410					
023 I&R SERVICES-OTHER PRGM C	36,636	303,009	1,310	9,643		3,304	454	
024 PARAMED ED PRGM								
024 01 PARAMED ED PRGM-CPE	27	28,837	40	163		100	5	
024 02 PARAMED ED PRGM-PHARMACY								
024 03 PARAMED ED PRGM-RADIOLOGY			103	163		150	19	
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	1,488,416	5,015,944	15,985	10,052		24,981	4,103	107,707
026 INTENSIVE CARE UNIT	154,472	472,697	2,402	3,432		3,054	887	8,656
027 CORONARY CARE UNIT	13,534	276,053	1,349	4,168		2,353	459	4,083
027 01 CARDIAC RECOVERY	55,584	233,135	814	2,697		1,552	265	2,317
029 SURGICAL INTENSIVE CARE U								
029 01 PEDIATRIC INTENSIVE CARE	45,969	300,530	801	981		1,502	237	1,850
030 NEONATAL INTENSIVE CARE U	780,960	1,080,863	4,080	9,153		7,459	880	15,777
031 SUBPROVIDER	41,221	130,557	1,281			1,352	85	9,244
033 NURSERY		125,049	771			1,602	161	6,491
034 SKILLED NURSING FACILITY	5,157	172,111	381				55	3,641
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM	3,000,997	4,473,429	6,482	29,580		7,459	39,668	
038 AMBULATORY SURGERY	14,919	314,398	700	7,763		1,602	431	
039 RECOVERY ROOM								
039 01 DELIVERY ROOM & LABOR ROO	176,394	386,081	1,699	3,432		4,355	212	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	5,650,301	6,378,862	5,431	27,703		13,066	6,557	
041 01 CARDIAC CATHETERIZATION L	527,729	878,443	425	5,394		1,502	3,197	
041 02 ULTRA SOUND	214,837	241,665	460	1,226		250	70	
041 03 SATELLITE CATH LABS								
041 04 EP LAB	316,353	348,171	143	1,308		50	1,375	
041 05 CATH HOLDING	189,184	263,295	227	2,125		350	124	
041 06 ECHOCARDIOGRAPHY	73,516	76,620	166	409		400	197	
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY	27,013	257,850	33	1,798		901	9,476	
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	304,673	392,374	2,160	2,942		1,251	1,863	
049 01 SLEEP LAB	18,605	47,602	365	2,288		451	98	
050 PHYSICAL THERAPY	172,720	302,356	2,324	7,191		3,254	525	
050 01 CARDIAC REHAB	5,533	5,533	136	245		50	3	
050 02 SPORTS MEDICINE	57,544	57,544	602	1,553		1,101	46	
051 OCCUPATIONAL THERAPY			255	735		150	15	
052 SPEECH PATHOLOGY	7,504	29,177	199	981		200	15	
053 ELECTROCARDIOLOGY	237,815	296,447	338	1,062		400	69	
054 ELECTROENCEPHALOGRAPHY	51,095	60,530	242	1,389		250	78	
055 MEDICAL SUPPLIES CHARGED	1	15						
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS	12,677	60,480		981		150	278	
058 ASC (NON-DISTINCT PART)								
059 ENDOSCOPY	200,354	344,583	538	2,942		300	1,217	
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	10,267	10,267	973	9,888		7,459	630	
060 01 PARTIAL HOSPITALIZATION	8,531	37,380	252	2,452		951	19	
061 EMERGENCY	320,755	818,364	2,979	9,153		6,658	1,473	
061 01 PATIENT SERVICES	15,531	72,433	700	899		300	128	
061 03 LAFAYETTE RD CLINIC	33,318	33,318	45	3,105		50	9	
061 04 ZIONSVILLE CLINIC	26,483	26,483	151			300	82	
061 05 BROWNSBURG CLINIC						50		
061 07 WOUND CENTER	1,649	1,649		1,308		551	17	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	DATA NG	PROCESSI E	PURCHASING, R ECEIVING AND	ADMITTING
		4	4a	5	6.01	6.02	6.03	6.04	
067	01 OTHER REIMBURS COST CNTRS								
067	02 FAMILY PRACTICE	175,846	175,846	612	7,600	5,707	141		
068	02 GERIATRIC CLINIC	6,783	6,783	177	1,716	1,201	41		
068	01 KOKOMO DIALYSIS								
068	01 PSYCH SERVICES				82				
068	02 DIABETIC THERAPY	601	601	192	899	451	22		
069	02 CORF								
070	I&R SERVICES-NOT APPRVD P								
071	HOME HEALTH AGENCY	78,643	153,725	1,742	6,129	6,057	153		
082	LUNG ACQUISITION								
083	SPEC PURPOSE COST CENTERS								
083	KIDNEY ACQUISITION								
084	LIVER ACQUISITION								
085	HEART ACQUISITION	983	983	44	327	100	207		
085	01 PANCREAS ACQUISITION								
086	OTHER ORGAN ACQUISITION								
092	AMBULATORY SURGICAL CENTE								
093	HOSPICE	158,069	460,775	1,991	5,148	3,254	943	5,183	
095	SUBTOTALS	17,107,671	33,234,629	104,628	274,824	183,519	117,171	164,949	
096	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	866	62,364	139	817	150	209		
097	RESEARCH	3,490	3,490	282	2,125	1,352	74		
098	PHYSICIANS' PRIVATE OFFIC	939,367	1,052,912	3,573	10,705	15,068	239		
099	NONPAID WORKERS								
100	O'CONNORS		1,873			50			
100	01 WELLNESS	5,862	8,783	155	572	601	52		
100	02 OCC HEALTH				1,553	150	1		
100	03 CMO				245	300			
100	04 OTHER NONREIMBURSABLE COS								
100	05 OTHER NONREIMBURSABLE COS								
100	06 SETON BOARD		190,569						
100	07 MARTEN HOUSE		534,380						
100	08 FOUNDATION	39,575	39,575	240	1,226	601	76		
100	09 NETWORK DEVELOPMENT			195		501			
100	10 EAP		5,761	119	735	400	10		
100	11 MISSION EFFECTIVENESS	10,686	10,686	181	899	1,352	64		
100	12 OTHER NONREIMBURSABLE COS					350			
100	13 MARKETING			865	1,062	1,502	77		
100	14 NEW HOPE		580,156						
100	15 JOINT VENTURES	29,363	29,363	53		50	157		
100	16 OTHER NONREIMBURSABLE COS				327				
100	17 VACANT SPACE		1,489,573						
100	18 HEART CENTER OF INDIANA								
100	19 MISSION SERVICES		30,383	186		801	37		
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL	18,136,880	37,274,497	110,616	295,090	206,747	118,167	164,949	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OP REGISTRATI ON	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6.06	6.07	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAPITAL-STRESS							
003 02 NEW CAPITAL-MARTEN HOUSE							
003 03 NEW CAPITAL-WOMEN'S BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI	33,040						
006 06 OP REGISTRATION		6,138					
006 07 OTHER ADMINISTRATIVE AND			932,079				
008 OPERATION OF PLANT			41,413	3,913,482			
009 LAUNDRY & LINEN SERVICE			3,799		3,903		
010 HOUSEKEEPING			14,220			218,648	
011 DIETARY			5,492				490,728
012 CAFETERIA			4,841				
014 NURSING ADMINISTRATION			18,765				
015 CENTRAL SERVICES & SUPPLY			2,813				
016 PHARMACY			30,939		11		
017 MEDICAL RECORDS & LIBRARY			14,001				
018 SOCIAL SERVICE	4		8,829				
022 I&R SERVICES-SALARY & FRI			13,047				
023 I&R SERVICES-OTHER PRGM C	55		10,579				
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-CPE			244	7,286			
024 02 PARAMED ED PRGM-PHARMACY			7			413	
024 03 PARAMED ED PRGM-RADIOLOGY			444				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,187		116,232	967,501	1,869	54,878	418,870
026 INTENSIVE CARE UNIT	579		16,712	80,474	324	4,564	23,510
027 CORONARY CARE UNIT	231		10,407	66,387	60	3,765	
027 01 CARDIAC RECOVERY	197		6,464	44,900	32	2,547	4,548
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	198		5,785	64,374	47	3,651	1,283
030 NEONATAL INTENSIVE CARE U	1,201		29,678	100,716	100	5,712	
031 SUBPROVIDER	248		8,065	83,596	66	4,741	8,249
033 NURSERY	182		5,312		42		
034 SKILLED NURSING FACILITY	39		2,632	42,220		2,395	
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,257	1,230	123,102	380,720	474	21,594	
037 01 AMBULATORY SURGERY	160	83	5,672	75,733	40	4,295	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	593	29	11,505	71,985	149	4,083	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	5,028	2,053	65,738	188,116	167	10,670	
041 01 CARDIAC CATHETERIZATION L	918	146	12,612	88,690	25	5,030	
041 02 ULTRA SOUND	302	104	3,362	6,784		385	
041 03 SATELLITE CATH LABS							
041 04 EP LAB	730	172	15,988	8,046		456	
041 05 CATH HOLDING	102	37	2,276	18,741		1,063	3,130
041 06 ECHOCARDIOGRAPHY	263	49	1,710	785		45	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	3,325	412	49,925	61,286		3,476	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,170	74	16,362	24,903	19	1,412	
049 01 SLEEP LAB	158	82	3,030	25,263		1,433	
050 PHYSICAL THERAPY	608	211	17,634	32,867	3	1,864	
050 01 CARDIAC REHAB	8		874				
050 02 SPORTS MEDICINE	10	5	3,932				
051 OCCUPATIONAL THERAPY	82	4	1,526	1,833		104	
052 SPEECH PATHOLOGY	47	12	1,479	5,481		311	
053 ELECTROCARDIOLOGY	64	14	3,213	14,827	16	841	
054 ELECTROENCEPHALOGRAPHY	166	23	1,689	2,386	3	135	
055 MEDICAL SUPPLIES CHARGED	133	3	2,585	3			
056 DRUGS CHARGED TO PATIENTS	2,765	285	41,696				
057 RENAL DIALYSIS	78	5	2,372	12,089		686	
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	355	130	5,747	36,473	29	2,069	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	221	116	8,323				
060 01 PARTIAL HOSPITALIZATION	100	52	1,789	26,995		1,531	
061 EMERGENCY	1,419	499	22,536	125,837	420	7,137	3,920
061 01 PATIENT SERVICES	67	33	4,060	15,450	7	876	1,439
061 03 LAFAYETTE RD CLINIC			507				
061 04 ZIONSVILLE CLINIC			2,206				
061 05 BROWNSBURG CLINIC			18				
061 07 WOUND CENTER	126		2,909				
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	OP REGISTRATI ON	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.05	6.06	6.07	8	9	10	11
OTHER REIMBURS COST CNTRS								
067	01 FAMILY PRACTICE			5,591				2,983
067	02 GERIATRIC CLINIC			1,211				
068	KOKOMO DIALYSIS							
068	01 PSYCH SERVICES	4		100				
068	02 DIABETIC THERAPY	11	6	1,244				
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	155	81	12,025	18,987			
082	LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS								
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	13		921				
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	481	188	16,200	76,549		4,342	22,796
095	SUBTOTALS	33,040	6,138	844,389	3,282,581	3,903	182,864	490,728
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP			2,465	16,044			
097	RESEARCH			2,797			910	
098	PHYSICIANS' PRIVATE OFFIC			31,048	28,714			
099	NONPAID WORKERS						1,629	
100	O'CONNORS			12	474			27
100	01 WELLNESS			1,330	1,003			57
100	02 OCC HEALTH			54				
100	03 CMO			59				
100	04 OTHER NONREIMBURSABLE COS							
100	05 OTHER NONREIMBURSABLE COS							
100	06 SETON BOARD							
100	07 MARTEN HOUSE			319	48,192		2,733	
100	08 FOUNDATION			5,598				
100	09 NETWORK DEVELOPMENT			4,037				
100	10 EAP			1,536				
100	11 MISSION EFFECTIVENESS			870	5,391		306	
100	12 OTHER NONREIMBURSABLE COS			1,982				
100	13 MARKETING			65				
100	14 NEW HOPE			23,185				
100	15 JOINT VENTURES			969	146,712		8,321	
100	16 OTHER NONREIMBURSABLE COS			6,625				
100	17 VACANT SPACE			4				
100	18 HEART CENTER OF INDIANA			2,488	376,688		21,365	
100	19 MISSION SERVICES			2,247	7,683		436	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	33,040	6,138	932,079	3,913,482	3,903	218,648	490,728

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
	12	14	15	16	17	18	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAPITAL-STRESS							
003 02 NEW CAPITAL-MARTEN HOUSE							
003 03 NEW CAPITAL-WOMEN'S BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	226,694						
014 NURSING ADMINISTRATION	8,879	790,428					
015 CENTRAL SERVICES & SUPPLY	1,285		618,277				
016 PHARMACY	9,843	575	10,282	495,318			
017 MEDICAL RECORDS & LIBRARY	7,025				268,697		
018 SOCIAL SERVICE	3,946	98	15			57,666	
022 I&R SERVICES-SALARY & FRI	8,850						24,307
023 I&R SERVICES-OTHER PRGM C	4,744	2,971	227	1,449			
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-CPE	162			1			
024 02 PARAMED ED PRGM-PHARMACY							
024 03 PARAMED ED PRGM-RADIOLOGY	322	575			1		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,861	300,743	50,199	2,740	43,087	17,497	
026 INTENSIVE CARE UNIT	6,420	47,095	12,788	1,206	595	2,033	
027 CORONARY CARE UNIT	3,174	23,006	6,121	391	3,057	373	
027 01 CARDIAC RECOVERY	2,174	15,712	3,081	392		200	
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	2,491	12,875	3,002	276	484	3,713	
030 NEONATAL INTENSIVE CARE U	11,340	67,353	9,395	1,755	1,055	11,454	
031 SUBPROVIDER	4,485	14,054	622	37	2,565		
033 NURSERY	4,772	13,668	1,659	19	3,927	2,552	
034 SKILLED NURSING FACILITY	1,616	6,292	641	32			
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	20,565	74,155	340,774	376,352	10,675		
037 01 AMBULATORY SURGERY	2,755	10,621	5,164	316		109	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	4,965	31,241	2,633	1,370	537	3,367	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	17,300	14,001	57,878	18,276	91,741		
041 01 CARDIAC CATHETERIZATION L	1,272	4,092	26,083	7,965	3,258		
041 02 ULTRA SOUND	1,135		1,027	340			
041 03 SATELLITE CATH LABS							
041 04 EP LAB	445	2,674	16,541	2,238			
041 05 CATH HOLDING	789	4,689	1,508	265			
041 06 ECHOCARDIOGRAPHY	475	585	154	5			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	73		487	4,643	16,751		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	6,668	3,682	5,072	27,755	3,353		
049 01 SLEEP LAB	1,351		1,269	9	2,671		
050 PHYSICAL THERAPY	7,708	3	6,483	90	1,381		
050 01 CARDIAC REHAB	336	2,630					
050 02 SPORTS MEDICINE	2,159		502				
051 OCCUPATIONAL THERAPY	846		171				
052 SPEECH PATHOLOGY	660		3,109				
053 ELECTROCARDIOLOGY	1,366	2,746	683	37			
054 ELECTROENCEPHALOGRAPHY	715		1,193	494			
055 MEDICAL SUPPLIES CHARGED		1					
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			4,268	518			
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	1,685	11,075	18,101	12,266	6,924	27	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,482	13,091	1,839	10,300		1,273	
060 01 PARTIAL HOSPITALIZATION	956		4				
061 EMERGENCY	10,569	41,628	15,735	3,583	59,665	13,813	
061 01 PATIENT SERVICES	1,389	4,130	1,214	555	4,835	44	
061 03 LAFAYETTE RD CLINIC			1				
061 04 ZIONSVILLE CLINIC		134	102	10	6,151		
061 05 BROWNSBURG CLINIC					11		
061 07 WOUND CENTER			68	65			
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI
		12	14	15	16	17	18	22
OTHER REIMBURS COST CNTRS								
067	01 FAMILY PRACTICE		1,785	502				
067	02 GERIATRIC CLINIC	930	1,766	143		31		529
068	KOKOMO DIALYSIS					123		
068	01 PSYCH SERVICES							
068	02 DIABETIC THERAPY	563	2,249	101		11	143	
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		19,906	1,452		102		
082	LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS								
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	133	620	2,115		2,957		
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE		24,103	2,644		15,111		
095	SUBTOTALS	221,679	776,624	617,053	494,085	262,866		56,984
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	1,022						
097	RESEARCH	828						
098	PHYSICIANS' PRIVATE OFFIC		44	11				
098	PHYSICIANS' PRIVATE OFFIC		11,392	701		1,197		
099	NONPAID WORKERS							682
100	O'CONNORS							
100	01 WELLNESS	602	2,286	17		1		
100	02 OCC HEALTH			9				
100	03 CMO							
100	04 OTHER NONREIMBURSABLE COS							
100	05 OTHER NONREIMBURSABLE COS							
100	06 SETON BOARD							
100	07 MARTEN HOUSE							
100	08 FOUNDATION	684						
100	09 NETWORK DEVELOPMENT	285						
100	10 EAP							
100	11 MISSION EFFECTIVENESS	826	40	147				
100	12 OTHER NONREIMBURSABLE COS							
100	13 MARKETING		8					
100	14 NEW HOPE							
100	15 JOINT VENTURES	234	1	336		35		
100	16 OTHER NONREIMBURSABLE COS							
100	17 VACANT SPACE							
100	18 HEART CENTER OF INDIANA	4	33					
100	19 MISSION SERVICES	530						
101	CROSS FOOT ADJUSTMENTS							24,307
102	NEGATIVE COST CENTER							
103	TOTAL	226,694	790,428	618,277	495,318	268,697	57,666	24,307

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET B  
 I I TO 6/30/2007 I PART III

	I&R SERVICES- OTHER PRGM C	PARAMED ED GM	PR GM-CPE	PARAMED ED GM-PHARMACY	PR GM-RADIOLOGY	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	23	24	24.01	24.02	24.03	25	26
001							
002							
003							
003	01						
003	02						
003	03						
004							
005							
006	01						
006	02						
006	03						
006	04						
006	05						
006	06						
006	07						
008							
009							
010							
011							
012							
014							
015							
016							
017							
018							
022							
023		409,374					
024							
024	01		37,251				
024	02			7			
024	03				1,777		
025							
026						7,203,436	
027						687,428	
027						405,437	
027	01					321,027	
029							
029	01					404,080	
030						1,357,971	
031						269,247	
033						166,207	
034						232,055	
035	01						
036							
037						5,913,516	
037	01					429,842	
038							
039						528,236	
040							
041						6,902,587	
041	01					1,039,052	
041	02					257,110	
041	03						
041	04					398,337	
041	05					298,721	
041	06					81,863	
042							
043							
044						410,436	
045							
046							
047							
048							
049						491,060	
049	01					86,070	
050						384,502	
050	01					9,815	
050	02					67,454	
051						11,388	
052						41,671	
053						322,123	
054						69,293	
055						2,740	
056						44,746	
057						81,905	
058							
059						444,461	
060						68,862	
060	01					72,481	
061						1,145,388	
061	01					108,559	
061	03					37,035	
061	04					35,619	
061	05					79	
061	07					6,693	
062							
064							
065							
066							
067							

	I&R SERVICES- OTHER PRGM C	PARAMED GM	ED PR GM-CPE	PARAMED GM-PHARMACY	ED PR GM-RADIOLOGY	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	23	24	24.01	24.02	24.03	25	26
067	01						
067	02					201,327	
068						14,091	
068	01						186
068	02						6,493
069							
070							
071							
082						220,514	
083							
084							
085							
085	01						8,420
086							
092							
093							
095						639,708	
						31,929,271	
096							
097							
098							
099							
100							
100	01						2,436
100	02						15,459
100	03						1,767
100	04						604
100	05						
100	06						
100	07						241,813
100	08						539,978
100	09						46,439
100	10						2,517
100	11						13,592
100	12						16,177
100	13						415
100	14						26,699
100	15						736,158
100	16						36,854
100	17						331
100	18						1,890,114
100	19						37
101		409,374	37,251	7	1,777	42,303	
102						472,716	
103		409,374	37,251	7	1,777	37,274,497	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET B  
 I I TO 6/30/2007 I PART III

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAPITAL-STRESS	
003	02 NEW CAPITAL-MARTEN HOUSE	
003	03 NEW CAPITAL-WOMEN'S BLDG	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 ADMITTING	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OP REGISTRATION	
006	07 OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
024	01 PARAMED ED PRGM-CPE	
024	02 PARAMED ED PRGM-PHARMACY	
024	03 PARAMED ED PRGM-RADIOLOGY	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	7,203,436
026	INTENSIVE CARE UNIT	687,428
027	CORONARY CARE UNIT	405,437
027	01 CARDIAC RECOVERY	321,027
029	SURGICAL INTENSIVE CARE U	
029	01 PEDIATRIC INTENSIVE CARE	404,080
030	NEONATAL INTENSIVE CARE U	1,357,971
031	SUBPROVIDER	269,247
033	NURSERY -	166,207
034	SKILLED NURSING FACILITY	232,055
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	5,913,516
037	01 AMBULATORY SURGERY	429,842
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	528,236
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	6,902,587
041	01 CARDIAC CATHETERIZATION L	1,039,052
041	02 ULTRA SOUND	257,110
041	03 SATELLITE CATH LABS	
041	04 EP LAB	398,337
041	05 CATH HOLDING	298,721
041	06 ECHOCARDIOGRAPHY	81,863
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	410,436
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	491,060
049	01 SLEEP LAB	86,070
050	PHYSICAL THERAPY	384,502
050	01 CARDIAC REHAB	9,815
050	02 SPORTS MEDICINE	67,454
051	OCCUPATIONAL THERAPY	11,388
052	SPEECH PATHOLOGY	41,671
053	ELECTROCARDIOLOGY	322,123
054	ELECTROENCEPHALOGRAPHY	69,293
055	MEDICAL SUPPLIES CHARGED	2,740
056	DRUGS CHARGED TO PATIENTS	44,746
057	RENAL DIALYSIS	81,905
058	ASC (NON-DISTINCT PART)	
059	ENDOSCOPY	444,461
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	68,862
060	01 PARTIAL HOSPITALIZATION	72,481
061	EMERGENCY	1,145,388
061	01 PATIENT SERVICES	108,559
061	03 LAFAYETTE RD CLINIC	37,035
061	04 ZIONSVILLE CLINIC	35,619
061	05 BROWNSBURG CLINIC	79
061	07 WOUND CENTER	6,693
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	

COST CENTER DESCRIPTION		TOTAL
		27
	OTHER REIMBURS COST CNTRS	
067	01 FAMILY PRACTICE	201,327
067	02 GERIATRIC CLINIC	14,091
068	KOKOMO DIALYSIS	
068	01 PSYCH SERVICES	186
068	02 DIABETIC THERAPY	6,493
069	CORF	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	220,514
082	LUNG ACQUISITION	
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	
084	LIVER ACQUISITION	
085	HEART ACQUISITION	8,420
085	01 PANCREAS ACQUISITION	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	639,708
095	SUBTOTALS	31,929,271
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	84,123
097	RESEARCH	11,003
098	PHYSICIANS' PRIVATE OFFIC	1,163,691
099	NONPAID WORKERS	
100	0' CONNORS	2,436
100	01 WELLNESS	15,459
100	02 OCC HEALTH	1,767
100	03 CMO	604
100	04 OTHER NONREIMBURSABLE COS	
100	05 OTHER NONREIMBURSABLE COS	
100	06 SETON BOARD	241,813
100	07 MARTEN HOUSE	539,978
100	08 FOUNDATION	46,439
100	09 NETWORK DEVELOPMENT	2,517
100	10 EAP	13,592
100	11 MISSION EFFECTIVENESS	16,177
100	12 OTHER NONREIMBURSABLE COS	415
100	13 MARKETING	26,699
100	14 NEW HOPE	736,158
100	15 JOINT VENTURES	36,854
100	16 OTHER NONREIMBURSABLE COS	331
100	17 VACANT SPACE	1,890,114
100	18 HEART CENTER OF INDIANA	37
100	19 MISSION SERVICES	42,303
101	CROSS FOOT ADJUSTMENTS	472,716
102	NEGATIVE COST CENTER	
103	TOTAL	37,274,497

