

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 reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 7:59 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2015 Time: 7:59 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA UNIVERSITY HEALTH (150056) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	3,232,892	80,858	161,376	0	1.00
2.00 Subprovider - IPF	0	-22,846	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		-16		0	11.00
200.00 Total	0	3,210,046	80,842	161,376	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:45 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 46202		4.00 County: MARI ON				
1.00 Street: 340 W 10TH ST		2.00 State: IN		3.00 Zip Code: 46202		4.00 County: MARI ON				
2.00 City: INDIANAPOLIS		3.00 State: IN		4.00 Zip Code: 46202		5.00 County: MARI ON				
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	CLARIAN BEHAVIORAL CARE CTR.	155056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CLARIAN HOME CARE-INDIANAPOLIS	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	YELLOW ROSE UNIT	151511	26900		07/01/1966				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC	HEALTHNET BARRINGTON	151804	26900		07/01/1966	N	O	N	16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	CLARIAN DIALYSIS	153510	26900		01/01/1997				18.00
18.01		CLARIAN	153515	26900		04/26/2002				18.01
18.02		CLARIAN HEALTH PARTNERS	153521	26900		01/30/2009				18.02
18.03		METHODIST DIALYSIS	153522	26900		04/09/2007				18.03
18.04										18.04
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	35,248	11,285	0	1,773	64,743	1,183		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:45 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.					0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
		V		XVIII		XIX			
		1.00		2.00		3.00			
		Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N		IME		Direct GME			
		1.00		2.00		3.00		4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y					22.00	22.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		176.12		175.75				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		170.47		166.00				61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		225.33	222.62		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		229.60	225.39		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		4.27	2.77		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			12.21	424.72	0.027945
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-2
Part I
Date/Time Prepared:
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	4.91	24.93	0.164544	65.00
65.01		INTERNAL MEDICINE GENERAL	1400	0.99	50.83	0.019105	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408	0.30	0.95	0.240000	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.73	28.56	0.057115	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750	0.30	25.95	0.011429	65.04
65.05		PEDIATRICS GENERAL	2000	1.24	62.64	0.019411	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800	0.00	0.00	0.000000	65.06
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			20.39	468.27	0.041726	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	5.40	30.65	0.149792	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.40	43.55	0.009101	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.00	0.86	0.000000	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.75	28.00	0.058824	67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	2.12	20.45	0.093930	67.04

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Program Name		Program Code		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital		Ratio (col. 3 / (col. 3 + col. 4))			
1.00		2.00		3.00		4.00		5.00			
67.05	PEDIATRICS GENERAL	2000		2.69		58.27		0.044127	67.05		
67.06				0.00		0.00		0.000000	67.06		
								1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS											
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						Y			70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)						Y	N	0	71.00	
Inpatient Rehabilitation Facility PPS											
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.						N			75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)								0	76.00	
								1.00			
Long Term Care Hospital PPS											
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.							N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.							N		81.00	
TEFRA Providers											
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.							N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.									86.00	
								V	XIX		
								1.00	2.00		
Title V and XIX Services											
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.						N		Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.						N		N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.								N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.						N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.						N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.							0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.						N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.							0.00		0.00	97.00
Rural Providers											
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?						N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)						N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.						N			108.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:45 pm		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N		110.00	
		1.00	2.00	3.00				
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00	2.00	3.00				
118.01	List amounts of malpractice premiums and paid losses:	4,808,946		0		0		118.01
		1.00		2.00				
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				10/17/1996			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				10/17/1996			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				03/11/1993			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				02/02/1995			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				07/01/1999			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				06/07/2005			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		15H059	140.00
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101				141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:						142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202				143.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 1:45 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/07/2015	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 1:45 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/07/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER - COST RPTG & REV REALIZ.	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	962	351,145	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		962	351,145	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,090	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	52	18,980	0.00	0	9.00
9.01 NEONATAL INTENSIVE CARE UNIT	32.01	44	16,060	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.02 UH SURG 6IC	34.02	18	6,570	0.00	0	11.02
11.03 UH NS 3IC	34.03	0	0	0.00	0	11.03
11.04 RH PED IC	34.04	42	15,330	0.00	0	11.04
11.05 TRANSPLANT ICU	34.05	8	2,920	0.00	0	11.05
11.06 PEDS CANCER CARE	34.06	11	4,015	0.00	0	11.06
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		1,213	442,760	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	5	1,825			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		1,246				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		20	7,300			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	74,054	24,005	247,345			1.00
2.00 HMO and other (see instructions)	24,367	77,801				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	74,054	24,005	247,345			7.00
8.00 INTENSIVE CARE UNIT	6,697	2,158	19,112			8.00
9.00 CORONARY CARE UNIT	4,935	1,401	14,365			9.00
9.01 NEONATAL INTENSIVE CARE UNIT	0	1,524	9,059			9.01
10.00 BURN INTENSIVE CARE UNIT	4	234	2,231			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.02 UH SURG 6IC	1,562	259	3,920			11.02
11.03 UH NS 3IC	0	0	0			11.03
11.04 RH PED IC	44	1,341	7,587			11.04
11.05 TRANSPLANT ICU	949	124	3,036			11.05
11.06 PEDS CANCER CARE	86	427	2,471			11.06
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,775	6,030			13.00
14.00 Total (see instructions)	88,331	35,248	315,156	553.16	7,673.64	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,783	1,348	6,482	0.84	44.26	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	26,030	8,278	62,112	0.00	248.15	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	641	78	1,221	0.00	59.25	24.00
24.10 HOSPICE (non-distinct part)	0	0	724			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	1,668	0	22,881	0.58	51.76	26.25
27.00 Total (sum of lines 14-26)				554.58	8,077.06	27.00
28.00 Observation Bed Days		1,896	15,760			28.00
29.00 Ambulance Trips	1,891					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,183	4,565			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	14,183	3,969	48,746	1.00
2.00 HMO and other (see instructions)				3,846	9,811		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
9.01 NEONATAL INTENSIVE CARE UNIT							9.01
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.02 UH SURG 6IC							11.02
11.03 UH NS 3IC							11.03
11.04 RH PED IC							11.04
11.05 TRANSPLANT ICU							11.05
11.06 PEDS CANCER CARE							11.06
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		14,183	3,969	48,746	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		184	181	921	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	550,886,623	6,120	550,892,743	18,034,430.67	30.55
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		151,681	0	151,681	800.00	189.60
4.01	Physicians - Part A - Teaching		16,758,664	0	16,758,664	88,466.15	189.44
5.00	Physician-Part B		2,062,213	0	2,062,213	135,186.32	15.25
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	31,115,807	0	31,115,807	1,162,770.70	26.76
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		60,176,120	1,468,083	61,644,203	2,004,825.87	30.75
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,581,755	0	3,581,755	76,676.23	46.71
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		4,414,979	0	4,414,979	28,148.04	156.85
14.00	Home office salaries & wage-related costs		177,821,013	0	177,821,013	4,847,380.00	36.68
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		114,090,206	0	114,090,206		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		15,628,982	0	15,628,982		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		11,927	0	11,927		
22.01	Physician Part A - Teaching		1,705,959	0	1,705,959		
23.00	Physician Part B		1,032,918	0	1,032,918		
24.00	Wage-related costs (RHC/FQHC)		8,793,447	0	8,793,447		
25.00	Interns & residents (in an approved program)		8,825,252	0	8,825,252		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	196,470	0	196,470	3,159.35	62.19
27.00	Administrative & General	5.00	13,171,053	-526	13,170,527	425,086.75	30.98
28.00	Administrative & General under contract (see inst.)		4,154,334	0	4,154,334	28,461.40	145.96
29.00	Maintenance & Repairs	6.00	442,117	0	442,117	15,420.95	28.67
30.00	Operation of Plant	7.00	-5,146	5,146	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	302,412	0	302,412	22,179.16	13.63
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	5,730,004	-29,500	5,700,504	294,688.25	19.34
35.00	Dietary under contract (see instructions)		2,777	0	2,777	39.55	70.21
36.00	Cafeteria	11.00	128,139	0	128,139	8,004.08	16.01
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	15,089,435	0	15,089,435	447,051.20	33.75
39.00	Central Services and Supply	14.00	2,483,692	0	2,483,692	129,972.26	19.11
40.00	Pharmacy	15.00	26,977,392	-597,092	26,380,300	635,408.85	41.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00 239,821	0	239,821	6,240.00	38.43	41.00
42.00	Soci al Servi ce	17.00 3,164,324	-6,649	3,157,675	116,689.57	27.06	42.00
43.00	Other General Servi ce	18.00 1,660,658	0	1,660,658	102,639.31	16.18	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2015 1:45 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	505,107,050	6,120	505,113,170	16,676,508.45	30.29	1.00
2.00	Excluded area salaries (see instructions)	60,176,120	1,468,083	61,644,203	2,004,825.87	30.75	2.00
3.00	Subtotal salaries (line 1 minus line 2)	444,930,930	-1,461,963	443,468,967	14,671,682.58	30.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	185,817,747	0	185,817,747	4,952,204.27	37.52	4.00
5.00	Subtotal wage-related costs (see inst.)	114,102,133	0	114,102,133	0.00	25.73	5.00
6.00	Total (sum of lines 3 thru 5)	744,850,810	-1,461,963	743,388,847	19,623,886.85	37.88	6.00
7.00	Total overhead cost (see instructions)	73,737,482	-628,621	73,108,861	2,235,040.68	32.71	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 1:45 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,610,109	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		101,715,734	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		2,198,189	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		87,190	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		68,809	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		30,826	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		38,145,505	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		-3,786,968	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		1,194,045	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		141,263,439	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part V
Date/Time Prepared:
5/26/2015 1:45 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150056 Component CCN: 157158		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/26/2015 1:45 pm		
				Home Health Agency I		PPS		
				1.00				
0.00	County	MARI ON				0.00		
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	8,727	3,081	1,448	13,256	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,662.00	0.00	0.00	0.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				2.00	0.00	2.00	4.00
5.00	Other Administrative Personnel				78.61	0.00	78.61	5.00
6.00	Direct Nursing Service				60.75	0.00	60.75	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				16.33	0.00	16.33	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				3.58	0.00	3.58	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.62	0.00	0.62	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				1.89	0.00	1.89	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				6.37	0.00	6.37	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	INFUSION AND RT				78.04	0.00	78.04	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				8			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	11300						20.00
20.01		23844						20.01
20.02		26900						20.02
20.03		29020						20.03
20.04		29140						20.04
20.05		34620						20.05
20.06		50032						20.06
20.07		99915						20.07
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	11,355	587	869	317	13,128	21.00	
22.00	Skilled Nursing Visit Charges	2,160,661	120,314	132,339	58,060	2,471,374	22.00	
23.00	Physical Therapy Visits	7,133	50	280	164	7,627	23.00	
24.00	Physical Therapy Visit Charges	1,775,953	12,875	51,581	41,130	1,881,539	24.00	
25.00	Occupational Therapy Visits	1,333	23	8	50	1,414	25.00	
26.00	Occupational Therapy Visit Charges	344,105	6,285	1,925	12,990	365,305	26.00	
27.00	Speech Pathology Visits	270	2	10	3	285	27.00	
28.00	Speech Pathology Visit Charges	69,115	550	2,040	825	72,530	28.00	
29.00	Medical Social Service Visits	275	28	11	17	331	29.00	
30.00	Medical Social Service Visit Charges	70,800	7,300	2,395	4,080	84,575	30.00	
31.00	Home Health Aide Visits	2,935	208	8	94	3,245	31.00	
32.00	Home Health Aide Visit Charges	328,111	22,967	896	10,626	362,600	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	23,301	898	1,186	645	26,030	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,748,745	170,291	191,176	127,711	5,237,923	35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,539		340	49	1,928	36.00	
37.00	Total Number of Outlier Episodes		20		1	21	37.00	
38.00	Total Non-Routine Medical Supply Charges	5	0	0	0	5	38.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-5

Date/Time Prepared:
5/26/2015 1:45 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	0	206	0	0	0	135	1.00	
2.00	Number of times per week patient receives dialysis	3.00	3.00	5.00	7.00	6.00	7.00	2.00	
3.00	Average patient dialysis time including setup	5.00	5.00	5.00	3.00			3.00	
4.00	CAPD exchanges per day				4.00		4.00	4.00	
5.00	Number of days in year dialysis furnished	312	312					5.00	
6.00	Number of stations	0	59	0	0			6.00	
7.00	Treatment capacity per day per station	0	3					7.00	
8.00	Utilization (see instructions)	0.00	0.80					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						51		11.00
12.00	Number of patients transplanted during the cost reporting period						23		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						N	Y	21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	0	0	0	0	0	0	22.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2014 To 12/31/2014	Worksheet S-8 Date/Time Prepared: 5/26/2015 1:45 pm	
			FQHC I	Cost	
			1.00		
1.00	Clinic Address and Identification Street		3401 EAST RAYMOND STREET		1.00
		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County		INDIANAPOLIS IN 46203		2.00
			1.00		
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				2 3.00
			Grant Award	Date	
			1.00	2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)		0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)		0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)		0		6.00
7.00	Appalachian Regional Commission		0		7.00
8.00	Look-Alikes		0		8.00
9.00	OTHER (SPECIFY)		0		9.00
9.01			0		9.01
9.02			0		9.02
9.03			0		9.03
9.04			0		9.04
9.05			0		9.05
9.06			0		9.06
9.07			0		9.07
9.08			0		9.08
9.09			0		9.09
9.10			0		9.10
			1.00		2.00
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		Y		1 10.00
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday			
		from			
		1.00		5.00	
11.00	Facility hours of operations (1) Clinic		08:00 20:00		08:00 11.00
			1.00		2.00
12.00	Have you received an approval for an exception to the productivity standard?		N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N		0 13.00
			Provider name		CCN number
			1.00		2.00
14.00	Provider name, CCN number				14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
		Total Visits		5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)		N		0 15.00

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

Provider CCN: 150056
Component CCN: 151804

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-8
Date/Time Prepared:
5/26/2015 1:45 pm