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAPITAL-S	NEW CAPITAL-M	NEW CAPITAL-W
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	TRESS (STRESS SQ FT)	ARTEN HOUSE (MARTEN Q. FT.)	OMEN'S BLDG (WOMEN'S Q. FT.)
	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
003 01 NEW CAPITAL-STRESS			1,227,796	62,869		
003 02 NEW CAPITAL-MARTEN HOUSE					129,166	
003 03 NEW CAPITAL-WOMEN'S BLDG						154,712
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS			4,393			
006 01 NONPATIENT TELEPHONES			8,105			
006 02 DATA PROCESSING			10,850	10,551		378
006 03 PURCHASING, RECEIVING AND			8,473			140
006 04 ADMITTING			10,025			
006 05 CASHIERING/ACCOUNTS RECEI			1,491			1,312
006 06 OP REGISTRATION			113			
006 07 OTHER ADMINISTRATIVE AND			17,893	3,737	5,603	5,710
008 OPERATION OF PLANT			212,829	3,141		14,140
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING			9,459	687		1,289
011 DIETARY			10,782	1,344		6,109
012 CAFETERIA			12,744			
014 NURSING ADMINISTRATION			15,921	302		2,313
015 CENTRAL SERVICES & SUPPLY			28,208			2,884
016 PHARMACY			15,485			2,675
017 MEDICAL RECORDS & LIBRARY			11,000	719		2,314
018 SOCIAL SERVICE			1,822	182		
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM			19,139			464
024 01 PARAMED ED PRGM-CPE			2,107			
024 02 PARAMED ED PRGM-PHARMACY						
024 03 PARAMED ED PRGM-RADIOLOGY						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS			231,676			35,710
026 INTENSIVE CARE UNIT			23,273			
027 CORONARY CARE UNIT			19,199			
027 01 CARDIAC RECOVERY			12,985			
029 SURGICAL- INTENSIVE CARE U						
029 01 PEDIATRIC INTENSIVE CARE			18,617			
030 NEONATAL INTENSIVE CARE U			1,809			27,319
031 SUBPROVIDER				24,176		
033 NURSERY						12,415
034 SKILLED NURSING FACILITY			12,210			
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
037 01 OPERATING ROOM			100,917			9,187
037 01 AMBULATORY SURGERY			21,902			
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO						20,818
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			50,148			4,255
041 01 CARDIAC CATHETERIZATION L			25,649			
041 02 ULTRA SOUND			1,962			
041 03 SATELLITE CATH LABS						
041 04 EP LAB			2,327			
041 05 CATH HOLDING			5,420			
041 06 ECHOCARDIOGRAPHY			227			
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY			14,527			3,197
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			6,122	1,080		
049 01 SLEEP LAB			200	7,107		
050 PHYSICAL THERAPY			9,413			92
050 01 CARDIAC REHAB						
050 02 SPORTS MEDICINE						
051 OCCUPATIONAL THERAPY			372	157		
052 SPEECH PATHOLOGY			1,585			
053 ELECTROCARDIOLOGY			4,288			
054 ELECTROENCEPHALOGRAPHY			690			
055 MEDICAL SUPPLIES CHARGED			1			
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS			3,496			
058 ASC (NON-DISTINCT PART)						
059 ENDOSCOPY			10,548			
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC						
060 01 PARTIAL HOSPITALIZATION				7,807		
061 EMERGENCY			36,392			
061 01 PATIENT SERVICES			3,304			
061 03 LAFAYETTE RD CLINIC						1,164
061 04 ZIONSVILLE CLINIC						
061 05 BROWNSBURG CLINIC						
061 07 WOUND CENTER						
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
064 HOME PROGRAM DIALYSIS						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAPITAL-S	NEW CAPITAL-M	NEW CAPITAL-W	
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	TRESS	ARTEN HOUSE	OMEN'S BLDG	
	(SQUARE EET	F( ) DOLLAR VALUE	(SQUARE EET	F(STRESS SQ )T	F(MARTEN )Q. FT.	S(WOMEN'S )Q. FT.	S )
	1	2	3	3.01	3.02	3.03	
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE							
067 02 GERIATRIC CLINIC							
068 KOKOMO DIALYSIS							
068 01 PSYCH SERVICES							
068 02 DIABETIC THERAPY							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY			5,491				
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE			22,138				
095 SUBTOTALS			1,047,727	61,310	5,603	153,885	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP			4,102			537	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			8,304				
099 NONPAID WORKERS							
100 O'CONNORS			137				
100 01 WELLNESS						290	
100 02 OCC HEALTH							
100 03 CMO							
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 SETON BOARD							
100 07 MARTEN HOUSE			13,937				
100 08 FOUNDATION					123,563		
100 09 NETWORK DEVELOPMENT							
100 10 EAP				1,559			
100 11 MISSION EFFECTIVENESS							
100 12 OTHER NONREIMBURSABLE COS							
100 13 MARKETING							
100 14 NEW HOPE			42,429				
100 15 JOINT VENTURES							
100 16 OTHER NONREIMBURSABLE COS							
100 17 VACANT SPACE			108,938				
100 18 HEART CENTER OF INDIANA							
100 19 MISSION SERVICES			2,222				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED			16,788,370	232,317	558,612	1,558,318	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER			13.673583		4.324760	10.072380	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED				3.695255			
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT	TE DATA	PROCESSI	PURCHASING, R	ADMITTING	CASHIERING/AC
	OSTS-MVBLE E	FITS	LEPHONES	NG	NG	ECEIVING AND	AYS	COUNTS RECEI
( DOLLAR VALUE )	( GROSS SALARIES )	(PHONE LINES)	L(NODES)	(COSTED )EQUISITIONS	R(PATIENT )AYS	D(PATIENT )VENUE	R	
4	5	6.01	6.02	6.03	6.04	6.05		
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAPITAL-STRESS								
003 02 NEW CAPITAL-MARTEN HOUSE								
003 03 NEW CAPITAL-WOMEN'S BLDG								
004 NEW CAP REL COSTS-MVBLE E	13,315,494							
005 EMPLOYEE BENEFITS	37,111	281,833,025						
006 01 NONPATIENT TELEPHONES	131,304	1,094,398	3,611					
006 02 DATA PROCESSING	9,410	10,069,743	15	4,130				
006 03 PURCHASING, RECEIVING AND		2,364,955	1	26	92,745,265			
006 04 ADMITTING	6,303	2,632,776	19	69	25,059		201,693	
006 05 CASHIERING/ACCOUNTS RECEI		11,187,401	5	157				1,541,178,079
006 06 OP REGISTRATION		2,394,939		73				
006 07 OTHER ADMINISTRATIVE AND	390,743	29,808,223	332	401	587,153			
008 OPERATION OF PLANT	573,654	5,688,505	195	136	1,227,687			
009 LAUNDRY & LINEN SERVICE		266,455						
010 HOUSEKEEPING	10,180	4,925,828	28	19	778,902			
011 DIETARY	145,053	2,041,186	60	28				
012 CAFETERIA		2,503,921		1				
014 NURSING ADMINISTRATION	323,363	7,316,847	69	76	144,767			225
015 CENTRAL SERVICES & SUPPLY	58,129	505,673	22	12	3,162,751			
016 PHARMACY	64,619	9,933,355	127	80	25,392,646			
017 MEDICAL RECORDS & LIBRARY	3,381	6,252,237	42	189	55,171			
018 SOCIAL SERVICE	288	3,357,275	96	42	167,010			177,813
022 I&R SERVICES-SALARY & FRI		6,147,354						
023 I&R SERVICES-OTHER PRGM C	26,897	3,342,872	118	66	356,085			2,620,862
024 PARAMED ED PRGM								
024 01 PARAMED ED PRGM-CPE	20	102,448	2	2	3,559			
024 02 PARAMED ED PRGM-PHARMACY		124			376			
024 03 PARAMED ED PRGM-RADIOLOGY		263,479	2	3	15,060			
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	1,092,746	40,426,653	123	499	3,220,900	131,701	151,745,202	
026 INTENSIVE CARE UNIT	113,408	6,127,547	42	61	695,887	10,584	27,587,935	
027 CORONARY CARE UNIT	9,936	3,440,486	51	47	359,977	4,992	11,011,555	
027 01 CARDIAC RECOVERY	40,808	2,077,717	33	31	208,354	2,833	9,374,320	
029 SURGICAL INTENSIVE CARE U								
029 01 PEDIATRIC INTENSIVE CARE	33,749	2,043,931	12	30	186,219	2,262	9,415,597	
030 NEONATAL INTENSIVE CARE U	573,355	10,407,406	112	149	691,080	19,292	57,181,331	
031 SUBPROVIDER	30,263	3,267,136		27	66,883	11,303	11,791,006	
033 NURSERY		1,967,431		32	126,490	7,937	8,680,815	
034 SKILLED NURSING FACILITY	3,786	972,693			43,153	4,452	1,860,554	
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
036 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	2,203,233	16,536,931	362	149	31,128,436		313,479,205	
037 01 AMBULATORY SURGERY	10,953	1,785,086	95	32	338,217		7,642,599	
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR ROO	129,503	4,335,353	42	87	166,220		28,253,262	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	4,148,260	13,853,446	339	261	5,146,765		239,426,730	
041 01 CARDIAC CATHETERIZATION L	387,441	1,084,901	66	30	2,509,703		43,704,751	
041 02 ULTRA SOUND	157,726	1,172,922	15	5	55,064		14,369,684	
041 03 SATELLITE CATH LABS								
041 04 EP LAB	232,256	365,315	16	1	1,079,471		34,763,450	
041 05 CATH HOLDING	138,893	580,046	26	7	97,363		4,841,390	
041 06 ECHOCARDIOGRAPHY	53,973	424,479	5	8	154,739		12,535,334	
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY	19,832	85,339	22	18	7,438,121		158,342,213	
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	223,681	5,510,531	36	25	1,462,178		55,717,161	
049 01 SLEEP LAB	13,659	930,797	28	9	77,248		7,543,829	
050 PHYSICAL THERAPY	126,805	5,927,727	88	65	412,032		28,932,297	
050 01 CARDIAC REHAB	4,062	345,851	3	1	2,290		376,562	
050 02 SPORTS MEDICINE	42,247	1,536,761	19	22	35,921		499,000	
051 OCCUPATIONAL THERAPY		650,907	9	3	11,731		3,903,290	
052 SPEECH PATHOLOGY	5,509	507,889	12	4	11,423		2,250,818	
053 ELECTROCARDIOLOGY	174,596	862,373	13	8	53,943		3,057,298	
054 ELECTROENCEPHALOGRAPHY	37,512	618,387	17	5	60,836		7,896,357	
055 MEDICAL SUPPLIES CHARGED	1	171			11		6,341,574	
056 DRUGS CHARGED TO PATIENTS							131,661,916	
057 RENAL DIALYSIS	9,307		12	3	217,857		3,701,659	
058 ASC (NON-DISTINCT PART)								
059 ENDOSCOPY	147,093	1,371,995	36	6	955,118		16,886,573	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	7,538	2,482,871	121	149	494,137		10,510,631	
060 01 PARTIAL HOSPITALIZATION	6,263	642,175	30	19	15,040		4,748,729	
061 EMERGENCY	235,488	7,598,443	112	133	1,156,062		67,565,958	
061 01 PATIENT SERVICES	11,402	1,785,871	11	6	100,424		3,204,943	
061 03 LAFAYETTE RD CLINIC	24,461	113,625	38	1	7,308			
061 04 ZIONSVILLE CLINIC	19,443	385,794		6	64,275			
061 05 BROWNSBURG CLINIC				1				
061 07 WOUND CENTER	1,211		16	11	13,389		5,988,143	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS								

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE	DATA PROCESSI	PURCHASING, R	ADMITTING	CASHIERING/AC	
	OSTS-MVBLE E	FITS	LEPHONES	NG	ECEIVING AND	R	D(PATIENT	R
( DOLLAR VALUE )	( GROSS SALARIES )	(PHONE INES	L(NODES )	(COSTED )EQUISITIONS	R(PATIENT )AYS	D(PATIENT )EVENUE		
4	5	6.01	6.02	6.03	6.04	6.05		
065 OTHER REIMBURS COST CNTRS								
066 AMBULANCE SERVICES								
067 DURABLE MEDICAL EQUIP-REN								
067 01 DURABLE MEDICAL EQUIP-SOL								
067 02 FAMILY PRACTICE	129,100	1,561,556	93	114	110,609			
068 01 GERIATRIC CLINIC	4,980	450,827	21	24	32,454			
068 02 KOKOMO DIALYSIS								
068 01 PSYCH SERVICES			1					181,410
068 02 DIABETIC THERAPY	441	488,812	11	9	17,081			543,399
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY	57,737	4,443,702	75	121	120,434			7,357,622
082 LUNG ACQUISITION								
083 SPEC PURPOSE COST CENTERS								
084 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 01 HEART ACQUISITION	722	111,795	4	2	162,415			601,178
085 01 PANCREAS ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE	116,049	5,078,929	63	65	740,212		6,337	22,901,899
095 SUBTOTALS	12,559,883	266,562,601	3,363	3,666	91,963,696		201,693	1,541,178,079
096 NONREIMBURS-COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP	636	353,604	10	3	164,072			
097 RESEARCH	2,562	719,553	26	27	57,723			
098 PHYSICIANS' PRIVATE OFFIC	689,652	9,115,680	131	301	187,403			
099 NONPAID WORKERS								
100 O'CONNORS								
100 01 WELLNESS	4,304	395,135	7	12	40,825			
100 02 OCC HEALTH		69	19	3	425			
100 03 CMO			3	6	7			
100 04 OTHER NONREIMBURSABLE COS								
100 05 OTHER NONREIMBURSABLE COS								
100 06 SETON BOARD								
100 07 MARTEN HOUSE								
100 08 FOUNDATION	29,055	611,942	15	12	59,581			
100 09 NETWORK DEVELOPMENT		496,214		10				
100 10 EAP		302,471	9	8	8,086			
100 11 MISSION EFFECTIVENESS	7,845	461,388	11	27	50,612			
100 12 OTHER NONREIMBURSABLE COS				7				
100 13 MARKETING		2,206,194	13	30	60,127			
100 14 NEW HOPE								
100 15 JOINT VENTURES	21,557	134,071		1	123,274			
100 16 OTHER NONREIMBURSABLE COS			4					
100 17 VACANT SPACE								
100 18 HEART CENTER OF INDIANA								
100 19 MISSION SERVICES		474,103		16	29,434			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	18,136,880	76,335,315	2,286,681	23,135,249	2,309,249	4,294,465	8,394,563	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.362088	.270853	633.254223	5,601.755206	.024899	21.292087	.005447	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		110,616	295,090	206,747	118,167	164,949	33,040	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000392	81.719745	50.059806	.001274	.817822	.000021	

COST CENTER DESCRIPTION	OP REGISTRATI ON		OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	(OP EVENUE	R RECONCIL- ) IATION	( ACCUM. COST	( SQUARE FEET	(LBS	(SQUARE )OOTAGE	(C )
	6.06	6a.07	6.07	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAPITAL-STRESS							
003 02 NEW CAPITAL-MARTEN HOUSE							
003 03 NEW CAPITAL-WOMEN'S BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION	535,260,344						
006 07 OTHER ADMINISTRATIVE AND		-46,184,152	558,089,006				
008 OPERATION OF PLANT			24,798,318	1,131,777			
009 LAUNDRY & LINEN SERVICE			2,275,099		3,082,401		
010 HOUSEKEEPING			8,515,224	11,435		1,114,851	
011 DIETARY			3,288,740	18,235			18,235
012 CAFETERIA			2,898,920	12,744			12,744
014 NURSING ADMINISTRATION			11,236,571	18,536			18,536
015 CENTRAL SERVICES & SUPPLY			1,684,171	31,093	8,684		31,093
016 PHARMACY			18,526,380	18,160			18,160
017 MEDICAL RECORDS & LIBRARY			8,383,866	14,034			14,034
018 SOCIAL SERVICE			5,286,690	2,003			2,003
022 I&R SERVICES-SALARY & FRI			7,812,383				
023 I&R SERVICES-OTHER PRGM C			6,334,756	19,603			19,603
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-CPE			145,982	2,107			2,107
024 02 PARAMED ED PRGM-PHARMACY			4,443				
024 03 PARAMED ED PRGM-RADIOLOGY			265,733				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			69,600,131	279,801	1,476,354	279,801	335,982
026 INTENSIVE CARE UNIT			10,007,390	23,273	256,314	23,273	18,858
027 CORONARY CARE UNIT			6,231,512	19,199	47,131	19,199	
027 01 CARDIAC RECOVERY			3,870,815	12,985	25,092	12,985	3,648
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE			3,464,223	18,617	37,174	18,617	1,029
030 NEONATAL INTENSIVE CARE U			17,771,427	29,127	78,842	29,127	
031 SUBPROVIDER			4,829,111	24,176	52,221	24,176	6,617
033 NURSERY			3,180,539		33,020		
034 SKILLED NURSING FACILITY			1,576,189	12,210		12,210	
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	111,854,922		73,672,034	110,104	374,194	110,104	
037 01 AMBULATORY SURGERY	7,546,861		3,396,576	21,902	31,533	21,902	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	2,639,714		6,889,271	20,818	117,328	20,818	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	163,728,680		39,364,260	54,403	131,948	54,403	
041 01 CARDIAC CATHETERIZATION L	13,282,119		7,552,300	25,649	19,945	25,649	
041 02 ULTRA SOUND	9,463,634		2,012,984	1,962		1,962	
041 03 SATELLITE CATH LABS							
041 04 EP LAB	15,659,058		9,573,830	2,327		2,327	
041 05 CATH HOLDING	3,398,002		1,362,960	5,420		5,420	2,511
041 06 ECHOCARDIOGRAPHY	4,431,584		1,023,827	227		227	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	37,456,319		29,894,978	17,724		17,724	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	6,683,598		9,797,503	7,202	15,072	7,202	
049 01 SLEEP LAB	7,446,050		1,814,327	7,306		7,306	
050 PHYSICAL THERAPY	19,209,232		10,559,146	9,505	2,138	9,505	
050 01 CARDIAC REHAB	3,023		523,077				
050 02 SPORTS MEDICINE	499,000		2,354,762				
051 OCCUPATIONAL THERAPY	397,180		913,887	530		530	
052 SPEECH PATHOLOGY	1,088,663		885,495	1,585		1,585	
053 ELECTROCARDIOLOGY	1,287,922		1,923,687	4,288	12,400	4,288	
054 ELECTROENCEPHALOGRAPHY	2,101,756		1,011,549	690	2,477	690	
055 MEDICAL SUPPLIES CHARGED	290,309		1,547,874	1	5	1	
056 DRUGS CHARGED TO PATIENTS	25,925,196		24,967,873				
057 RENAL DIALYSIS	460,701		1,420,433	3,496		3,496	
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	11,794,717		3,441,391	10,548	23,204	10,548	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,510,631		4,983,539				
060 01 PARTIAL HOSPITALIZATION	4,739,220		1,071,080	7,807		7,807	
061 EMERGENCY	45,382,714		13,494,519	36,392	331,928	36,392	3,144
061 01 PATIENT SERVICES	3,024,544		2,431,359	4,468	5,397	4,468	1,154
061 03 LAFAYETTE RD CLIIINIC			303,304				
061 04 ZIONSVILLE CLINIC			1,320,862				
061 05 BROWNSBURG CLINIC			10,656				
061 07 WOUND CENTER			1,741,703				
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							

	COST CENTER DESCRIPTION	OP REGISTRATI ON		OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		(OP EVENUE	R RECONCIL- ) IATION	( ACCUM. COST	( SQUARE FEET )	(LBS )	(SQUARE )OOTAGE	F( )
		6.06	6a.07	6.07	8	9	10	11
065	OTHER REIMBURS COST CNTRS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
067	01 FAMILY PRACTICE			3,348,010				2,393
067	02 GERIATRIC CLINIC			725,197				
068	KOKOMO DIALYSIS							
068	01 PSYCH SERVICES			59,681				
068	02 DIABETIC THERAPY	541,839		744,710				
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	7,357,622		7,200,608	5,491			
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION	1,736		551,202				
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	17,053,798		9,700,642	22,138		22,138	18,285
095	SUBTOTALS	535,260,344	-46,184,152	505,579,709	949,321	3,082,401	932,395	393,621
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			1,475,967	4,640		4,640	
097	RESEARCH			1,674,995				
098	PHYSICIANS' PRIVATE OFFIC			18,591,852	8,304		8,304	
099	NONPAID WORKERS							
100	O'CONNORS			7,475	137		137	
100	01 WELLNESS			796,700	290		290	
100	02 OCC HEALTH			32,494				
100	03 CMO			35,511				
100	04 OTHER NONREIMBURSABLE COS							
100	05 OTHER NONREIMBURSABLE COS							
100	06 SETON BOARD			190,841	13,937		13,937	
100	07 MARTEN HOUSE			3,351,803				
100	08 FOUNDATION			2,417,323				
100	09 NETWORK DEVELOPMENT			919,659				
100	10 EAP			520,790	1,559		1,559	
100	11 MISSION EFFECTIVENESS			1,186,629				
100	12 OTHER NONREIMBURSABLE COS			39,212				
100	13 MARKETING			13,883,509				
100	14 NEW HOPE			580,156	42,429		42,429	
100	15 JOINT VENTURES			3,966,852				
100	16 OTHER NONREIMBURSABLE COS			2,533				
100	17 VACANT SPACE			1,489,573	108,938		108,938	
100	18 HEART CENTER OF INDIANA							
100	19 MISSION SERVICES			1,345,423	2,222		2,222	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,549,466		46,184,152	26,850,478	2,463,373	9,491,179	4,148,748
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				23.724177		8.513406	
	(WRKSHT B, PT I)	.006631		.082754		.799173		10.539956
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	6,138		932,079	3,913,482	3,903	218,648	490,728
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				3.457821		.196123	
	(WRKSHT B, PT III)	.000011		.001670		.001266		1.246702