		County			FQHC I		Cost
		4.00					
2.00	City, State, Zip Code, County	MARI ON					2.00
		Tuesday		Wednesday		Thursday	
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
Facility hours of operations (1)							
11.00	Clinic	20:00	08:00	17:00	09:00	17:00	11.00
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
Facility hours of operations (1)							
11.00	Clinic	08:00	17:00				11.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150056
Component CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/26/2015 1:45 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	33,214	2,602	3,682	256	5,734	41,550	2.00
3.00	Inpatient Respite Care	271	7	15	0	60	338	3.00
4.00	General Inpatient Care	656	71	0	0	156	883	4.00
5.00	Total Hospice Days	34,141	2,680	3,697	256	5,950	42,771	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	722	70	89	4	205	997	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	47.29	38.29	41.54	64.00	29.02	42.90	8.00
9.00	Unduplicated Census Count	722	70	89	4	205	997	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 1:45 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.229093		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		323,565,726		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		1,474,944,328		6.00
7.00	Medicaid cost (line 1 times line 6)		337,899,421		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		14,333,695		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		8,586,004		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		55,081,228		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		12,618,724		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		4,032,720		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		18,366,415		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	378,095,116	72,946,689	451,041,805	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	86,618,944	16,711,576	103,330,520	21.00
22.00	Partial payment by patients approved for charity care	75,488	495,586	571,074	22.00
23.00	Cost of charity care (line 21 minus line 22)	86,543,456	16,215,990	102,759,446	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			74,893,586	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,537,477	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			73,356,109	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			16,805,371	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			119,564,817	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			137,931,232	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	8,731,825	8,731,825	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	42,834,960	42,834,960	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	196,470	-3,587,640	-3,391,170	101,556,428	98,165,258	4.00
5.01	00540	NONPATIENT TELEPHONES	0	64,399	64,399	112,881	177,280	5.01
5.02	00550	DATA PROCESSING	36,881	-36,581	300	-27	273	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	53,439	431,616	485,055	-330,960	154,095	5.03
5.04	00570	ADMINISTRATIVE	0	55,363	55,363	-212	55,151	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	13,080,733	331,100,621	344,181,354	-17,650,422	326,530,932	5.06
6.00	00600	MAINTENANCE & REPAIRS	442,117	2,312,554	2,754,671	-106,461	2,648,210	6.00
7.00	00700	OPERATION OF PLANT	-5,146	1,109,487	1,104,341	-915	1,103,426	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	90,114	90,114	-88,433	1,681	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	302,412	254,741	557,153	-100,256	456,897	9.03
10.00	01000	DIETARY	5,730,004	5,443,791	11,173,795	-1,598,244	9,575,551	10.00
11.00	01100	CAFETERIA	128,139	294,991	423,130	-48,737	374,393	11.00
13.00	01300	NURSING ADMINISTRATION	15,089,435	6,863,700	21,953,135	-4,547,262	17,405,873	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,483,692	6,447,533	8,931,225	83,158,711	92,089,936	14.00
15.00	01500	PHARMACY	26,977,392	75,693,584	102,670,976	-65,341,690	37,329,286	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	239,821	1,141,653	1,381,474	-37,609	1,343,865	16.00
17.00	01700	SOCIAL SERVICE	3,164,324	2,351,166	5,515,490	-680,312	4,835,178	17.00
18.00	01850	PATIENT TRANSPORTATION	1,660,658	762,684	2,423,342	-614,137	1,809,205	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,115,807	11,705,945	42,821,752	0	42,821,752	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	439,192	4,351,687	4,790,879	-85,149	4,705,730	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED HEALTH SCIENCES	159,068	118,282	277,350	-46,706	230,644	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	310,019	89,792	399,811	560,041	959,852	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	361,532	172,791	534,323	-83,874	450,449	23.03
23.04	02304	PARAMED EMERGENCY	134,367	31,436	165,803	-20,160	145,643	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	617,557	256,116	873,673	-164,998	708,675	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	227,128	55,084	282,212	113,645	395,857	23.06
23.07	02307	PARAMED PHARMACY	585,972	213,873	799,845	504,853	1,304,698	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	6	6	-16	-10	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	140,944	46,858	187,802	103,029	290,831	23.09
23.10	02310	PARAMED PHARMACY TECH	193,349	66,143	259,492	-23,945	235,547	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,775,767	54,275,643	171,051,410	-47,412,529	123,638,881	30.00
31.00	03100	INTENSIVE CARE UNIT	12,387,592	5,799,044	18,186,636	-4,571,963	13,614,673	31.00
32.00	03200	CORONARY CARE UNIT	10,787,865	5,391,999	16,179,864	-4,310,558	11,869,306	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	4,136,208	1,547,454	5,683,662	-1,173,907	4,509,755	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,373,592	543,759	1,917,351	-377,123	1,540,228	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	2,578,601	1,430,208	4,008,809	-1,166,121	2,842,688	34.02
34.03	03402	UH NS 31C	0	-86	-86	86	0	34.03
34.04	03403	RH PEDIC	6,539,235	4,831,609	11,370,844	-2,518,677	8,852,167	34.04
34.05	03404	TRANSPLANT ICU	1,797,897	987,907	2,785,804	-796,717	1,989,087	34.05
34.06	03407	PEDS CANCER CARE	1,290,700	789,922	2,080,622	-573,497	1,507,125	34.06
40.00	04000	SUBPROVIDER - IPF	3,016,921	1,488,086	4,505,007	-542,180	3,962,827	40.00
43.00	04300	NURSERY	0	3,423	3,423	2,109,967	2,113,390	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,639,335	108,987,808	139,627,143	-102,133,073	37,494,070	50.00
50.01	05001	ENDOSCOPY	1,023,191	1,309,548	2,332,739	-1,084,224	1,248,515	50.01
51.00	05100	RECOVERY ROOM	5,924,021	2,530,907	8,454,928	-1,844,327	6,610,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,233,588	6,233,588	52.00
53.00	05300	ANESTHESIOLOGY	1,164,681	13,931,873	15,096,554	-4,798,646	10,297,908	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,396,817	1,214,173	3,610,990	-980,294	2,630,696	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,267,333	33,054,549	59,321,882	-22,841,988	36,479,894	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,936,012	3,795,569	7,731,581	-2,069,584	5,661,997	55.00
56.00	05600	RADIOISOTOPE	863,383	4,554,505	5,417,888	-4,384,102	1,033,786	56.00
59.00	05900	CARDIAC CATHETERIZATION	779,802	3,556,850	4,336,652	-3,472,716	863,936	59.00
60.00	06000	LABORATORY	37,116,702	152,527,970	189,644,672	-52,587,462	137,057,210	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	868,037	2,935,279	3,803,316	-1,243,450	2,559,866	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	32	32	0	32	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,996,026	1,856,466	4,852,492	10,867,072	15,719,564	63.00
65.00	06500	RESPIRATORY THERAPY	17,053,520	9,118,592	26,172,112	-7,737,797	18,434,315	65.00
66.00	06600	PHYSICAL THERAPY	11,133,608	4,551,294	15,684,902	-2,751,533	12,933,369	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,358,775	814,657	3,173,432	-626,788	2,546,644	67.00
68.00	06800	SPEECH PATHOLOGY	2,831,927	2,153,885	4,985,812	-1,887,067	3,098,745	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/26/2015 1:45 pm			
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	2,980,891	3,006,155	5,987,046	-959,518	5,027,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,507,781	2,172,328	5,680,109	-1,203,308	4,476,801	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	127,386	199,310	326,696	32,319,847	32,646,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	65,677,761	65,677,761	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	127,144,662	127,144,662	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	6,216,734	42,746,228	48,962,962	-1,210,770	47,752,192	73.03
74.00	07400	RENAL DIALYSIS	5,603,943	6,063,207	11,667,150	-4,848,404	6,818,746	74.00
76.00	03020	RH NBN ECMO IC	845,232	303,711	1,148,943	-238,741	910,202	76.00
76.01	03140	CARDIOLOGY	588,281	8,104,202	8,692,483	-6,152,253	2,540,230	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	180,299	1,881,751	2,062,050	-48,948	2,013,102	76.02
76.03	03950	CARDIAC CATH	4,528,033	10,597,312	15,125,345	-6,796,551	8,328,794	76.03
76.04	03951	DAY SURGERY	2,630,172	1,437,547	4,067,719	-1,150,573	2,917,146	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	535,898	74,020	609,918	-34,617	575,301	76.08
76.97	07697	CARDIAC REHABILITATION	190,687	221,703	412,390	-45,321	367,069	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	2,931,567	1,045,947	3,977,514	-477,067	3,500,447	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,844,734	1,021,905	2,866,639	-871,786	1,994,853	90.01
90.02	09002	IUSCC HEM/ONC	22,327,535	64,312,193	86,639,728	-54,964,574	31,675,154	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	230,779	843,927	1,074,706	-742,613	332,093	90.03
90.04	09004	AMB SVC-PSYCH ADULT	391,634	117,221	508,855	-77,202	431,653	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	1,945,064	715,952	2,661,016	-532,157	2,128,859	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,164,170	2,250,162	6,414,332	-2,177,508	4,236,824	90.07
90.08	09008	MOTILITY LAB	125,475	106,498	231,973	-97,618	134,355	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,616	22,938	27,554	-2,758	24,796	90.10
90.11	09023	SLEEP LAB	2,192,384	1,772,844	3,965,228	-547,453	3,417,775	90.11
90.12	09024	OP CARE ADULTS	220,898	74,540	295,438	-48,186	247,252	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	144,653	6,310,907	6,455,560	-6,229,715	225,845	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	676,424	422,695	1,099,119	-357,964	741,155	90.17
90.18	09016	DERMATOLOGY CLINIC	474,284	335,148	809,432	-267,332	542,100	90.18
90.19	09017	INFUSION/HEM/ONC	494,558	565,855	1,060,413	-184,973	875,440	90.19
90.20	09025	IUMG - MH	273,751	116,724	390,475	-81,358	309,117	90.20
90.21	09019	OP REHAB CLINIC	136,622	448,064	584,686	-414,598	170,088	90.21
90.22	09020	EATING DISORDERS CLINIC	876,141	840,906	1,717,047	-212,681	1,504,366	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	625,910	363,017	988,927	-208,914	780,013	90.23
90.24	09021	LIFE CARE CLINIC	1,057,934	644,966	1,702,900	-405,591	1,297,309	90.24
91.00	09100	EMERGENCY	15,480,036	14,671,309	30,151,345	-6,406,880	23,744,465	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	691,194	3,128,845	3,820,039	-2,780,433	1,039,606	94.00
95.00	09500	AMBULANCE SERVICES	8,887,409	17,213,807	26,101,216	-4,254,571	21,846,645	95.00
101.00	10100	HOME HEALTH AGENCY	15,978,572	23,436,140	39,414,712	-3,344,873	36,069,839	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,419,072	9,538,671	13,957,743	-3,762,789	10,194,954	105.00
106.00	10600	HEART ACQUISITION	532,287	1,508,119	2,040,406	-312,099	1,728,307	106.00
107.00	10700	LIVER ACQUISITION	1,174,857	8,477,890	9,652,747	-649,256	9,003,491	107.00
108.00	10800	LUNG ACQUISITION	713,337	3,976,709	4,690,046	-485,166	4,204,880	108.00
109.00	10900	PANCREAS ACQUISITION	315,958	2,944,622	3,260,580	-158,396	3,102,184	109.00
110.00	11000	INTESTINE ACQUISITION	206,840	1,178,395	1,385,235	-66,590	1,318,645	110.00
112.00	08600	OTHER ORGAN ACQUISITION	170,876	39,962	210,838	-24,557	186,281	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	3,091,223	3,091,223	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,506,658	3,549,604	7,056,262	-764,248	6,292,014	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	533,054,420	1,120,688,670	1,653,743,090	5,062,821	1,658,805,911	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-974	16,199	15,225	-2,081	13,144	190.00
191.00	19100	RESEARCH	3,069,732	1,250,642	4,320,374	-517,435	3,802,939	191.00
191.01	19101	RESEARCH-GCRC	0	83,293	83,293	0	83,293	191.01
191.02	19102	OSA	2,103,033	5,950,185	8,053,218	-381,249	7,671,969	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	283,796	3,539,827	3,823,623	-71,319	3,752,304	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	6,036,359	20,507,875	26,544,234	-1,736,748	24,807,486	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	974,426	23,990,456	24,964,882	-675,142	24,289,740	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	231,745	231,745	0	231,745	192.03
192.04	19204	MHH RADIOLOGY	103,776	29,552	133,328	-17,783	115,545	192.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.06	19206	BELTWAY SURGERY	195	7,648	7,843	-12	7,831	192.06
192.07	19207	RHI	153,686	137,859	291,545	-43,389	248,156	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	4,297,787	18,670,149	22,967,936	-1,429,377	21,538,559	192.08
192.09	19209	ARTHRITIS CLINIC - NR	35,882	1,496,387	1,532,269	-3,378	1,528,891	192.09
192.10	19212	CARDIO PHYSICIANS	774,505	1,194,400	1,968,905	-184,908	1,783,997	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		TOTAL (SUM OF LINES 118-199)	550,886,623	1,197,794,887	1,748,681,510	0	1,748,681,510	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	48,733,807	57,465,632	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	26,168,810	69,003,770	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,802,423	104,967,681	4.00
5.01	00540	NONPATIENT TELEPHONES	-112,881	64,399	5.01
5.02	00550	DATA PROCESSING	66,840,979	66,841,252	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	10,798,839	10,952,934	5.03
5.04	00570	ADMINISTRATIVE	13,034,905	13,090,056	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	56,084,796	56,084,796	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-243,703,154	82,827,778	5.06
6.00	00600	MAINTENANCE & REPAIRS	16,264,222	18,912,432	6.00
7.00	00700	OPERATION OF PLANT	67,010,230	68,113,656	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,681	8.00
9.00	00900	HOUSEKEEPING	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,044,613	3,044,613	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,184,697	3,184,697	9.02
9.03	00903	HOUSEKEEPING - METHODIST	4,580,921	5,037,818	9.03
10.00	01000	DIETARY	-205,655	9,369,896	10.00
11.00	01100	CAFETERIA	2,097,696	2,472,089	11.00
13.00	01300	NURSING ADMINISTRATION	3,238,228	20,644,101	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-44,649	92,045,287	14.00
15.00	01500	PHARMACY	-1,460,499	35,868,787	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,320,575	13,664,440	16.00
17.00	01700	SOCIAL SERVICE	-215,751	4,619,427	17.00
18.00	01850	PATIENT TRANSPORTATION	0	1,809,205	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-6,402,311	36,419,441	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,988,548	1,717,182	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	-49,662	180,982	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	-149,193	810,659	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	-450,449	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	-120	145,523	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	-15,450	693,225	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	-97,760	298,097	23.06
23.07	02307	PARAMEDICAL PHARMACY	0	1,304,698	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSISTANT	0	-10	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	-78,111	212,720	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	-14,333	221,214	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,264,741	121,374,140	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,614,673	31.00
32.00	03200	CORONARY CARE UNIT	0	11,869,306	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-39,438	4,470,317	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-8,750	1,531,478	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	03401	UH SURGIC	0	2,842,688	34.02
34.03	03402	UH NSIC	0	0	34.03
34.04	03403	RHPEDIC	-1,553,249	7,298,918	34.04
34.05	03404	TRANSPLANT ICU	0	1,989,087	34.05
34.06	03407	PEDS CANCER CARE	-12,500	1,494,625	34.06
40.00	04000	SUBPROVIDER - I/PF	-677,978	3,284,849	40.00
43.00	04300	NURSERY	0	2,113,390	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-567,476	36,926,594	50.00
50.01	05001	ENDOSCOPY	0	1,248,515	50.01
51.00	05100	RECOVERY ROOM	0	6,610,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,233,588	52.00
53.00	05300	ANESTHESIOLOGY	-8,966,212	1,331,696	53.00
53.01	05301	PULMONARY FUNCTION TESTING	-11,030	2,619,666	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-931,740	35,548,154	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-842,191	4,819,806	55.00
56.00	05600	RADIOISOTOPE	0	1,033,786	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	863,936	59.00
60.00	06000	LABORATORY	-110,886,481	26,170,729	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-296,578	2,263,288	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	32	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-2,390,435	13,329,129	63.00
65.00	06500	RESPIRATORY THERAPY	0	18,434,315	65.00
66.00	06600	PHYSICAL THERAPY	-105,405	12,827,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,452	2,545,192	67.00
68.00	06800	SPEECH PATHOLOGY	-35,228	3,063,517	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,397,898	2,629,630	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-344,542	4,132,259	70.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,646,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	65,677,761	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	127,144,662	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-2,560,850	45,191,342	73.03
74.00	07400	RENAL DIALYSIS	0	6,818,746	74.00
76.00	03020	RH NBN ECMO IC	0	910,202	76.00
76.01	03140	CARDIOLOGY	-397,750	2,142,480	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,800,229	212,873	76.02
76.03	03950	CARDIAC CATH	-2,139,311	6,189,483	76.03
76.04	03951	DAY SURGERY	0	2,917,146	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	575,301	76.08
76.97	07697	CARDIAC REHABILITATION	0	367,069	76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	149,410	3,649,857	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	-28,140	1,966,713	90.01
90.02	09002	IUSCC HEM/ONC	-762,685	30,912,469	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	332,093	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	431,653	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	-40,000	2,088,859	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	-2,997,600	1,239,224	90.07
90.08	09008	MOTILITY LAB	-31,999	102,356	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	-995	23,801	90.10
90.11	09023	SLEEP LAB	-949,188	2,468,587	90.11
90.12	09024	OP CARE ADULTS	0	247,252	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	225,845	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	741,155	90.17
90.18	09016	DERMATOLOGY CLINIC	-33,368	508,732	90.18
90.19	09017	INFUSION/HEM/ONC	0	875,440	90.19
90.20	09025	IUMG - MH	0	309,117	90.20
90.21	09019	OP REHAB CLINIC	0	170,088	90.21
90.22	09020	EATING DISORDERS CLINIC	-291,153	1,213,213	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	-100,000	680,013	90.23
90.24	09021	LIFE CARE CLINIC	-177,125	1,120,184	90.24
91.00	09100	EMERGENCY	-6,337,168	17,407,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	1,039,606	94.00
95.00	09500	AMBULANCE SERVICES	-16,464	21,830,181	95.00
101.00	10100	HOME HEALTH AGENCY	-1,962,388	34,107,451	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-369,370	9,825,584	105.00
106.00	10600	HEART ACQUISITION	-22,917	1,705,390	106.00
107.00	10700	LIVER ACQUISITION	-1,481,732	7,521,759	107.00
108.00	10800	LUNG ACQUISITION	0	4,204,880	108.00
109.00	10900	PANCREAS ACQUISITION	0	3,102,184	109.00
110.00	11000	INTESTINE ACQUISITION	0	1,318,645	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	186,281	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	3,091,223	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-282,501	6,009,513	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-70,749,632	1,588,056,279	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,144	190.00
191.00	19100	RESEARCH	0	3,802,939	191.00
191.01	19101	RESEARCH-GCRC	0	83,293	191.01
191.02	19102	OSA	1	7,671,970	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,752,304	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	77,057	24,884,543	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	24,289,740	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	231,745	192.03
192.04	19204	MHH RADIOLOGY	0	115,545	192.04
192.06	19206	BELTWAY SURGERY	0	7,831	192.06
192.07	19207	RHI	0	248,156	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	-128,998	21,409,561	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	1,528,891	192.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.10	19212	CARDIO PHYSICIANS	0	1,783,997	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
200.00		TOTAL (SUM OF LINES 118-199)	-70,801,572	1,677,879,938	200.00

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
5/26/2015 1:45 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	101,556,713	1.00
2.00	OPERATION OF PLANT	7.00	0	726	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
90.00		0.00	0	0		90.00
91.00		0.00	0	0		91.00
92.00		0.00	0	0		92.00
93.00		0.00	0	0		93.00
94.00		0.00	0	0		94.00
95.00		0.00	0	0		95.00
96.00		0.00	0	0		96.00
97.00		0.00	0	0		97.00
98.00		0.00	0	0		98.00
99.00		0.00	0	0		99.00
100.00		0.00	0	0		100.00
101.00		0.00	0	0		101.00
102.00		0.00	0	0		102.00
103.00		0.00	0	0		103.00
0			0	101,557,439		
B - ADVERTISING						
1.00	NON-ALLOWABLE ADVERTISING	192.08	0	114,207		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
0			0	114,207		
C - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,731,825		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	42,834,960		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
0				51,566,785		
D - SUPPLIES & IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,495,915		1.00
2.00	UH NS 31C	34.03	0	86		2.00
3.00	RADIOISOTOPE	56.00	0	6,831		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	32,353,615		4.00
5.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	61,454,932		5.00
6.00	IUSCC HEM/ONC	90.02	0	4,160		6.00
7.00		0.00	0	0		7.00

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
5/26/2015 1:45 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
0			0	178,315,539		

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
5/26/2015 1:45 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
E - DRUGS						
1.00	PURCHASING, RECEIVING & STORES	5.03	0	166	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	127,144,662	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
47.00		0.00	0	0	47.00	
48.00		0.00	0	0	48.00	
49.00		0.00	0	0	49.00	
50.00		0.00	0	0	50.00	
51.00		0.00	0	0	51.00	
52.00		0.00	0	0	52.00	
53.00		0.00	0	0	53.00	
54.00		0.00	0	0	54.00	
55.00		0.00	0	0	55.00	
56.00		0.00	0	0	56.00	
57.00		0.00	0	0	57.00	
58.00		0.00	0	0	58.00	
59.00		0.00	0	0	59.00	
60.00		0.00	0	0	60.00	
61.00		0.00	0	0	61.00	
0			0	127,144,828		
F - BLOOD						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	400	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	12,382,789	2.00	
3.00		0.00	0	0	3.00	
0			0	12,383,189		
G - NURSERY & L&D						
1.00	NURSERY	43.00	1,407,920	329,222	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	4,717,942	556,635	2.00	
0			6,125,862	885,857		

RECLASSIFICATIONS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet A-6

Date/Time Prepared: 5/26/2015 1:45 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
H - SLEEP LAB						
1.00	SLEEP LAB	90.11	117,966	0	1.00	
2.00		0.00	0	0	2.00	
	0		117,966	0		
I - OB SERVICES						
1.00	NURSERY	43.00	60,019	316,229	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	200,063	758,948	2.00	
	0		260,082	1,075,177		
J - RADIOLOGY PARAMED						
1.00	PARAMED RADIOLOGY-METHODIST	23.02	578,186	44,231	1.00	
	0		578,186	44,231		
K - PHARMACIST PARAMED						
1.00	PARAMED PHARMACY	23.07	590,772	45,195	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	0		590,772	45,195		
L - PHARMACY TECH PARAMED						
1.00	PARAMED PHARMACY TECH	23.10	20,748	1,587	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	0		20,748	1,587		
M - CLINICAL LAB PARAMED						
1.00	PARAMED LAB SCIENCE PRO	23.06	137,310	10,504	1.00	
2.00		0.00	0	0	2.00	
	0		137,310	10,504		
N - ORGAN						
1.00	HEART ACQUISITION	106.00	96,496	19,043	1.00	
2.00	LIVER ACQUISITION	107.00	334,209	34,825	2.00	
3.00	LUNG ACQUISITION	108.00	276,953	69,844	3.00	
4.00	INTESTINE ACQUISITION	110.00	168,111	23,005	4.00	
5.00	PANCREAS ACQUISITION	109.00	0	1,517	5.00	
	0		875,769	148,234		
O - PRE-POST TRANSPLANT						
1.00	POST TRANSPLANT EXPENSES	112.01	2,659,701	431,522	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
	0		2,659,701	431,522		
P - ACQUISITION WORK-UP EXP						
1.00	HEART ACQUISITION	106.00	0	1,324	1.00	
2.00	PANCREAS ACQUISITION	109.00	0	91	2.00	
	0		0	1,415		
Q - NON-TXPL EMPLOYEES						
1.00	KIDNEY ACQUISITION	105.00	99,983	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
	0		99,983	0		
R - SURGICAL TECH PARAMED						
1.00	PARAMED SURGERY TECHNOLOGY	23.09	124,945	9,558	1.00	
	0		124,945	9,558		
S - RENAL ADMIN						
1.00	HOME PROGRAM DIALYSIS	94.00	47,895	39,699	1.00	
	TOTALS		47,895	39,699		
T - PHONE						
1.00	NONPATIENT TELEPHONES	5.01	0	112,881	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
5/26/2015 1:45 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
TOTALS			0	112,881		
U - NEGATIVE SALARY RECLASS						
1.00	OPERATION OF PLANT	7.00	5,146	0	1.00	
2.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	974	0	2.00	
TOTALS			6,120	0		
V - RADIO PHARM RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	885	1.00	
2.00	PHARMACY	15.00	0	154	2.00	
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,222,829	3.00	
4.00	CARDIAC CATH	76.03	0	161	4.00	
TOTALS			0	4,224,029		
500.00	Grand Total: Increases		11,645,339	478,111,876	500.00	

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
5/26/2015 1:45 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,397,900	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	63,511	0		2.00
3.00	HOUSEKEEPING - METHODIST	9.03	0	99,118	0		3.00
4.00	DIETARY	10.00	0	1,445,738	0		4.00
5.00	CAFETERIA	11.00	0	48,737	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	4,366,166	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	697,486	0		7.00
8.00	PHARMACY	15.00	0	4,436,430	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	37,609	0		9.00
10.00	SOCIAL SERVICE	17.00	0	653,263	0		10.00
11.00	PATIENT TRANSPORTATION	18.00	0	550,892	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	71,889	0		12.00
13.00	PARAMEDICAL HEALTH SCIENCES	23.01	0	30,533	0		13.00
14.00	PARAMEDICAL RADIOLOGY-METHODIST	23.02	0	62,376	0		14.00
15.00	PARAMEDICAL RESPIRATORY THERAPY	23.03	0	62,488	0		15.00
16.00	PARAMEDICAL EMERGENCY	23.04	0	20,160	0		16.00
17.00	PARAMEDICAL PASTORAL EDUCATION	23.05	0	164,998	0		17.00
18.00	PARAMEDICAL LAB SCIENCE PRO	23.06	0	26,269	0		18.00
19.00	PARAMEDICAL PHARMACY	23.07	0	128,832	0		19.00
20.00	PARAMEDICAL SURGERY TECHNOLOGY	23.09	0	31,398	0		20.00
21.00	PARAMEDICAL PHARMACY TECH	23.10	0	45,289	0		21.00
22.00	ADULTS & PEDIATRICS	30.00	0	22,961,163	0		22.00
23.00	INTENSIVE CARE UNIT	31.00	0	2,410,079	0		23.00
24.00	CORONARY CARE UNIT	32.00	0	2,154,630	0		24.00
25.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	752,644	0		25.00
26.00	BURN INTENSIVE CARE UNIT	33.00	0	189,765	0		26.00
27.00	UH SURGIC	34.02	0	464,893	0		27.00
28.00	RH PEDIC	34.04	0	1,398,753	0		28.00
29.00	TRANSPLANT ICU	34.05	0	326,297	0		29.00
30.00	PEDS CANCER CARE	34.06	0	256,057	0		30.00
31.00	SUBPROVIDER - IPF	40.00	0	497,772	0		31.00
32.00	OPERATING ROOM	50.00	0	5,841,578	0		32.00
33.00	ENDOSCOPY	50.01	0	209,539	0		33.00
34.00	RECOVERY ROOM	51.00	0	1,176,747	0		34.00
35.00	ANESTHESIOLOGY	53.00	0	281,876	0		35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	569,765	0		36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,945,939	0		37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	734,410	0		38.00
39.00	RADIOISOTOPE	56.00	0	138,207	0		39.00
40.00	CARDIAC CATHETERIZATION	59.00	0	92,454	0		40.00
41.00	LABORATORY	60.00	0	8,282,558	0		41.00
42.00	TRANSPLANT IMMUNOLOGY	60.01	0	181,229	0		42.00
43.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	567,880	0		43.00
44.00	RESPIRATORY THERAPY	65.00	0	3,531,103	0		44.00
45.00	PHYSICAL THERAPY	66.00	0	2,035,179	0		45.00
46.00	OCCUPATIONAL THERAPY	67.00	0	527,802	0		46.00
47.00	SPEECH PATHOLOGY	68.00	0	621,497	0		47.00
48.00	ELECTROCARDIOLOGY	69.00	0	697,704	0		48.00
49.00	ELECTROENCEPHALOGRAPHY	70.00	0	691,204	0		49.00
50.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33,768	0		50.00
51.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,086,552	0		51.00
52.00	RENAL DIALYSIS	74.00	0	1,102,641	0		52.00
53.00	RH NBN ECMOIC	76.00	0	38,477	0		53.00
54.00	CARDIOLOGY	76.01	0	99,691	0		54.00
55.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	17,529	0		55.00
56.00	CARDIAC CATH	76.03	0	785,325	0		56.00
57.00	DAY SURGERY	76.04	0	500,701	0		57.00
58.00	ECMO-ADULT	76.08	0	34,617	0		58.00
59.00	CARDIAC REHABILITATION	76.97	0	42,752	0		59.00
60.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	477,029	0		60.00
61.00	AMB SVC-OB & GYN	90.01	0	435,858	0		61.00
62.00	IUSCC HEM/ONC	90.02	0	2,533,903	0		62.00
63.00	AMB SVC-OPHTHALMOLOGY	90.03	0	76,678	0		63.00
64.00	AMB SVC-PSYCH ADULT	90.04	0	72,202	0		64.00
65.00	OUTPATIENT SURGERY	90.06	0	436,753	0		65.00
66.00	AMB SVC-RILEY CLINICS	90.07	0	889,810	0		66.00
67.00	MOTILITY LAB	90.08	0	24,621	0		67.00

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
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Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
68.00	CLINICAL GERIATRICS	90.10	0	353	0		68.00	
69.00	SLEEP LAB	90.11	0	374,909	0		69.00	
70.00	OP CARE ADULTS	90.12	0	35,952	0		70.00	
71.00	ARTHRITIS CLINIC	90.14	0	20,978	0		71.00	
72.00	PHYSICAL MEDICINE	90.17	0	203,098	0		72.00	
73.00	DERMATOLOGY CLINIC	90.18	0	119,313	0		73.00	
74.00	INFUSION/HEM/ONC	90.19	0	103,929	0		74.00	
75.00	IUMG - MH	90.20	0	75,132	0		75.00	
76.00	OP REHAB CLINIC	90.21	0	41,157	0		76.00	
77.00	EATING DISORDERS CLINIC	90.22	0	190,018	0		77.00	
78.00	GASTROENTEROLOGY CLINIC	90.23	0	170,356	0		78.00	
79.00	LIFE CARE CLINIC	90.24	0	212,596	0		79.00	
80.00	EMERGENCY	91.00	0	3,267,136	0		80.00	
81.00	HOME PROGRAM DIALYSIS	94.00	0	146,585	0		81.00	
82.00	AMBULANCE SERVICES	95.00	0	1,574,981	0		82.00	
83.00	HOME HEALTH AGENCY	101.00	0	3,055,339	0		83.00	
84.00	KIDNEY ACQUISITION	105.00	0	760,363	0		84.00	
85.00	HEART ACQUISITION	106.00	0	99,728	0		85.00	
86.00	LIVER ACQUISITION	107.00	0	238,615	0		86.00	
87.00	LUNG ACQUISITION	108.00	0	112,011	0		87.00	
88.00	PANCREAS ACQUISITION	109.00	0	60,726	0		88.00	
89.00	INTESTINE ACQUISITION	110.00	0	39,115	0		89.00	
90.00	OTHER ORGAN ACQUISITION	112.00	0	21,098	0		90.00	
91.00	HOSPICE	116.00	0	726,159	0		91.00	
92.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	697	0		92.00	
93.00	RESEARCH	191.00	0	481,006	0		93.00	
94.00	OSA	191.02	0	357,629	0		94.00	
95.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	57,210	0		95.00	
96.00	OTHER	192.01	0	1,185,848	0		96.00	
97.00	NONREIMBURSABLE-METHODIST	192.02	0	178,218	0		97.00	
98.00	MHH RADIOLOGY	192.04	0	17,783	0		98.00	
99.00	BELTWAY SURGERY	192.06	0	12	0		99.00	
100.00	RHI	192.07	0	42,455	0		100.00	
101.00	NON-ALLOWABLE ADVERTISING	192.08	0	753,651	0		101.00	
102.00	ARTHRITIS CLINIC - NR	192.09	0	3,378	0		102.00	
103.00	CARDIO PHYSICIANS	192.10	0	161,192	0		103.00	
	O			101,557,439				
B - ADVERTISING								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,651	0		1.00	
2.00	DIETARY	10.00	0	350	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	204	0		3.00	
4.00	RESPIRATORY THERAPY	65.00	0	80	0		4.00	
5.00	OUTPATIENT RETAIL PHARMACY	73.03	0	681	0		5.00	
6.00	CARDIAC CATH	76.03	0	16,318	0		6.00	
7.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	38	0		7.00	
8.00	AMB SVC-RILEY CLINICS	90.07	0	140	0		8.00	
9.00	SLEEP LAB	90.11	0	1,615	0		9.00	
10.00	EATING DISORDERS CLINIC	90.22	0	708	0		10.00	
11.00	EMERGENCY	91.00	0	11,853	0		11.00	
12.00	AMBULANCE SERVICES	95.00	0	67,521	0		12.00	
13.00	HOME HEALTH AGENCY	101.00	0	12,715	0		13.00	
14.00	KIDNEY ACQUISITION	105.00	0	241	0		14.00	
15.00	HOSPICE	116.00	0	92	0		15.00	
	O			114,207				
C - DEPRECIATION								
1.00	PURCHASING, RECEIVING & STORES	5.03	0	155,741	9		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,161,974	9		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	16,814	0		3.00	
4.00	OPERATION OF PLANT	7.00	0	490	0		4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	1,027	0		5.00	
6.00	DIETARY	10.00	0	110,329	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	173,168	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	629,916	0		8.00	
9.00	PHARMACY	15.00	0	1,157,933	0		9.00	
10.00	SOCIAL SERVICE	17.00	0	1,854	0		10.00	
11.00	PATIENT TRANSPORTATION	18.00	0	57,030	0		11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	12,920	0		12.00	

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
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Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
13.00	PARAMED ED HEALTH SCIENCES	23.01	0	16,153	0		13.00	
14.00	PARAMED RESPIRATORY THERAPY	23.03	0	16,420	0		14.00	
15.00	PARAMED PHARMACY	23.07	0	2,282	0		15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	2,560,448	0		16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	197,560	0		17.00	
18.00	CORONARY CARE UNIT	32.00	0	80,372	0		18.00	
19.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	121,630	0		19.00	
20.00	BURN INTENSIVE CARE UNIT	33.00	0	25,786	0		20.00	
21.00	UH SURG 6IC	34.02	0	68,617	0		21.00	
22.00	RH PEDIC	34.04	0	72,685	0		22.00	
23.00	TRANSPLANT ICU	34.05	0	1,802	0		23.00	
24.00	PEDS CANCER CARE	34.06	0	188,113	0		24.00	
25.00	SUBPROVIDER - IPF	40.00	0	9,557	0		25.00	
26.00	NURSERY	43.00	0	3,423	0		26.00	
27.00	OPERATING ROOM	50.00	0	8,607,486	0		27.00	
28.00	ENDOSCOPY	50.01	0	149,727	0		28.00	
29.00	RECOVERY ROOM	51.00	0	136,257	0		29.00	
30.00	ANESTHESIOLOGY	53.00	0	515,188	0		30.00	
31.00	PULMONARY FUNCTION TESTING	53.01	0	177,081	0		31.00	
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,911,570	0		32.00	
33.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,132,254	0		33.00	
34.00	RADIOISOTOPE	56.00	0	129,656	0		34.00	
35.00	LABORATORY	60.00	0	3,555,338	0		35.00	
36.00	TRANSPLANT IMMUNOLOGY	60.01	0	10,127	0		36.00	
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	42,204	0		37.00	
38.00	RESPIRATORY THERAPY	65.00	0	730,067	0		38.00	
39.00	PHYSICAL THERAPY	66.00	0	131,790	0		39.00	
40.00	OCCUPATIONAL THERAPY	67.00	0	16,061	0		40.00	
41.00	SPEECH PATHOLOGY	68.00	0	142,345	0		41.00	
42.00	ELECTROCARDIOLOGY	69.00	0	181,120	0		42.00	
43.00	ELECTROENCEPHALOGRAPHY	70.00	0	330,459	0		43.00	
44.00	OUTPATIENT RETAIL PHARMACY	73.03	0	112,640	0		44.00	
45.00	RENAL DIALYSIS	74.00	0	166,125	0		45.00	
46.00	RH NBN ECMO IC	76.00	0	22,672	0		46.00	
47.00	CARDIOLOGY	76.01	0	368,759	0		47.00	
48.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	3,692	0		48.00	
49.00	CARDIAC CATH	76.03	0	244,574	0		49.00	
50.00	DAY SURGERY	76.04	0	62,322	0		50.00	
51.00	AMB SVC-OB & GYN	90.01	0	63,763	0		51.00	
52.00	IUSCC HEM/ONC	90.02	0	2,511,084	0		52.00	
53.00	AMB SVC-OPHTHALMOLOGY	90.03	0	206,992	0		53.00	
54.00	AMB SVC-PSYCH ADULT	90.04	0	2,522	0		54.00	
55.00	OUTPATIENT SURGERY	90.06	0	48,079	0		55.00	
56.00	AMB SVC-RILEY CLINICS	90.07	0	274,855	0		56.00	
57.00	MOTILITY LAB	90.08	0	14,728	0		57.00	
58.00	CLINICAL GERIATRICS	90.10	0	2,213	0		58.00	
59.00	SLEEP LAB	90.11	0	202,288	0		59.00	
60.00	OP CARE ADULTS	90.12	0	2,202	0		60.00	
61.00	ARTHRTIS CLINIC	90.14	0	1,231	0		61.00	
62.00	PHYSICAL MEDICINE	90.17	0	4,120	0		62.00	
63.00	DERMATOLOGY CLINIC	90.18	0	41,161	0		63.00	
64.00	INFUSION/HEM/ONC	90.19	0	27,817	0		64.00	
65.00	IUMG - MH	90.20	0	2,245	0		65.00	
66.00	OP REHAB CLINIC	90.21	0	1,417	0		66.00	
67.00	EATING DISORDERS CLINIC	90.22	0	21,280	0		67.00	
68.00	LIFE CARE CLINIC	90.24	0	2,539	0		68.00	
69.00	EMERGENCY	91.00	0	489,386	0		69.00	
70.00	HOME PROGRAM DIALYSIS	94.00	0	60,566	0		70.00	
71.00	AMBULANCE SERVICES	95.00	0	2,222,417	0		71.00	
72.00	HOME HEALTH AGENCY	101.00	0	154,723	0		72.00	
73.00	KIDNEY ACQUISITION	105.00	0	510,798	0		73.00	
74.00	LIVER ACQUISITION	107.00	0	6,230	0		74.00	
75.00	LUNG ACQUISITION	108.00	0	5,978	0		75.00	
76.00	OTHER ORGAN ACQUISITION	112.00	0	1,647	0		76.00	
77.00	HOSPICE	116.00	0	37,997	0		77.00	
78.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,384	0		78.00	
79.00	RESEARCH	191.00	0	36,429	0		79.00	
80.00	OSA	191.02	0	23,620	0		80.00	
81.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,745	0		81.00	
82.00	OTHER	192.01	0	548,642	0		82.00	
	NONREIMBURSABLE-METHODIST							

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
83.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	496,924	0		83.00
84.00	RHI	192.07	0	934	0		84.00
85.00	NON-ALLOWABLE ADVERTISING	192.08	0	789,555	0		85.00
86.00	CARDIO PHYSICIANS	192.10	0	23,716	0		86.00
	0		0	51,566,785			
D - SUPPLIES & IMPLANTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	284	0		1.00
2.00	DATA PROCESSING	5.02	0	27	0		2.00
3.00	PURCHASING, RECEIVING & STORES	5.03	0	175,385	0		3.00
4.00	ADMINISTRATIVE	5.04	0	212	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	67,659	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	26,136	0		6.00
7.00	OPERATION OF PLANT	7.00	0	1,151	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	87,406	0		8.00
9.00	HOUSEKEEPING - METHODIST	9.03	0	1,138	0		9.00
10.00	DIETARY	10.00	0	2,014	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	7,823	0		11.00
12.00	PHARMACY	15.00	0	1,502,625	0		12.00
13.00	SOCIAL SERVICE	17.00	0	46	0		13.00
14.00	PATIENT TRANSPORTATION	18.00	0	6,215	0		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	340	0		15.00
16.00	PARAMEDICAL HEALTH SCIENCES	23.01	0	20	0		16.00
17.00	PARAMEDICAL RESPIRATORY THERAPY	23.03	0	4,915	0		17.00
18.00	PARAMEDICAL LAB SCIENCE PRO	23.06	0	7,900	0		18.00
19.00	PARAMEDICAL MEDICAL ASSIST	23.08	0	16	0		19.00
20.00	PARAMEDICAL SURGERY TECHNOLOGY	23.09	0	76	0		20.00
21.00	PARAMEDICAL PHARMACY TECH	23.10	0	991	0		21.00
22.00	ADULTS & PEDIATRICS	30.00	0	12,758,219	0		22.00
23.00	INTENSIVE CARE UNIT	31.00	0	1,837,613	0		23.00
24.00	CORONARY CARE UNIT	32.00	0	1,866,884	0		24.00
25.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	287,410	0		25.00
26.00	BURN INTENSIVE CARE UNIT	33.00	0	153,309	0		26.00
27.00	UH SURGICAL	34.02	0	598,812	0		27.00
28.00	RH PEDIATRIC	34.04	0	931,644	0		28.00
29.00	TRANSPLANT ICU	34.05	0	450,480	0		29.00
30.00	PEDS CANCER CARE	34.06	0	107,120	0		30.00
31.00	SUBPROVIDER - IPF	40.00	0	34,588	0		31.00
32.00	OPERATING ROOM	50.00	0	86,597,135	0		32.00
33.00	ENDOSCOPY	50.01	0	711,409	0		33.00
34.00	RECOVERY ROOM	51.00	0	481,371	0		34.00
35.00	ANESTHESIOLOGY	53.00	0	2,803,006	0		35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	214,017	0		36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,292,224	0		37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	198,603	0		38.00
39.00	CARDIAC CATHETERIZATION	59.00	0	3,309,950	0		39.00
40.00	LABORATORY	60.00	0	28,132,362	0		40.00
41.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,052,094	0		41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	891,582	0		42.00
43.00	RESPIRATORY THERAPY	65.00	0	1,345,671	0		43.00
44.00	PHYSICAL THERAPY	66.00	0	564,437	0		44.00
45.00	OCCUPATIONAL THERAPY	67.00	0	82,925	0		45.00
46.00	SPEECH PATHOLOGY	68.00	0	1,108,061	0		46.00
47.00	ELECTROCARDIOLOGY	69.00	0	75,437	0		47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	0	181,636	0		48.00
49.00	RENAL DIALYSIS	74.00	0	1,842,598	0		49.00
50.00	RH NBN ECMO IC	76.00	0	174,370	0		50.00
51.00	CARDIOLOGY	76.01	0	5,665,229	0		51.00
52.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	27,579	0		52.00
53.00	CARDIAC CATH	76.03	0	5,575,047	0		53.00
54.00	DAY SURGERY	76.04	0	545,818	0		54.00
55.00	CARDIAC REHABILITATION	76.97	0	2,569	0		55.00
56.00	AMB SVC-OB & GYN	90.01	0	43,969	0		56.00
57.00	AMB SVC-OPHTHALMOLOGY	90.03	0	5,352	0		57.00
58.00	AMB SVC-PSYCH ADULT	90.04	0	2,478	0		58.00
59.00	OUTPATIENT SURGERY	90.06	0	34,741	0		59.00
60.00	AMB SVC-RILEY CLINICS	90.07	0	188,113	0		60.00
61.00	MOTILITY LAB	90.08	0	58,192	0		61.00
62.00	CLINICAL GERIATRICS	90.10	0	133	0		62.00
63.00	SLEEP LAB	90.11	0	86,607	0		63.00