COST CENTER DESCRIPTION	CAFETERIA (EMPLOYEE HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECOR DS & LIBRARY (TIME PENT)	SOCIAL SERVIC E (TIME SPENT)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)
	12	14	15	16	17	18	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAPITAL-STRESS							
003 02 NEW CAPITAL-MARTEN HOUSE							
003 03 NEW CAPITAL-WOMEN'S BLDG							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	6,501,677						
014 NURSING ADMINISTRATION	254,643	2,865,169					
015 CENTRAL SERVICES & SUPPLY	36,853		28,393,738				
016 PHARMACY	282,294	2,086	472,212	16,306,865			
017 MEDICAL RECORDS & LIBRARY	201,491					237,034	
018 SOCIAL SERVICE	113,166	355	670				
022 I&R SERVICES-SALARY & FRI	253,826						16,991
023 I&R SERVICES-OTHER PRGM C	136,054	10,770	10,433	47,700			1,423
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-CPE	4,657			57			
024 02 PARAMED ED PRGM-PHARMACY	3						
024 03 PARAMED ED PRGM-RADIOLOGY	9,249	2,083			35		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,372,607	1,090,141	2,305,335	90,200	38,010	5,155	725
026 INTENSIVE CARE UNIT	184,125	170,712	587,268	39,705	525	599	87
027 CORONARY CARE UNIT	91,024	83,393	281,119	12,868	2,697	110	206
027 01 CARDIAC RECOVERY	62,360	56,953	141,482	12,890		59	
029 SURGICAL INTENSIVE CARE U							
029 01 PEDIATRIC INTENSIVE CARE	71,457	46,668	137,882	9,089	427	1,094	14
030 NEONATAL INTENSIVE CARE U	325,239	244,144	431,446	57,774	931	3,375	15
031 SUBPROVIDER	128,631	50,944	28,578	1,207	2,263		
033 NURSERY	136,859	49,544	76,182	615	3,464		
034 SKILLED NURSING FACILITY	46,339	22,806	29,425	1,053		752	3
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	589,816	268,799	15,649,657	12,390,308	9,417		83
037 01 AMBULATORY SURGERY	79,006	38,499	237,160	10,388		32	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	142,387	113,244	120,928	45,096	474	992	56
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	496,175	50,752	2,657,987	601,689	80,930		
041 01 CARDIAC CATHETERIZATION L	36,469	14,831	1,197,824	262,237	2,874		
041 02 ULTRA SOUND	32,561		47,176	11,183			
041 03 SATELLITE CATH LABS							
041 04 EP LAB	12,760	9,693	759,621	73,679			
041 05 CATH HOLDING	22,625	16,996	69,268	8,736			
041 06 ECHOCARDIOGRAPHY	13,627	2,122	7,089	175			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,083		22,376	152,871	14,777		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	191,239	13,347	232,924	913,734	2,958		
049 01 SLEEP LAB	38,741		58,275	301	2,356		
050 PHYSICAL THERAPY	221,076	12	297,711	2,960	1,218		23
050 01 CARDIAC REHAB	9,646	9,532					
050 02 SPORTS MEDICINE	61,933		23,075				
051 OCCUPATIONAL THERAPY	24,252		7,849				
052 SPEECH PATHOLOGY	18,934		142,763				
053 ELECTROCARDIOLOGY	39,176	9,952	31,374		1,228		
054 ELECTROENCEPHALOGRAPHY	20,511		54,768		16,251		
055 MEDICAL SUPPLIES CHARGED	6	4	8				
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			196,016	17,043			5
058 ASC (NON-DISTINCT PART)							
059 ENDOSCOPY	48,334	40,146	831,264	403,827	6,108	8	14
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	128,534	47,454	84,472	339,107		375	29
060 01 PARTIAL HOSPITALIZATION	27,415		161				
061 EMERGENCY	303,135	150,896	722,613	117,952	52,634	4,070	51
061 01 PATIENT SERVICES	39,850	14,971	55,769	18,282	4,265	13	19
061 03 LAFAYETTE RD CLINIC			62				
061 04 ZIONSVILLE CLINIC		487	4,689	344	5,426		
061 05 BROWNSBURG CLINIC					10		
061 07 WOUND CENTER			3,102	2,141			
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	I&R SERVICES-
	(EMPLOYEE OURS	H( ) NRSING HRS	( ) DIRECT HRS	( ) COSTED REQUIS.	( ) COSTED REQUIS.	(TIME PENT	S( ) TIME SPENT
	12	14	15	16	17	18	22
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
067 01 FAMILY PRACTICE			6,469	23,065	1,017		40
067 02 GERIATRIC CLINIC	26,687		6,402	6,549	4,033	156	21
068 KOKOMO DIALYSIS							
068 01 PSYCH SERVICES							
068 02 DIABETIC THERAPY	16,157		8,151	4,640	355	126	
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		72,157		66,665	3,354		
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION	3,801		2,246	97,144	97,346		
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE			87,369	121,442	497,492		10
095 SUBTOTALS	6,357,813	2,815,130	28,337,575	16,266,265	231,890	16,790	1,401
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	29,324			120	2		
097 RESEARCH	23,755		161	484			
098 PHYSICIANS' PRIVATE OFFIC			41,293	32,184	39,416	5,144	5
099 NONPAID WORKERS							
100 O'CONNORS							
100 01 WELLNESS	17,258		8,286	772	33		
100 02 OCC HEALTH				425			
100 03 CMO							
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 SETON BOARD							
100 07 MARTEN HOUSE							
100 08 FOUNDATION	19,630						
100 09 NETWORK DEVELOPMENT	8,184						
100 10 EAP							
100 11 MISSION EFFECTIVENESS	23,683		146	6,745			
100 12 OTHER NONREIMBURSABLE COS							
100 13 MARKETING			30				
100 14 NEW HOPE							
100 15 JOINT VENTURES	6,710		3	15,433	1,149		
100 16 OTHER NONREIMBURSABLE COS							
100 17 VACANT SPACE							17
100 18 HEART CENTER OF INDIANA	120		120				
100 19 MISSION SERVICES	15,200						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,549,653	12,903,022	2,852,966	20,855,908	9,640,092	5,852,207	8,597,468
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.545960	4.503407	.100479	1.278965	40.669659	344.429816	6,041.790583
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	226,694	790,428	618,277	495,318	268,697	57,666	24,307
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.034867	.275875	.021775	.030375	1.133580	3.393914	17.081518
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM		PARAMED ED PR GM-CPE		PARAMED ED PR GM-PHARMACY		PARAMED ED PR GM-RADIOLOGY	
	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )
	23	24	24.01		24.02		24.03			
001 GENERAL SERVICE COST CNTR										
002 OLD CAP REL COSTS-BLDG &										
003 OLD CAP REL COSTS-MVBLE E										
003 NEW CAP REL COSTS-BLDG &										
003 01 NEW CAPITAL-STRESS										
003 02 NEW CAPITAL-MARTEN HOUSE										
003 03 NEW CAPITAL-WOMEN'S BLDG										
004 NEW CAP REL COSTS-MVBLE E										
005 EMPLOYEE BENEFITS										
006 01 NONPATIENT TELEPHONES										
006 02 DATA PROCESSING										
006 03 PURCHASING, RECEIVING AND										
006 04 ADMITTING										
006 05 CASHIERING/ACCOUNTS RECEI										
006 06 OP REGISTRATION										
006 07 OTHER ADMINISTRATIVE AND										
008 OPERATION OF PLANT										
009 LAUNDRY & LINEN SERVICE										
010 HOUSEKEEPING										
011 DIETARY										
012 CAFETERIA										
014 NURSING ADMINISTRATION										
015 CENTRAL SERVICES & SUPPLY										
016 PHARMACY										
017 MEDICAL RECORDS & LIBRARY										
018 SOCIAL SERVICE										
022 I&R SERVICES-SALARY & FRI										
023 I&R SERVICES-OTHER PRGM C	1,423									
024 PARAMED ED PRGM										
024 01 PARAMED ED PRGM-CPE				1,508						
024 02 PARAMED ED PRGM-PHARMACY						100				
024 03 PARAMED ED PRGM-RADIOLOGY								100		
INPAT ROUTINE SRVC CNTRS										
025 ADULTS & PEDIATRICS	725		1,063							
026 INTENSIVE CARE UNIT	87		170							
027 CORONARY CARE UNIT	206		26							
027 01 CARDIAC RECOVERY										
029 SURGICAL-INTENSIVE CARE U										
029 01 PEDIATRIC INTENSIVE CARE	14		1							
030 NEONATAL INTENSIVE CARE U	15									
031 SUBPROVIDER			46							
033 NURSERY	3									
034 SKILLED NURSING FACILITY										
035 NURSING FACILITY										
035 01 ICF/MR										
036 OTHER LONG TERM CARE										
ANCILLARY SRVC COST CNTRS										
037 OPERATING ROOM	83									
037 01 AMBULATORY SURGERY				7						
038 RECOVERY ROOM										
039 DELIVERY ROOM & LABOR ROO	56									
040 ANESTHESIOLOGY										
041 RADIOLOGY-DIAGNOSTIC								100		
041 01 CARDIAC CATHETERIZATION L										
041 02 ULTRA SOUND										
041 03 SATELLITE CATH LABS										
041 04 EP LAB										
041 05 CATH HOLDING										
041 06 ECHOCARDIOGRAPHY										
042 RADIOLOGY-THERAPEUTIC										
043 RADIOISOTOPE										
044 LABORATORY										
045 PBP CLINICAL LAB SERVICES										
046 WHOLE BLOOD & PACKED RED										
047 BLOOD STORING, PROCESSING										
048 INTRAVENOUS THERAPY										
049 RESPIRATORY THERAPY										
049 01 SLEEP LAB										
050 PHYSICAL THERAPY	23									
050 01 CARDIAC REHAB										
050 02 SPORTS MEDICINE										
051 OCCUPATIONAL THERAPY										
052 SPEECH PATHOLOGY										
053 ELECTROCARDIOLOGY										
054 ELECTROENCEPHALOGRAPHY										
055 MEDICAL SUPPLIES CHARGED										
056 DRUGS CHARGED TO PATIENTS							100			
057 RENAL DIALYSIS	5									
058 ASC (NON-DISTINCT PART)										
059 ENDOSCOPY	14									
OUTPAT SERVICE COST CNTRS										
060 CLINIC	29									
060 01 PARTIAL HOSPITALIZATION										
061 EMERGENCY	51		62							
061 01 PATIENT SERVICES	19									
061 03 LAFAYETTE RD CLINIC										
061 04 ZIONSVILLE CLINIC										
061 05 BROWNSBURG CLINIC										
061 07 WOUND CENTER										
062 OBSERVATION BEDS (NON-DIS										
OTHER REIMBURS COST CNTRS										
064 HOME PROGRAM DIALYSIS										

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM		PARAMED ED PR GM-CPE		PARAMED ED PR GM-PHARMACY		PARAMED ED PR GM-RADIOLOGY	
	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )
065 OTHER REIMBURS COST CNTRS	23	24	24.01	24.02	24.03					
066 AMBULANCE SERVICES										
067 DURABLE MEDICAL EQUIP-REN										
067 DURABLE MEDICAL EQUIP-SOL										
067 01 FAMILY PRACTICE		40								
067 02 GERIATRIC CLINIC		21								
068 KOKOMO DIALYSIS										
068 01 PSYCH SERVICES										
068 02 DIABETIC THERAPY										
069 CORF										
070 I&R SERVICES-NOT APPRVD P										
071 HOME HEALTH AGENCY										
082 LUNG ACQUISITION										
083 SPEC PURPOSE COST CENTERS										
084 KIDNEY ACQUISITION										
085 LIVER ACQUISITION										
085 HEART ACQUISITION										
085 01 PANCREAS ACQUISITION										
086 OTHER ORGAN ACQUISITION										
092 AMBULATORY SURGICAL CENTE										
093 HOSPICE		10		133						
095 SUBTOTALS	1,401		1,508	100	100					
096 NONREIMBURS COST CENTERS										
097 GIFT, FLOWER, COFFEE SHOP		5								
098 RESEARCH										
098 PHYSICIANS' PRIVATE OFFIC										
099 NONPAID WORKERS										
100 O'CONNORS										
100 01 WELLNESS										
100 02 OCC HEALTH										
100 03 CMO										
100 04 OTHER NONREIMBURSABLE COS										
100 05 OTHER NONREIMBURSABLE COS										
100 06 SETON BOARD										
100 07 MARTEN HOUSE										
100 08 FOUNDATION										
100 09 NETWORK DEVELOPMENT										
100 10 EAP										
100 11 MISSION EFFECTIVENESS										
100 12 OTHER NONREIMBURSABLE COS										
100 13 MARKETING										
100 14 NEW HOPE										
100 15 JOINT VENTURES										
100 16 OTHER NONREIMBURSABLE COS		17								
100 17 VACANT SPACE										
100 18 HEART CENTER OF INDIANA										
100 19 MISSION SERVICES										
101 CROSS FOOT ADJUSTMENT										
102 NEGATIVE COST CENTER										
103 COST TO BE ALLOCATED	7,675,772		228,537	4,813	302,199					
(PER WRKSHT B, PART I)										
104 UNIT COST MULTIPLIER	5,394.077301		151.549735	48.130000	3,021.990000					
(WRKSHT B, PT I)										
105 COST TO BE ALLOCATED										
(PER WRKSHT B, PART II)										
106 UNIT COST MULTIPLIER										
(WRKSHT B, PT II)										
107 COST TO BE ALLOCATED	409,374		37,251	7	1,777					
(PER WRKSHT B, PART III)										
108 UNIT COST MULTIPLIER	287.683767		24.702255	.070000	17.770000					
(WRKSHT B, PT III)										

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0084  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 PREPARED 11/28/2007  
 WORKSHEET C  
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	98,589,250		98,589,250		98,589,250
26	INTENSIVE CARE UNIT	13,221,936		13,221,936		13,221,936
27	CORONARY CARE UNIT	8,025,256		8,025,256		8,025,256
27	01 CARDIAC RECOVERY	5,009,800		5,009,800		5,009,800
29	SURGICAL INTENSIVE CARE U					
29	01 PEDIATRIC INTENSIVE CARE	5,060,603		5,060,603		5,060,603
30	NEONATAL INTENSIVE CARE U	22,838,679		22,838,679		22,838,679
31	SUBPROVIDER	6,522,662		6,522,662		6,522,662
33	NURSERY	4,176,300		4,176,300		4,176,300
34	SKILLED NURSING FACILITY	2,232,554		2,232,554		2,232,554
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	102,952,004		102,952,004		102,952,004
37	01 AMBULATORY SURGERY	4,674,634		4,674,634		4,674,634
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	9,242,773		9,242,773		9,242,773
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	49,610,733		49,610,733		49,610,733
41	01 CARDIAC CATHETERIZATION L	9,679,418		9,679,418		9,679,418
41	02 ULTRA SOUND	2,279,636		2,279,636		2,279,636
41	03 SATELLITE CATH LABS					
41	04 EP LAB	10,662,297		10,662,297		10,662,297
41	05 CATH HOLDING	1,783,969		1,783,969		1,783,969
41	06 ECHOCARDIOGRAPHY	1,133,803		1,133,803		1,133,803
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	33,740,164		33,740,164		33,740,164
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	12,329,362		12,329,362		12,329,362
49	01 SLEEP LAB	2,323,207		2,323,207		2,323,207
50	PHYSICAL THERAPY	11,945,074		11,945,074		11,945,074
50	01 CARDIAC REHAB	614,556		614,556		614,556
50	02 SPORTS MEDICINE	2,585,760		2,585,760		2,585,760
51	OCCUPATIONAL THERAPY	1,020,631		1,020,631		1,020,631
52	SPEECH PATHOLOGY	1,034,552		1,034,552		1,034,552
53	ELECTROCARDIOLOGY	2,301,954		2,301,954		2,301,954
54	ELECTROENCEPHALOGRAPHY	1,156,968		1,156,968		1,156,968
55	MEDICAL SUPPLIES CHARGED	1,676,026		1,676,026		1,676,026
56	DRUGS CHARGED TO PATIENTS	27,038,877		27,038,877		27,038,877
57	RENAL DIALYSIS	1,692,175		1,692,175		1,692,175
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY	5,143,119		5,143,119		5,143,119
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,251,181		6,251,181		6,251,181
60	01 PARTIAL HOSPITALIZATION	1,426,378		1,426,378		1,426,378
61	EMERGENCY	20,703,181		20,703,181		20,703,181
61	01 PATIENT SERVICES	3,089,176		3,089,176		3,089,176
61	03 LAFAYETTE RD CLINIC	328,410		328,410		328,410
61	04 ZIONSVILLE CLINIC	1,653,947		1,653,947		1,653,947
61	05 BROWNSBURG CLINIC	11,945		11,945		11,945
61	07 WOUND CENTER	1,888,886		1,888,886		1,888,886
62	OBSERVATION BEDS (NON-DIS	7,887,039		7,887,039		7,887,039
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
67	01 FAMILY PRACTICE	3,736,776		3,736,776		3,736,776
67	02 GERIATRIC CLINIC	834,427		834,427		834,427
68	KOKOMO DIALYSIS					
68	01 PSYCH SERVICES	64,620		64,620		64,620
68	02 DIABETIC THERAPY	857,910		857,910		857,910
101	SUBTOTAL	511,032,608		511,032,608		511,032,608
102	LESS OBSERVATION BEDS	7,887,039		7,887,039		7,887,039
103	TOTAL	503,145,569		503,145,569		503,145,569

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	136,847,226		136,847,226			
27	INTENSIVE CARE UNIT	27,587,935		27,587,935			
27	CORONARY CARE UNIT	11,011,555		11,011,555			
27	01 CARDIAC RECOVERY	9,374,320		9,374,320			
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE	9,415,597		9,415,597			
30	NEONATAL INTENSIVE CARE U	57,181,331		57,181,331			
31	SUBPROVIDER	11,791,006		11,791,006			
33	NURSERY	8,680,815		8,680,815			
34	SKILLED NURSING FACILITY	1,860,554		1,860,554			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	201,624,283	111,854,922	313,479,205	.328417	.328417	.328417
37	01 AMBULATORY SURGERY	95,738	7,546,861	7,642,599	.611655	.611655	.611655
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	25,613,548	2,639,714	28,253,262	.327140	.327140	.327140
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	75,698,050	163,728,680	239,426,730	.207206	.207206	.207206
41	01 CARDIAC CATHETERIZATION L	30,422,632	13,282,119	43,704,751	.221473	.221473	.221473
41	02 ULTRA SOUND	4,906,050	9,463,634	14,369,684	.158642	.158642	.158642
41	03 SATELLITE CATH LABS						
41	04 EP LAB	19,104,392	15,659,058	34,763,450	.306710	.306710	.306710
41	05 CATH HOLDING	1,443,388	3,398,002	4,841,390	.368483	.368483	.368483
41	06 ECHOCARDIOGRAPHY	8,103,750	4,431,584	12,535,334	.090449	.090449	.090449
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	120,885,893	37,456,319	158,342,212	.213084	.213084	.213084
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	49,033,563	6,683,598	55,717,161	.221285	.221285	.221285
49	01 SLEEP LAB	97,779	7,446,050	7,543,829	.307961	.307961	.307961
50	PHYSICAL THERAPY	9,723,065	19,209,232	28,932,297	.412863	.412863	.412863
50	01 CARDIAC REHAB	373,539	3,023	376,562	1.632018	1.632018	1.632018
50	02 SPORTS MEDICINE		499,000	499,000	5.181884	5.181884	5.181884
51	OCCUPATIONAL THERAPY	3,506,110	397,180	3,903,290	.261480	.261480	.261480
52	SPEECH PATHOLOGY	1,162,155	1,088,663	2,250,818	.459634	.459634	.459634
53	ELECTROCARDIOLOGY	1,769,376	1,287,922	3,057,298	.752937	.752937	.752937
54	ELECTROENCEPHALOGRAPHY	5,794,601	2,101,756	7,896,357	.146519	.146519	.146519
55	MEDICAL SUPPLIES CHARGED	6,051,266	290,309	6,341,575	.264292	.264292	.264292
56	DRUGS CHARGED TO PATIENTS	105,736,719	25,925,196	131,661,915	.205366	.205366	.205366
57	RENAL DIALYSIS	3,240,958	460,701	3,701,659	.457140	.457140	.457140
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	5,091,856	11,794,717	16,886,573	.304569	.304569	.304569
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		10,510,631	10,510,631	.594748	.594748	.594748
60	01 PARTIAL HOSPITALIZATION	9,509	4,739,220	4,748,729	.300370	.300370	.300370
61	EMERGENCY	22,183,244	45,382,714	67,565,958	.306414	.306414	.306414
61	01 PATIENT SERVICES	180,399	3,024,544	3,204,943	.963879	.963879	.963879
61	03 LAFAYETTE RD CLINIC	2,322	497,091	499,413	.657592	.657592	.657592
61	04 ZIONSVILLE CLINIC	18,256	5,755,874	5,774,130	.286441	.286441	.286441
61	05 BROWNSBURG CLINIC						
61	07 WOUND CENTER	212,973	5,775,170	5,988,143	.315438	.315438	.315438
62	OBSERVATION BEDS (NON-DIS	3,552,792	11,345,184	14,897,976	.529403	.529403	.529403
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE	451,355	12,002,876	12,454,231	.300041	.300041	.300041
67	02 GERIATRIC CLINIC		1,907,626	1,907,626	.437416	.437416	.437416
68	KOKOMO DIALYSIS						
68	01 PSYCH SERVICES	181,410		181,410	.356210	.356210	.356210
68	02 DIABETIC THERAPY	1,560	541,839	543,399	1.578785	1.578785	1.578785
101	SUBTOTAL	980,022,870	548,131,009	1,528,153,879			
102	LESS OBSERVATION BEDS						
103	TOTAL	980,022,870	548,131,009	1,528,153,879			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	106,880,256		106,880,256		106,880,256
27	INTENSIVE CARE UNIT	14,216,857		14,216,857		14,216,857
27	01 CORONARY CARE UNIT	10,381,045		10,381,045		10,381,045
29	CARDIAC RECOVERY	5,009,800		5,009,800		5,009,800
29	01 SURGICAL INTENSIVE CARE U					
30	PEDIATRIC INTENSIVE CARE	5,220,705		5,220,705		5,220,705
31	NEONATAL INTENSIVE CARE U	23,010,217		23,010,217		23,010,217
33	SUBPROVIDER	6,522,662		6,522,662		6,522,662
34	NURSERY	4,210,607		4,210,607		4,210,607
35	SKILLED NURSING FACILITY	2,232,554		2,232,554		2,232,554
35	01 NURSING FACILITY					
36	ICF/MR					
37	OTHER LONG TERM CARE					
37	01 ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	103,901,181		103,901,181		103,901,181
39	AMBULATORY SURGERY	4,674,634		4,674,634		4,674,634
40	RECOVERY ROOM					
41	DELIVERY ROOM & LABOR ROO	9,883,181		9,883,181		9,883,181
41	01 ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	49,610,733		49,610,733		49,610,733
41	01 CARDIAC CATHETERIZATION L	9,679,418		9,679,418		9,679,418
41	02 ULTRA SOUND	2,279,636		2,279,636		2,279,636
41	03 SATELLITE CATH LABS					
41	04 EP LAB	10,662,297		10,662,297		10,662,297
41	05 CATH HOLDING	1,783,969		1,783,969		1,783,969
41	06 ECHOCARDIOGRAPHY	1,133,803		1,133,803		1,133,803
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES	33,740,164		33,740,164		33,740,164
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	12,329,362		12,329,362		12,329,362
49	01 SLEEP LAB	2,323,207		2,323,207		2,323,207
50	PHYSICAL THERAPY	12,208,099		12,208,099		12,208,099
50	01 CARDIAC REHAB	614,556		614,556		614,556
50	02 SPORTS MEDICINE	2,585,760		2,585,760		2,585,760
51	OCCUPATIONAL THERAPY	1,020,631		1,020,631		1,020,631
52	SPEECH PATHOLOGY	1,034,552		1,034,552		1,034,552
53	ELECTROCARDIOLOGY	2,301,954		2,301,954		2,301,954
54	ELECTROENCEPHALOGRAPHY	1,156,968		1,156,968		1,156,968
55	MEDICAL SUPPLIES CHARGED	1,676,026		1,676,026		1,676,026
56	DRUGS CHARGED TO PATIENTS	27,038,877		27,038,877		27,038,877
57	RENAL DIALYSIS	1,749,354		1,749,354		1,749,354
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY	5,303,221		5,303,221		5,303,221
60	OUTPAT SERVICE COST CNTRS					
60	01 CLINIC	6,582,821		6,582,821		6,582,821
61	PARTIAL HOSPITALIZATION	1,426,378		1,426,378		1,426,378
61	01 EMERGENCY	21,286,410		21,286,410		21,286,410
61	03 PATIENT SERVICES	3,306,457		3,306,457		3,306,457
61	04 LAFAYETTE RD CLINIC	328,410		328,410		328,410
61	05 ZIONSVILLE CLINIC	1,653,947		1,653,947		1,653,947
61	06 BROWNSBURG CLINIC	11,945		11,945		11,945
62	07 WOUND CENTER	1,888,886		1,888,886		1,888,886
64	OBSERVATION BEDS (NON-DIS	7,887,039		7,887,039		7,887,039
65	OTHER REIMBURS COST CNTRS					
66	HOME PROGRAM DIALYSIS					
67	AMBULANCE SERVICES					
68	DURABLE MEDICAL EQUIP-REN					
68	01 DURABLE MEDICAL EQUIP-SOL					
68	02 FAMILY PRACTICE	4,194,211		4,194,211		4,194,211
68	03 GERIATRIC CLINIC	1,074,581		1,074,581		1,074,581
68	04 KOKOMO DIALYSIS					
68	05 PSYCH SERVICES	64,620		64,620		64,620
68	06 DIABETIC THERAPY	857,910		857,910		857,910
101	SUBTOTAL	526,939,901		526,939,901		526,939,901
102	LESS OBSERVATION BEDS	7,887,039		7,887,039		7,887,039
103	TOTAL	519,052,862		519,052,862		519,052,862

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	136,847,226		136,847,226			
27	INTENSIVE CARE UNIT	27,587,935		27,587,935			
27	CORONARY CARE UNIT	11,011,555		11,011,555			
27	01 CARDIAC RECOVERY	9,374,320		9,374,320			
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE	9,415,597		9,415,597			
30	NEONATAL INTENSIVE CARE U	57,181,331		57,181,331			
31	SUBPROVIDER	11,791,006		11,791,006			
33	NURSERY	8,680,815		8,680,815			
34	SKILLED NURSING FACILITY	1,860,554		1,860,554			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	201,624,283	111,854,922	313,479,205	.331445	.331445	.331445
37	01 AMBULATORY SURGERY	95,738	7,546,861	7,642,599	.611655	.611655	.611655
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	25,613,548	2,639,714	28,253,262	.349807	.349807	.349807
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	75,698,050	163,728,680	239,426,730	.207206	.207206	.207206
41	01 CARDIAC CATHETERIZATION L	30,422,632	13,282,119	43,704,751	.221473	.221473	.221473
41	02 ULTRA SOUND	4,906,050	9,463,634	14,369,684	.158642	.158642	.158642
41	03 SATELLITE CATH LABS						
41	04 EP LAB	19,104,392	15,659,058	34,763,450	.306710	.306710	.306710
41	05 CATH HOLDING	1,443,388	3,398,002	4,841,390	.368483	.368483	.368483
41	06 ECHOCARDIOGRAPHY	8,103,750	4,431,584	12,535,334	.090449	.090449	.090449
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	120,885,893	37,456,319	158,342,212	.213084	.213084	.213084
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	49,033,563	6,683,598	55,717,161	.221285	.221285	.221285
49	01 SLEEP LAB	97,779	7,446,050	7,543,829	.307961	.307961	.307961
50	PHYSICAL THERAPY	9,723,065	19,209,232	28,932,297	.421954	.421954	.421954
50	01 CARDIAC REHAB	373,539	3,023	376,562	1.632018	1.632018	1.632018
50	02 SPORTS MEDICINE		499,000	499,000	5.181884	5.181884	5.181884
51	OCCUPATIONAL THERAPY	3,506,110	397,180	3,903,290	.261480	.261480	.261480
52	SPEECH PATHOLOGY	1,162,155	1,088,663	2,250,818	.459634	.459634	.459634
53	ELECTROCARDIOLOGY	1,769,376	1,287,922	3,057,298	.752937	.752937	.752937
54	ELECTROENCEPHALOGRAPHY	5,794,601	2,101,756	7,896,357	.146519	.146519	.146519
55	MEDICAL SUPPLIES CHARGED	6,051,266	290,309	6,341,575	.264292	.264292	.264292
56	DRUGS CHARGED TO PATIENTS	105,736,719	25,925,196	131,661,915	.205366	.205366	.205366
57	RENAL DIALYSIS	3,240,958	460,701	3,701,659	.472586	.472586	.472586
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	5,091,856	11,794,717	16,886,573	.314050	.314050	.314050
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		10,510,631	10,510,631	.626301	.626301	.626301
60	01 PARTIAL HOSPITALIZATION	9,509	4,739,220	4,748,729	.300370	.300370	.300370
61	EMERGENCY	22,183,244	45,382,714	67,565,958	.315046	.315046	.315046
61	01 PATIENT SERVICES	180,399	3,024,544	3,204,943	1.031674	1.031674	1.031674
61	03 LAFAYETTE RD CLINIC	2,322	497,091	499,413	.657592	.657592	.657592
61	04 ZIONSVILLE CLINIC	18,256	5,755,874	5,774,130	.286441	.286441	.286441
61	05 BROWNSBURG CLINIC						
61	07 WOUND CENTER	212,973	5,775,170	5,988,143	.315438	.315438	.315438
62	OBSERVATION BEDS (NON-DIS	3,552,792	11,345,184	14,897,976	.529403	.529403	.529403
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE	451,355	12,002,876	12,454,231	.336770	.336770	.336770
67	02 GERIATRIC CLINIC		1,907,626	1,907,626	.563308	.563308	.563308
68	KOKOMO DIALYSIS						
68	01 PSYCH SERVICES	181,410		181,410	.356210	.356210	.356210
68	02 DIABETIC THERAPY	1,560	541,839	543,399	1.578785	1.578785	1.578785
101	SUBTOTAL	980,022,870	548,131,009	1528,153,879			
102	LESS OBSERVATION BEDS						
103	TOTAL	980,022,870	548,131,009	1528,153,879			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	102,952,004	5,913,516	97,038,488			102,952,004
37	01 AMBULATORY SURGERY	4,674,634	429,842	4,244,792			4,674,634
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	9,242,773	528,236	8,714,537			9,242,773
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	49,610,733	6,902,587	42,708,146			49,610,733
41	01 CARDIAC CATHETERIZATION L	9,679,418	1,039,052	8,640,366			9,679,418
41	02 ULTRA SOUND	2,279,636	257,110	2,022,526			2,279,636
41	03 SATELLITE CATH LABS						
41	04 EP LAB	10,662,297	398,337	10,263,960			10,662,297
41	05 CATH HOLDING	1,783,969	298,721	1,485,248			1,783,969
41	06 ECHOCARDIOGRAPHY	1,133,803	81,863	1,051,940			1,133,803
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	33,740,164	410,436	33,329,728			33,740,164
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	12,329,362	491,060	11,838,302			12,329,362
49	01 SLEEP LAB	2,323,207	86,070	2,237,137			2,323,207
50	PHYSICAL THERAPY	11,945,074	384,502	11,560,572			11,945,074
50	01 CARDIAC REHAB	614,556	9,815	604,741			614,556
50	02 SPORTS MEDICINE	2,585,760	67,454	2,518,306			2,585,760
51	OCCUPATIONAL THERAPY	1,020,631	11,388	1,009,243			1,020,631
52	SPEECH PATHOLOGY	1,034,552	41,671	992,881			1,034,552
53	ELECTROCARDIOLOGY	2,301,954	322,123	1,979,831			2,301,954
54	ELECTROENCEPHALOGRAPHY	1,156,968	69,293	1,087,675			1,156,968
55	MEDICAL SUPPLIES CHARGED	1,676,026	2,740	1,673,286			1,676,026
56	DRUGS CHARGED TO PATIENTS	27,038,877	44,746	26,994,131			27,038,877
57	RENAL DIALYSIS	1,692,175	81,905	1,610,270			1,692,175
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	5,143,119	444,461	4,698,658			5,143,119
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,251,181	68,862	6,182,319			6,251,181
60	01 PARTIAL HOSPITALIZATION	1,426,378	72,481	1,353,897			1,426,378
61	EMERGENCY	20,703,181	1,145,388	19,557,793			20,703,181
61	01 PATIENT SERVICES	3,089,176	108,559	2,980,617			3,089,176
61	03 LAFAYETTE RD CLIINIC	328,410	37,035	291,375			328,410
61	04 ZIONSVILLE CLINIC	1,653,947	35,619	1,618,328			1,653,947
61	05 BROWNSBURG CLINIC	11,945	79	11,866			11,945
61	07 WOUND CENTER	1,888,886	6,693	1,882,193			1,888,886
62	OBSERVATION BEDS (NON-DIS	7,887,039	576,267	7,310,772			7,887,039
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE	3,736,776	201,327	3,535,449			3,736,776
67	02 GERIATRIC CLINIC	834,427	14,091	820,336			834,427
68	KOKOMO DIALYSIS						
68	01 PSYCH SERVICES	64,620	186	64,434			64,620
68	02 DIABETIC THERAPY	857,910	6,493	851,417			857,910
101	SUBTOTAL	345,355,568	20,590,008	324,765,560			345,355,568
102	LESS OBSERVATION BEDS	7,887,039	576,267	7,310,772			7,887,039
103	TOTAL	337,468,529	20,013,741	317,454,788			337,468,529

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	313,479,205	.328417	.328417
37	01 AMBULATORY SURGERY	7,642,599	.611655	.611655
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	28,253,262	.327140	.327140
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	239,426,730	.207206	.207206
41	01 CARDIAC CATHETERIZATION L	43,704,751	.221473	.221473
41	02 ULTRA SOUND	14,369,684	.158642	.158642
41	03 SATELLITE CATH LABS			
41	04 EP LAB	34,763,450	.306710	.306710
41	05 CATH HOLDING	4,841,390	.368483	.368483
41	06 ECHOCARDIOGRAPHY	12,535,334	.090449	.090449
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	158,342,212	.213084	.213084
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	55,717,161	.221285	.221285
49	01 SLEEP LAB	7,543,829	.307961	.307961
50	PHYSICAL THERAPY	28,932,297	.412863	.412863
50	01 CARDIAC REHAB	376,562	1.632018	1.632018
50	02 SPORTS MEDICINE	499,000	5.181884	5.181884
51	OCCUPATIONAL THERAPY	3,903,290	.261480	.261480
52	SPEECH PATHOLOGY	2,250,818	.459634	.459634
53	ELECTROCARDIOLOGY	3,057,298	.752937	.752937
54	ELECTROENCEPHALOGRAPHY	7,896,357	.146519	.146519
55	MEDICAL SUPPLIES CHARGED	6,341,575	.264292	.264292
56	DRUGS CHARGED TO PATIENTS	131,661,915	.205366	.205366
57	RENAL DIALYSIS	3,701,659	.457140	.457140
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	16,886,573	.304569	.304569
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	10,510,631	.594748	.594748
60	01 PARTIAL HOSPITALIZATION	4,748,729	.300370	.300370
61	EMERGENCY	67,565,958	.306414	.306414
61	01 PATIENT SERVICES	3,204,943	.963879	.963879
61	03 LAFAYETTE RD CLIINIC	499,413	.657592	.657592
61	04 ZIONSVILLE CLINIC	5,774,130	.286441	.286441
61	05 BROWNSBURG CLINIC			
61	07 WOUND CENTER	5,988,143	.315438	.315438
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	14,897,976	.529403	.529403
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
67	01 FAMILY PRACTICE	12,454,231	.300041	.300041
67	02 GERIATRIC CLINIC	1,907,626	.437416	.437416
68	KOKOMO DIALYSIS			
68	01 PSYCH SERVICES	181,410	.356210	.356210
68	02 DIABETIC THERAPY	543,399	1.578785	1.578785
101	SUBTOTAL	1254,403,540		
102	LESS OBSERVATION BEDS	14,897,976		
103	TOTAL	1239,505,564		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	103,901,181	5,913,516	97,987,665	591,352	5,683,285	97,626,544
37	01 AMBULATORY SURGERY	4,674,634	429,842	4,244,792	42,984	246,198	4,385,452
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	9,883,181	528,236	9,354,945	52,824	542,587	9,287,770
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	49,610,733	6,902,587	42,708,146	690,259	2,477,072	46,443,402
41	01 CARDIAC CATHETERIZATION L	9,679,418	1,039,052	8,640,366	103,905	501,141	9,074,372
41	02 ULTRA SOUND	2,279,636	257,110	2,022,526	25,711	117,307	2,136,618
41	03 SATELLITE CATH LABS						
41	04 EP LAB	10,662,297	398,337	10,263,960	39,834	595,310	10,027,153
41	05 CATH HOLDING	1,783,969	298,721	1,485,248	29,872	86,144	1,667,953
41	06 ECHOCARDIOGRAPHY	1,133,803	81,863	1,051,940	8,186	61,013	1,064,604
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	33,740,164	410,436	33,329,728	41,044	1,933,124	31,765,996
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	12,329,362	491,060	11,838,302	49,106	686,622	11,593,634
49	01 SLEEP LAB	2,323,207	86,070	2,237,137	8,607	129,754	2,184,846
50	PHYSICAL THERAPY	12,208,099	384,502	11,823,597	38,450	685,769	11,483,880
50	01 CARDIAC REHAB	614,556	9,815	604,741	982	35,075	578,499
50	02 SPORTS MEDICINE	2,585,760	67,454	2,518,306	6,745	146,062	2,432,953
51	OCCUPATIONAL THERAPY	1,020,631	11,388	1,009,243	1,139	58,536	960,956
52	SPEECH PATHOLOGY	1,034,552	41,671	992,881	4,167	57,587	972,798
53	ELECTROCARDIOLOGY	2,301,954	322,123	1,979,831	32,212	114,830	2,154,912
54	ELECTROENCEPHALOGRAPHY	1,156,968	69,293	1,087,675	6,929	63,085	1,086,954
55	MEDICAL SUPPLIES CHARGED	1,676,026	2,740	1,673,286	274	97,051	1,578,701
56	DRUGS CHARGED TO PATIENTS	27,038,877	44,746	26,994,131	4,475	1,565,660	25,468,742
57	RENAL DIALYSIS	1,749,354	81,905	1,667,449	8,191	96,712	1,644,451
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	5,303,221	444,461	4,858,760	44,446	281,808	4,976,967
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,582,821	68,862	6,513,959	6,886	377,810	6,198,125
60	01 PARTIAL HOSPITALIZATION	1,426,378	72,481	1,353,897	7,248	78,526	1,340,604
61	EMERGENCY	21,286,410	1,145,388	20,141,022	114,539	1,168,179	20,003,692
61	01 PATIENT SERVICES	3,306,457	108,559	3,197,898	10,856	185,478	3,110,123
61	03 LAFAYETTE RD CLINIC	328,410	37,035	291,375	3,704	16,900	307,806
61	04 ZIONSVILLE CLINIC	1,653,947	35,619	1,618,328	3,562	93,863	1,556,522
61	05 BROWNSBURG CLINIC	11,945	79	11,866	8	688	11,249
61	07 WOUND CENTER	1,888,886	6,693	1,882,193	669	109,167	1,779,050
62	OBSERVATION BEDS (NON-DIS	7,887,039	576,267	7,310,772	57,627	424,025	7,405,387
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE	4,194,211	201,327	3,992,884	20,133	231,587	3,942,491
67	02 GERIATRIC CLINIC	1,074,581	14,091	1,060,490	1,409	61,508	1,011,664
68	KOKOMO DIALYSIS						
68	01 PSYCH SERVICES	64,620	186	64,434	19	3,737	60,864
68	02 DIABETIC THERAPY	857,910	6,493	851,417	649	49,382	807,879
101	SUBTOTAL	349,255,198	20,590,008	328,665,190	2,059,003	19,062,582	328,133,613
102	LESS OBSERVATION BEDS	7,887,039	576,267	7,310,772	57,627	424,025	7,405,387
103	TOTAL	341,368,159	20,013,741	321,354,418	2,001,376	18,638,557	320,728,226

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	313,479,205	.311429	.329559
37	01 AMBULATORY SURGERY	7,642,599	.573817	.606031
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	28,253,262	.328733	.347937
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	239,426,730	.193978	.204323
41	01 CARDIAC CATHETERIZATION L	43,704,751	.207629	.219095
41	02 ULTRA SOUND	14,369,684	.148689	.156853
41	03 SATELLITE CATH LABS			
41	04 EP LAB	34,763,450	.288440	.305564
41	05 CATH HOLDING	4,841,390	.344519	.362313
41	06 ECHOCARDIOGRAPHY	12,535,334	.084928	.089796
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	158,342,212	.200616	.212825
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	55,717,161	.208080	.220403
49	01 SLEEP LAB	7,543,829	.289620	.306820
50	PHYSICAL THERAPY	28,932,297	.396923	.420625
50	01 CARDIAC REHAB	376,562	1.536265	1.629410
50	02 SPORTS MEDICINE	499,000	4.875657	5.168367
51	OCCUPATIONAL THERAPY	3,903,290	.246191	.261188
52	SPEECH PATHOLOGY	2,250,818	.432198	.457782
53	ELECTROCARDIOLOGY	3,057,298	.704842	.742401
54	ELECTROENCEPHALOGRAPHY	7,896,357	.137653	.145642
55	MEDICAL SUPPLIES CHARGED	6,341,575	.248945	.264249
56	DRUGS CHARGED TO PATIENTS	131,661,915	.193440	.205332
57	RENAL DIALYSIS	3,701,659	.444247	.470374
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	16,886,573	.294729	.311418
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	10,510,631	.589701	.625646
60	01 PARTIAL HOSPITALIZATION	4,748,729	.282308	.298844
61	EMERGENCY	67,565,958	.296062	.313351
61	01 PATIENT SERVICES	3,204,943	.970414	1.028287
61	03 LAFAYETTE RD CLINIC	499,413	.616336	.650175
61	04 ZIONSVILLE CLINIC	5,774,130	.269568	.285824
61	05 BROWNSBURG CLINIC			
61	07 WOUND CENTER	5,988,143	.297095	.315326
62	OBSERVATION BEDS (NON-DIS	14,897,976	.497073	.525535
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
67	01 FAMILY PRACTICE	12,454,231	.316558	.335153
67	02 GERIATRIC CLINIC	1,907,626	.530326	.562569
68	KOKOMO DIALYSIS			
68	01 PSYCH SERVICES	181,410	.335505	.356105
68	02 DIABETIC THERAPY	543,399	1.486714	1.577590
101	SUBTOTAL	1254,403,540		
102	LESS OBSERVATION BEDS	14,897,976		
103	TOTAL	1239,505,564		

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				7,203,436		7,203,436
26	ADULTS & PEDIATRICS				687,428		687,428
27	INTENSIVE CARE UNIT				405,437		405,437
27	01 CORONARY CARE UNIT				321,027		321,027
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE				404,080		404,080
30	NEONATAL INTENSIVE CARE U				1,357,971		1,357,971
31	SUBPROVIDER				269,247		269,247
33	NURSERY				166,207		166,207
101	TOTAL				10,814,833		10,814,833

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D  
 I I TO 6/30/2007 I PART I

TITLE XVIII, PART A

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WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	131,701	56,728			54.70	3,103,022
26	INTENSIVE CARE UNIT	10,584	5,830			64.95	378,659
27	CORONARY CARE UNIT	4,992	3,127			81.22	253,975
27 01	CARDIAC RECOVERY	2,833	1,582			113.32	179,272
29	SURGICAL INTENSIVE CARE U						
29 01	PEDIATRIC INTENSIVE CARE	2,262				178.64	
30	NEONATAL INTENSIVE CARE U	19,292				70.39	
31	SUBPROVIDER	11,303	2,964			23.82	70,602
33	NURSERY	7,937				20.94	
101	TOTAL	190,904	70,231				3,985,530

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-0084 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		5,913,516	313,479,205	82,809,575		
38	01 AMBULATORY SURGERY		429,842	7,642,599	26,462		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		528,236	28,253,262	14,658		
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		6,902,587	239,426,730	40,795,281		
41	01 CARDIAC CATHETERIZATION L		1,039,052	43,704,751	13,515,408		
41	02 ULTRA SOUND		257,110	14,369,684	2,419,809		
41	03 SATELLITE CATH LABS						
41	04 EP LAB		398,337	34,763,450	10,553,804		
41	05 CATH HOLDING		298,721	4,841,390	574,361		
41	06 ECHOCARDIOGRAPHY		81,863	12,535,334	4,382,163		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		410,436	158,342,212	43,228,486		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		491,060	55,717,161	21,735,184		
49	01 SLEEP LAB		86,070	7,543,829	28,149		
50	PHYSICAL THERAPY		384,502	28,932,297	4,246,738		
50	01 CARDIAC REHAB		9,815	376,562	220,384		
50	02 SPORTS MEDICINE		67,454	499,000			
51	OCCUPATIONAL THERAPY		11,388	3,903,290	1,395,020		
52	SPEECH PATHOLOGY		41,671	2,250,818	690,342		
53	ELECTROCARDIOLOGY		322,123	3,057,298	341,380		
54	ELECTROENCEPHALOGRAPHY		69,293	7,896,357	1,619,785		
55	MEDICAL SUPPLIES CHARGED		2,740	6,341,575	462,253		
56	DRUGS CHARGED TO PATIENTS		44,746	131,661,915	44,734,017		
57	RENAL DIALYSIS		81,905	3,701,659	1,821,552		
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY		444,461	16,886,573	2,773,288		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		68,862	10,510,631			
60	01 PARTIAL HOSPITALIZATION		72,481	4,748,729			
61	EMERGENCY		1,145,388	67,565,958	12,502,458		
61	01 PATIENT SERVICES		108,559	3,204,943	125,042		
61	03 LAFAYETTE RD CLIINIC		37,035	499,413	1,640		
61	04 ZIONSVILLE CLINIC		35,619	5,774,130	17,087		
61	05 BROWNSBURG CLINIC		79				
61	07 WOUND CENTER		6,693	5,988,143	47,012		
62	OBSERVATION BEDS (NON-DIS		576,267	14,897,976			
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67	01 FAMILY PRACTICE		201,327	12,454,231			
67	02 GERIATRIC CLINIC		14,091	1,907,626			
68	KOKOMO DIALYSIS						
68	01 PSYCH SERVICES		186	181,410			
68	02 DIABETIC THERAPY		6,493	543,399			
101	TOTAL		20,590,008	1254,403,540	291,081,338		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-0084 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.018864	1,562,120
38	01 AMBULATORY SURGERY	.056243	1,488
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO	.018696	274
41	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.028830	1,176,128
41	01 CARDIAC CATHETERIZATION L	.023774	321,315
41	02 ULTRA SOUND	.017893	43,298
41	03 SATELLITE CATH LABS		
41	04 EP LAB	.011459	120,936
41	05 CATH HOLDING	.061701	35,439
41	06 ECHOCARDIOGRAPHY	.006531	28,620
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.002592	112,048
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.008813	191,552
49	01 SLEEP LAB	.011409	321
50	PHYSICAL THERAPY	.013290	56,439
50	01 CARDIAC REHAB	.026065	5,744
50	02 SPORTS MEDICINE	.135178	
51	OCCUPATIONAL THERAPY	.002918	4,071
52	SPEECH PATHOLOGY	.018514	12,781
53	ELECTROCARDIOLOGY	.105362	35,968
54	ELECTROENCEPHALOGRAPHY	.008775	14,214
55	MEDICAL SUPPLIES CHARGED	.000432	200
56	DRUGS CHARGED TO PATIENTS	.000340	15,210
57	RENAL DIALYSIS	.022127	40,305
58	ASC (NON-DISTINCT PART)		
59	ENDOSCOPY	.026320	72,993
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.006552	
60	01 PARTIAL HOSPITALIZATION	.015263	
61	EMERGENCY	.016952	211,942
61	01 PATIENT SERVICES	.033872	4,235
61	03 LAFAYETTE RD CLIIINIC	.074157	122
61	04 ZIONSVILLE CLINIC	.006169	105
61	05 BROWNSBURG CLINIC		
61	07 WOUND CENTER	.001118	53
62	OBSERVATION BEDS (NON-DIS	.038681	
62	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
67	01 FAMILY PRACTICE	.016165	
67	02 GERIATRIC CLINIC	.007387	
68	KOKOMO DIALYSIS		
68	01 PSYCH SERVICES	.001025	
68	02 DIABETIC THERAPY	.011949	
101	TOTAL		4,067,921