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
64.00	OP CARE ADULTS	90.12	0	5,267	0	64.00	
65.00	ARTHRI TIS CLINIC	90.14	0	31,169	0	65.00	
66.00	PHYSICAL MEDICINE	90.17	0	12,283	0	66.00	
67.00	DERMATOLOGY CLINIC	90.18	0	92,689	0	67.00	
68.00	INFUSION/HEM/ONC	90.19	0	29,736	0	68.00	
69.00	IUMG - MH	90.20	0	3,807	0	69.00	
70.00	OP REHAB CLINIC	90.21	0	1,325	0	70.00	
71.00	EATING DISORDERS CLINIC	90.22	0	675	0	71.00	
72.00	GASTROENTEROLOGY CLINIC	90.23	0	30,592	0	72.00	
73.00	LIFE CARE CLINIC	90.24	0	2,701	0	73.00	
74.00	EMERGENCY	91.00	0	2,472,039	0	74.00	
75.00	HOME PROGRAM DIALYSIS	94.00	0	1,752,801	0	75.00	
76.00	AMBULANCE SERVICES	95.00	0	318,506	0	76.00	
77.00	KIDNEY ACQUISITION	105.00	0	332,232	0	77.00	
78.00	LUNG ACQUISITION	108.00	0	14,707	0	78.00	
79.00	PANCREAS ACQUISITION	109.00	0	25	0	79.00	
80.00	OTHER ORGAN ACQUISITION	112.00	0	1,812	0	80.00	
0			0	178,315,539			
E - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,443	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	105	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,802	0	4.00	
5.00	PHARMACY	15.00	0	57,602,170	0	5.00	
6.00	PARAMED RESPIRATORY THERAPY	23.03	0	51	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	781,101	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	126,711	0	8.00	
9.00	CORONARY CARE UNIT	32.00	0	208,672	0	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	12,223	0	10.00	
11.00	BURN INTENSIVE CARE UNIT	33.00	0	8,263	0	11.00	
12.00	UH SURG 6IC	34.02	0	33,799	0	12.00	
13.00	RH PEDIC	34.04	0	115,595	0	13.00	
14.00	TRANSPLANT ICU	34.05	0	18,138	0	14.00	
15.00	PEDS CANCER CARE	34.06	0	22,207	0	15.00	
16.00	SUBPROVIDER - IPF	40.00	0	263	0	16.00	
17.00	OPERATING ROOM	50.00	0	908,915	0	17.00	
18.00	ENDOSCOPY	50.01	0	13,549	0	18.00	
19.00	RECOVERY ROOM	51.00	0	49,952	0	19.00	
20.00	ANESTHESIOLOGY	53.00	0	1,198,576	0	20.00	
21.00	PULMONARY FUNCTION TESTING	53.01	0	19,431	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,610,455	0	22.00	
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,317	0	23.00	
24.00	RADIOISOTOPE	56.00	0	358,620	0	24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	70,312	0	25.00	
26.00	LABORATORY	60.00	0	99,771	0	26.00	
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	524	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	0	2,130,876	0	28.00	
29.00	PHYSICAL THERAPY	66.00	0	20,127	0	29.00	
30.00	SPEECH PATHOLOGY	68.00	0	15,164	0	30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	3,914	0	31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	9	0	32.00	
33.00	RENAL DIALYSIS	74.00	0	1,649,446	0	33.00	
34.00	RH NBN ECMO IC	76.00	0	3,222	0	34.00	
35.00	CARDIOLOGY	76.01	0	18,574	0	35.00	
36.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	148	0	36.00	
37.00	CARDIAC CATH	76.03	0	171,149	0	37.00	
38.00	DAY SURGERY	76.04	0	41,241	0	38.00	
39.00	AMB SVC-OB & GYN	90.01	0	328,196	0	39.00	
40.00	IUSCC HEM/ONC	90.02	0	49,877,533	0	40.00	
41.00	AMB SVC-OPHTHALMOLOGY	90.03	0	453,591	0	41.00	
42.00	OUTPATIENT SURGERY	90.06	0	12,584	0	42.00	
43.00	AMB SVC-RILEY CLINICS	90.07	0	824,590	0	43.00	
44.00	MOTILITY LAB	90.08	0	77	0	44.00	
45.00	CLINICAL GERIATRICS	90.10	0	59	0	45.00	
46.00	OP CARE ADULTS	90.12	0	4,765	0	46.00	
47.00	ARTHRI TIS CLINIC	90.14	0	6,176,337	0	47.00	
48.00	PHYSICAL MEDICINE	90.17	0	138,463	0	48.00	
49.00	DERMATOLOGY CLINIC	90.18	0	14,169	0	49.00	
50.00	INFUSION/HEM/ONC	90.19	0	23,491	0	50.00	
51.00	IUMG - MH	90.20	0	174	0	51.00	
52.00	OP REHAB CLINIC	90.21	0	370,699	0	52.00	

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
53.00	GASTROENTEROLOGY CLINIC	90.23	0	7,966	0		53.00
54.00	LIFE CARE CLINIC	90.24	0	187,755	0		54.00
55.00	EMERGENCY	91.00	0	157,115	0		55.00
56.00	HOME PROGRAM DIALYSIS	94.00	0	908,075	0		56.00
57.00	AMBULANCE SERVICES	95.00	0	70,258	0		57.00
58.00	KIDNEY ACQUISITION	105.00	0	32,693	0		58.00
59.00	HEART ACQUISITION	106.00	0	21,895	0		59.00
60.00	LIVER ACQUISITION	107.00	0	3,596	0		60.00
61.00	LUNG ACQUISITION	108.00	0	201,911	0		61.00
	O		0	127,144,828			
F - BLOOD							
1.00	OPERATING ROOM	50.00	0	233	0		1.00
2.00	LABORATORY	60.00	0	12,382,220	0		2.00
3.00	CARDIAC CATH	76.03	0	736	0		3.00
	O		0	12,383,189			
G - NURSERY & L&D							
1.00	ADULTS & PEDIATRICS	30.00	6,125,862	885,857	0		1.00
2.00		0.00	0	0	0		2.00
	O		6,125,862	885,857			
H - SLEEP LAB							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	526	0	0		1.00
2.00	HOME HEALTH AGENCY	101.00	117,440	0	0		2.00
	O		117,966	0			
I - OB SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	260,082	1,075,177	0		1.00
2.00		0.00	0	0	0		2.00
	O		260,082	1,075,177			
J - RADIOLOGY PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	578,186	44,231	0		1.00
	O		578,186	44,231			
K - PHARMACIST PARAMED							
1.00	PHARMACY	15.00	579,434	44,327	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	1,399	107	0		2.00
3.00	IUSCC HEM/ONC	90.02	2,232	171	0		3.00
4.00	EMERGENCY	91.00	7,707	590	0		4.00
	O		590,772	45,195			
L - PHARMACY TECH PARAMED							
1.00	PHARMACY	15.00	9,098	696	0		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	8,724	667	0		2.00
3.00	HOME HEALTH AGENCY	101.00	2,926	224	0		3.00
	O		20,748	1,587			
M - CLINICAL LAB PARAMED							
1.00	LABORATORY	60.00	124,744	9,543	0		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	12,566	961	0		2.00
	O		137,310	10,504			
N - ORGAN							
1.00	KIDNEY ACQUISITION	105.00	831,260	148,234	0		1.00
2.00	PANCREAS ACQUISITION	109.00	44,509	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	O		875,769	148,234			
O - PRE-POST TRANSPLANT							
1.00	KIDNEY ACQUISITION	105.00	1,052,593	191,129	0		1.00
2.00	HEART ACQUISITION	106.00	276,983	30,356	0		2.00
3.00	LIVER ACQUISITION	107.00	644,018	125,453	0		3.00
4.00	LUNG ACQUISITION	108.00	437,240	60,116	0		4.00
5.00	PANCREAS ACQUISITION	109.00	50,370	4,374	0		5.00
6.00	INTESTINE ACQUISITION	110.00	198,497	20,094	0		6.00
	O		2,659,701	431,522			
P - ACQUISITION WORK-UP EXP							
1.00	KIDNEY ACQUISITION	105.00	0	1,415	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	1,415			
Q - NON-TXPL EMPLOYEES							
1.00	DIETARY	10.00	29,500	0	0		1.00
2.00	SOCIAL SERVICE	17.00	6,649	0	0		2.00
3.00	OPERATING ROOM	50.00	42,910	0	0		3.00
4.00	PHARMACY	15.00	8,560	0	0		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	12,364	0	0		5.00
	O		99,983	0			

RECLASSIFICATIONS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
R - SURGICAL TECH PARAMED						
1.00	OPERATING ROOM	50.00	124,945	9,558	0	1.00
			124,945	9,558		
S - RENAL ADMIN						
1.00	RENAL DIALYSIS	74.00	47,895	39,699	0	1.00
	TOTALS		47,895	39,699		
T - PHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	20,154	0	1.00
2.00	DIETARY	10.00	0	10,313	0	2.00
3.00	PHARMACY	15.00	0	571	0	3.00
4.00	SOCIAL SERVICE	17.00	0	18,500	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	4,620	0	5.00
6.00	OPERATING ROOM	50.00	0	313	0	6.00
7.00	LABORATORY	60.00	0	926	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	1,343	0	8.00
9.00	CARDIAC CATH	76.03	0	3,563	0	9.00
10.00	DAY SURGERY	76.04	0	491	0	10.00
11.00	IUSCC HEM/ONC	90.02	0	43,811	0	11.00
12.00	EMERGENCY	91.00	0	1,054	0	12.00
13.00	AMBULANCE SERVICES	95.00	0	888	0	13.00
14.00	HOME HEALTH AGENCY	101.00	0	1,506	0	14.00
15.00	KIDNEY ACQUISITION	105.00	0	1,814	0	15.00
16.00	LIVER ACQUISITION	107.00	0	378	0	16.00
17.00	OTHER	192.01	0	2,258	0	17.00
18.00	NONREIMBURSABLE-METHODIST NON-ALLOWABLE ADVERTISING	192.08	0	378	0	18.00
	TOTALS		0	112,881		
U - NEGATIVE SALARY RECLASS						
1.00	OPERATION OF PLANT	7.00	0	5,146	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	974	0	2.00
	TOTALS		0	6,120		
V - RADIO PHARM RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	459,579	0	1.00
2.00	RADIOISOTOPE	56.00	0	3,764,450	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		0	4,224,029		
500.00	Grand Total: Decreases		11,639,219	478,117,996		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	139,957,000	0	0	847,823	1.00
2.00	Land Improvements	39,239,000	39,852	0	0	2.00
3.00	Buildings and Fixtures	1,238,445,000	-152,694,089	0	0	3.00
4.00	Building Improvements	619,462,000	150,435,375	0	150,435,375	4.00
5.00	Fixed Equipment	43,490,000	0	0	587,381	5.00
6.00	Movable Equipment	1,380,047,000	80,243,501	0	80,243,501	6.00
7.00	HIT designated Assets	148,364,394	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,609,004,394	78,024,639	0	78,024,639	1,435,204
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	3,609,004,394	78,024,639	0	78,024,639	1,435,204
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	139,109,177	0			1.00
2.00	Land Improvements	39,278,852	0			2.00
3.00	Buildings and Fixtures	1,085,750,911	0			3.00
4.00	Building Improvements	769,897,375	0			4.00
5.00	Fixed Equipment	42,902,619	0			5.00
6.00	Movable Equipment	1,460,290,501	0			6.00
7.00	HIT designated Assets	148,364,394	0			7.00
8.00	Subtotal (sum of lines 1-7)	3,685,593,829	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	3,685,593,829	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,076,938,934	0	2,076,938,934	0.563529	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,608,654,895	0	1,608,654,895	0.436471	0	2.00
3.00	Total (sum of lines 1-2)	3,685,593,829	0	3,685,593,829	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	57,465,632	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	69,003,770	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	126,469,402	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	57,465,632	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	69,003,770	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	126,469,402	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8

Date/Time Prepared:
5/26/2015 1:45 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-53,353,479			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	229,220,642			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
33.00 CATERING/FOOD REVENUE	B	-204,130	DIETARY	10.00	0	33.00
33.01 CATERING/FOOD REVENUE	B	-158,648	CAFETERIA	11.00	0	33.01
33.02 CLASS & LECTURE REVENUE	B	-99,661	NURSING ADMINISTRATION	13.00	0	33.02
33.03 CLASS & LECTURE REVENUE	B	-14,028	PARAMED ED HEALTH SCIENCES	23.01	0	33.03
33.04 CLASS & LECTURE REVENUE	B	-149,193	PARAMED RADIOLOGY-METHODIST	23.02	0	33.04
33.05 CLASS & LECTURE REVENUE	B	-552,009	PARAMED RESPIRATORY THERAPY	23.03	0	33.05
33.06 CLASS & LECTURE REVENUE	B	-120	PARAMED EMERGENCY	23.04	0	33.06
33.07 CLASS & LECTURE REVENUE	B	-97,760	PARAMED LAB SCIENCE PRO	23.06	0	33.07
33.08 CLASS & LECTURE REVENUE	B	-78,111	PARAMED SURGERY TECHNOLOGY	23.09	0	33.08
33.09 CLASS & LECTURE REVENUE	B	-14,333	PARAMED PHARMACY TECH	23.10	0	33.09
33.10 CLASS & LECTURE REVENUE	B	-2,307	ADULTS & PEDIATRICS	30.00	0	33.10
33.11 CLASS & LECTURE REVENUE	B	-200	RADIOLOGY-DIAGNOSTIC	54.00	0	33.11
33.12 MISC NON OP REVENUE	B	-1,995,000	OUTPATIENT RETAIL PHARMACY	73.03	0	33.12
33.13 MISC NON OP REVENUE	B	-901,288	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14 MISC NON OP REVENUE	B	-24,513	OPERATION OF PLANT	7.00	0	33.14
33.15 MISC NON OP REVENUE	B	-1,525	DIETARY	10.00	0	33.15
33.16 MISC NON OP REVENUE	B	-25	NURSING ADMINISTRATION	13.00	0	33.16
33.17 MISC NON OP REVENUE	B	-187	CENTRAL SERVICES & SUPPLY	14.00	0	33.17
33.18 MISC NON OP REVENUE	B	-455,258	PHARMACY	15.00	0	33.18
33.19 MISC NON OP REVENUE	B	-128	SOCIAL SERVICE	17.00	0	33.19
33.20 MISC NON OP REVENUE	B	-15,450	PARAMED PASTORAL EDUCATION	23.05	0	33.20
33.21 MISC NON OP REVENUE	B	-10,186	ADULTS & PEDIATRICS	30.00	0	33.21
33.22 MISC NON OP REVENUE	B	-2,978	SUBPROVIDER - IPF	40.00	9	33.22
33.23 MISC NON OP REVENUE	B	-11,030	PULMONARY FUNCTION TESTING	53.01	0	33.23
33.24 MISC NON OP REVENUE	B	-114,670	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25 MISC NON OP REVENUE	B	-3,900	RADIOLOGY-THERAPEUTIC	55.00	0	33.25
33.26 MISC NON OP REVENUE	B	-4,605,105	LABORATORY	60.00	0	33.26
33.27 MISC NON OP REVENUE	B	-1,452	OCCUPATIONAL THERAPY	67.00	0	33.27
33.28 MISC NON OP REVENUE	B	-446,444	OUTPATIENT RETAIL PHARMACY	73.03	0	33.28
33.29 MISC NON OP REVENUE	B	-117,600	CARDIOLOGY	76.01	0	33.29
33.30 MISC NON OP REVENUE	B	-5,199	CARDIAC CATH	76.03	0	33.30
33.31 MISC NON OP REVENUE	B	-26,000	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	33.31
33.32 MISC NON OP REVENUE	B	-19,140	AMB SVC-OB & GYN	90.01	0	33.32
33.33 MISC NON OP REVENUE	B	-10,197	IUSCC HEM/ONC	90.02	0	33.33
33.34 MISC NON OP REVENUE	B	-9,792	SLEEP LAB	90.11	0	33.34
33.35 MISC NON OP REVENUE	B	-27,125	LIFE CARE CLINIC	90.24	0	33.35
33.36 MISC NON OP REVENUE	B	-457,583	EMERGENCY	91.00	0	33.36
33.37 MISC NON OP REVENUE	B	-2,870	AMBULANCE SERVICES	95.00	0	33.37
33.38 MISC NON OP REVENUE	B	-109,592	HOME HEALTH AGENCY	101.00	0	33.38
33.39 MISC NON OP REVENUE	B	-377,200	KIDNEY ACQUISITION	105.00	0	33.39
33.40 INVESTMENT INCOME	B	-1	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	33.40
33.41 OTHER INSTITUTIONAL REVENUE	B	-170,604	MEDICAL RECORDS & LIBRARY	16.00	0	33.41
33.42 OTHER INSTITUTIONAL REVENUE	B	-352,035	ADULTS & PEDIATRICS	30.00	0	33.42
33.43 REV- GIFT SHOPS	B	-1,055	ADULTS & PEDIATRICS	30.00	0	33.43
33.44 REV- GIFT SHOPS	B	-629	OUTPATIENT RETAIL PHARMACY	73.03	0	33.44
33.45 REV- GIFT SHOPS	B	-1,817	HOME HEALTH AGENCY	101.00	0	33.45
33.46 VENDING REVENUE	B	-2,000	CAFETERIA	11.00	0	33.46
33.47 VENDING REVENUE	B	-994	HOME HEALTH AGENCY	101.00	0	33.47
33.48 INTERCOMPANY REVENUE	B	45,332	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.48
33.49 INTERCOMPANY REVENUE	B	-314,411	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.49
33.50 INTERCOMPANY REVENUE	B	-321,034	OPERATION OF PLANT	7.00	0	33.50
33.51 INTERCOMPANY REVENUE	B	-83,334	NURSING ADMINISTRATION	13.00	0	33.51
33.52 INTERCOMPANY REVENUE	B	-44,462	CENTRAL SERVICES & SUPPLY	14.00	0	33.52
33.53 INTERCOMPANY REVENUE	B	-388,431	PHARMACY	15.00	0	33.53
33.54 INTERCOMPANY REVENUE	B	-236,640	SOCIAL SERVICE	17.00	0	33.54
33.55 INTERCOMPANY REVENUE	B	-24,628	OPERATING ROOM	50.00	0	33.55
33.56 INTERCOMPANY REVENUE	B	-609,257	RADIOLOGY-DIAGNOSTIC	54.00	0	33.56
33.57 INTERCOMPANY REVENUE	B	-390,803	RADIOLOGY-THERAPEUTIC	55.00	0	33.57
33.58 INTERCOMPANY REVENUE	B	-103,769,997	LABORATORY	60.00	0	33.58
33.59 INTERCOMPANY REVENUE	B	-15,411	TRANSPLANT IMMUNOLOGY	60.01	0	33.59
33.60 INTERCOMPANY REVENUE	B	-2,390,435	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.60
33.61 INTERCOMPANY REVENUE	B	-68,448	PHYSICAL THERAPY	66.00	0	33.61
33.62 INTERCOMPANY REVENUE	B	-35,766	SPEECH PATHOLOGY	68.00	0	33.62
33.63 INTERCOMPANY REVENUE	B	-691,548	ELECTROCARDIOLOGY	69.00	0	33.63

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.64	INTERCOMPANY REVENUE	B	-337,455	ELECTROENCEPHALOGRAPHY	70.00	0 33.64
33.65	INTERCOMPANY REVENUE	B	-97,831	OUTPATIENT RETAIL PHARMACY	73.03	0 33.65
33.66	INTERCOMPANY REVENUE	B	-9,000	AMB SVC-OB & GYN	90.01	0 33.66
33.67	INTERCOMPANY REVENUE	B	-20,000	OUTPATIENT SURGERY	90.06	0 33.67
33.68	INTERCOMPANY REVENUE	B	-20,000	OUTPATIENT SURGERY	90.06	0 33.68
33.69	INTERCOMPANY REVENUE	B	-2,997,600	AMB SVC-RILEY CLINICS	90.07	0 33.69
33.70	INTERCOMPANY REVENUE	B	-31,999	MOTILITY LAB	90.08	0 33.70
33.71	INTERCOMPANY REVENUE	B	-503,464	SLEEP LAB	90.11	0 33.71
33.72	INTERCOMPANY REVENUE	B	-33,368	DERMATOLOGY CLINIC	90.18	0 33.72
33.73	INTERCOMPANY REVENUE	B	-201,594	EMERGENCY	91.00	0 33.73
33.74	PARKING GARAGE	A	-74,237	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.74
33.75	PARKING GARAGE	A	-24,144	OPERATION OF PLANT	7.00	0 33.75
33.76	INTEREST EXPENSE	A	-414,431	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.76
33.77	INTEREST EXPENSE	A	-9,070	PHARMACY	15.00	0 33.77
33.78	PARKING GARAGE	A	-876,215	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.78
33.79	PHARMACY RESEARCH	A	-102,848	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.79
33.80	PHARMACY RESEARCH	A	-634,740	PHARMACY	15.00	0 33.80
33.81	MALPRACTICE	A	-43,436	IUSCC HEM/ONC	90.02	0 33.81
33.82	DEPRECIATION TO HOME OFFICE	A	-8,731,825	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.82
33.83	DEPRECIATION TO HOME OFFICE	A	-2,759,466	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.83
33.84	PATIENT TELEPHONES	A	-112,881	NONPATIENT TELEPHONES	5.01	0 33.84
33.85	CONTRIBUTIONS EXPENSE	A	-500	PHARMACY	15.00	0 33.85
33.86	CONTRIBUTIONS EXPENSE	A	-10,500	CARDIAC CATH	76.03	0 33.86
33.87	CONTRIBUTIONS EXPENSE	A	-32,143	EMERGENCY	91.00	0 33.87
33.88	FRINGE BENEFIT TO HOME OFFICE	A	-101,565,998	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.88
33.89	FQHC ADMIN	A	175,411	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0 33.89
33.90	ADJUST COSTS	A	116,560	PARAMED RESPIRATORY THERAPY	23.03	0 33.90
33.91	FRINGE BENEFIT TO HOME OFFICE	A	309	OPERATION OF PLANT	7.00	0 33.91
33.92	FRINGE BENEFIT TO HOME OFFICE	A	-250	NURSING ADMINISTRATION	13.00	0 33.92
33.93	FRINGE BENEFIT TO HOME OFFICE	A	-6,352,311	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 33.93
33.94	FRINGE BENEFIT TO HOME OFFICE	A	-2	PARAMED ED HEALTH SCIENCES	23.01	0 33.94
33.95	FRINGE BENEFIT TO HOME OFFICE	A	-13,600	CARDIAC CATH	76.03	0 33.95
33.96	FRINGE BENEFIT TO HOME OFFICE	A	-171	AMBULANCE SERVICES	95.00	0 33.96
33.97	FRINGE BENEFIT TO HOME OFFICE	A	-160	HOSPICE	116.00	0 33.97
33.98	FRINGE BENEFIT TO HOME OFFICE	A	1	OSA	191.02	0 33.98
33.99	PTO TO HOME OFFICE	A	42,701	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.99
34.00	PTO TO HOME OFFICE	A	538	SPEECH PATHOLOGY	68.00	0 34.00
34.01	PTO TO HOME OFFICE	A	-33,097	SLEEP LAB	90.11	0 34.01
34.02	PTO TO HOME OFFICE	A	-93,048	HOME HEALTH AGENCY	101.00	0 34.02
34.03	PTO TO HOME OFFICE	A	7,830	KIDNEY ACQUISITION	105.00	0 34.03
34.04	PTO TO HOME OFFICE	A	22,087	HOSPICE	116.00	0 34.04
34.05	PTO TO HOME OFFICE	A	93,557	OTHER NONREIMBURSABLE-METHODIST	192.01	0 34.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-70,801,572			50.00

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

(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 33 thru 49 and subscripts thereof.

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

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet A-8-1

Date/Time Prepared: 5/26/2015 1:45 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE- CAPITAL BLDG	58,341,847	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE- CAPITAL EQUIP	28,928,276	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE- EMPLOYEE BENEFIT	108,451,376	25,439	3.00
4.00	5.02	DATA PROCESSING	HOME OFFICE- DATA PROCESSING	66,840,979	0	4.00
4.01	5.03	PURCHASING, RECEIVING & STOR	HOME OFFICE- PURCHASING	10,798,839	0	4.01
4.02	5.04	ADMINISTRATIVE	HOME OFFICE- ADMINSTRATIVE	13,034,905	0	4.02
4.03	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE- REVENUE CYCLE	56,084,796	0	4.03
4.04	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE- OTHER A&G	53,115,701	276,648,665	4.04
4.05	6.00	MAINTENANCE & REPAIRS	HOME OFFICE- MAINTENANCE & R	16,264,222	0	4.05
4.06	7.00	OPERATION OF PLANT	HOME OFFICE- OPERATION OF PL	67,379,612	0	4.06
4.07	9.01	HOUSEKEEPING - UNIVERSITY	HOME OFFICE- HOUSEKEEPING	3,044,613	0	4.07
4.08	9.02	HOUSEKEEPING - RILEY	HOME OFFICE- HOUSEKEEPING	3,184,697	0	4.08
4.09	9.03	HOUSEKEEPING - METHODIST	HOME OFFICE- HOUSEKEEPING	4,580,921	0	4.09
4.10	11.00	CAFETERIA	HOME OFFICE- CAFETERIA	2,258,344	0	4.10
4.11	13.00	NURSING ADMINISTRATION	HOME OFFICE- NURSING ADMIN	3,859,498	0	4.11
4.12	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE- MED RECORDS	12,491,179	0	4.12
4.13	17.00	SOCIAL SERVICE	HOME OFFICE	0	3,983	4.13
4.14	30.00	ADULTS & PEDIATRICS	HOME OFFICE	0	53,750	4.14
4.15	50.00	OPERATING ROOM	HOME OFFICE	0	5,259	4.15
4.16	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	0	27,379	4.16
4.17	66.00	PHYSICAL THERAPY	HOME OFFICE	0	36,957	4.17
4.18	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	0	7,087	4.18
4.19	73.03	OUTPATIENT RETAIL PHARMACY	HOME OFFICE	0	20,946	4.19
4.20	90.11	SLEEP LAB	HOME OFFICE	0	402,835	4.20
4.21	101.00	HOME HEALTH AGENCY	HOME OFFICE	0	1,756,937	4.21
4.22	116.00	HOSPICE	HOME OFFICE	0	304,428	4.22
4.23	192.01	OTHER NONREIMBURSABLE-METHOD	HOME OFFICE	0	16,500	4.23
4.24	192.08	NON-ALLOWABLE ADVERTISING	HOME OFFICE	0	128,998	4.24
4.25	60.00	LABORATORY	RELATED PARTY LAB	71,320,407	71,320,407	4.25
4.26	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY TRANSACTIONS AT	162,060	162,060	4.26
4.27	5.01	NONPATIENT TELEPHONES	INTERCOMPANY TRANSACTIONS AT	42,472	42,472	4.27
4.28	5.02	DATA PROCESSING	INTERCOMPANY TRANSACTIONS AT	36,881	36,881	4.28
4.30	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY TRANSACTIONS AT	53,439	53,439	4.30
4.31	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY TRANSACTIONS AT	12,864,002	12,864,002	4.31
4.32	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY TRANSACTIONS AT	19,864	19,864	4.32
4.33	10.00	DIETARY	INTERCOMPANY TRANSACTIONS AT	1,223,847	1,223,847	4.33
4.34	13.00	NURSING ADMINISTRATION	INTERCOMPANY TRANSACTIONS AT	871,966	871,966	4.34
4.35	15.00	PHARMACY	INTERCOMPANY TRANSACTIONS AT	-1,337	-1,337	4.35
4.36	22.00	I&R SERVICES-OTHER PRGM COST	INTERCOMPANY TRANSACTIONS AT	1,155,203	1,155,203	4.36
4.37	23.03	PARAMED RESPIRATORY THERAPY	INTERCOMPANY TRANSACTIONS AT	15,000	15,000	4.37
4.38	30.00	ADULTS & PEDIATRICS	INTERCOMPANY TRANSACTIONS AT	692,188	692,188	4.38
4.39	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY TRANSACTIONS AT	2,550	2,550	4.39
4.40	34.04	RHPEDIC	INTERCOMPANY TRANSACTIONS AT	283,682	283,682	4.40
4.41	34.06	PEDS CANCER CARE	INTERCOMPANY TRANSACTIONS AT	2,520	2,520	4.41
4.42	40.00	SUBPROVIDER - IPF	INTERCOMPANY TRANSACTIONS AT	898,486	898,486	4.42
4.43	50.00	OPERATING ROOM	INTERCOMPANY TRANSACTIONS AT	1,770,854	1,770,854	4.43
4.44	51.00	RECOVERY ROOM	INTERCOMPANY TRANSACTIONS AT	28,064	28,064	4.44
4.45	53.00	ANESTHESIOLOGY	INTERCOMPANY TRANSACTIONS AT	7,447,522	7,447,522	4.45
4.46	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY TRANSACTIONS AT	47,045	47,045	4.46
4.47	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY TRANSACTIONS AT	925,409	925,409	4.47
4.48	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY TRANSACTIONS AT	472,978	472,978	4.48
4.49	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY TRANSACTIONS AT	166,778	166,778	4.49
4.50	60.00	LABORATORY	INTERCOMPANY TRANSACTIONS AT	105,258	105,258	4.50
4.51	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY TRANSACTIONS AT	281,155	281,155	4.51
4.52	69.00	ELECTROCARDIOLOGY	INTERCOMPANY TRANSACTIONS AT	2,107,406	2,107,406	4.52
4.53	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY TRANSACTIONS AT	59,123	59,123	4.53
4.54	74.00	RENAL DIALYSIS	INTERCOMPANY TRANSACTIONS AT	115,857	115,857	4.54
4.55	76.01	CARDIOLOGY	INTERCOMPANY TRANSACTIONS AT	303,037	303,037	4.55
4.56	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY TRANSACTIONS AT	1,800,229	1,800,229	4.56
4.57	76.03	CARDIAC CATH	INTERCOMPANY TRANSACTIONS AT	1,455,731	1,455,731	4.57
4.58	90.01	AMB SVC-OB & GYN	INTERCOMPANY TRANSACTIONS AT	76,144	76,144	4.58
4.59	90.02	USCC HEM/ONC	INTERCOMPANY TRANSACTIONS AT	11,426,728	11,426,728	4.59
4.60	90.06	OUTPATIENT SURGERY	INTERCOMPANY TRANSACTIONS AT	35,833	35,833	4.60
4.61	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY TRANSACTIONS AT	70,785	70,785	4.61
4.62	90.08	MOTILITY LAB	INTERCOMPANY TRANSACTIONS AT	7,408	7,408	4.62
4.63	90.10	CLINICAL GERIATRICS	INTERCOMPANY TRANSACTIONS AT	995	995	4.63
4.64	90.11	SLEEP LAB	INTERCOMPANY TRANSACTIONS AT	19,366	19,366	4.64
4.65	90.17	PHYSICAL MEDICINE	INTERCOMPANY TRANSACTIONS AT	49,138	49,138	4.65
4.66	90.19	INFUSION/HEM/ONC	INTERCOMPANY TRANSACTIONS AT	1,268	1,268	4.66
4.67	90.22	EATING DISORDERS CLINIC	INTERCOMPANY TRANSACTIONS AT	71,252	71,252	4.67

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet A-8-1

Date/Time Prepared: 5/26/2015 1:45 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
4.68	90.23	GASTROENTEROLOGY CLINIC	INTERCOMPANY TRANSACTIONS AT	100,000	100,000	4.68
4.69	91.00	EMERGENCY	INTERCOMPANY TRANSACTIONS AT	5,690,808	5,690,808	4.69
4.70	94.00	HOME PROGRAM DIALYSIS	INTERCOMPANY TRANSACTIONS AT	68,883	68,883	4.70
4.71	95.00	AMBULANCE SERVICES	INTERCOMPANY TRANSACTIONS AT	27,025	27,025	4.71
4.72	101.00	HOME HEALTH AGENCY	INTERCOMPANY TRANSACTIONS AT	68,217	68,217	4.72
4.73	105.00	KIDNEY ACQUISITION	INTERCOMPANY TRANSACTIONS AT	84,390	84,390	4.73
4.74	106.00	HEART ACQUISITION	INTERCOMPANY TRANSACTIONS AT	22,917	22,917	4.74
4.75	107.00	LIVER ACQUISITION	INTERCOMPANY TRANSACTIONS AT	1,665,039	1,665,039	4.75
4.76	116.00	HOSPICE	INTERCOMPANY TRANSACTIONS AT	204,670	204,670	4.76
4.77	192.00	PHYSICIANS' PRIVATE OFFICES	INTERCOMPANY TRANSACTIONS AT	3,330,501	3,330,501	4.77
4.78	192.01	OTHER NONREIMBURSABLE-METHOD	INTERCOMPANY TRANSACTIONS AT	4,511,966	4,511,966	4.78
4.79	192.02	OTHER NONREIMBURSABLE - IUMC	INTERCOMPANY TRANSACTIONS AT	22,417,299	22,417,299	4.79
4.80	192.08	NON-ALLOWABLE ADVERTISING	INTERCOMPANY TRANSACTIONS AT	254,777	254,777	4.80
4.81	192.10	CARDIO PHYSICIANS	INTERCOMPANY TRANSACTIONS AT	322,796	322,796	4.81
4.82	0.00			0	0	4.82
4.83	0.00			0	0	4.83
4.84	0.00			0	0	4.84
4.85	0.00			0	0	4.85
4.86	0.00			0	0	4.86
4.87	0.00			0	0	4.87
4.88	0.00			0	0	4.88
4.89	0.00			0	0	4.89
4.90	0.00			0	0	4.90
4.91	0.00			0	0	4.91
4.92	0.00			0	0	4.92
4.93	0.00			0	0	4.93
4.94	0.00			0	0	4.94
4.95	0.00			0	0	4.95
4.96	0.00			0	0	4.96
4.97	0.00			0	0	4.97
4.98	0.00			0	0	4.98
4.99	0.00			0	0	4.99
5.00	0			665,917,686	436,697,044	5.00

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

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

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

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

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

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

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

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

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 1:45 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	58,341,847	9	1.00
2.00	28,928,276	9	2.00
3.00	108,425,937	0	3.00
4.00	66,840,979	0	4.00
4.01	10,798,839	0	4.01
4.02	13,034,905	0	4.02
4.03	56,084,796	0	4.03
4.04	-223,532,964	0	4.04
4.05	16,264,222	0	4.05
4.06	67,379,612	0	4.06
4.07	3,044,613	0	4.07
4.08	3,184,697	0	4.08
4.09	4,580,921	0	4.09
4.10	2,258,344	0	4.10
4.11	3,859,498	0	4.11
4.12	12,491,179	0	4.12
4.13	-3,983	0	4.13
4.14	-53,750	0	4.14
4.15	-5,259	0	4.15
4.16	-27,379	0	4.16
4.17	-36,957	0	4.17
4.18	-7,087	0	4.18
4.19	-20,946	0	4.19
4.20	-402,835	0	4.20
4.21	-1,756,937	0	4.21
4.22	-304,428	0	4.22
4.23	-16,500	0	4.23
4.24	-128,998	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
4.28	0	0	4.28
4.30	0	0	4.30
4.31	0	0	4.31
4.32	0	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	0	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	0	0	4.46
4.47	0	0	4.47
4.48	0	0	4.48
4.49	0	0	4.49
4.50	0	0	4.50
4.51	0	0	4.51
4.52	0	0	4.52
4.53	0	0	4.53
4.54	0	0	4.54
4.55	0	0	4.55
4.56	0	0	4.56
4.57	0	0	4.57
4.58	0	0	4.58
4.59	0	0	4.59
4.60	0	0	4.60
4.61	0	0	4.61
4.62	0	0	4.62
4.63	0	0	4.63
4.64	0	0	4.64
4.65	0	0	4.65
4.66	0	0	4.66
4.67	0	0	4.67

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

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 1:45 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.68	0	0		4.68
4.69	0	0		4.69
4.70	0	0		4.70
4.71	0	0		4.71
4.72	0	0		4.72
4.73	0	0		4.73
4.74	0	0		4.74
4.75	0	0		4.75
4.76	0	0		4.76
4.77	0	0		4.77
4.78	0	0		4.78
4.79	0	0		4.79
4.80	0	0		4.80
4.81	0	0		4.81
4.82	0	0		4.82
4.83	0	0		4.83
4.84	0	0		4.84
4.85	0	0		4.85
4.86	0	0		4.86
4.87	0	0		4.87
4.88	0	0		4.88
4.89	0	0		4.89
4.90	0	0		4.90
4.91	0	0		4.91
4.92	0	0		4.92
4.93	0	0		4.93
4.94	0	0		4.94
4.95	0	0		4.95
4.96	0	0		4.96
4.97	0	0		4.97
4.98	0	0		4.98
4.99	0	0		4.99
5.00	229,220,642			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 1:45 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	18,508,524	18,508,524	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	438,000	438,000	0	0	0	2.00
3.00	15.00	PHARMACY	-27,500	-27,500	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	-25,000	-25,000	0	0	0	4.00
5.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	50,000	50,000	0	0	0	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,988,548	2,988,548	0	0	0	6.00
7.00	23.01	PARAMED HEALTH SCIENCES	35,632	35,632	0	0	0	7.00
8.00	23.03	PARAMED RESPIRATORY THERAPY	15,000	15,000	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,845,408	1,845,408	0	0	0	9.00
10.00	32.01	NEONATAL INTENSIVE CARE UNIT	39,438	39,438	0	0	0	10.00
11.00	33.00	BURN INTENSIVE CARE UNIT	8,750	8,750	0	0	0	11.00
12.00	34.04	RH PEDIC	1,553,249	1,553,249	0	0	0	12.00
13.00	34.06	PEDS CANCER CARE	12,500	12,500	0	0	0	13.00
14.00	40.00	SUBPROVIDER - IPF	675,000	675,000	0	0	0	14.00
15.00	50.00	OPERATING ROOM	537,589	537,589	0	0	0	15.00
16.00	53.00	ANESTHESIOLOGY	8,966,212	8,966,212	0	0	0	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	180,234	180,234	0	0	0	17.00
18.00	55.00	RADIOLOGY-THERAPEUTIC	447,488	447,488	0	0	0	18.00
19.00	60.00	LABORATORY	2,511,379	2,511,379	0	0	0	19.00
20.00	60.01	TRANSPLANT IMMUNOLOGY	281,167	281,167	0	0	0	20.00
21.00	69.00	ELECTROCARDIOLOGY	1,706,350	1,706,350	0	0	0	21.00
22.00	76.01	CARDIOLOGY	280,150	280,150	0	0	0	22.00
23.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,800,229	1,800,229	0	0	0	23.00
24.00	76.03	CARDIAC CATH	2,110,012	2,110,012	0	0	0	24.00
25.00	90.02	IUSCC HEM/ONC	709,052	709,052	0	0	0	25.00
26.00	90.10	CLINICAL GERIATRICS	995	995	0	0	0	26.00
27.00	90.22	EATING DISORDERS CLINIC	291,153	291,153	0	0	0	27.00
28.00	90.23	GASTROENTEROLOGY CLINIC	100,000	100,000	0	0	0	28.00
29.00	90.24	LIFE CARE CLINIC	150,000	150,000	0	0	0	29.00
30.00	91.00	EMERGENCY	5,645,848	5,645,848	0	0	0	30.00
31.00	95.00	AMBULANCE SERVICES	13,423	13,423	0	0	0	31.00
32.00	106.00	HEART ACQUISITION	22,917	22,917	0	0	0	32.00
33.00	107.00	LIVER ACQUISITION	1,481,732	1,481,732	0	0	0	33.00
200.00			53,353,479	53,353,479	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	6.00
7.00	23.01	PARAMED HEALTH SCIENCES	0	0	0	0	0	7.00
8.00	23.03	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	32.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	34.04	RH PEDIC	0	0	0	0	0	12.00
13.00	34.06	PEDS CANCER CARE	0	0	0	0	0	13.00
14.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	14.00
15.00	50.00	OPERATING ROOM	0	0	0	0	0	15.00
16.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	17.00
18.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	18.00
19.00	60.00	LABORATORY	0	0	0	0	0	19.00
20.00	60.01	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	20.00
21.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	21.00
22.00	76.01	CARDIOLOGY	0	0	0	0	0	22.00
23.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	23.00
24.00	76.03	CARDIAC CATH	0	0	0	0	0	24.00
25.00	90.02	IUSCC HEM/ONC	0	0	0	0	0	25.00
26.00	90.10	CLINICAL GERIATRICS	0	0	0	0	0	26.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 1:45 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
27.00	90.22	EATING DISORDERS CLINIC	0	0	0	0	0	27.00
28.00	90.23	GASTROENTEROLOGY CLINIC	0	0	0	0	0	28.00
29.00	90.24	LIFE CARE CLINIC	0	0	0	0	0	29.00
30.00	91.00	EMERGENCY	0	0	0	0	0	30.00
31.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	31.00
32.00	106.00	HEART ACQUISITION	0	0	0	0	0	32.00
33.00	107.00	LIVER ACQUISITION	0	0	0	0	0	33.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	