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

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D  
I I TO 6/30/2007 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		161,098		161,098	131,701	1.22
26	INTENSIVE CARE UNIT		25,763		25,763	10,584	2.43
27	CORONARY CARE UNIT		3,940		3,940	4,992	.79
27	01 CARDIAC RECOVERY					2,833	
29	SURGICAL INTENSIVE CARE U						
29	01 PEDIATRIC INTENSIVE CARE		152		152	2,262	.07
30	NEONATAL INTENSIVE CARE U					19,292	
31	SUBPROVIDER		6,971		6,971	11,303	.62
33	NURSERY					7,937	
34	SKILLED NURSING FACILITY					4,452	
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL		197,924		197,924	195,356	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D  
 I I TO 6/30/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	56,728	69,208
26	INTENSIVE CARE UNIT	5,830	14,167
27	CORONARY CARE UNIT	3,127	2,470
27	01 CARDIAC RECOVERY	1,582	
29	SURGICAL INTENSIVE CARE U		
29	01 PEDIATRIC INTENSIVE CARE		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	2,964	1,838
33	NURSERY		
34	SKILLED NURSING FACILITY	3,333	
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL	73,564	87,683

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
37 01	AMBULATORY SURGERY			1,061			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			302,199			
41 01	CARDIAC CATHETERIZATION L						
41 02	ULTRA SOUND						
41 03	SATELLITE CATH LABS						
41 04	EP LAB						
41 05	CATH HOLDING						
41 06	ECHOCARDIOGRAPHY						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
50 01	CARDIAC REHAB						
50 02	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS			4,813			
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSPITALIZATION						
61	EMERGENCY			9,396			
61 01	PATIENT SERVICES						
61 03	LAFAYETTE RD CLIINIC						
61 04	ZIONSVILLE CLINIC						
61 05	BROWNSBURG CLINIC						
61 07	WOUND CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			12,887			
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE						
67 02	GERIATRIC CLINIC						
68	KOKOMO DIALYSIS						
68 01	PSYCH SERVICES						
68 02	DIABETIC THERAPY						
101	TOTAL			330,356			

TITLE XVIII, PART A

HOSPITAL

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WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			313,479,205			82,809,575	
37 01	AMBULATORY SURGERY	1,061	1,061	7,642,599	.000139	.000139	26,462	4
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			28,253,262			14,658	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	302,199	302,199	239,426,730	.001262	.001262	40,795,281	51,484
41 01	CARDIAC CATHETERIZATION L			43,704,751			13,515,408	
41 02	ULTRA SOUND			14,369,684			2,419,809	
41 03	SATELLITE CATH LABS							
41 04	EP LAB			34,763,450			10,553,804	
41 05	CATH HOLDING			4,841,390			574,361	
41 06	ECHOCARDIOGRAPHY			12,535,334			4,382,163	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			158,342,212			43,228,486	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			55,717,161			21,735,184	
49 01	SLEEP LAB			7,543,829			28,149	
50	PHYSICAL THERAPY			28,932,297			4,246,738	
50 01	CARDIAC REHAB			376,562			220,384	
50 02	SPORTS MEDICINE			499,000				
51	OCCUPATIONAL THERAPY			3,903,290			1,395,020	
52	SPEECH PATHOLOGY			2,250,818			690,342	
53	ELECTROCARDIOLOGY			3,057,298			341,380	
54	ELECTROENCEPHALOGRAPHY			7,896,357			1,619,785	
55	MEDICAL SUPPLIES CHARGED			6,341,575			462,253	
56	DRUGS CHARGED TO PATIENTS	4,813	4,813	131,661,915	.000037	.000037	44,734,017	1,655
57	RENAL DIALYSIS			3,701,659			1,821,552	
58	ASC (NON-DISTINCT PART)							
59	ENDOSCOPY			16,886,573			2,773,288	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			10,510,631				
60 01	PARTIAL HOSPITALIZATION			4,748,729				
61	EMERGENCY	9,396	9,396	67,565,958	.000139	.000139	12,502,458	1,738
61 01	PATIENT SERVICES			3,204,943			125,042	
61 03	LAFAYETTE RD CLIINIC			499,413			1,640	
61 04	ZIONSVILLE CLINIC			5,774,130			17,087	
61 05	BROWNSBURG CLINIC							
61 07	WOUND CENTER			5,988,143			47,012	
62	OBSERVATION BEDS (NON-DIS	12,887	12,887	14,897,976	.000865	.000865		
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
67 01	FAMILY PRACTICE			12,454,231				
67 02	GERIATRIC CLINIC			1,907,626				
68	KOKOMO DIALYSIS							
68 01	PSYCH SERVICES			181,410				
68 02	DIABETIC THERAPY			543,399				
101	TOTAL	330,356	330,356	1254,403,540			291,081,338	54,881

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	22,748,449					
37 01	AMBULATORY SURGERY	194,831					
38	RECOVERY ROOM				27		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	47,409,341				59,831	
41 01	CARDIAC CATHETERIZATION L	3,717,453					
41 02	ULTRA SOUND	2,100,994					
41 03	SATELLITE CATH LABS						
41 04	EP LAB	4,807,215					
41 05	CATH HOLDING	254,796					
41 06	ECHOCARDIOGRAPHY	1,058,883					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	8,671,137					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,680,283					
49 01	SLEEP LAB	1,006,312					
50	PHYSICAL THERAPY	141,628					
50 01	CARDIAC REHAB						
50 02	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	1,885					
52	SPEECH PATHOLOGY	132,069					
53	ELECTROCARDIOLOGY	170,061					
54	ELECTROENCEPHALOGRAPHY	379,183					
55	MEDICAL SUPPLIES CHARGED	43,664					
56	DRUGS CHARGED TO PATIENTS	1,685,765				62	
57	RENAL DIALYSIS	162,650					
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY	3,008,663					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	858,175					
60 01	PARTIAL HOSPITALIZATION	6,804					
61	EMERGENCY	7,989,824				1,111	
61 01	PATIENT SERVICES	1,115,337					
61 03	LAFAYETTE RD CLINIC	149,128					
61 04	ZIONSVILLE CLINIC	2,028,017					
61 05	BROWNSBURG CLINIC						
61 07	WOUND CENTER	2,215,795					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,788,773				2,412	
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE						
67 02	GERIATRIC CLINIC						
68	KOKOMO DIALYSIS						
68 01	PSYCH SERVICES						
68 02	DIABETIC THERAPY						
101	TOTAL	116,527,115				63,443	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0084  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 COMPONENT NO: 15-0084  
 PREPARED 11/28/2007  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.328417	.328417			
37 01 AMBULATORY SURGERY	.611655	.611655			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.327140	.327140			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.207206	.207206			
41 01 CARDIAC CATHETERIZATION LABORATORY	.221473	.221473			
41 02 ULTRA SOUND	.158642	.158642			
41 03 SATELLITE CATH LABS					
41 04 EP LAB	.306710	.306710			
41 05 CATH HOLDING	.368483	.368483			
41 06 ECHOCARDIOGRAPHY	.090449	.090449			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.213084	.213084			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.221285	.221285			
49 01 SLEEP LAB	.307961	.307961			
50 PHYSICAL THERAPY	.412863	.412863			
50 01 CARDIAC REHAB	1.632018	1.632018			
50 02 SPORTS MEDICINE	5.181884	5.181884			
51 OCCUPATIONAL THERAPY	.261480	.261480			
52 SPEECH PATHOLOGY	.459634	.459634			
53 ELECTROCARDIOLOGY	.752937	.752937			
54 ELECTROENCEPHALOGRAPHY	.146519	.146519			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.264292	.264292			
56 DRUGS CHARGED TO PATIENTS	.205366	.205366			
57 RENAL DIALYSIS	.457140	.457140			
58 ASC (NON-DISTINCT PART)					
59 ENDOSCOPY	.304569	.304569			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.594748	.594748			
60 01 PARTIAL HOSPITALIZATION	.300370	.300370			
61 EMERGENCY	.306414	.306414			
61 01 PATIENT SERVICES	.963879	.963879			
61 03 LAFAYETTE RD CLINIC	.657592	.657592			
61 04 ZIONSVILLE CLINIC	.286441	.286441			
61 05 BROWNSBURG CLINIC					
61 07 WOUND CENTER	.315438	.315438			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.529403	.529403			
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
67 01 FAMILY PRACTICE	.300041	.300041			
67 02 GERIATRIC CLINIC	.437416	.437416			
68 KOKOMO DIALYSIS					
68 01 PSYCH SERVICES	.356210	.356210			
68 02 DIABETIC THERAPY	1.578785	1.578785			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		22,748,449	102		
37 01	AMBULATORY SURGERY		194,831	18		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		47,409,341	9		
41 01	CARDIAC CATHETERIZATION LABORATORY		3,717,453	5		
41 02	ULTRA SOUND		2,100,994			
41 03	SATELLITE CATH LABS					
41 04	EP LAB		4,807,215	3		
41 05	CATH HOLDING		254,796	13		
41 06	ECHOCARDIOGRAPHY		1,058,883			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY		8,671,137	377		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		1,680,283	1		
49 01	SLEEP LAB		1,006,312			
50	PHYSICAL THERAPY		141,628	23		
50 01	CARDIAC REHAB					
50 02	SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY		1,885	1		
52	SPEECH PATHOLOGY		132,069	812		
53	ELECTROCARDIOLOGY		170,061	6		
54	ELECTROENCEPHALOGRAPHY		379,183			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		43,664	1		
56	DRUGS CHARGED TO PATIENTS		1,685,765	26		
57	RENAL DIALYSIS		162,650			
58	ASC (NON-DISTINCT PART)					
59	ENDOSCOPY		3,008,663	2		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		858,175			
60 01	PARTIAL HOSPITALIZATION		6,804			
61	EMERGENCY		7,989,824	88		
61 01	PATIENT SERVICES		1,115,337			
61 03	LAFAYETTE RD CLINIC		149,128			
61 04	ZIONSVILLE CLINIC		2,028,017			
61 05	BROWNSBURG CLINIC					
61 07	WOUND CENTER		2,215,795			
62	OBSERVATION BEDS (NON-DISTINCT PART)		2,788,773	5,933		
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
67 01	FAMILY PRACTICE					
67 02	GERIATRIC CLINIC					
68	KOKOMO DIALYSIS					
68 01	PSYCH SERVICES					
68 02	DIABETIC THERAPY					
101	SUBTOTAL		116,527,115	7,420		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		116,527,115	7,420		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 AMBULATORY SURGERY				7,470,977	33
38 RECOVERY ROOM				119,169	11
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CARDIAC CATHETERIZATION LABORATORY				9,823,500	2
41 02 ULTRA SOUND				823,315	1
41 03 SATELLITE CATH LABS				333,306	
41 04 EP LAB					
41 05 CATH HOLDING				1,474,421	1
41 06 ECHOCARDIOGRAPHY				93,888	5
42 RADIOLOGY-THERAPEUTIC				95,775	
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY				1,847,681	80
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
49 01 SLEEP LAB				371,821	
50 PHYSICAL THERAPY				309,905	
50 01 CARDIAC REHAB				58,473	9
50 02 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY				493	
52 SPEECH PATHOLOGY				60,703	373
53 ELECTROCARDIOLOGY				128,045	5
54 ELECTROENCEPHALOGRAPHY				55,558	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,540	
56 DRUGS CHARGED TO PATIENTS				346,199	5
57 RENAL DIALYSIS				74,354	
58 ASC (NON-DISTINCT PART)					
59 ENDOSCOPY					
60 OUTPAT SERVICE COST CNTRS				916,345	1
60 CLINIC					
60 01 PARTIAL HOSPITALIZATION				510,398	
61 EMERGENCY				2,044	
61 01 PATIENT SERVICES				2,448,194	27
61 03 LAFAYETTE RD CLINIC				1,075,050	
61 04 ZIONSVILLE CLINIC				98,065	
61 05 BROWNSBURG CLINIC				580,907	
61 07 WOUND CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)				698,946	
64 OTHER REIMBURS COST CNTRS				1,476,385	3,141
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
67 01 FAMILY PRACTICE					
67 02 GERIATRIC CLINIC					
68 KOKOMO DIALYSIS					
68 01 PSYCH SERVICES					
68 02 DIABETIC THERAPY					
101 SUBTOTAL					
102 CRNA CHARGES				31,305,457	3,694
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				31,305,457	3,694

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

TITLE XVIII, PART B

HOSPITAL

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

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0084 I PERIOD: FROM 7/ 1/2006 I TO 6/30/2007 I  
 I COMPONENT NO: 15-S084 I  
 I TEFRA I  
 I PREPARED 11/28/2007 I  
 I WORKSHEET D I  
 I PART II I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER	DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		5,913,516	313,479,205	7,620		
38	01	AMBULATORY SURGERY		429,842	7,642,599			
39		RECOVERY ROOM						
40		DELIVERY ROOM & LABOR ROO		528,236	28,253,262			
41		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC		6,902,587	239,426,730	218,689		
41	01	CARDIAC CATHETERIZATION L		1,039,052	43,704,751	1,691		
41	02	ULTRA SOUND		257,110	14,369,684	3,822		
41	03	SATELLITE CATH LABS						
41	04	EP LAB		398,337	34,763,450			
41	05	CATH HOLDING		298,721	4,841,390			
41	06	ECHOCARDIOGRAPHY		81,863	12,535,334			
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY		410,436	158,342,212	417,861		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY		491,060	55,717,161	20,795		
49	01	SLEEP LAB		86,070	7,543,829			
50		PHYSICAL THERAPY		384,502	28,932,297	48,082		
50	01	CARDIAC REHAB		9,815	376,562			
50	02	SPORTS MEDICINE		67,454	499,000			
51		OCCUPATIONAL THERAPY		11,388	3,903,290	33,262		
52		SPEECH PATHOLOGY		41,671	2,250,818	6,971		
53		ELECTROCARDIOLOGY		322,123	3,057,298	5,312		
54		ELECTROENCEPHALOGRAPHY		69,293	7,896,357	15,164		
55		MEDICAL SUPPLIES CHARGED		2,740	6,341,575	18,652		
56		DRUGS CHARGED TO PATIENTS		44,746	131,661,915	430,339		
57		RENAL DIALYSIS		81,905	3,701,659	8,243		
58		ASC (NON-DISTINCT PART)						
59		ENDOSCOPY		444,461	16,886,573	1,932		
60		OUTPAT SERVICE COST CNTRS						
60		CLINIC		68,862	10,510,631			
60	01	PARTIAL HOSPITALIZATION		72,481	4,748,729			
61		EMERGENCY		1,145,388	67,565,958	114,938		
61	01	PATIENT SERVICES		108,559	3,204,943	17,899		
61	03	LAFAYETTE RD CLINIC		37,035	499,413			
61	04	ZIONSVILLE CLINIC		35,619	5,774,130			
61	05	BROWNSBURG CLINIC		79				
61	07	WOUND CENTER		6,693	5,988,143			
62		OBSERVATION BEDS (NON-DIS		576,267	14,897,976			
64		OTHER REIMBURS COST CNTRS						
65		HOME PROGRAM DIALYSIS						
66		AMBULANCE SERVICES						
67		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
67	01	FAMILY PRACTICE		201,327	12,454,231			
67	02	GERIATRIC CLINIC		14,091	1,907,626			
68		KOKOMO DIALYSIS						
68	01	PSYCH SERVICES		186	181,410	130,633		
68	02	DIABETIC THERAPY		6,493	543,399			
101		TOTAL		20,590,008	1254,403,540	1,501,905		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.018864	144
37 01	AMBULATORY SURGERY	.056243	
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.018696	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.028830	6,305
41 01	CARDIAC CATHETERIZATION L	.023774	40
41 02	ULTRA SOUND	.017893	68
41 03	SATELLITE CATH LABS		
41 04	EP LAB	.011459	
41 05	CATH HOLDING	.061701	
41 06	ECHOCARDIOGRAPHY	.006531	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.002592	1,083
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.008813	183
49 01	SLEEP LAB	.011409	
50	PHYSICAL THERAPY	.013290	639
50 01	CARDIAC REHAB	.026065	
50 02	SPORTS MEDICINE	.135178	
51	OCCUPATIONAL THERAPY	.002918	97
52	SPEECH PATHOLOGY	.018514	129
53	ELECTROCARDIOLOGY	.105362	560
54	ELECTROENCEPHALOGRAPHY	.008775	133
55	MEDICAL SUPPLIES CHARGED	.000432	8
56	DRUGS CHARGED TO PATIENTS	.000340	146
57	RENAL DIALYSIS	.022127	182
58	ASC (NON-DISTINCT PART)		
59	ENDOSCOPY	.026320	51
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.006552	
60 01	PARTIAL HOSPITALIZATION	.015263	
61	EMERGENCY	.016952	1,948
61 01	PATIENT SERVICES	.033872	606
61 03	LAFAYETTE RD CLINIC	.074157	
61 04	ZIONSVILLE CLINIC	.006169	
61 05	BROWNSBURG CLINIC		
61 07	WOUND CENTER	.001118	
62	OBSERVATION BEDS (NON-DIS	.038681	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
67 01	FAMILY PRACTICE	.016165	
67 02	GERIATRIC CLINIC	.007387	
68	KOKOMO DIALYSIS		
68 01	PSYCH SERVICES	.001025	134
68 02	DIABETIC THERAPY	.011949	
101	TOTAL		12,456

TITLE XVIII, PART A

SUBPROVIDER 1

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

330,356

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			313,479,205				7,620	
37 01	OPERATING ROOM			7,642,599	.000139	.000139			
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO			28,253,262					
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	302,199	302,199	239,426,730	.001262	.001262	218,689	276	
41 01	CARDIAC CATHETERIZATION L			43,704,751			1,691		
41 02	ULTRA SOUND			14,369,684			3,822		
41 03	SATELLITE CATH LABS								
41 04	EP LAB			34,763,450					
41 05	CATH HOLDING			4,841,390					
41 06	ECHOCARDIOGRAPHY			12,535,334					
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY			158,342,212			417,861		
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			55,717,161			20,795		
49 01	SLEEP LAB			7,543,829					
50	PHYSICAL THERAPY			28,932,297			48,082		
50 01	CARDIAC REHAB			376,562					
50 02	SPORTS MEDICINE			499,000					
51	OCCUPATIONAL THERAPY			3,903,290			33,262		
52	SPEECH PATHOLOGY			2,250,818			6,971		
53	ELECTROCARDIOLOGY			3,057,298			5,312		
54	ELECTROENCEPHALOGRAPHY			7,896,357			15,164		
55	MEDICAL SUPPLIES CHARGED			6,341,575			18,652		
56	DRUGS CHARGED TO PATIENTS	4,813	4,813	131,661,915	.000037	.000037	430,339	16	
57	RENAL DIALYSIS			3,701,659			8,243		
58	ASC (NON-DISTINCT PART)								
59	ENDOSCOPY			16,886,573			1,932		
60	OUTPAT SERVICE COST CNTRS								
60 01	CLINIC			10,510,631					
61	PARTIAL HOSPITALIZATION			4,748,729					
61 01	EMERGENCY	9,396	9,396	67,565,958	.000139	.000139	114,938	16	
61 03	PATIENT SERVICES			3,204,943			17,899		
61 04	LAFAYETTE RD CLINIC			499,413					
61 05	ZIONSVILLE CLINIC			5,774,130					
61 07	BROWNSBURG CLINIC								
62	WOUND CENTER			5,988,143					
62	OBSERVATION BEDS (NON-DIS	12,887	12,887	14,897,976	.000865	.000865			
64	OTHER REIMBURS COST CNTRS								
65	HOME PROGRAM DIALYSIS								
66	AMBULANCE SERVICES								
67	DURABLE MEDICAL EQUIP-REN								
67 01	DURABLE MEDICAL EQUIP-SOL								
67 02	FAMILY PRACTICE			12,454,231					
68	GERIATRIC CLINIC			1,907,626					
68 01	KOKOMO DIALYSIS								
68 02	PSYCH SERVICES			181,410			130,633		
68 02	DIABETIC THERAPY			543,399					
101	TOTAL	330,356	330,356	1254,403,540			1,501,905	308	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0084  
 COMPONENT NO: 15-S084  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 PREPARED 11/28/2007  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.328417	.328417			
37 01 AMBULATORY SURGERY	.611655	.611655			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.327140	.327140			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.207206	.207206			
41 01 CARDIAC CATHETERIZATION LABORATORY	.221473	.221473			
41 02 ULTRA SOUND	.158642	.158642			
41 03 SATELLITE CATH LABS					
41 04 EP LAB	.306710	.306710			
41 05 CATH HOLDING	.368483	.368483			
41 06 ECHOCARDIOGRAPHY	.090449	.090449			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.213084	.213084			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.221285	.221285			
49 01 SLEEP LAB	.307961	.307961			
50 PHYSICAL THERAPY	.412863	.412863			
50 01 CARDIAC REHAB	1.632018	1.632018			
50 02 SPORTS MEDICINE	5.181884	5.181884			
51 OCCUPATIONAL THERAPY	.261480	.261480			
52 SPEECH PATHOLOGY	.459634	.459634			
53 ELECTROCARDIOLOGY	.752937	.752937			
54 ELECTROENCEPHALOGRAPHY	.146519	.146519			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.264292	.264292			
56 DRUGS CHARGED TO PATIENTS	.205366	.205366			
57 RENAL DIALYSIS	.457140	.457140			
58 ASC (NON-DISTINCT PART)					
59 ENDOSCOPY	.304569	.304569			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.594748	.594748			
60 01 PARTIAL HOSPITALIZATION	.300370	.300370			
61 EMERGENCY	.306414	.306414			
61 01 PATIENT SERVICES	.963879	.963879			
61 03 LAFAYETTE RD CLINIC	.657592	.657592			
61 04 ZIONSVILLE CLINIC	.286441	.286441			
61 05 BROWNSBURG CLINIC					
61 07 WOUND CENTER	.315438	.315438			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.529403	.529403			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
67 01 FAMILY PRACTICE	.300041	.300041			
67 02 GERIATRIC CLINIC	.437416	.437416			
68 KOKOMO DIALYSIS					
68 01 PSYCH SERVICES	.356210	.356210			
68 02 DIABETIC THERAPY	1.578785	1.578785			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