1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	18,508,524	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	438,000	2.00
3.00	15.00	PHARMACY	0	0	0	-27,500	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	-25,000	4.00
5.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	50,000	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,988,548	6.00
7.00	23.01	PARAMEDICAL HEALTH SCIENCES	0	0	0	35,632	7.00
8.00	23.03	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	15,000	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,845,408	9.00
10.00	32.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	39,438	10.00
11.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	8,750	11.00
12.00	34.04	RH PEDIATRIC	0	0	0	1,553,249	12.00
13.00	34.06	PEDS CANCER CARE	0	0	0	12,500	13.00
14.00	40.00	SUBPROVIDER - IPF	0	0	0	675,000	14.00
15.00	50.00	OPERATING ROOM	0	0	0	537,589	15.00
16.00	53.00	ANESTHESIOLOGY	0	0	0	8,966,212	16.00
17.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	180,234	17.00
18.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	447,488	18.00
19.00	60.00	LABORATORY	0	0	0	2,511,379	19.00
20.00	60.01	TRANSPLANT IMMUNOLOGY	0	0	0	281,167	20.00
21.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,706,350	21.00
22.00	76.01	CARDIOLOGY	0	0	0	280,150	22.00
23.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,800,229	23.00
24.00	76.03	CARDIAC CATH	0	0	0	2,110,012	24.00
25.00	90.02	IUSCC HEM/ONC	0	0	0	709,052	25.00
26.00	90.10	CLINICAL GERIATRICS	0	0	0	995	26.00
27.00	90.22	EATING DISORDERS CLINIC	0	0	0	291,153	27.00
28.00	90.23	GASTROENTEROLOGY CLINIC	0	0	0	100,000	28.00
29.00	90.24	LIFE CARE CLINIC	0	0	0	150,000	29.00
30.00	91.00	EMERGENCY	0	0	0	5,645,848	30.00
31.00	95.00	AMBULANCE SERVICES	0	0	0	13,423	31.00
32.00	106.00	HEART ACQUISITION	0	0	0	22,917	32.00
33.00	107.00	LIVER ACQUISITION	0	0	0	1,481,732	33.00
200.00			0	0	0	53,353,479	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	57,465,632	57,465,632				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	69,003,770		69,003,770			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	104,967,681	82,954	1,149	105,051,784		4.00
5.01 00540 NONPATIENT TELEPHONES	64,399	0	688	0	65,087	5.01
5.02 00550 DATA PROCESSING	66,841,252	26,832	61,788	7,035	0	5.02
5.03 00590 PURCHASING, RECEIVING & STORES	10,952,934	29,098	220,987	10,194	68	5.03
5.04 00570 ADMINISTRATION	13,090,056	18,295	2,661	0	85	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	56,084,796	0	0	0	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	82,827,778	2,002,376	16,355,671	2,495,206	3,323	5.06
6.00 00600 MAINTENANCE & REPAIRS	18,912,432	333,914	17,007	84,339	114	6.00
7.00 00700 OPERATION OF PLANT	68,113,656	32,548	9,432	0	11	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,681	398,379	1,350	0	0	8.00
9.00 00900 HOUSEKEEPING	0	0	0	0	0	9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY	3,044,613	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING - RILEY	3,184,697	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING - METHODIST	5,037,818	23,754	8,972	57,689	0	9.03
10.00 01000 DIETARY	9,369,896	509,594	166,590	1,087,440	734	10.00
11.00 01100 CAFETERIA	2,472,089	72,422	3,465	24,444	6	11.00
13.00 01300 NURSING ADMINISTRATION	20,644,101	396,306	216,547	2,878,491	762	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	92,045,287	662,472	664,372	473,794	324	14.00
15.00 01500 PHARMACY	35,868,787	822,637	1,435,539	5,032,359	1,991	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	13,664,440	12,244	0	45,749	51	16.00
17.00 01700 SOCIAL SERVICE	4,619,427	62,727	2,576	602,364	711	17.00
18.00 01850 PATIENT TRANSPORTATION	1,809,205	11,716	74,990	316,790	176	18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	36,419,441	46,118	0	5,935,714	307	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,717,182	610,225	16,199	83,781	518	22.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
23.01 02301 PARAMED HEALTH SCIENCES	180,982	130,167	21,240	30,344	63	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	810,659	49,813	0	169,436	28	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	47,831	0	68,967	46	23.03
23.04 02304 PARAMED EMERGENCY	145,523	46,492	0	25,632	34	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	693,225	0	0	117,806	85	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	298,097	0	0	69,521	57	23.06
23.07 02307 PARAMED PHARMACY	1,304,698	0	3,001	224,478	17	23.07
23.08 02308 PARAMED MEDICAL ASSIST	-10	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	212,720	29,471	0	50,722	6	23.09
23.10 02310 PARAMED PHARMACY TECH	221,214	28,814	0	40,842	34	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	121,374,140	10,292,360	4,046,844	21,058,045	12,706	30.00
31.00 03100 INTENSIVE CARE UNIT	13,614,673	639,992	244,572	2,363,082	1,422	31.00
32.00 03200 CORONARY CARE UNIT	11,869,306	662,600	227,249	2,057,915	728	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	4,470,317	106,373	155,512	789,031	444	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	1,531,478	197,014	72,460	262,029	97	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	2,842,688	8,369	90,226	491,899	740	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PEDIC	7,298,918	640,687	215,149	1,247,438	415	34.04
34.05 03404 TRANSPLANT ICU	1,989,087	174,572	3,152	342,970	0	34.05
34.06 03407 PEDS CANCER CARE	1,494,625	547,729	245,758	246,217	57	34.06
40.00 04000 SUBPROVIDER - IPF	3,284,849	275,706	12,567	575,514	512	40.00
43.00 04300 NURSERY	2,113,390	323,691	103,408	280,027	461	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	36,926,594	3,350,120	12,995,567	5,812,800	3,141	50.00
50.01 05001 ENDOSCOPY	1,248,515	86,688	247,641	195,186	250	50.01
51.00 05100 RECOVERY ROOM	6,610,601	830,207	284,901	1,130,078	888	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,233,588	341,935	169,556	938,168	1,098	52.00
53.00 05300 ANESTHESIOLOGY	1,331,696	131,119	710,465	222,177	165	53.00
53.01 05301 PULMONARY FUNCTION TESTING	2,619,666	270,260	245,232	457,222	347	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	35,548,154	3,105,688	9,456,979	4,900,513	4,671	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,819,806	572,334	1,322,357	750,842	848	55.00
56.00 05600 RADIO SOTOPE	1,033,786	250,973	236,721	164,701	228	56.00
59.00 05900 CARDIAC CATHETERIZATION	863,936	145,681	385,070	148,757	131	59.00
60.00 06000 LABORATORY	26,170,729	2,466,739	2,590,218	7,056,660	4,000	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	2,263,288	57,551	31,475	165,588	46	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	32	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	13,329,129	115,631	72,828	569,131	68	63.00
65.00 06500 RESPIRATORY THERAPY	18,434,315	295,855	1,315,689	3,253,164	1,263	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
			Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT				NEW MVBLE EQUIP
			0	1.00	2.00	4.00	5.01	
66.00	06600	PHYSICAL THERAPY	12,827,964	602,075	221,646	2,123,869	467	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,545,192	174,740	21,036	449,965	233	67.00
68.00	06800	SPEECH PATHOLOGY	3,063,517	347,162	253,193	540,224	575	68.00
69.00	06900	ELECTROCARDIOLOGY	2,629,630	115,643	399,036	568,641	381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,132,259	281,139	491,294	669,151	529	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,646,543	171,714	0	24,300	23	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	65,677,761	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,144,662	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	45,191,342	73,465	195,546	1,183,986	751	73.03
74.00	07400	RENAL DIALYSIS	6,818,746	433,618	455,717	1,059,883	723	74.00
76.00	03020	RH NBN ECMO IC	910,202	0	29,812	161,238	28	76.00
76.01	03140	CARDIOLOGY	2,142,480	137,814	593,045	112,222	182	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	212,873	36,720	36,444	34,394	216	76.02
76.03	03950	CARDIAC CATH	6,189,483	453,729	699,910	863,777	922	76.03
76.04	03951	DAY SURGERY	2,917,146	300,233	65,737	501,737	671	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	575,301	0	0	102,229	0	76.08
76.97	07697	CARDIAC REHABILITATION	367,069	86,160	575	36,376	131	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,649,857	0	0	559,232	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,966,713	262,329	209,133	351,905	358	90.01
90.02	09002	IUSCC HEM/ONC	30,912,469	1,693,439	2,547,485	4,258,819	1,553	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	332,093	4,326	272,179	44,024	125	90.03
90.04	09004	AMB SVC-PSYCH ADULT	431,653	369,487	23,659	74,709	193	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,088,859	150,857	89,641	371,044	472	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,239,224	491,465	372,872	794,365	1,223	90.07
90.08	09008	MOTILITY LAB	102,356	5,472	41,132	23,936	6	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	23,801	59,907	3,201	881	51	90.10
90.11	09023	SLEEP LAB	2,468,587	216,365	94,915	440,727	484	90.11
90.12	09024	OP CARE ADULTS	247,252	130,231	2,895	42,139	165	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	225,845	0	1,619	27,594	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	741,155	180,315	5,417	129,036	336	90.17
90.18	09016	DERMATOLOGY CLINIC	508,732	108,588	64,075	90,475	28	90.18
90.19	09017	INFUSION/HEM/ONC	875,440	0	6,618	94,343	0	90.19
90.20	09025	IUMG - MH	309,117	0	2,437	52,221	125	90.20
90.21	09019	OP REHAB CLINIC	170,088	26,960	1,863	26,062	74	90.21
90.22	09020	EATING DISORDERS CLINIC	1,213,213	0	27,982	167,134	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	680,013	155,080	0	119,400	0	90.23
90.24	09021	LIFE CARE CLINIC	1,120,184	58,942	3,339	201,814	0	90.24
91.00	09100	EMERGENCY	17,407,297	1,432,720	803,695	2,951,532	2,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	1,039,606	157,243	77,245	140,990	102	94.00
95.00	09500	AMBULANCE SERVICES	21,830,181	0	2,999,510	1,695,380	330	95.00
101.00	10100	HOME HEALTH AGENCY	34,107,451	304,469	155,861	3,025,143	432	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,825,584	128,995	251,687	502,696	364	105.00
106.00	10600	HEART ACQUISITION	1,705,390	10,789	21,073	67,110	23	106.00
107.00	10700	LIVER ACQUISITION	7,521,759	47,174	92,113	165,018	137	107.00
108.00	10800	LUNG ACQUISITION	4,204,880	21,282	41,550	105,501	57	108.00
109.00	10900	PANCREAS ACQUISITION	3,102,184	5,369	10,471	42,173	68	109.00
110.00	11000	INTESTINE ACQUISITION	1,318,645	4,996	9,741	33,661	11	110.00
112.00	08600	OTHER ORGAN ACQUISITION	186,281	0	0	32,597	11	112.00
112.01	08601	POST TRANSPLANT EXPENSES	3,091,223	120,832	236,049	507,370	472	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,009,513	86,456	48,314	668,937	239	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,588,056,279	41,825,373	66,746,582	101,652,251	60,307	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,144	225,982	1,820	0	108	190.00
191.00	19100	RESEARCH	3,802,939	345,308	41,026	585,588	387	191.00
191.01	19101	RESEARCH-GCRC	83,293	93,164	0	0	154	191.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
191.02 19102 OSA	7,671,970	19,737	31,059	401,179	125	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,752,304	35,020	2,295	51,779	34	192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	24,884,543	1,950,103	639,691	1,151,508	1,792	192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	24,289,740	67,568	674,087	185,883	1,183	192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	231,745	10,153,014	0	0	23	192.03
192.04 19204 MHH RADIOLOGY	115,545	0	0	19,797	0	192.04
192.06 19206 BELTWAY SURGERY	7,831	0	0	37	23	192.06
192.07 19207 RHI	248,156	0	10,780	29,317	0	192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	21,409,561	199,949	825,245	819,854	666	192.08
192.09 19209 ARTHRITIS CLINIC - NR	1,528,891	0	0	6,845	6	192.09
192.10 19212 CARDIO PHYSICIANS	1,783,997	0	31,185	147,746	279	192.10
192.11 19211 UNUSED SPACE	0	2,550,414	0	0	0	192.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,677,879,938	57,465,632	69,003,770	105,051,784	65,087	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

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From 01/01/2014
To 12/31/2014

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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal		
		5.02	5.03	5.04	5.05	5A.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING	66,936,907				5.02	
5.03	00590	PURCHASING, RECEIVING & STORES	70,214	11,283,495			5.03	
5.04	00570	ADMINITTING	87,767	12	13,198,876		5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	56,084,796	5.05	
5.06	00560	OTHER ADMINISTRATION AND GENERAL	3,417,059	3,917	0	0	107,105,330	5.06
6.00	00600	MAINTENANCE & REPAIRS	117,023	1,488	0	0	19,466,317	6.00
7.00	00700	OPERATION OF PLANT	11,702	65	0	0	68,167,414	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,006	0	0	406,416	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,044,613	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,184,697	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	65	0	0	5,128,298	9.03
10.00	01000	DIETARY	754,796	131	0	0	11,889,181	10.00
11.00	01100	CAFETERIA	5,851	0	0	0	2,578,277	11.00
13.00	01300	NURSING ADMINISTRATION	784,051	443	0	0	24,920,701	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	333,514	92,190	0	0	94,271,953	14.00
15.00	01500	PHARMACY	2,047,895	87,638	0	0	45,296,846	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,660	0	0	0	13,775,144	16.00
17.00	01700	SOCIAL SERVICE	731,391	3	0	0	6,019,199	17.00
18.00	01850	PATIENT TRANSPORTATION	181,385	353	0	0	2,394,615	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	315,961	0	0	0	42,717,541	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	532,453	19	0	0	2,960,377	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	64,362	1	0	0	427,159	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	29,256	0	0	0	1,059,192	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	46,809	277	0	0	163,930	23.03
23.04	02304	PARAMED EMERGENCY	35,107	0	0	0	252,788	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	87,767	0	0	0	898,883	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	58,511	449	0	0	426,635	23.06
23.07	02307	PARAMED PHARMACY	17,553	0	0	0	1,549,747	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	1	0	0	-9	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	5,851	4	0	0	298,774	23.09
23.10	02310	PARAMED PHARMACY TECH	35,107	56	0	0	326,067	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,065,566	683,062	2,085,562	5,339,629	177,957,914	30.00
31.00	03100	INTENSIVE CARE UNIT	1,462,782	99,623	270,328	654,636	19,351,110	31.00
32.00	03200	CORONARY CARE UNIT	748,944	103,191	195,128	472,529	16,337,590	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	456,388	15,871	95,258	230,680	6,319,874	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	99,469	8,775	30,600	74,102	2,276,024	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	760,647	33,920	49,174	119,080	4,396,743	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	427,132	51,820	123,947	300,155	10,305,661	34.04
34.05	03404	TRANSPLANT ICU	0	22,182	39,592	95,876	2,667,431	34.05
34.06	03407	PEDS CANCER CARE	58,511	6,048	36,671	88,803	2,724,419	34.06
40.00	04000	SUBPROVIDER - IPF	526,602	1,983	45,088	109,187	4,832,008	40.00
43.00	04300	NURSERY	473,941	8,465	367,938	891,012	4,562,333	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,229,823	998,974	1,807,445	6,477,523	71,601,987	50.00
50.01	05001	ENDOSCOPY	257,450	28,850	56,549	219,597	2,340,726	50.01
51.00	05100	RECOVERY ROOM	912,776	27,330	159,689	841,905	10,798,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,129,268	14,511	141,732	375,818	9,345,674	52.00
53.00	05300	ANESTHESIOLOGY	169,683	116,533	140,701	481,251	3,303,790	53.00
53.01	05301	PULMONARY FUNCTION TESTING	356,919	12,272	14,065	258,359	4,234,342	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,803,776	178,376	774,149	4,645,165	63,417,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	871,818	8,946	22,484	1,033,503	9,402,938	55.00
56.00	05600	RADIOISOTOPE	234,045	2,832	24,375	234,142	2,181,803	56.00
59.00	05900	CARDIAC CATHETERIZATION	134,576	13,248	49,332	386,467	2,127,198	59.00
60.00	06000	LABORATORY	4,113,343	1,623,816	1,356,987	6,017,901	51,400,393	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	46,809	60,579	8,883	139,366	2,773,585	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	32	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	70,214	761,080	230,297	633,279	15,781,657	63.00
65.00	06500	RESPIRATORY THERAPY	1,298,950	75,295	414,375	1,025,619	26,114,525	65.00
66.00	06600	PHYSICAL THERAPY	479,793	30,979	175,490	581,579	17,043,862	66.00
67.00	06700	OCCUPATIONAL THERAPY	239,896	4,515	40,919	120,883	3,597,379	67.00
68.00	06800	SPEECH PATHOLOGY	590,964	3,157	24,775	166,215	4,989,782	68.00
69.00	06900	ELECTROCARDIOLOGY	392,026	4,598	197,466	771,418	5,078,839	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
70.00	07000	ELECTROENCEPHALOGRAPHY	544,155	10,038	114,596	416,398	6,659,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,405	1,849,119	327,082	1,337,135	36,379,321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,731,776	1,040,147	3,381,417	73,831,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,604,775	7,802,323	136,551,760	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	772,349	0	0	506,459	47,923,898	73.03
74.00	07400	RENAL DIALYSIS	743,093	102,746	55,931	308,690	9,979,147	74.00
76.00	03020	RH NBN ECMO I C	29,256	9,895	10,319	24,988	1,175,738	76.00
76.01	03140	CARDIOLOGY	187,236	23,299	45,518	287,863	3,529,659	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	222,343	1,370	2,596	27,428	574,384	76.02
76.03	03950	CARDIAC CATH	947,883	68,051	163,390	1,101,376	10,488,521	76.03
76.04	03951	DAY SURGERY	690,433	30,124	1,355	33,475	4,540,911	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	11,740	28,430	717,700	76.08
76.97	07697	CARDIAC REHABILITATION	134,576	146	0	9,111	634,144	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	4,942	0	31,787	4,245,818	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	368,621	2,502	525	80,461	3,242,547	90.01
90.02	09002	IUSCC HEM/ONC	1,597,358	0	2,865	739,247	41,753,235	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	128,725	280	20	29,608	811,380	90.03
90.04	09004	AMB SVC-PSYCH ADULT	198,938	141	0	37,548	1,136,328	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	485,644	1,617	32,218	201,235	3,421,587	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,257,993	9,974	1,541	90,876	4,259,533	90.07
90.08	09008	MOTILITY LAB	5,851	3,346	86	5,027	187,212	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	52,660	8	0	0	140,509	90.10
90.11	09023	SLEEP LAB	497,346	5,433	134	137,171	3,861,162	90.11
90.12	09024	OP CARE ADULTS	169,683	299	7	2,730	595,401	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	1,758	0	45,201	302,017	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	345,217	697	24	12,224	1,414,421	90.17
90.18	09016	DERMATOLOGY CLINIC	29,256	4,140	35	30,483	835,812	90.18
90.19	09017	INFUSION/HEM/ONC	0	1,547	112	61,922	1,039,982	90.19
90.20	09025	IUMG - MH	128,725	216	10	796	493,647	90.20
90.21	09019	OP REHAB CLINIC	76,065	75	6	3,502	304,695	90.21
90.22	09020	EATING DISORDERS CLINIC	0	38	0	23,123	1,431,490	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	1,447	25	8,207	964,172	90.23
90.24	09021	LIFE CARE CLINIC	0	153	0	0	1,384,432	90.24
91.00	09100	EMERGENCY	2,837,797	134,847	444,840	3,732,523	29,748,010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	105,320	3,915	0	143,550	1,667,971	94.00
95.00	09500	AMBULANCE SERVICES	339,365	18,669	405	862,550	27,746,390	95.00
101.00	10100	HOME HEALTH AGENCY	444,686	12,264	0	749,423	38,799,729	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	374,472	9,163	123,599	299,312	11,515,872	105.00
106.00	10600	HEART ACQUISITION	23,405	6	20,719	50,175	1,898,690	106.00
107.00	10700	LIVER ACQUISITION	140,427	7,048	114,120	276,356	8,364,152	107.00
108.00	10800	LUNG ACQUISITION	58,511	821	48,970	118,588	4,600,160	108.00
109.00	10900	PANCREAS ACQUISITION	70,214	1,843	38,126	92,327	3,362,775	109.00
110.00	11000	INTESTINE ACQUISITION	11,702	983	14,041	34,002	1,427,782	110.00
112.00	08600	OTHER ORGAN ACQUISITION	11,702	98	0	0	230,689	112.00
112.01	08601	POST TRANSPLANT EXPENSES	485,644	0	0	0	4,441,590	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	245,747	3,079	0	134,070	7,196,355	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,021,959	11,250,862	13,198,876	56,084,796	1,561,806,938	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	111,171	1	0	0	352,226	190.00
191.00	19100	RESEARCH	397,877	13,833	0	0	5,186,958	191.00
191.01	19101	RESEARCH-GCRC	157,980	3,012	0	0	337,603	191.01
191.02	19102	OSA	128,725	6,178	0	0	8,258,973	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,107	0	0	0	3,876,539	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,843,105	4,542	0	0	30,475,284	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1,217,035	759	0	0	26,436,255	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	23,405	0	0	0	10,408,187	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	135,342	192.04
192.06	19206	BELTWAY SURGERY	23,405	0	0	0	31,296	192.06
192.07	19207	RHI	0	2,807	0	0	291,060	192.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.08	19208	NON-ALLOWABLE ADVERTISING	684,582	236	0	0	23,940,093	192.08
192.09	19209	ARTHRITIS CLINIC - NR	5,851	254	0	0	1,541,847	192.09
192.10	19212	CARDIO PHYSICIANS	286,705	1,011	0	0	2,250,923	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	2,550,414	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	66,936,907	11,283,495	13,198,876	56,084,796	1,677,879,938	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
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To 12/31/2014