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

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SUBPROVIDER 1

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

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

TITLE XVIII, PART B SUBPROVIDER 1

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0084  
 COMPONENT NO: 15-5748  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 PREPARED 11/28/2007  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-5748 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

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

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
37 01	AMBULATORY SURGERY			1,061			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			302,199			
41 01	CARDIAC CATHETERIZATION L						
41 02	ULTRA SOUND						
41 03	SATELLITE CATH LABS						
41 04	EP LAB						
41 05	CATH HOLDING						
41 06	ECHOCARDIOGRAPHY						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
50 01	CARDIAC REHAB						
50 02	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS			4,813			
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSPITALIZATION						
61	EMERGENCY			9,396			
61 01	PATIENT SERVICES						
61 03	LAFAYETTE RD CLINIC						
61 04	ZIONSVILLE CLINIC						
61 05	BROWNSBURG CLINIC						
61 07	WOUND CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
67 01	FAMILY PRACTICE						
67 02	GERIATRIC CLINIC						
68	KOKOMO DIALYSIS						
68 01	PSYCH SERVICES						
68 02	DIABETIC THERAPY						
101	TOTAL			317,469			

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			313,479,205				
37	01 AMBULATORY SURGERY	1,061	1,061	7,642,599	.000139	.000139		
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			28,253,262				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	302,199	302,199	239,426,730	.001262	.001262	32,297	41
41	01 CARDIAC CATHETERIZATION L			43,704,751			3,206	
41	02 ULTRA SOUND			14,369,684			533	
41	03 SATELLITE CATH LABS							
41	04 EP LAB			34,763,450				
41	05 CATH HOLDING			4,841,390				
41	06 ECHOCARDIOGRAPHY			12,535,334				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			158,342,212			224,300	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			55,717,161			13,034	
49	01 SLEEP LAB			7,543,829				
50	PHYSICAL THERAPY			28,932,297			1,030,774	
50	01 CARDIAC REHAB			376,562			59	
50	02 SPORTS MEDICINE			499,000				
51	OCCUPATIONAL THERAPY			3,903,290			463,957	
52	SPEECH PATHOLOGY			2,250,818			751	
53	ELECTROCARDIOLOGY			3,057,298			1,202	
54	ELECTROENCEPHALOGRAPHY			7,896,357				
55	MEDICAL SUPPLIES CHARGED			6,341,575				
56	DRUGS CHARGED TO PATIENTS	4,813	4,813	131,661,915	.000037	.000037	24,731	20
57	RENAL DIALYSIS			3,701,659			543,979	
58	ASC (NON-DISTINCT PART)							
59	ENDOSCOPY			16,886,573				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			10,510,631				
60	01 PARTIAL HOSPITALIZATION			4,748,729				
61	EMERGENCY	9,396	9,396	67,565,958	.000139	.000139	4,648	1
61	01 PATIENT SERVICES			3,204,943				
61	03 LAFAYETTE RD CLIINIC			499,413				
61	04 ZIONSVILLE CLINIC			5,774,130				
61	05 BROWNSBURG CLINIC							
61	07 WOUND CENTER			5,988,143				
62	OBSERVATION BEDS (NON-DIS			14,897,976				
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
67	01 FAMILY PRACTICE			12,454,231				
67	02 GERIATRIC CLINIC			1,907,626				
68	KOKOMO DIALYSIS							
68	01 PSYCH SERVICES			181,410				
68	02 DIABETIC THERAPY			543,399				
101	TOTAL	317,469	317,469	1254,403,540			2,343,471	62

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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



TITLE XVIII PART A HOSPITAL PPS  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					748.58
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					42,465,446
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					42,465,446

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43					
44	13,221,936	10,584	1,249.24	5,830	7,283,069
44	8,025,256	4,992	1,607.62	3,127	5,027,028
44.01	5,009,800	2,833	1,768.37	1,582	2,797,561
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
46.01	5,060,603	2,262	2,237.23		
47	22,838,679	19,292	1,183.84		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					75,169,926
					132,743,030

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				4,000,773
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				4,122,802
52	TOTAL PROGRAM EXCLUDABLE COST				8,123,575
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				124,619,455

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-0084 I I

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	10,536
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	748.58
85	OBSERVATION BED COST	7,887,039

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	98,589,250		7,887,039	
87	NEW CAPITAL-RELATED COST	7,203,436	.073065	7,887,039	576,267
88	NON PHYSICIAN ANESTHETIST	98,589,250		7,887,039	
89	MEDICAL EDUCATION	161,098	.001634	7,887,039	12,887
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,303
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,303
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	11,303
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,964
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,522,662
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,522,662

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,791,006
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,791,006
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.553190
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,043.17
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,522,662

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 577.07  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,710,435  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,710,435

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
44.01 CARDIAC RECOVERY					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
46.01 PEDIATRIC INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 377,080
49 TOTAL PROGRAM INPATIENT COSTS					2,087,515

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 72,440  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 12,764  
 52 TOTAL PROGRAM EXCLUDABLE COST 85,204  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,002,311

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 366  
 55 TARGET AMOUNT PER DISCHARGE 8,324.91  
 56 TARGET AMOUNT 3,046,917  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 1,044,606  
 58 BONUS PAYMENT 60,938  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET 9,314.29  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET 6,957.72  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO. 30,469  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 2,178,922  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	577.07
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST	269,247	6,522,662		
88	NON PHYSICIAN ANESTHETIST		6,522,662	.041279	
89	MEDICAL EDUCATION	6,971	6,522,662	.001069	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,452
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,452
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,452
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,333
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,232,554
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,232,554

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,860,554
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,860,554
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.199940
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	417.91
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,232,554

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-5748 I I

TITLE XVIII PART A

SNF

PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,232,554
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	501.47	
68	PROGRAM ROUTINE SERVICE COST	1,671,400	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,671,400	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	232,055	
72	PER DIEM CAPITAL-RELATED COSTS	52.12	
73	PROGRAM CAPITAL-RELATED COSTS	173,716	
74	INPATIENT ROUTINE SERVICE COST	1,497,684	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,497,684	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,671,400	
80	PROGRAM INPATIENT ANCILLARY SERVICES	726,070	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,397,470	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-0084 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT		65,072,946	
27	CORONARY CARE UNIT		15,154,811	
27 01	CARDIAC RECOVERY		7,081,865	
29	SURGICAL INTENSIVE CARE UNIT		6,224,613	
29 01	PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.328417	82,809,575	27,196,072
37 01	AMBULATORY SURGERY	.611655	26,462	16,186
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.327140	14,658	4,795
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.207206	40,795,281	8,453,027
41 01	CARDIAC CATHETERIZATION LABORATORY	.221473	13,515,408	2,993,298
41 02	ULTRA SOUND	.158642	2,419,809	383,883
41 03	SATELLITE CATH LABS			
41 04	EP LAB	.306710	10,553,804	3,236,957
41 05	CATH HOLDING	.368483	574,361	211,642
41 06	ECHOCARDIOGRAPHY	.090449	4,382,163	396,362
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE LABORATORY	.213084	43,228,486	9,211,299
44	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.221285	21,735,184	4,809,670
49 01	SLEEP LAB	.307961	28,149	8,669
50	PHYSICAL THERAPY	.412863	4,246,738	1,753,321
50 01	CARDIAC REHAB	1.632018	220,384	359,671
50 02	SPORTS MEDICINE	5.181884		
51	OCCUPATIONAL THERAPY	.261480	1,395,020	364,770
52	SPEECH PATHOLOGY	.459634	690,342	317,305
53	ELECTROCARDIOLOGY	.752937	341,380	257,038
54	ELECTROENCEPHALOGRAPHY	.146519	1,619,785	237,329
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.264292	462,253	122,170
56	DRUGS CHARGED TO PATIENTS	.205366	44,734,017	9,186,846
57	RENAL DIALYSIS	.457140	1,821,552	832,704
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.304569	2,773,288	844,658
60	OUTPAT SERVICE COST CNTRS CLINIC	.594748		
60 01	PARTIAL HOSPITALIZATION	.300370		
61	EMERGENCY	.306414	12,502,458	3,830,928
61 01	PATIENT SERVICES	.963879	125,042	120,525
61 03	LAFAYETTE RD CLINIC	.657592	1,640	1,078
61 04	ZIONSVILLE CLINIC	.286441	17,087	4,894
61 05	BROWNSBURG CLINIC			
61 07	WOUND CENTER	.315438	47,012	14,829
62	OBSERVATION BEDS (NON-DISTINCT PART)	.529403		
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67 01	FAMILY PRACTICE	.300041		
67 02	GERIATRIC CLINIC	.437416		
68	KOKOMO DIALYSIS			
68 01	PSYCH SERVICES	.356210		
68 02	DIABETIC THERAPY	1.578785		
101	TOTAL		291,081,338	75,169,926
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		291,081,338	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0084  
 COMPONENT NO: 15-S084  
 PERIOD: FROM 7/1/2006 TO 6/30/2007

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27	01 CARDIAC RECOVERY			
29	SURGICAL INTENSIVE CARE UNIT			
29	01 PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,036,369	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.328417	7,620	2,503
37	01 AMBULATORY SURGERY	.611655		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.327140		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.207206	218,689	45,314
41	01 CARDIAC CATHETERIZATION LABORATORY	.221473	1,691	375
41	02 ULTRA SOUND	.158642	3,822	606
41	03 SATELLITE CATH LABS			
41	04 EP LAB	.306710		
41	05 CATH HOLDING	.368483		
41	06 ECHOCARDIOGRAPHY	.090449		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.213084	417,861	89,039
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.221285	20,795	4,602
49	01 SLEEP LAB	.307961		
50	PHYSICAL THERAPY	.412863	48,082	19,851
50	01 CARDIAC REHAB	1.632018		
50	02 SPORTS MEDICINE	5.181884		
51	OCCUPATIONAL THERAPY	.261480	33,262	8,697
52	SPEECH PATHOLOGY	.459634	6,971	3,204
53	ELECTROCARDIOLOGY	.752937	5,312	4,000
54	ELECTROENCEPHALOGRAPHY	.146519	15,164	2,222
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.264292	18,652	4,930
56	DRUGS CHARGED TO PATIENTS	.205366	430,339	88,377
57	RENAL DIALYSIS	.457140	8,243	3,768
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.304569	1,932	588
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.594748		
60	01 PARTIAL HOSPITALIZATION	.300370		
61	EMERGENCY	.306414	114,938	35,219
61	01 PATIENT SERVICES	.963879	17,899	17,252
61	03 LAFAYETTE RD CLINIC	.657592		
61	04 ZIONSVILLE CLINIC	.286441		
61	05 BROWNSBURG CLINIC			
61	07 WOUND CENTER	.315438		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.529403		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67	01 FAMILY PRACTICE	.300041		
67	02 GERIATRIC CLINIC	.437416		
68	KOKOMO DIALYSIS			
68	01 PSYCH SERVICES	.356210	130,633	46,533
68	02 DIABETIC THERAPY	1.578785		
101	TOTAL		1,501,905	377,080
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,501,905	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27	01 CARDIAC RECOVERY			
29	SURGICAL INTENSIVE CARE UNIT			
29	01 PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.328417		
37	01 AMBULATORY SURGERY	.611655		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.327140		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.207206	32,297	6,692
41	01 CARDIAC CATHETERIZATION LABORATORY	.221473	3,206	710
41	02 ULTRA SOUND	.158642	533	85
41	03 SATELLITE CATH LABS			
41	04 EP LAB	.306710		
41	05 CATH HOLDING	.368483		
41	06 ECHOCARDIOGRAPHY	.090449		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.213084	224,300	47,795
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.221285	13,034	2,884
49	01 SLEEP LAB	.307961		
50	PHYSICAL THERAPY	.412863	1,030,774	425,568
50	01 CARDIAC REHAB	1.632018	59	96
50	02 SPORTS MEDICINE	5.181884		
51	OCCUPATIONAL THERAPY	.261480	463,957	121,315
52	SPEECH PATHOLOGY	.459634	751	345
53	ELECTROCARDIOLOGY	.752937	1,202	905
54	ELECTROENCEPHALOGRAPHY	.146519		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.264292	24,731	6,536
56	DRUGS CHARGED TO PATIENTS	.205366	543,979	111,715
57	RENAL DIALYSIS	.457140		
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.304569		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.594748		
60	01 PARTIAL HOSPITALIZATION	.300370		
61	EMERGENCY	.306414	4,648	1,424
61	01 PATIENT SERVICES	.963879		
61	03 LAFAYETTE RD CLINIC	.657592		
61	04 ZIONSVILLE CLINIC	.286441		
61	05 BROWNSBURG CLINIC			
61	07 WOUND CENTER	.315438		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.529403		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67	01 FAMILY PRACTICE	.300041		
67	02 GERIATRIC CLINIC	.437416		
68	KOKOMO DIALYSIS			
68	01 PSYCH SERVICES	.356210		
68	02 DIABETIC THERAPY	1.578785		
101	TOTAL		2,343,471	726,070
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,343,471	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I  
I 15-0084 I FROM 7/ 1/2006 I  
I COMPONENT NO: I TO 6/30/2007 I  
I 15-0084 I

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		21,176,438	
26	INTENSIVE CARE UNIT		3,148,864	
27	CORONARY CARE UNIT		902,889	
27	01 CARDIAC RECOVERY		869,026	
29	SURGICAL INTENSIVE CARE UNIT			
29	01 PEDIATRIC INTENSIVE CARE UNIT		3,743,740	
30	NEONATAL INTENSIVE CARE UNIT		29,910,020	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.331445	12,770,946	4,232,866
37	01 AMBULATORY SURGERY	.611655	8,016	4,903
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.349807	9,749,106	3,410,306
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.207206	7,203,089	1,492,523
41	01 CARDIAC CATHETERIZATION LABORATORY	.221473	1,520,754	336,806
41	02 ULTRA SOUND	.158642	668,315	106,023
41	03 SATELLITE CATH LABS			
41	04 EP LAB	.306710	1,058,916	324,780
41	05 CATH HOLDING	.368483	64,307	23,696
41	06 ECHOCARDIOGRAPHY	.090449	1,088,145	98,422
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.213084	18,042,147	3,844,493
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.221285	8,906,549	1,970,886
49	01 SLEEP LAB	.307961	32,768	10,091
50	PHYSICAL THERAPY	.421954	741,026	312,679
50	01 CARDIAC REHAB	1.632018	15,632	25,512
50	02 SPORTS MEDICINE	5.181884		
51	OCCUPATIONAL THERAPY	.261480	331,497	86,680
52	SPEECH PATHOLOGY	.459634	116,470	53,534
53	ELECTROCARDIOLOGY	.752937	60,809	45,785
54	ELECTROENCEPHALOGRAPHY	.146519	710,409	104,088
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.264292	2,163,210	571,719
56	DRUGS CHARGED TO PATIENTS	.205366	15,805,227	3,245,856
57	RENAL DIALYSIS	.472586	320,193	151,319
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.314050	306,074	96,123
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.626301		
60	01 PARTIAL HOSPITALIZATION	.300370		
61	EMERGENCY	.315046	1,774,128	558,932
61	01 PATIENT SERVICES	1.031674	28,452	29,353
61	03 LAFAYETTE RD CLINIC	.657592	430	283
61	04 ZIONSVILLE CLINIC	.286441		
61	05 BROWNSBURG CLINIC			
61	07 WOUND CENTER	.315438	55,598	17,538
62	OBSERVATION BEDS (NON-DISTINCT PART)	.529403		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67	01 FAMILY PRACTICE	.336770	227,196	76,513
67	02 GERIATRIC CLINIC	.563308		
68	KOKOMO DIALYSIS			
68	01 PSYCH SERVICES	.356210		
68	02 DIABETIC THERAPY	1.578785		
101	TOTAL		83,769,409	21,231,709
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		83,769,409	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
27	01 CARDIAC RECOVERY			
29	SURGICAL INTENSIVE CARE UNIT			
29	01 PEDIATRIC INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,231,819	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.331445		
37	01 AMBULATORY SURGERY	.611655		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.349807		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.207206	27,881	5,777
41	01 CARDIAC CATHETERIZATION LABORATORY	.221473		
41	02 ULTRA SOUND	.158642		
41	03 SATELLITE CATH LABS			
41	04 EP LAB	.306710		
41	05 CATH HOLDING	.368483		
41	06 ECHOCARDIOGRAPHY	.090449		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.213084	223,118	47,543
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.221285	6,788	1,502
49	01 SLEEP LAB	.307961		
50	PHYSICAL THERAPY	.421954	1,766	745
50	01 CARDIAC REHAB	1.632018		
50	02 SPORTS MEDICINE	5.181884		
51	OCCUPATIONAL THERAPY	.261480	505	132
52	SPEECH PATHOLOGY	.459634	343	158
53	ELECTROCARDIOLOGY	.752937		
54	ELECTROENCEPHALOGRAPHY	.146519	2,086	306
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.264292		
56	DRUGS CHARGED TO PATIENTS	.205366	174,009	35,736
57	RENAL DIALYSIS	.472586		
58	ASC (NON-DISTINCT PART)			
59	ENDOSCOPY	.314050		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.626301		
60	01 PARTIAL HOSPITALIZATION	.300370	2,738	822
61	EMERGENCY	.315046		
61	01 PATIENT SERVICES	1.031674		
61	03 LAFAYETTE RD CLINIC	.657592		
61	04 ZIONSVILLE CLINIC	.286441		
61	05 BROWNSBURG CLINIC			
61	07 WOUND CENTER	.315438		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.529403		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
67	01 FAMILY PRACTICE	.336770		
67	02 GERIATRIC CLINIC	.563308		
68	KOKOMO DIALYSIS			
68	01 PSYCH SERVICES	.356210	8,952	3,189
68	02 DIABETIC THERAPY	1.578785		
101	TOTAL		448,186	95,910
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		448,186	

HEART

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	2	3	4
1	ADULTS & PEDIATRICS	D			
2	INTENSIVE CARE UNIT	38	748.58	10	7,486
3	CORONARY CARE UNIT	43	1,249.24		
3.01	CARDIAC RECOVERY	44	1,607.62		
5	SURGICAL INTENSIVE CARE UNIT	44.01	1,768.37		
5.01	PEDIATRIC INTENSIVE CARE UNIT	46			
6	NEONATAL INTENSIVE CARE UNIT	46.01	2,237.23		
7	TOTAL (SUM OF LINES 1-6)	47	1,183.84	10	7,486

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
	C	1	2	3
8	OPERATING ROOM	37	.328417	
8.01	AMBULATORY SURGERY	37.01	.611655	
9	RECOVERY ROOM	38		
10	DELIVERY ROOM & LABOR ROO	39	.327140	
11	ANESTHESIOLOGY	40		
12	RADIOLOGY-DIAGNOSTIC	41	.207206	2,047
12.01	CARDIAC CATHETERIZATION L	41.01	.221473	6,752
12.02	ULTRA SOUND	41.02	.158642	
12.03	SATELLITE CATH LABS	41.03		
12.04	EP LAB	41.04	.306710	
12.05	CATH HOLDING	41.05	.368483	
12.06	ECHOCARDIOGRAPHY	41.06	.090449	
13	RADIOLOGY-THERAPEUTIC	42		
14	RADIOISOTOPE	43		
15	LABORATORY	44	.213084	28,743
16	PBP CLINICAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
18	BLOOD STORING, PROCESSING	47		
19	INTRAVENOUS THERAPY	48		
20	RESPIRATORY THERAPY	49	.221285	692
20.01	SLEEP LAB	49.01	.307961	
21	PHYSICAL THERAPY	50	.412863	
21.01	CARDIAC REHAB	50.01	1.632018	
21.02	SPORTS MEDICINE	50.02	5.181884	
22	OCCUPATIONAL THERAPY	51	.261480	
23	SPEECH PATHOLOGY	52	.459634	
24	ELECTROCARDIOLOGY	53	.752937	13,324
25	ELECTROENCEPHALOGRAPHY	54	.146519	
26	MEDICAL SUPPLIES CHARGED	55	.264292	9,648
27	DRUGS CHARGED TO PATIENTS	56	.205366	7,675
28	RENAL DIALYSIS	57	.457140	
29	ASC (NON-DISTINCT PART)	58		
30	ENDOSCOPY	59	.304569	
31	CLINIC	60	.594748	
31.01	PARTIAL HOSPITALIZATION	60.01	.300370	
32	EMERGENCY	61	.306414	
32.01	PATIENT SERVICES	61.01	.963879	
32.03	LAFAYETTE RD CLINIC	61.03	.657592	
32.04	ZIONSVILLE CLINIC	61.04	.286441	
32.05	BROWNSBURG CLINIC	61.05		
32.07	WOUND CENTER	61.07	.315438	
33	OBSERVATION BEDS (NON-DIS	62	.529403	
35	TOTAL (SUM OF LINES 8-34)			181,517
				59,347

HEART

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
37	INTENSIVE CARE UNIT		10	
38	CORONARY CARE UNIT			
38.01	CARDIAC RECOVERY	4.01		
40	SURGICAL INTENSIVE CARE UNIT			
40.01	PEDIATRIC INTENSIVE CARE UNIT	6		
41	NEONATAL INTENSIVE CARE UNIT	6.01		
42	TOTAL (SUM OF LINES 36-41)		10	

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

HEART

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	66,833		181,517	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	743,269		458,374	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	810,102		639,891	
54 TOTAL USABLE ORGANS		18		
55 MEDICARE USABLE ORGANS		13		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.722222		
57 MEDICARE COST/CHARGES	585,073		462,143	
58 REVENUE FOR ORGANS SOLD	67,183		67,183	
59 SUBTOTAL (LN 57 MINUS LN 58)	517,890		394,960	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	517,890		394,960	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)		10	
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		8	
66 TOTAL (SUM OF LINES 62-65)		18	
67 ORGANS TRANSPLANTED		8	458,374
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		2	67,183
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH		1	
75 UNUSABLE/DISCARDED ORGANS		7	
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		18	

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET E  
 I COMPONENT NO: I TO 6/30/2007 I PART A  
 I 15-0084 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
8		
FY BEG. 10/1/2000		
TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	124,787,635	
9		
PAYMENT FOR INPATIENT PROGRAM CAPITAL	10,302,239	
10		
EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11		
DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2,569,467	
11.01		
NURSING AND ALLIED HEALTH MANAGED CARE		
11.02		
SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	11,658	
12		
NET ORGAN ACQUISITION COST	517,890	
13		
COST OF TEACHING PHYSICIANS		
14		
ROUTINE SERVICE OTHER PASS THROUGH COSTS	85,845	
15		
ANCILLARY SERVICE OTHER PASS THROUGH COSTS	54,881	
16		
TOTAL	138,329,615	
17		
PRIMARY PAYER PAYMENTS	116,447	
18		
TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	138,213,168	
19		
DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7,915,782	
20		
COINSURANCE BILLED TO PROGRAM BENEFICIARIES	738,110	
21		
REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	943,341	
21.01		
ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	660,339	
21.02		
REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	720,444	
22		
SUBTOTAL	130,219,615	
23		
RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24		
0		
24.99		
OUTLIER RECONCILIATION ADJUSTMENT		
25		
AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26		
AMOUNT DUE PROVIDER	130,219,615	
27		
SEQUESTRATION ADJUSTMENT		
28		
INTERIM PAYMENTS	125,135,544	
28.01		
TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29		
BALANCE DUE PROVIDER (PROGRAM)	5,084,071	
30		
PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,145,631	
----- FI ONLY -----		
50		
OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51		
CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52		
OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53		
CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54		
THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55		
TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56		
CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,694
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	31,242,014
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	26,488,832
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	867
1.04	LINE 1.01 TIMES LINE 1.03.	27,086,826
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	97.79
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	63,443
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,694
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	7,420
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	7,420
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	7,420
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	3,726
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,694
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	26,552,275
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	233
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	6,715,465
19	SUBTOTAL (SEE INSTRUCTIONS)	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	19,840,271
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	587,479
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	20,427,750
24	PRIMARY PAYER PAYMENTS	10,460
25	SUBTOTAL	20,417,290
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	535,822
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	375,075
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	410,052
28	SUBTOTAL	20,792,365
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	20,792,365
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	20,170,340
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	622,025
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/28/2007
I	15-0084	I	FROM 7/ 1/2006	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2007	I	PART B
I	15-S084	I		I	

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

## COMPUTATION OF LESSER OF COST OR CHARGES

- 6 REASONABLE CHARGES
- 7 ANCILLARY SERVICE CHARGES
- 8 INTERNS AND RESIDENTS SERVICE CHARGES
- 9 ORGAN ACQUISITION CHARGES
- 10 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 11 TOTAL REASONABLE CHARGES
- 12 CUSTOMARY CHARGES
- 13 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 15 RATIO OF LINE 11 TO LINE 12
- 16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 19 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 20.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 21 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 22.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 23 SUBTOTAL (SEE INSTRUCTIONS)
- 24 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 25 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 26 ESRD DIRECT MEDICAL EDUCATION COSTS
- 27 SUBTOTAL
- 28 PRIMARY PAYER PAYMENTS
- 29 SUBTOTAL
- 30 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 31 COMPOSITE RATE ESRD
- 32 BAD DEBTS (SEE INSTRUCTIONS)
- 33.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 34.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 35 SUBTOTAL
- 36 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 37 OTHER ADJUSTMENTS (SPECIFY)
- 38.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 39 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 40 SUBTOTAL
- 41 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 42 INTERIM PAYMENTS
- 43.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 44 BALANCE DUE PROVIDER/PROGRAM
- 45 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
- 46 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL  
 DESCRIPTION

	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		125,013,545		20,158,797
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	2/12/2007	121,999	2/12/2007	11,543
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		121,999		11,543
4 TOTAL INTERIM PAYMENTS		125,135,544		20,170,340
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		2,056,468		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	2/15/2007	93,895		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		93,895		
4 TOTAL INTERIM PAYMENTS		2,150,363		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET E-1  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-5748 I

TITLE XVIII SNF

DESCRIPTION

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
- 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.
- 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

- ADJUSTMENTS TO PROVIDER .01
- ADJUSTMENTS TO PROVIDER .02
- ADJUSTMENTS TO PROVIDER .03
- ADJUSTMENTS TO PROVIDER .04
- ADJUSTMENTS TO PROVIDER .05
- ADJUSTMENTS TO PROGRAM .50
- ADJUSTMENTS TO PROGRAM .51
- ADJUSTMENTS TO PROGRAM .52
- ADJUSTMENTS TO PROGRAM .53
- ADJUSTMENTS TO PROGRAM .54

4 TOTAL INTERIM PAYMENTS 1,298,917 NONE NONE

- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

- TENTATIVE TO PROVIDER .01
- TENTATIVE TO PROVIDER .02
- TENTATIVE TO PROVIDER .03
- TENTATIVE TO PROGRAM .50
- TENTATIVE TO PROGRAM .51
- TENTATIVE TO PROGRAM .52

6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01 NONE NONE  
 SETTLEMENT TO PROGRAM .02

7 TOTAL MEDICARE PROGRAM LIABILITY

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET E-3  
 I COMPONENT NO: I TO 6/30/2007 I PART I  
 I 15-S084 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	2,178,922
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	1,089,461
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,034,840
1.09	NET IPF PPS OUTLIER PAYMENTS	26,962
1.10	NET IPF PPS ECT PAYMENTS	22,282
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	30.967123
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,084,084
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1,525,245
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	762,623
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,173,545
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,173,545
5	PRIMARY PAYER PAYMENTS	3,368
6	SUBTOTAL	2,170,177
7	DEDUCTIBLES	223,860
8	SUBTOTAL	1,946,317
9	COINSURANCE	39,300
10	SUBTOTAL	1,907,017
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	58,528
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	40,970
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	57,576
12	SUBTOTAL	1,947,987
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,073
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,949,060
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,150,363
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-201,303
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	



CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: 15-0084  
 I PERIOD: FROM 7/1/2006 TO 6/30/2007  
 I COMPONENT NO: 15-5748  
 I PREPARED 11/28/2007  
 I WORKSHEET E-3  
 I PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8				3,774
9				-3,774
	COMPUTATION OF LESSER OF COST OR CHARGES			
10	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
18	CUSTOMARY CHARGES			
19	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
20	PAYMENT FOR SERVICES ON A CHARGE BASIS			
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
22	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
23	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
24	RATIO OF LINE 17 TO LINE 18			
25	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
28	COST OF COVERED SERVICES			
29				3,774
30				-3,774
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33				1,337,058
34	OUTLIER PAYMENTS			
35	PROGRAM CAPITAL PAYMENTS			
36	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
37	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
38	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
39				62
40				1,333,346
41	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
42	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
43	XVIII ENTER AMOUNT FROM LINE 30			
44	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
45				1,333,346
46	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
47	EXCESS OF REASONABLE COST			
48				1,333,346
49				34,367
50	COINSURANCE			
51	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
52	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
53	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
54	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
55	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
56	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
57	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
58	UTILIZATION REVIEW			
59				1,298,979
60	SUBTOTAL (SEE INSTRUCTIONS)			
61	INPATIENT ROUTINE SERVICE COST			
62	MEDICARE INPATIENT ROUTINE CHARGES			
63	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
64	PAYMENT FOR SERVICES ON A CHARGE BASIS			
65	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
66	FOR PAYMENT OF PART A SERVICES			
67	RATIO OF LINE 43 TO 44			
68	TOTAL CUSTOMARY CHARGES			
69	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
70	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
71	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
72	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
73	OTHER ADJUSTMENTS (SPECIFY)			
74	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
75	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
76				1,298,979
77				1,298,979
78				1,298,917
79	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
80				62
81	BALANCE DUE PROVIDER/PROGRAM			
82	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
83	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		98.92
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		98.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		114.47
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		98.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		83.16
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		31.31
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		114.47
3.10	SEE INSTRUCTIONS		98.92
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		27.06
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		27.54
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		29.04
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		27.88
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	RES INIT YEARS	27.88
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		67,941.00
3.18	SEE INSTRUCTIONS		1,894,195
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		71.38
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		69.87
3.21	SEE INSTRUCTIONS		71.04
3.22	SEE INSTRUCTIONS	RES INIT YEARS	71.04
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		67,941.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		4,826,529
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		6,720,724

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		70,231
5	TOTAL INPATIENT DAYS		172,431
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.407299
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,737,344 419,602	3,156,946
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		172,431
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		3,701,659
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		
10	MEDICARE OUTPATIENT ESRD CHARGES		
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS		

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY  
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)		136,501,945
13	ORGAN ACQUISITION COSTS		517,890
14	COST OF TEACHING PHYSICIANS		
15	PRIMARY PAYER PAYMENTS		128,497
16	TOTAL PART A REASONABLE COST		136,891,338

TITLE XVIII

PART B REASONABLE COST	
17 REASONABLE COST	31,309,151
18 PRIMARY PAYER PAYMENTS	10,460
19 TOTAL PART B REASONABLE COST	31,298,691
20 TOTAL REASONABLE COST	168,190,029
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.813909
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.186091
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	
23 TOTAL PROGRAM GME PAYMENT	
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	3,156,946
24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,569,467
25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	587,479

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	12.89	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	15.55	
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	12.89	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	79,923.00	
9 MULTIPLY LINE 7 TIMES LINE 8	1,030,207	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.407299	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	419,602	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )		

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	.02
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	25.46
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	.02
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.000031
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000009
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	99,091,551
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	892

BALANCE SHEET

Table with columns: ASSETS, GENERAL FUND, SPECIFIC PURPOSE FUND, ENDOWMENT FUND, PLANT FUND. Rows include CURRENT ASSETS (CASH, NOTES, INVENTORY, etc.) and FIXED ASSETS (LAND, BUILDINGS, EQUIPMENT, etc.).

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
28 CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	25,039,671			
29 SALARIES, WAGES & FEES PAYABLE	37,521,343			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,337,924			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	20,621,438			
36 TOTAL CURRENT LIABILITIES	86,520,376			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	188,143,871			
41 OTHER LONG TERM LIABILITIES	54,776,912			
42 TOTAL LONG-TERM LIABILITIES	242,920,783			
43 TOTAL LIABILITIES	329,441,159			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	758,053,163			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	758,053,163			
52 TOTAL LIABILITIES AND FUND BALANCES	1087,494,322			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: 15-0084 I PERIOD: FROM 7/ 1/2006 I TO 6/30/2007 I PREPARED 11/28/2007 I WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		719,514,668		
2 NET INCOME (LOSS)		161,010,693		
3 TOTAL		880,525,361		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 REST CONTR FOR PROPERTY	581,000			
6 ADD PENSION LIABILITY	5,669,000			
7 UNREALIZED GAIN ON INVEST	59,000			
8 OTHER	2,587,802			
9 REST INVESTMENT INC	237,000			
10 GRANT REVENUE	214,000			
11 TOTAL ADDITIONS		9,347,802		
12 SUBTOTAL		889,873,163		
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 DEFERRED PENSION COSTS	31,860,000			
15 TRANSFER TO AFFILIATES	94,039,000			
16 TRANSFER TO SPONSOR	917,000			
17 OTHER	2,520,000			
18 NET ASSETS RELEASED	2,484,000			
19 TOTAL DEDUCTIONS		131,820,000		
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		758,053,163		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 REST CONTR FOR PROPERTY				
6 ADD PENSION LIABILITY				
7 UNREALIZED GAIN ON INVEST				
8 OTHER				
9 REST INVESTMENT INC				
10 GRANT REVENUE				
11 TOTAL ADDITIONS				
12 SUBTOTAL				
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 DEFERRED PENSION COSTS				
15 TRANSFER TO AFFILIATES				
16 TRANSFER TO SPONSOR				
17 OTHER				
18 NET ASSETS RELEASED				
19 TOTAL DEDUCTIONS				
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 00 HOSPITAL	136,847,226		136,847,226
4 00 SUBPROVIDER	11,791,006		11,791,006
5 00 SWING BED - SNF			
6 00 SWING BED - NF			
7 00 SKILLED NURSING FACILITY	1,860,554		1,860,554
8 00 NURSING FACILITY	8,680,815		8,680,815
9 00 ICF/MR			
10 00 OTHER LONG TERM CARE			
11 00 TOTAL GENERAL INPATIENT ROUTINE CARE	159,179,601		159,179,601
12 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
13 00 INTENSIVE CARE UNIT	27,587,935		27,587,935
14 00 CORONARY CARE UNIT	11,011,555		11,011,555
15 01 CARDIAC RECOVERY	9,374,320		9,374,320
16 00 SURGICAL INTENSIVE CARE UNIT			
17 01 PEDIATRIC INTENSIVE CARE UNIT	9,415,597		9,415,597
18 00 NEONATAL INTENSIVE CARE UNIT	57,181,331		57,181,331
19 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	114,570,738		114,570,738
20 00 TOTAL INPATIENT ROUTINE CARE SERVICE	273,750,339		273,750,339
21 00 ANCILLARY SERVICES	706,272,533	548,131,009	1254,403,542
22 00 OUTPATIENT SERVICES			
23 00 HOME HEALTH AGENCY		7,357,622	7,357,622
24 00 AMBULANCE SERVICES			
25 00 CORF			
26 00 AMBULATORY SURGICAL CENTER (D.P.)			
27 00 HOSPICE	5,848,101	17,053,798	22,901,899
28 00 OTHER NON-SCH C PATIENT REVENUE	-1,628,215	40,801,715	39,173,500
29 00 TOTAL PATIENT REVENUES	984,242,758	613,344,144	1597,586,902

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		697,206,093	
ADD (SPECIFY)			
27 00 BAD DEBT-EXCLUDING COLLECTION FEES	33,958,792		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		33,958,792	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		731,164,885	

DESCRIPTION

1	TOTAL PATIENT REVENUES	1597,586,902
2	LESS: ALLOWANCES AND DISCOUNTS ON	814,587,587
3	NET PATIENT REVENUES	782,999,315
4	LESS: TOTAL OPERATING EXPENSES	731,164,885
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	51,834,430
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	31,395,513
24.01	NONOPERATING GAINS	77,780,750
24.02		
24.03		
24.04		
25	TOTAL OTHER INCOME	109,176,263
26	TOTAL OTHER EXPENSES	161,010,693
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	161,010,693

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	446,165				442,205	888,370
HHA REIMBURSABLE SERVICES						
6	2,416,861		131,010			2,547,871
7	1,046,975		93,905			1,140,880
8	187,640		19,890			207,530
9	42,836		3,492			46,328
10	72,428		3,033			75,461
11	230,797		61,380			292,177
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	4,443,702		312,710		442,205	5,198,617

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-75,177	813,193	-97,317	715,876
HHA REIMBURSABLE SERVICES				
6		2,547,871		2,547,871
7		1,140,880		1,140,880
8		207,530		207,530
9		46,328		46,328
10		75,461		75,461
11		292,177		292,177
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-75,177	5,123,440	-97,317	5,026,123

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		715,876				715,876	715,876
HHA REIMBURSABLE SERVICES							
6	2,547,871					2,547,871	423,169
7	1,140,880					1,140,880	189,485
8	207,530					207,530	34,468
9	46,328					46,328	7,694
10	75,461					75,461	12,533
11	292,177					292,177	48,527
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	5,026,123					5,026,123	

TOTAL

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		2,971,040				2,971,040	
7	1,330,365					1,330,365	
8	241,998					241,998	
9	54,022					54,022	
10	87,994					87,994	
11	340,704					340,704	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	5,026,123					5,026,123	

HHA 1

	CAP-REL COST-BLDG & FIX ( FEET 1 )	CAP-REL COST-MOV EQUIP ( DOLLAR 2 )	PLANT OPER & MAINT ( SQUARE 3 )	TRANSPORTATIO N ( MILEAGE 4 )	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST 5 )
1	GENERAL SERVICE COST CENTERS					
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
					-715,876	4,310,247
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)					
					-715,876	4,310,247
25	COST TO BE ALLOCATED					
						715,876
26	UNIT COST MULTIPLIER					
						.166087

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAPITAL-STRESS 3.01	NEW CAPITAL-MARTEN HOUSE 3.02
1 ADMIN & GENERAL				75,082		
2 SKILLED NURSING CARE	2,971,040					
3 PHYSICAL THERAPY	1,330,365					
4 OCCUPATIONAL THERAPY	241,998					
5 SPEECH PATHOLOGY	54,022					
6 MEDICAL SOCIAL SERVICES	87,994					
7 HOME HEALTH AIDE	340,704					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,026,123			75,082		
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NEW CAPITAL-WOMEN'S BLDG 3.03	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	NONPATIENT T ELEPHONES 6.01	DATA PROCESS ING 6.02	PURCHASING, RECEIVING AN 6.03
1 ADMIN & GENERAL		78,643	1,203,590	47,494	677,812	2,999
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		78,643	1,203,590	47,494	677,812	2,999
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	OP REGISTRAT ION 6.06	SUBTOTAL 6A.06	OTHER ADMINI STRATIVE AND 6.07	OPERATION OF PLANT 8
1 ADMIN & GENERAL		40,077	48,788	2,174,485	179,947	130,269
2 SKILLED NURSING CARE				2,971,040	245,865	
3 PHYSICAL THERAPY				1,330,365	110,093	
4 OCCUPATIONAL THERAPY				241,998	20,026	
5 SPEECH PATHOLOGY				54,022	4,471	
6 MEDICAL SOCIAL SERVICES				87,994	7,282	
7 HOME HEALTH AIDE				340,704	28,195	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		40,077	48,788	7,200,608	595,879	130,269
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMITTING	CASHIERING/A CCOUNTS RECE	OP REGISTRAT ION	SUBTOTAL	OTHER ADMINI STRATIVE AND	OPERATION OF PLANT
	6.04	6.05	6.06	6A.06	6.07	8

HHA COST CENTER	LAUNDRY & LI NEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMI NISTRATION	CENTRAL SERV ICES & SUPPL
	9	10	11	12	14	15

1	ADMIN & GENERAL					
2	SKILLED NURSING CARE				324,952	6,698
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)				324,952	6,698
21	UNIT COST MULTIPLIER					

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

HHA COST CENTER	PHARMACY	MEDICAL RECO RDS & LIBRAR	SOCIAL SERVI CE	I&R SERVICES -SALARY & FR	I&R SERVICES -OTHER PRGM	PARAMED ED P RGM
	16	17	18	22	23	24

1	ADMIN & GENERAL					
2	SKILLED NURSING CARE	4,290				
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)	4,290				
21	UNIT COST MULTIPLIER					

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

HHA 1

HHA COST CENTER	PARAMED ED P RGM-CPE 24.01	PARAMED ED P RGM-PHARMACY 24.02	PARAMED ED P RGM-RADIOLOG 24.03	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				2,820,641		2,820,641
2 SKILLED NURSING CARE				3,216,905		3,216,905
3 PHYSICAL THERAPY				1,440,458		1,440,458
4 OCCUPATIONAL THERAPY				262,024		262,024
5 SPEECH PATHOLOGY				58,493		58,493
6 MEDICAL SOCIAL SERVICES				95,276		95,276
7 HOME HEALTH AIDE				368,899		368,899
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				8,262,696		8,262,696
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	1,667,337	4,884,242
3 PHYSICAL THERAPY	746,595	2,187,053
4 OCCUPATIONAL THERAPY	135,808	397,832
5 SPEECH PATHOLOGY	30,317	88,810
6 MEDICAL SOCIAL SERVICES	49,382	144,658
7 HOME HEALTH AIDE	191,202	560,101
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	2,820,641	8,262,696
21 UNIT COST MULTIPLIER	0.518304	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAPITAL-STRESS (STRESS SQ FT)	NEW CAPITAL-MARTEN HOUSE (MARTEN Q. FT.)	NEW CAPITAL-WOMEN'S BLDG (WOMEN'S Q. FT.)
	1	2	3	3.01	3.02	3.03
1 ADMIN & GENERAL			5,491			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			5,491			
21 COST TO BE ALLOCATED			75,082			
22 UNIT COST MULTIPLIER			13.673648			

HHA COST CENTER	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (NODES)	PURCHASING, RECEIVING AND (COSTED) EQUIPMENTS	ADMITTING (PATIENT DAYS)
	4	5	6.01	6.02	6.03	6.04
1 ADMIN & GENERAL	57,737	4,443,702	75	121	120,434	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	57,737	4,443,702	75	121	120,434	
21 COST TO BE ALLOCATED	78,643	1,203,590	47,494	677,812	2,999	
22 UNIT COST MULTIPLIER	1.362090	0.270853	633.253333	5601.752066	0.024902	

HHA COST CENTER	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	OPERATION REGISTRAR (OPER REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS)
	6.05	6.06	6A.07	6.07	8	9
1 ADMIN & GENERAL	7,357,622	7,357,622		2,174,485	5,491	
2 SKILLED NURSING CARE				2,971,040		
3 PHYSICAL THERAPY				1,330,365		
4 OCCUPATIONAL THERAPY				241,998		
5 SPEECH PATHOLOGY				54,022		
6 MEDICAL SOCIAL SERVICES				87,994		
7 HOME HEALTH AIDE				340,704		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	7,357,622	7,357,622		7,200,608	5,491	
21 COST TO BE ALLOCATED	40,077	48,788		595,879	130,269	
22 UNIT COST MULTIPLIER	0.005447	0.006631		0.082754	23.724094	

HHA 1

HHA COST CENTER	HOUSEKEEPING (SQUARE FOOTAGE	DIETARY F ( MEALS SERVED )	CAFETERIA (EMPLOYEE HOURS	NURSING ADMINISTRATION H ( DIRECT NRSING HRS )	CENTRAL SERV ICES & SUPPL ( COSTED REQUIS. )	PHARMACY ( COSTED REQUIS. )
	10	11	12	14	15	16
1 ADMIN & GENERAL				72,157	66,665	3,354
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				72,157	66,665	3,354
21 COST TO BE ALLOCATED				324,952	6,698	4,290
22 UNIT COST MULTIPLIER				4.503402	0.100473	1.279070

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

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

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

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

PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	4,884,242		4,884,242	20,821	234.58	6
2 PHYSICAL THERAPY	3	2,187,053		2,187,053	14,924	146.55	7,329
3 OCCUPATIONAL THERAPY	4	397,832		397,832	3,161	125.86	6,225
4 SPEECH PATHOLOGY	5	88,810		88,810	555	160.02	1,469
5 MEDICAL SOCIAL SERVICES	6	144,658		144,658	482	300.12	237
6 HOME HEALTH AIDE SERVICES	7	560,101		560,101	9,755	57.42	145
7 TOTAL		8,262,696		8,262,696	49,698		1,677
							17,082

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	11
2 PHYSICAL THERAPY	5,451		1,719,237	1,278,696	2,997,933
3 OCCUPATIONAL THERAPY	3,889		912,274	569,933	1,482,207
4 SPEECH PATHOLOGY	1,042		184,888	131,146	316,034
5 MEDICAL SOCIAL SERVICES	177		37,925	28,324	66,249
6 HOME HEALTH AIDE SERVICES	117		43,517	35,114	78,631
7 TOTAL	3,096		96,293	177,772	274,065
	13,772		2,994,134	2,220,985	5,215,119

PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
					5	6
8 SKILLED NURSING	9915					
8.01 SKILLED NURSING	3480					
8.02 SKILLED NURSING	3920					
8.03 SKILLED NURSING	8320					
8.04 SKILLED NURSING						
8.05 SKILLED NURSING						
8.06 SKILLED NURSING						
8.07 SKILLED NURSING						
8.08 SKILLED NURSING						
8.09 SKILLED NURSING						
8.10 SKILLED NURSING						
8.11 SKILLED NURSING						
8.12 SKILLED NURSING						
8.13 SKILLED NURSING						
8.14 SKILLED NURSING						
9 PHYSICAL THERAPY	9915					
9.01 PHYSICAL THERAPY	3480					
9.02 PHYSICAL THERAPY	3920					
9.03 PHYSICAL THERAPY	8320					
9.04 PHYSICAL THERAPY						
9.05 PHYSICAL THERAPY						
9.06 PHYSICAL THERAPY						
9.07 PHYSICAL THERAPY						
9.08 PHYSICAL THERAPY						
9.09 PHYSICAL THERAPY						
9.10 PHYSICAL THERAPY						
9.11 PHYSICAL THERAPY						
9.12 PHYSICAL THERAPY						
9.13 PHYSICAL THERAPY						
9.14 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY	9915					
10.01 OCCUPATIONAL THERAPY	3480					
10.02 OCCUPATIONAL THERAPY	3920					
10.03 OCCUPATIONAL THERAPY	8320					
10.04 OCCUPATIONAL THERAPY						
10.05 OCCUPATIONAL THERAPY						
10.06 OCCUPATIONAL THERAPY						
10.07 OCCUPATIONAL THERAPY						
10.08 OCCUPATIONAL THERAPY						
10.09 OCCUPATIONAL THERAPY						
10.10 OCCUPATIONAL THERAPY						
10.11 OCCUPATIONAL THERAPY						
10.12 OCCUPATIONAL THERAPY						
10.13 OCCUPATIONAL THERAPY						
10.14 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY	9915					
11.01 SPEECH PATHOLOGY	3480					
11.02 SPEECH PATHOLOGY	3920					
11.03 SPEECH PATHOLOGY	8320					
11.04 SPEECH PATHOLOGY						
11.05 SPEECH PATHOLOGY						
11.06 SPEECH PATHOLOGY						
11.07 SPEECH PATHOLOGY						
11.08 SPEECH PATHOLOGY						
11.09 SPEECH PATHOLOGY						
11.10 SPEECH PATHOLOGY						