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Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	107,105,330				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,327,330	20,793,647			6.00
7.00	00700	OPERATION OF PLANT	4,648,063	12,312	72,827,789		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,712	150,690	528,090	1,112,908	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	207,600	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	217,152	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	349,678	8,985	31,489	0	9.03
10.00	01000	DIETARY	810,676	192,758	675,516	23	10.00
11.00	01100	CAFETERIA	175,802	27,394	96,002	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,699,243	149,906	525,342	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,428,027	250,585	878,170	3,903	14.00
15.00	01500	PHARMACY	3,088,611	311,169	1,090,485	7	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	939,272	4,631	16,231	0	16.00
17.00	01700	SOCIAL SERVICE	410,425	23,727	83,151	1	17.00
18.00	01850	PATIENT TRANSPORTATION	163,279	4,432	15,531	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,912,738	17,445	61,134	267	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	201,856	230,822	808,912	2,114	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	29,126	49,236	172,548	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	72,222	18,842	66,033	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	11,178	18,092	63,404	0	23.03
23.04	02304	PARAMED EMERGENCY	17,237	17,586	61,629	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	61,291	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	29,091	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	105,671	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	20,372	11,148	39,067	0	23.09
23.10	02310	PARAMED PHARMACY TECH	22,233	10,899	38,196	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,134,733	3,893,167	13,643,515	601,399	30.00
31.00	03100	INTENSIVE CARE UNIT	1,319,475	242,082	848,371	44,281	31.00
32.00	03200	CORONARY CARE UNIT	1,113,995	250,634	878,341	36,033	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	430,927	40,237	141,008	2,977	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	155,193	74,522	261,161	5,986	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	299,796	3,166	11,094	11,114	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	702,702	242,345	849,293	19,656	34.04
34.05	03404	TRANSPLANT ICU	181,881	66,033	231,413	10,965	34.05
34.06	03407	PEDS CANCER CARE	185,767	207,183	726,068	6,765	34.06
40.00	04000	SUBPROVIDER - IPF	329,475	104,288	365,475	10,028	40.00
43.00	04300	NURSERY	311,087	122,439	429,084	12,757	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,882,253	1,267,209	4,440,910	80,296	50.00
50.01	05001	ENDOSCOPY	159,605	32,790	114,913	6,084	50.01
51.00	05100	RECOVERY ROOM	736,298	314,032	1,100,520	10,653	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	637,244	129,340	453,268	21,870	52.00
53.00	05300	ANESTHESIOLOGY	225,272	49,597	173,811	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	288,723	102,228	358,255	3,027	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,324,184	1,174,750	4,116,891	57,352	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	641,149	216,490	758,684	7,960	55.00
56.00	05600	RADIOISOTOPE	148,768	94,932	332,689	1,766	56.00
59.00	05900	CARDIAC CATHETERIZATION	145,045	55,105	193,114	0	59.00
60.00	06000	LABORATORY	3,504,787	933,063	3,269,902	1,652	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	189,120	21,769	76,290	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	2	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,076,088	43,738	153,280	22	63.00
65.00	06500	RESPIRATORY THERAPY	1,780,645	111,910	392,185	352	65.00
66.00	06600	PHYSICAL THERAPY	1,162,153	227,739	798,109	8,940	66.00
67.00	06700	OCCUPATIONAL THERAPY	245,291	66,097	231,635	0	67.00
68.00	06800	SPEECH PATHOLOGY	340,233	131,317	460,197	75	68.00
69.00	06900	ELECTROCARDIOLOGY	346,306	43,743	153,297	4,160	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	454,089	106,343	372,677	210	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,480,560	64,952	227,624	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,034,247	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,310,918	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	3,267,739	27,789	97,385	2	0	73.03
74.00	07400	RENAL DIALYSIS	680,438	164,019	574,803	8,799	0	74.00
76.00	03020	RH NBN ECMO IC	80,169	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	240,673	52,129	182,686	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	39,165	13,889	48,675	0	0	76.02
76.03	03950	CARDIAC CATH	715,170	171,626	601,462	11,177	0	76.03
76.04	03951	DAY SURGERY	309,627	113,565	397,988	11,830	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	48,937	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	43,240	32,591	114,213	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	289,505	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	221,096	99,228	347,742	2,775	0	90.01
90.02	09002	IUSCC HEM/ONC	2,846,986	640,556	2,244,818	5,184	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	55,325	1,636	5,735	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	77,482	139,761	489,792	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	233,304	57,063	199,975	1,286	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	290,441	185,901	651,485	3,372	0	90.07
90.08	09008	MOTILITY LAB	12,765	2,070	7,254	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	9,581	22,660	79,413	0	0	90.10
90.11	09023	SLEEP LAB	263,277	81,842	286,813	0	0	90.11
90.12	09024	OP CARE ADULTS	40,598	49,261	172,634	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	20,593	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	96,444	68,205	239,025	544	0	90.17
90.18	09016	DERMATOLOGY CLINIC	56,991	41,074	143,944	1,075	0	90.18
90.19	09017	INFUSION/HEM/ONC	70,912	0	0	0	0	90.19
90.20	09025	IUMG - MH	33,660	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	20,776	10,198	35,738	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	97,608	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	65,743	58,660	205,573	591	0	90.23
90.24	09021	LIFE CARE CLINIC	94,399	22,295	78,133	0	0	90.24
91.00	09100	EMERGENCY	2,028,398	541,937	1,899,209	87,710	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	113,732	59,478	208,440	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,891,915	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,645,598	115,168	403,603	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	785,221	48,793	170,995	0	0	105.00
106.00	10600	HEART ACQUISITION	129,464	4,081	14,302	0	0	106.00
107.00	10700	LIVER ACQUISITION	570,318	17,844	62,534	0	0	107.00
108.00	10800	LUNG ACQUISITION	313,667	8,050	28,212	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	229,294	2,031	7,117	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	97,355	1,890	6,622	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	15,730	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	302,854	45,706	160,175	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	490,691	32,703	114,606	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,190,777	14,877,598	52,095,105	1,107,040	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,017	85,480	299,562	0	0	190.00
191.00	19100	RESEARCH	353,678	130,615	457,740	587	0	191.00
191.01	19101	RESEARCH-GCRC	23,020	35,240	123,498	2,749	0	191.01
191.02	19102	OSA	563,146	7,466	26,164	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	264,326	13,247	46,423	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	2,077,988	737,641	2,585,051	2,532	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1,802,582	25,558	89,568	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	709,693	3,840,456	13,458,805	0	0	192.03
192.04	19204	MHH RADIOLOGY	9,228	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	2,134	0	0	0	0	192.06
192.07	19207	RHI	19,846	0	0	0	0	192.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
192.08	19208	NON-ALLOWABLE ADVERTISING	1,632,379	75,632	265,052	0	0
192.09	19209	ARTHRITIS CLINIC - NR	105,132	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	153,481	0	0	0	0
192.11	19211	UNUSED SPACE	173,903	964,714	3,380,821	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	107,105,330	20,793,647	72,827,789	1,112,908	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	
		9.01	9.02	9.03	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00590 PURCHASING, RECEIVING & STORES						5.03
5.04	00570 ADMI TTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
9.01	00901 HOUSEKEEPING - UNIVERSITY	3,252,213					9.01
9.02	00902 HOUSEKEEPING - RILEY	0	3,401,849				9.02
9.03	00903 HOUSEKEEPING - METHODIST	0	0	5,518,450			9.03
10.00	01000 DIETARY	40,656	8,810	76,874	13,694,494		10.00
11.00	01100 CAFETERIA	0	0	17,990	0	2,895,465	11.00
13.00	01300 NURSING ADMINISTRATION	16,664	4,906	72,521	0	76,261	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	45,176	63,123	55,193	0	21,789	14.00
15.00	01500 PHARMACY	67,395	39,887	94,573	0	107,187	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	3,033	0	0	0	1,054	16.00
17.00	01700 SOCIAL SERVICE	351	8,628	6,473	0	19,680	17.00
18.00	01850 PATIENT TRANSPORTATION	2,663	0	240	0	17,220	18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,084	10,216	0	0	195,046	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,044	0	138,504	0	1,406	22.00
23.00	02300 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301 PARAMED ED HEALTH SCIENCES	0	0	32,335	0	703	23.01
23.02	02302 PARAMED RADIOLOGY-METHODIST	0	0	12,374	0	4,569	23.02
23.03	02303 PARAMED RESPIRATORY THERAPY	0	0	11,882	0	1,757	23.03
23.04	02304 PARAMED EMERGENCY	0	0	11,549	0	703	23.04
23.05	02312 PARAMED PASTORAL EDUCATION	0	0	0	0	4,920	23.05
23.06	02306 PARAMED LAB SCIENCE PRO	0	0	0	0	1,757	23.06
23.07	02307 PARAMED PHARMACY	0	0	0	0	6,326	23.07
23.08	02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309 PARAMED SURGERY TECHNOLOGY	0	0	7,321	0	1,757	23.09
23.10	02310 PARAMED PHARMACY TECH	0	0	7,158	0	1,054	23.10
23.11	02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	706,276	907,634	927,213	11,296,635	628,013	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	158,980	399,286	65,718	31.00
32.00	03200 CORONARY CARE UNIT	54,539	38,664	70,663	276,816	56,229	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	0	0	26,424	0	18,977	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	48,218	0	194,774	6,677	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401 UH SURG 61C	2,073	0	0	26,555	14,057	34.02
34.03	03402 UH NS 31C	0	0	0	0	0	34.03
34.04	03403 RH PED IC	0	156,805	0	72,872	34,441	34.04
34.05	03404 TRANSPLANT ICU	43,243	0	0	132,079	9,840	34.05
34.06	03407 PEDS CANCER CARE	0	134,054	0	95,320	7,380	34.06
40.00	04000 SUBPROVIDER - I PF	0	0	68,488	649,676	15,463	40.00
43.00	04300 NURSERY	40,321	0	39,972	0	8,083	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	285,012	201,279	342,090	0	167,985	50.00
50.01	05001 ENDOSCOPY	0	0	21,534	0	5,272	50.01
51.00	05100 RECOVERY ROOM	27,191	60,009	118,051	7,233	33,035	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	16,370	0	68,523	219,831	27,412	52.00
53.00	05300 ANESTHESIOLOGY	584	27,298	4,279	0	7,380	53.00
53.01	05301 PULMONARY FUNCTION TESTING	13,446	43,041	9,966	0	13,003	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	236,836	183,863	329,182	0	130,382	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	86,518	0	55,410	0	15,463	55.00
56.00	05600 RADIOISOTOPE	24,340	6,825	31,007	0	3,866	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	36,188	0	2,460	59.00
60.00	06000 LABORATORY	62,716	36,619	59,520	0	232,649	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	14,296	0	4,569	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,884	0	6,278	0	15,815	63.00
65.00	06500 RESPIRATORY THERAPY	12,129	22,187	38,811	0	97,699	65.00
66.00	06600 PHYSICAL THERAPY	11,344	19,266	107,788	0	55,878	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,646	16,162	16,327	0	12,652	67.00
68.00	06800 SPEECH PATHOLOGY	16,833	45,978	22,692	0	15,112	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,147	24,518	0	18,626	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	17,791	51,780	0	18,275	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	
			9.01	9.02	9.03	10.00	11.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,655	32,856	0	703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	10,442	0	27,763	73.03
74.00	07400	RENAL DIALYSIS	66,253	13,988	27,077	0	33,738	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	2,460	76.00
76.01	03140	CARDIOLOGY	4,264	29,516	0	0	3,514	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	9,121	0	703	76.02
76.03	03950	CARDIAC CATH	820	14,152	97,525	0	20,032	76.03
76.04	03951	DAY SURGERY	71,372	0	3,006	0	15,815	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	2,460	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	21,400	0	1,054	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	18,275	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	64,981	0	0	0	13,003	90.01
90.02	09002	IUSCC HEM/ONC	358,231	0	61,420	0	72,747	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,072	0	0	0	2,109	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,406	0	90,374	0	2,109	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	37,368	0	0	0	11,246	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	120,284	0	3,048	28,466	90.07
90.08	09008	MOTILITY LAB	0	1,339	0	0	351	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	14,882	0	0	90.10
90.11	09023	SLEEP LAB	0	0	53,750	0	11,597	90.11
90.12	09024	OP CARE ADULTS	0	0	32,351	0	1,406	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	703	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	44,665	0	0	0	5,974	90.17
90.18	09016	DERMATOLOGY CLINIC	26,898	0	0	0	4,217	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	3,514	90.19
90.20	09025	IUMG - MH	0	0	0	0	1,757	90.20
90.21	09019	OP REHAB CLINIC	0	6,598	0	0	703	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	4,569	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	38,414	0	0	0	4,569	90.23
90.24	09021	LIFE CARE CLINIC	0	0	14,642	0	5,974	90.24
91.00	09100	EMERGENCY	21,132	85,792	233,007	310,734	89,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	38,950	0	0	0	3,866	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	50,607	95.00
101.00	10100	HOME HEALTH AGENCY	826	0	2,594	0	87,156	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	16,769	2,014	13,177	0	12,300	105.00
106.00	10600	HEART ACQUISITION	1,403	170	1,103	0	1,757	106.00
107.00	10700	LIVER ACQUISITION	6,133	737	4,820	0	4,217	107.00
108.00	10800	LUNG ACQUISITION	2,768	334	2,175	0	2,811	108.00
109.00	10900	PANCREAS ACQUISITION	698	85	547	0	1,054	109.00
110.00	11000	INTESTINE ACQUISITION	647	79	509	0	703	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	15,710	1,888	12,345	0	13,003	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,751	0	19,721	0	20,735	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,666,898	2,392,041	3,953,811	13,684,859	2,794,604	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,175	32,009	10,436	0	4,569	190.00
191.00	19100	RESEARCH	1,467	0	84,310	0	13,003	191.00
191.01	19101	RESEARCH-GCRC	12,314	0	10,794	9,635	0	191.01
191.02	19102	OSA	1,349	3,498	0	0	10,543	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,971	4,645	0	0	1,054	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	22,261	8,694	406,631	0	40,415	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	16,785	0	7,029	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	457,499	652,189	797,674	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	351	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	1,054	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	816	8,511	0	17,923	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	351	192.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description		HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	
		9.01	9.02	9.03	10.00	11.00	
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	73,279	307,957	229,498	0	192.11
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,252,213	3,401,849	5,518,450	13,694,494	2,895,465 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	27,465,544					13.00
14.00	01400	0	102,017,919				14.00
15.00	01500	9,056	799,695	50,904,911			15.00
16.00	01600	0	0	0	14,739,365		16.00
17.00	01700	0	24	0	0	6,571,659	17.00
18.00	01850	0	3,222	0	0	0	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	176	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	10	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	2,531	15	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	0	0	0	0	0	23.05
23.06	02306	0	4,096	0	0	0	23.06
23.07	02307	0	0	0	0	0	23.07
23.08	02308	0	8	0	0	0	23.08
23.09	02309	0	39	0	0	0	23.09
23.10	02310	0	514	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,170,684	6,232,919	219,219	1,403,105	5,053,717	30.00
31.00	03100	1,503,225	909,059	36,623	172,020	390,493	31.00
32.00	03200	1,304,002	941,615	59,852	124,167	293,504	32.00
32.01	03201	407,501	144,824	3,510	60,616	185,092	32.01
33.00	03300	135,834	80,071	2,397	19,472	45,583	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	335,056	309,516	9,870	31,291	80,093	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	778,779	472,855	33,503	78,872	155,016	34.04
34.05	03404	235,445	202,412	5,245	25,194	62,031	34.05
34.06	03407	144,889	55,189	6,304	23,335	50,487	34.06
40.00	04000	199,223	18,099	76	28,691	132,439	40.00
43.00	04300	208,278	77,239	1,070	234,133	123,204	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,209,559	9,115,599	75,073	1,702,112	0	50.00
50.01	05001	99,611	263,256	3,111	57,704	0	50.01
51.00	05100	715,390	249,381	14,470	221,229	0	51.00
52.00	05200	706,334	132,410	1,835	98,755	0	52.00
53.00	05300	126,778	1,063,355	118,936	126,459	0	53.00
53.01	05301	45,278	111,977	64	67,890	0	53.01
54.00	05400	507,112	1,627,671	108,747	1,220,619	0	54.00
55.00	05500	54,333	81,632	144	271,576	0	55.00
56.00	05600	0	25,840	2,185	61,526	0	56.00
59.00	05900	36,222	120,884	378	101,553	0	59.00
60.00	06000	45,278	14,817,260	24,296	1,581,336	0	60.00
60.01	06001	0	552,785	0	36,621	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	6,944,829	152	166,408	0	63.00
65.00	06500	0	687,068	875	269,504	0	65.00
66.00	06600	0	282,684	114	152,823	0	66.00
67.00	06700	0	41,195	0	31,765	0	67.00
68.00	06800	36,222	28,805	1,373	43,677	0	68.00
69.00	06900	27,167	41,960	1,124	202,707	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
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To 12/31/2014