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

LIMITATION COST COMPUTATION						PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
11.11	SPEECH PATHOLOGY						
11.12	SPEECH PATHOLOGY						
11.13	SPEECH PATHOLOGY						
11.14	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES	9915					
12.01	MEDICAL SOCIAL SERVICES	3480					
12.02	MEDICAL SOCIAL SERVICES	3920					
12.03	MEDICAL SOCIAL SERVICES	8320					
12.04	MEDICAL SOCIAL SERVICES						
12.05	MEDICAL SOCIAL SERVICES						
12.06	MEDICAL SOCIAL SERVICES						
12.07	MEDICAL SOCIAL SERVICES						
12.08	MEDICAL SOCIAL SERVICES						
12.09	MEDICAL SOCIAL SERVICES						
12.10	MEDICAL SOCIAL SERVICES						
12.11	MEDICAL SOCIAL SERVICES						
12.12	MEDICAL SOCIAL SERVICES						
12.13	MEDICAL SOCIAL SERVICES						
12.14	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICES	9915					
13.01	HOME HEALTH AIDE SERVICES	3480					
13.02	HOME HEALTH AIDE SERVICES	3920					
13.03	HOME HEALTH AIDE SERVICES	8320					
13.04	HOME HEALTH AIDE SERVICES						
13.05	HOME HEALTH AIDE SERVICES						
13.06	HOME HEALTH AIDE SERVICES						
13.07	HOME HEALTH AIDE SERVICES						
13.08	HOME HEALTH AIDE SERVICES						
13.09	HOME HEALTH AIDE SERVICES						
13.10	HOME HEALTH AIDE SERVICES						
13.11	HOME HEALTH AIDE SERVICES						
13.12	HOME HEALTH AIDE SERVICES						
13.13	HOME HEALTH AIDE SERVICES						
13.14	HOME HEALTH AIDE SERVICES						
14	TOTAL						

-----PROGRAM VISITS-----		-----COST OF SERVICES-----		-----PART B-----		TOTAL PROGRAM COST
-----PART B-----		-----PART B-----		-----PART B-----		
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
7	8	9	10	11	12	

8	SKILLED NURSING						
8.01	SKILLED NURSING						
8.02	SKILLED NURSING						
8.03	SKILLED NURSING						
8.04	SKILLED NURSING						
8.05	SKILLED NURSING						
8.06	SKILLED NURSING						
8.07	SKILLED NURSING						
8.08	SKILLED NURSING						
8.09	SKILLED NURSING						
8.10	SKILLED NURSING						
8.11	SKILLED NURSING						
8.12	SKILLED NURSING						
8.13	SKILLED NURSING						
8.14	SKILLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
9.02	PHYSICAL THERAPY						
9.03	PHYSICAL THERAPY						
9.04	PHYSICAL THERAPY						
9.05	PHYSICAL THERAPY						
9.06	PHYSICAL THERAPY						
9.07	PHYSICAL THERAPY						
9.08	PHYSICAL THERAPY						
9.09	PHYSICAL THERAPY						
9.10	PHYSICAL THERAPY						
9.11	PHYSICAL THERAPY						
9.12	PHYSICAL THERAPY						
9.13	PHYSICAL THERAPY						
9.14	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
10.02	OCCUPATIONAL THERAPY						
10.03	OCCUPATIONAL THERAPY						
10.04	OCCUPATIONAL THERAPY						
10.05	OCCUPATIONAL THERAPY						
10.06	OCCUPATIONAL THERAPY						
10.07	OCCUPATIONAL THERAPY						
10.08	OCCUPATIONAL THERAPY						
10.09	OCCUPATIONAL THERAPY						
10.10	OCCUPATIONAL THERAPY						
10.11	OCCUPATIONAL THERAPY						
10.12	OCCUPATIONAL THERAPY						
10.13	OCCUPATIONAL THERAPY						
10.14	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	SUBJECT TO DEDUCT & COINSUR 11	
11.02	SPEECH PATHOLOGY				
11.03	SPEECH PATHOLOGY				
11.04	SPEECH PATHOLOGY				
11.05	SPEECH PATHOLOGY				
11.06	SPEECH PATHOLOGY				
11.07	SPEECH PATHOLOGY				
11.08	SPEECH PATHOLOGY				
11.09	SPEECH PATHOLOGY				
11.10	SPEECH PATHOLOGY				
11.11	SPEECH PATHOLOGY				
11.12	SPEECH PATHOLOGY				
11.13	SPEECH PATHOLOGY				
11.14	SPEECH PATHOLOGY				
12	MEDICAL SOCIAL SERVICES				
12.01	MEDICAL SOCIAL SERVICES				
12.02	MEDICAL SOCIAL SERVICES				
12.03	MEDICAL SOCIAL SERVICES				
12.04	MEDICAL SOCIAL SERVICES				
12.05	MEDICAL SOCIAL SERVICES				
12.06	MEDICAL SOCIAL SERVICES				
12.07	MEDICAL SOCIAL SERVICES				
12.08	MEDICAL SOCIAL SERVICES				
12.09	MEDICAL SOCIAL SERVICES				
12.10	MEDICAL SOCIAL SERVICES				
12.11	MEDICAL SOCIAL SERVICES				
12.12	MEDICAL SOCIAL SERVICES				
12.13	MEDICAL SOCIAL SERVICES				
12.14	MEDICAL SOCIAL SERVICES				
13	HOME HEALTH AIDE SERVICES				
13.01	HOME HEALTH AIDE SERVICES				
13.02	HOME HEALTH AIDE SERVICES				
13.03	HOME HEALTH AIDE SERVICES				
13.04	HOME HEALTH AIDE SERVICES				
13.05	HOME HEALTH AIDE SERVICES				
13.06	HOME HEALTH AIDE SERVICES				
13.07	HOME HEALTH AIDE SERVICES				
13.08	HOME HEALTH AIDE SERVICES				
13.09	HOME HEALTH AIDE SERVICES				
13.10	HOME HEALTH AIDE SERVICES				
13.11	HOME HEALTH AIDE SERVICES				
13.12	HOME HEALTH AIDE SERVICES				
13.13	HOME HEALTH AIDE SERVICES				
13.14	HOME HEALTH AIDE SERVICES				
14	TOTAL				12

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8				93,126		87,117
16 COST OF DRUGS	9				725		
16.20 COST OF DRUGS	9						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES	6,009			
16 COST OF DRUGS		725		
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:		MSA NUMBER	AMOUNT
		1	2
162	PROGRAM UN DUP CENSUS FROM WRKST S-4	9915	
16.01	PROGRAM UN DUP CENSUS FROM WRKST S-4	3480	
16.02	PROGRAM UN DUP CENSUS FROM WRKST S-4	3920	
16.03	PROGRAM UN DUP CENSUS FROM WRKST S-4	8320	
16.04	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.05	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.06	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.07	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.08	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.09	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.10	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.11	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.12	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.13	PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.14	PROGRAM UN DUP CENSUS FROM WRKST S-4		
17	PER BENE COST LIMITATION (FRM FI)	9915	
17.01	PER BENE COST LIMITATION (FRM FI)	3480	
17.02	PER BENE COST LIMITATION (FRM FI)	3920	
17.03	PER BENE COST LIMITATION (FRM FI)	8320	
17.04	PER BENE COST LIMITATION (FRM FI)		
17.05	PER BENE COST LIMITATION (FRM FI)		
17.06	PER BENE COST LIMITATION (FRM FI)		
17.07	PER BENE COST LIMITATION (FRM FI)		
17.08	PER BENE COST LIMITATION (FRM FI)		
17.09	PER BENE COST LIMITATION (FRM FI)		
17.10	PER BENE COST LIMITATION (FRM FI)		
17.11	PER BENE COST LIMITATION (FRM FI)		
17.12	PER BENE COST LIMITATION (FRM FI)		
17.13	PER BENE COST LIMITATION (FRM FI)		
17.14	PER BENE COST LIMITATION (FRM FI)		
18	PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1	PHYSICAL THERAPY	50	.412863		COL 2, LN 2
1.01	CARDIAC REHAB	50.01	1.632018		
1.02	SPORTS MEDICINE	50.02	5.181884		
2	OCCUPATIONAL THERAPY	51	.261480		COL 2, LN 3
3	SPEECH PATHOLOGY	52	.459634		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.264292		COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.205366		COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROG VISITS ON OR AFTER
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	
	1	2	3	4	5
1	PHYSICAL THERAPY	146.55	2.01	3	1/1/1999
2	OCCUPATIONAL THERAPY	125.86			
3	SPEECH PATHOLOGY	160.02			
4	TOTAL (SUM OF LINES 1-3)				

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	2,408,024	1,845,735	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 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)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	2,408,024	1,845,735	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,408,024	1,845,735	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS	4,908		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST	-4,908	
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	2,728,985	1,924,428
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	25,154	36,312
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	52,794	31,802
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	31,450	13,539
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	8,972	7,035
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,767	6,346
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	1,044	
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		366
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	2,846,258	2,019,828
13 EXCESS REASONABLE COST		
14 SUBTOTAL	2,846,258	2,019,828
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	2,846,258	2,019,828
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,846,258	2,019,828
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	2,846,258	2,019,828
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	2,846,258	2,019,828
25 INTERIM PAYMENTS	2,846,258	2,019,828
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	2,846,258	2,019,828
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,846,258		2,019,828
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		2,846,258		2,019,828
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01		
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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



RECLASSIFICATION AND ADJUSTMENT  
 OF TRIAL BALANCE EXPENSES

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		595,704	-173,729	421,975
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	2,121,105	6,256,088		6,256,088
10 INPATIENT - RESPITE CARE		36,629		36,629
11 VISITING SERVICES				
12 PHYSICIAN SERVICES	8,503	8,503		8,503
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		3,875		3,875
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER		232,386		232,386
26 DRUGS BIOLOGICAL AND INFUSION THERAPY	498,694	498,694		498,694
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES	121,442	121,442		121,442
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	2,749,744	7,753,321	-173,729	7,579,592

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
I 15-0084 I FROM 7/ 1/2006 I WORKSHEET K  
I HOSPICE NO: I TO 6/30/2007 I  
I 15-1507 I I

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
1 GENERAL SERVICE COST CENTERS		
2 CAPITAL RELATED COSTS-BLDG AND FIXT.		
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4 PLANT OPERATION AND MAINTENANCE		
5 TRANSPORTATION - STAFF		
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL	-510,567	-88,592
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		6,256,088
10 INPATIENT - RESPITE CARE		36,629
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		8,503
13 NURSING CARE		
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		3,875
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		
19 SPIRITUAL COUNSELING		
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		232,386
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		498,694
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		121,442
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)	-510,567	7,069,025

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/28/2007
I	15-0084	I	FROM 7/ 1/2006	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2007	I	
I	15-1507	I		I	

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10		319,600	277,278	344,458
11		2,831	2,456	3,051
12	INPATIENT - RESPITE CARE			
13	VISITING SERVICES			
14	PHYSICIAN SERVICES			
15	NURSING CARE			
16	NURSING CARE-CONTINUOUS HOME CARE			
17	PHYSICAL THERAPY			
18	OCCUPATIONAL THERAPY			
19	SPEECH/LANGUAGE PATHOLOGY			
20	MEDICAL SOCIAL SERVICES			
21	SPIRITUAL COUNSELING			
22	DIETARY COUNSELING			
23	COUNSELING - OTHER			
24	HOME HEALTH AIDE AND HOMEMAKER			
25	HH AIDE & HOMEMAKER-CONT. HOME CARE			
26	OTHER HOSPICE SERVICE COSTS			
27	OTHER			
28	DRUGS BIOLOGICAL AND INFUSION THERAPY			
29	ANALGESICS			
30	SEDATIVES / HYPNOTICS			
31	OTHER - SPECIFY			
32	DURABLE MEDICAL EQUIPMENT/OXYGEN			
33	PATIENT TRANSPORTATION			
34	IMAGING SERVICES			
35	LABS AND DIAGNOSTICS			
36	MEDICAL SUPPLIES			
37	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
38	RADIATION THERAPY			
39	CHEMOTHERAPY			
40	OTHER			
41	BEREAVEMENT PROGRAM COSTS			
42	VOLUNTEER PROGRAM COSTS			
43	FUNDRAISING			
44	OTHER PROGRAM COSTS			
45		322,431	279,734	347,509
46	TOTAL (SUM OF LINES 1 THRU 33)			

COMPENSATION ANALYSIS  
 SALARIES AND WAGES

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				595,704
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	2,823,193		370,454	
10 INPATIENT - RESPITE CARE	25,009		3,282	
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		3,875		
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				232,386
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	2,848,202	3,875	373,736	828,090

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/28/2007
I	15-0084	I	FROM 7/ 1/2006	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2007	I	
I	15-1507	I		I	

HOSPICE 1

		TOTAL (1)
		9
1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	595,704
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	4,134,983
8	INPATIENT - RESPITE CARE	36,629
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	3,875
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	232,386
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	5,003,577

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

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	-88,592			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	6,256,088			
8 INPATIENT - RESPITE CARE	36,629			
VISITING SERVICES				
9 PHYSICIAN SERVICES	8,503			
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	3,875			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	232,386			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	498,694			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	121,442			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	7,069,025			

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			-88,592	-88,592
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			6,256,088	
10 INPATIENT - RESPITE CARE			36,629	
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			8,503	
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			3,875	
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			232,386	
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			498,694	
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			121,442	
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			7,157,617	-88,592

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/28/2007
I	15-0084	I	FROM 7/ 1/2006	I	WORKSHEET K-4
I	HOSPICE NO:	I	TO 6/30/2007	I	PART I
I	15-1507	I		I	

HOSPICE 1

TOTAL  
 (COL. 5A  
 + COL. 6)

7

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	6,256,088
8	INPATIENT - RESPITE CARE	36,629
	VISITING SERVICES	
9	PHYSICIAN SERVICES	8,503
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	3,875
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	232,386
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	498,694
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	121,442
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	7,069,025



COST ALLOCATION -  
 HOSPICE STATISTICAL BASIS

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		88,592	7,157,617
8 INPATIENT CARE SERVICE			6,256,088
9 INPATIENT - GENERAL CARE			36,629
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			8,503
13 NURSING CARE			
14 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			3,875
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			
23 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			232,386
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			498,694
27 ANALGESICS			
28 SEDATIVES / HYPNOTICS			
29 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			121,442
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39 FUNDRAISING			
40 OTHER PROGRAM COSTS			
41 COST TO BE ALLOCATED (PER WKST K-4, PART I)			-88,592
42 UNIT COST MULTIPLIER	.000000		-.012377

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				302,706
2.00 INPATIENT - GENERAL CARE	7	6,256,088			
3.00 INPATIENT - RESPITE CARE	8	36,629			
4.00 PHYSICIAN SERVICES	9	8,503			
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	3,875			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00 OTHER	19	232,386			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	498,694			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER -- SPECIFY	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	121,442			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00 OTHER	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		7,069,025			302,706
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAPITAL-STRESS	NEW CAPITAL-MARTEN HOUSE	NEW CAPITAL-WOMEN'S BLDG	NEW CAP REL COSTS-MVBLE EQUIP
	3.01	3.02	3.03	4
1.00 ADMINISTRATIVE AND GENERAL				158,069
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				158,069
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	1,375,643	39,895	364,114	18,431
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,375,643	39,895	364,114	18,431
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	OP REGISTRATION	SUBTOTAL
	6.04	6.05	6.06	6A.06
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	134,928	124,747	113,084	2,543,025
3.00 INPATIENT - RESPITE CARE				6,256,088
4.00 PHYSICIAN SERVICES				36,629
5.00 NURSING CARE				8,503
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				3,875
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				232,386
15.30 ANALGESICS				498,694
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				121,442
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	134,928	124,747	113,084	9,612,050
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.07	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	210,445	525,206		188,470
2.00 INPATIENT - GENERAL CARE	517,716			
3.00 INPATIENT - RESPITE CARE	3,031			
4.00 PHYSICIAN SERVICES	704			
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	321			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER	19,231			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	41,269			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	10,050			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	802,767	525,206		188,470
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL	192,723		393,458	12,202
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	192,723		393,458	12,202
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRINGES APPRVD
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	636,275			60,418
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	636,275			60,418
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM	PARAMED ED PRGM-CPE	PARAMED ED PRGM-PHARMACY
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	53,941		20,156	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	53,941		20,156	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM-RADIOLOGY	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL
	24.03	25	26	27
1.00 ADMINISTRATIVE AND GENERAL		4,836,319		4,836,319
2.00 INPATIENT - GENERAL CARE		6,773,804		6,773,804
3.00 INPATIENT - RESPITE CARE		39,660		39,660
4.00 PHYSICIAN SERVICES		9,207		9,207
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		4,196		4,196
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER		251,617		251,617
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		539,963		539,963
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		131,492		131,492
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS			-114,359	-114,359
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		12,497,666	-114,359	12,383,307
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE	4,284,069	11,057,873
3.00 INPATIENT - RESPITE CARE	25,415	65,075
4.00 PHYSICIAN SERVICES	5,900	15,107
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY	2,689	6,885
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00 OTHER	161,243	412,860
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	346,023	885,986
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER -- SPECIFY		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES	84,264	215,756
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00 OTHER		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS	-73,284	-187,643
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		12,383,307
30.00 UNIT COST MULTIPLIER	.640828	

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

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAPITAL-STRESS (STRESS SQ FT)
	1	2	3	3.01
1.00 ADMINISTRATIVE AND GENERAL			22,138	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			22,138	
30.00 TOTAL COST TO BE ALLOCATED			302,706	
31.00 UNIT COST MULTIPLIER	.000000	.000000	13.673593	.000000

HOSPICE COST CENTER	NEW CAPITAL-MARTEN HOUSE (MARTEN SQ. FT.)	NEW CAPITAL-WOMEN'S BLDG (WOMEN'S SQ. FT.)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	3.02	3.03	4	5
1.00 ADMINISTRATIVE AND GENERAL			116,049	5,078,929
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			116,049	5,078,929
30.00 TOTAL COST TO BE ALLOCATED			158,069	1,375,643
31.00 UNIT COST MULTIPLIER	.000000	.000000	1.362088	.270853

HOSPICE 1

HOSPICE COST CENTER	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING
	(PHONE LINES)	(NODES)	(COSTED REQUISITIONS)	(PATIENT DAYS)
	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL	63	65	740,212	6,337
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	63	65	740,212	6,337
30.00 TOTAL COST TO BE ALLOCATED	39,895	364,114	18,431	134,928
31.00 UNIT COST MULTIPLIER	633.253968	5601.753846	.024900	21.292094

HOSPICE COST CENTER	CASHIERING/ACCO UNTS RECEIVABLE	OP REGISTRATION	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL
	(PATIENT REVENUE)	(OP REVENUE)		(ACCUMULATED COST)
	6.05	6.06	6A.07	6.07
1.00 ADMINISTRATIVE AND GENERAL	22,901,899	17,053,798	-88,592	2,543,025
2.00 INPATIENT - GENERAL CARE				6,256,088
3.00 INPATIENT - RESPITE CARE				36,629
4.00 PHYSICIAN SERVICES				8,503
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				3,875
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				232,386
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				498,694
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				121,442
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	22,901,899	17,053,798	-88,592	9,700,642
30.00 TOTAL COST TO BE ALLOCATED	124,747	113,084		802,767
31.00 UNIT COST MULTIPLIER	.005447	.006631		.082754

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

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(SQUARE FEET)	(LBS)	(SQUARE FOOTAGE)	(MEALS SERVED)
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	22,138		22,138	18,285
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	22,138		22,138	18,285
30.00 TOTAL COST TO BE ALLOCATED	525,206		188,470	192,723
31.00 UNIT COST MULTIPLIER	23.724185	.000000	8.513416	10.539951

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(EMPLOYEE HOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		87,369	121,442	497,492
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		87,369	121,442	497,492
30.00 TOTAL COST TO BE ALLOCATED		393,458	12,202	636,275
31.00 UNIT COST MULTIPLIER	.000000	4.503405	.100476	1.278965

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

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRINGES & APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS & APPRVD (ASSIGNED TIME)
	17	18	22	23
1.00 ADMINISTRATIVE AND GENERAL			10	10
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			10	10
30.00 TOTAL COST TO BE ALLOCATED			60,418	53,941
31.00 UNIT COST MULTIPLIER	.000000	.000000	6041.800000	5394.100000

HOSPICE COST CENTER	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-CPE (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-RADIOLOGY (ASSIGNED TIME)
	24	24.01	24.02	24.03
1.00 ADMINISTRATIVE AND GENERAL		133		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		133		
30.00 TOTAL COST TO BE ALLOCATED		20,156		
31.00 UNIT COST MULTIPLIER	.000000	151.548872	.000000	.000000

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

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.412863	
1.01	CARDIAC REHAB	50.01	1.632018	
1.02	SPORTS MEDICINE	50.02	5.181884	
2	OCCUPATIONAL THERAPY	51	.261480	
3	SPEECH PATHOLOGY	52	.459634	
4	DRUGS CHARGED TO PATIENTS	56	.205366	
5	DURABLE MEDICAL EQUIP-SOLD	67		
5.01	FAMILY PRACTICE	67.01	.300041	
5.02	GERIATRIC CLINIC	67.02	.437416	
6	LABORATORY	44	.213084	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.264292	
8	EMERGENCY	61	.306414	
8.01	PATIENT SERVICES	61.01	.963879	
8.03	LAFAYETTE RD CLINIC	61.03	.657592	
8.04	ZIONSVILLE CLINIC	61.04	.286441	
8.05	BROWNSBURG CLINIC	61.05		
8.07	WOUND CENTER	61.07	.315438	
9	RADIOLOGY-DIAGNOSTIC	41	.207206	
9.01	CARDIAC CATHETERIZATION LABORATORY	41.01	.221473	
9.02	ULTRA SOUND	41.02	.158642	
9.03	SATELLITE CATH LABS	41.03		
9.04	EP LAB	41.04	.306710	
9.05	CATH HOLDING	41.05	.368483	
9.06	ECHOCARDIOGRAPHY	41.06	.090449	
10	ENDOSCOPY	59	.304569	
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				12,570,950
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				48,139
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				261.14
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	36,444			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	9,516,986			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST		357		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)		93,227		
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			11,338	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			2,960,805	

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

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0084 I FROM 7/ 1/2006 I WORKSHEET L  
 I COMPONENT NO: I TO 6/30/2007 I PARTS I-IV  
 I 15-0084 I FULLY PROSPECTIVE METHOD I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	8,960,871
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	335,958
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	441.45
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	92.13
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	6.07
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	543,925
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.46
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	21.34
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	24.80
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.15
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	461,485
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	10,302,239

PART II - HOLD HARMLESS METHOD

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

PART III - PAYMENT UNDER REASONABLE COST

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

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

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