Worksheet B
Part I
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	91,597	0	109,418	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,873,142	0	351,362	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	34,051,499	0	888,542	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	36,913,570	2,052,081	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	11,511,550	133,083	0	73.03
74.00	07400	RENAL DIALYSIS	407,501	937,550	22,507	81,115	0	74.00
76.00	03020	RH NBN ECMO I C	54,333	90,290	935	6,566	0	76.00
76.01	03140	CARDIOLOGY	36,222	212,605	2,799	75,642	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	18,111	12,504	42	7,207	0	76.02
76.03	03950	CARDIAC CATH	208,278	620,959	9,575	289,411	0	76.03
76.04	03951	DAY SURGERY	280,723	274,879	11,869	8,796	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	27,167	0	0	7,471	0	76.08
76.97	07697	CARDIAC REHABILITATION	27,167	1,332	0	2,394	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	90,556	45,098	4,909	8,353	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	99,611	22,835	450	21,143	0	90.01
90.02	09002	IUSCC HEM/ONC	416,556	0	176,640	194,253	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	2,554	22	7,780	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	27,167	1,285	0	9,866	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	72,445	14,751	75	52,879	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	280,723	91,012	12,844	23,880	0	90.07
90.08	09008	MOTILITY LAB	9,056	30,532	21	1,321	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	69	0	0	0	90.10
90.11	09023	SLEEP LAB	0	49,579	0	36,045	0	90.11
90.12	09024	OP CARE ADULTS	18,111	2,730	0	717	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	18,111	16,043	456	11,878	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	27,167	6,356	24	3,212	0	90.17
90.18	09016	DERMATOLOGY CLINIC	45,278	37,781	3	8,010	0	90.18
90.19	09017	INFUSION/HEM/ONC	36,222	14,116	6,820	16,271	0	90.19
90.20	09025	IUMG - MH	18,111	1,974	1	209	0	90.20
90.21	09019	OP REHAB CLINIC	18,111	687	15	920	0	90.21
90.22	09020	EATING DISORDERS CLINIC	9,056	350	0	6,076	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	36,222	13,208	7	2,157	0	90.23
90.24	09021	LIFE CARE CLINIC	54,333	1,400	27	0	0	90.24
91.00	09100	EMERGENCY	1,666,225	1,230,478	43,346	980,803	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	63,389	35,726	5,433	37,721	0	94.00
95.00	09500	AMBULANCE SERVICES	217,334	170,354	3,911	226,654	0	95.00
101.00	10100	HOME HEALTH AGENCY	561,445	111,911	0	196,927	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,056	83,615	0	78,651	0	105.00
106.00	10600	HEART ACQUISITION	0	57	0	13,185	0	106.00
107.00	10700	LIVER ACQUISITION	0	64,308	0	72,619	0	107.00
108.00	10800	LUNG ACQUISITION	0	7,495	0	31,161	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	16,816	0	24,261	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	8,967	0	8,935	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	897	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9,056	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	217,334	28,092	190,491	35,230	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,121,433	101,720,137	49,648,903	14,739,365	6,571,659	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11	0	0	0	190.00
191.00	19100	RESEARCH	99,611	126,224	1,567	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	27,485	989	0	0	191.01
191.02	19102	OSA	54,333	56,376	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,111	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	117,722	41,442	804,378	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	9,056	6,926	999	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	25,618	489	0	0	192.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.08	19208	NON-ALLOWABLE ADVERTISING	0	2,157	247	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	2,320	425,020	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	45,278	9,223	22,319	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	27,465,544	102,017,919	50,904,911	14,739,365	6,571,659	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED HEALTH SCIENCES	
	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	18.00	21.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 PATIENT TRANSPORTATION	2,601,202					18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	45,915,471				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,357,211			22.00
23.00 02300 PARAMED PRGM	0	0	0	0		23.00
23.01 02301 PARAMED HEALTH SCIENCES	0	0	0	0	711,117	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	151,967	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	71,316	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	23,059	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0	112,200	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0	62,673	23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0	206,564	23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0	46,045	23.09
23.10 02310 PARAMED PHARMACY TECH	0	0	0	0	37,293	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	247,715	13,157,510	1,248,597	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	30,370	1,702,414	161,553	0	0	31.00
32.00 03200 CORONARY CARE UNIT	21,921	60,517	5,743	0	0	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	10,702	387,600	36,782	0	0	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	3,438	26,657	2,530	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	5,524	128,239	12,169	0	0	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PEDIC	13,925	28,818	2,735	0	0	34.04
34.05 03404 TRANSPLANT ICU	4,448	3,602	342	0	0	34.05
34.06 03407 PEDS CANCER CARE	4,120	0	0	4,120	0	34.06
40.00 04000 SUBPROVIDER - IPF	5,065	60,517	5,743	0	0	40.00
43.00 04300 NURSERY	41,336	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	300,504	3,507,852	332,882	0	0	50.00
50.01 05001 ENDOSCOPY	10,187	110,228	10,460	0	0	50.01
51.00 05100 RECOVERY ROOM	39,057	148,412	14,084	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	17,435	216,854	20,579	0	0	52.00
53.00 05300 ANESTHESIOLOGY	22,326	4,033,778	382,791	0	0	53.00
53.01 05301 PULMONARY FUNCTION TESTING	11,986	91,497	8,683	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	215,497	2,926,452	277,710	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	47,946	105,185	9,982	0	0	55.00
56.00 05600 RADIOISOTOPE	10,862	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	17,929	67,001	6,358	0	0	59.00
60.00 06000 LABORATORY	279,181	1,291,039	122,515	0	0	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	6,465	8,645	820	0	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	29,379	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	47,580	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	26,980	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,608	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description	OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMED PRGM	PARAMED HEALTH SCIENCES	
	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	18.00	21.00	22.00	23.00			
68.00 06800 SPEECH PATHOLOGY	7,711	59,077	5,606	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	35,787	341,491	32,406	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	19,317	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	62,032	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	156,870	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	361,292	0	0	0	0	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	23,496	0	0	0	0	0	73.03
74.00 07400 RENAL DIALYSIS	14,321	121,035	11,486	0	0	0	74.00
76.00 03020 RH NBN ECMO IC	1,159	0	0	0	0	0	76.00
76.01 03140 CARDIOLOGY	13,354	832,836	79,033	0	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,272	0	0	0	0	0	76.02
76.03 03950 CARDIAC CATH	51,095	0	0	0	0	0	76.03
76.04 03951 DAY SURGERY	1,553	77,088	7,315	0	0	0	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	0	76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	0	76.07
76.08 03954 ECMO-ADULT	1,319	0	0	0	0	0	76.08
76.97 07697 CARDIAC REHABILITATION	423	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	1,475	41,786	3,965	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	3,733	208,209	19,758	0	0	0	90.01
90.02 09002 IUSCC HEM/ONC	34,295	1,028,077	97,561	0	0	0	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	1,374	139,046	13,195	0	0	0	90.03
90.04 09004 AMB SVC-PSYCH ADULT	1,742	658,488	62,488	0	0	0	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	9,336	0	0	0	0	0	90.06
90.07 09007 AMB SVC-RILEY CLINICS	4,216	1,953,850	185,413	0	0	0	90.07
90.08 09008 MOTILITY LAB	233	794,652	75,410	0	0	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	113,830	10,802	0	0	0	90.10
90.11 09023 SLEEP LAB	6,364	0	0	0	0	0	90.11
90.12 09024 OP CARE ADULTS	127	524,485	49,772	0	0	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	0	90.13
90.14 09012 ARTHRITIS CLINIC	2,097	257,199	24,407	0	0	0	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	567	0	0	0	0	0	90.17
90.18 09016 DERMATOLOGY CLINIC	1,414	260,801	24,749	0	0	0	90.18
90.19 09017 INFUSION/HEM/ONC	2,873	388,320	36,850	0	0	0	90.19
90.20 09025 IUMG - MH	37	346,535	32,885	0	0	0	90.20
90.21 09019 OP REHAB CLINIC	162	171,466	16,272	0	0	0	90.21
90.22 09020 EATING DISORDERS CLINIC	1,073	1,441	137	0	0	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	381	522,323	49,567	0	0	0	90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	0	0	0	90.24
91.00 09100 EMERGENCY	173,158	2,953,829	280,308	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	6,660	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	40,015	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	34,767	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	13,886	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	2,328	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	12,821	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	5,501	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	4,283	0	0	0	0	0	109.00
110.00 11000 INTESTINE ACQUISITION	1,577	0	0	0	0	0	110.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0	0	0	112.01
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00 11600 HOSPICE	6,220	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,601,202	39,858,681	3,782,443	0	711,117	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	5,091,393	483,155	0	0	0	191.00
191.01 19101 RESEARCH-GCRC	0	0	0	0	0	0	191.01
191.02 19102 OSA	0	0	0	0	0	0	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	927,935	88,058	0	0	0	192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	0	192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMG	0	8,645	820	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	
			PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			18.00	21.00	22.00			
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	15,129	1,436	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	13,688	1,299	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,601,202	45,915,471	4,357,211	0	711,117	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

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Part I
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Cost Center Description		PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	
		23.02	23.03	23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02302	1,385,199					23.02
23.03	02303	0	344,105				23.03
23.04	02304	0	0	384,551			23.04
23.05	02312	0	0	0	1,077,294		23.05
23.06	02306	0	0	0	0	524,252	23.06
23.07	02307	0	0	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	0	0	0	0	23.09
23.10	02310	0	0	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	828,456	0	30.00
31.00	03100	0	0	0	64,014	0	31.00
32.00	03200	0	0	0	48,114	0	32.00
32.01	03201	0	0	0	30,342	0	32.01
33.00	03300	0	0	0	7,473	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	0	0	0	13,130	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	0	0	0	25,412	0	34.04
34.05	03404	0	0	0	10,169	0	34.05
34.06	03407	0	0	0	8,276	0	34.06
40.00	04000	0	0	0	21,711	0	40.00
43.00	04300	0	0	0	20,197	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	1,385,199	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	524,252	60.00
60.01	06001	0	0	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	344,105	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 1:45 pm
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Cost Center Description			PARAMED RADIOLOGY-METH ODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	
			23.02	23.03	23.04	23.05	23.06	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	384,551	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,385,199	344,105	384,551	1,077,294	524,252	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description			PARAMED RADIOLOGY-METH ODIST 23.02	PARAMED RESPIRATORY THERAPY 23.03	PARAMED EMERGENCY 23.04	PARAMED PASTORAL EDUCATION 23.05	PARAMED LAB SCIENCE PRO 23.06	
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,385,199	344,105	384,551	1,077,294	524,252	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description		PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	
		23.07	23.08	23.09	23.10	23.11	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00590 PURCHASING, RECEIVING & STORES						5.03
5.04	00570 ADMITTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
9.01	00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902 HOUSEKEEPING - RILEY						9.02
9.03	00903 HOUSEKEEPING - METHODIST						9.03
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE						17.00
18.00	01850 PATIENT TRANSPORTATION						18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300 PARAMED PRGM						23.00
23.01	02301 PARAMED HEALTH SCIENCES						23.01
23.02	02302 PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303 PARAMED RESPIRATORY THERAPY						23.03
23.04	02304 PARAMED EMERGENCY						23.04
23.05	02312 PARAMED PASTORAL EDUCATION						23.05
23.06	02306 PARAMED LAB SCIENCE PRO						23.06
23.07	02307 PARAMED PHARMACY	1,868,308					23.07
23.08	02308 PARAMED MEDICAL ASSIST	0	-1				23.08
23.09	02309 PARAMED SURGERY TECHNOLOGY	0	0	424,523			23.09
23.10	02310 PARAMED PHARMACY TECH	0	0	0	443,414		23.10
23.11	02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	8,046	0	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	1,344	0	0	0	0	31.00
32.00	03200 CORONARY CARE UNIT	2,197	0	0	0	0	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	129	0	0	0	0	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	88	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401 UH SURG 6IC	362	0	0	0	0	34.02
34.03	03402 UH NS 3IC	0	0	0	0	0	34.03
34.04	03403 RH PEDIC	1,230	0	0	0	0	34.04
34.05	03404 TRANSPLANT ICU	193	0	0	0	0	34.05
34.06	03407 PEDS CANCER CARE	231	0	0	0	0	34.06
40.00	04000 SUBPROVIDER - IPF	3	0	0	0	0	40.00
43.00	04300 NURSERY	39	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,755	0	424,523	0	0	50.00
50.01	05001 ENDOSCOPY	114	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	531	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	67	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	4,365	0	0	0	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	2	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,991	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	80	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	14	0	0	0	0	59.00
60.00	06000 LABORATORY	892	0	0	0	0	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	32	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	4	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	50	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	41	0	0	0	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

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Part I
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Cost Center Description			PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	
			23.07	23.08	23.09	23.10	23.11	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,354,779	0	0	443,414	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	422,514	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	826	0	0	0	0	74.00
76.00	03020	RH NBN ECMO I C	34	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	103	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	351	0	0	0	0	76.03
76.04	03951	DAY SURGERY	436	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	180	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	17	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	6,483	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	471	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	1	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	17	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	250	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	1	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1	0	0	0	0	90.24
91.00	09100	EMERGENCY	1,591	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	199	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	144	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	6,992	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,822,208	0	424,523	443,414	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	58	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	36	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	29,523	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	37	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	18	0	0	0	0	192.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
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To 12/31/2014

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Cost Center Description			PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	
			23.07	23.08	23.09	23.10	23.11	
192.08	19208	NON-ALLOWABLE ADVERTISING	9	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	15,600	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	819	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-1	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,868,308	-1	424,523	443,414	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
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To 12/31/2014

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00590				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00560				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
9.01	00901				9.01
9.02	00902				9.02
9.03	00903				9.03
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
23.04	02304				23.04
23.05	02312				23.05
23.06	02306				23.06
23.07	02307				23.07
23.08	02308				23.08
23.09	02309				23.09
23.10	02310				23.10
23.11	02311				23.11
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	263,266,467	-14,406,107	248,860,360	30.00
31.00	03100	27,400,418	-1,863,967	25,536,451	31.00
32.00	03200	21,975,136	-66,260	21,908,876	32.00
32.01	03201	8,247,522	-424,382	7,823,140	32.01
33.00	03300	3,346,098	-29,187	3,316,911	33.00
34.00	03400	0	0	0	34.00
34.02	03401	5,689,848	-140,408	5,549,440	34.02
34.03	03402	0	0	0	34.03
34.04	03403	13,974,920	-31,553	13,943,367	34.04
34.05	03404	3,891,966	-3,944	3,888,022	34.05
34.06	03407	4,379,787	0	4,379,787	34.06
40.00	04000	6,846,468	-66,260	6,780,208	40.00
43.00	04300	6,231,572	0	6,231,572	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	100,939,880	-3,840,734	97,099,146	50.00
50.01	05001	3,235,595	-120,688	3,114,907	50.01
51.00	05100	14,607,951	-162,496	14,445,455	51.00
52.00	05200	12,113,801	-237,433	11,876,368	52.00
53.00	05300	9,670,799	-4,416,569	5,254,230	53.00
53.01	05301	5,403,408	-100,180	5,303,228	53.01
54.00	05400	82,243,909	-3,204,162	79,039,747	54.00
55.00	05500	11,755,415	-115,167	11,640,248	55.00
56.00	05600	2,926,489	0	2,926,489	56.00
59.00	05900	2,909,449	-73,359	2,836,090	59.00
60.00	06000	78,187,350	-1,413,554	76,773,796	60.00
60.01	06001	3,684,965	-9,465	3,675,500	60.01
60.02	06002	34	0	34	60.02
63.00	06300	24,221,536	0	24,221,536	63.00
65.00	06500	29,919,607	0	29,919,607	65.00
66.00	06600	19,897,684	0	19,897,684	66.00
67.00	06700	4,274,757	0	4,274,757	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
68.00	06800	SPEECH PATHOLOGY	6,204,740	-64,683	6,140,057	68.00
69.00	06900	ELECTROCARDIOLOGY	6,356,319	-373,897	5,982,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,901,056	0	7,901,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,482,207	0	56,482,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	113,962,259	0	113,962,259	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,987,814	0	186,987,814	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	63,445,661	0	63,445,661	73.03
74.00	07400	RENAL DIALYSIS	13,144,603	-132,521	13,012,082	74.00
76.00	03020	RH NBN ECMO IC	1,411,684	0	1,411,684	76.00
76.01	03140	CARDIOLOGY	5,295,035	-911,869	4,383,166	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	725,075	0	725,075	76.02
76.03	03950	CARDIAC CATH	13,300,154	0	13,300,154	76.03
76.04	03951	DAY SURGERY	6,126,773	-84,403	6,042,370	76.04
76.05	03480	ONCOLOGY	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	76.07
76.08	03954	ECMO-ADULT	805,054	0	805,054	76.08
76.97	07697	CARDIAC REHABILITATION	877,958	0	877,958	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,749,920	-45,751	4,704,169	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	4,367,128	-227,967	4,139,161	90.01
90.02	09002	IUSCC HEM/ONC	49,937,042	-1,125,638	48,811,404	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,041,229	-152,241	888,988	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,698,288	-720,976	1,977,312	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,111,318	0	4,111,318	90.06
90.07	09007	AMB SVC-RILEY CLINICS	8,094,939	-2,139,263	5,955,676	90.07
90.08	09008	MOTILITY LAB	1,122,217	-870,062	252,155	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	391,746	-124,632	267,114	90.10
90.11	09023	SLEEP LAB	4,650,429	0	4,650,429	90.11
90.12	09024	OP CARE ADULTS	1,487,593	-574,257	913,336	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	653,521	-281,606	371,915	90.14
90.15	09013	NEUROLOGY UH	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,906,605	0	1,906,605	90.17
90.18	09016	DERMATOLOGY CLINIC	1,488,047	-285,550	1,202,497	90.18
90.19	09017	INFUSION/HEM/ONC	1,616,130	-425,170	1,190,960	90.19
90.20	09025	IUMG - MH	928,816	-379,420	549,396	90.20
90.21	09019	OP REHAB CLINIC	586,342	-187,738	398,604	90.21
90.22	09020	EATING DISORDERS CLINIC	1,551,800	-1,578	1,550,222	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,961,587	-571,890	1,389,697	90.23
90.24	09021	LIFE CARE CLINIC	1,655,636	0	1,655,636	90.24
91.00	09100	EMERGENCY	42,759,482	-3,234,137	39,525,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,241,565	0	2,241,565	94.00
95.00	09500	AMBULANCE SERVICES	30,347,324	0	30,347,324	95.00
101.00	10100	HOME HEALTH AGENCY	42,959,724	0	42,959,724	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,750,349	0	12,750,349	105.00
106.00	10600	HEART ACQUISITION	2,066,540	0	2,066,540	106.00
107.00	10700	LIVER ACQUISITION	9,180,503	0	9,180,503	107.00
108.00	10800	LUNG ACQUISITION	5,002,334	0	5,002,334	108.00
109.00	10900	PANCREAS ACQUISITION	3,648,961	0	3,648,961	109.00
110.00	11000	INTESTINE ACQUISITION	1,555,066	0	1,555,066	110.00
112.00	08600	OTHER ORGAN ACQUISITION	247,316	0	247,316	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,002,327	0	5,002,327	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	8,360,921	0	8,360,921	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,515,391,968	-43,641,124	1,471,750,844	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	821,485	0	821,485	190.00
191.00	19100	RESEARCH	12,030,366	-5,574,548	6,455,818	191.00
191.01	19101	RESEARCH-GCRC	583,363	0	583,363	191.01
191.02	19102	OSA	8,981,848	0	8,981,848	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,244,309	-1,015,993	4,228,316	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	37,349,562	0	37,349,562	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	28,404,260	-9,465	28,394,795	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	30,324,503	0	30,324,503	192.03
192.04	19204	MHH RADIOLOGY	161,486	-16,565	144,921	192.04
192.06	19206	BELTWAY SURGERY	33,430	0	33,430	192.06
192.07	19207	RHI	338,085	0	338,085	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	25,957,806	-14,987	25,942,819	192.08
192.09	19209	ARTHRTIS CLINIC - NR	2,090,270	0	2,090,270	192.09
192.10	19212	CARDIO PHYSICIANS	2,486,612	0	2,486,612	192.10
192.11	19211	UNUSED SPACE	7,680,586	0	7,680,586	192.11
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-1	0	-1	201.00
202.00		TOTAL (sum lines 118-201)	1,677,879,938	-50,272,682	1,627,607,256	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	82,954	1,149	84,103	84,103 4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	688	688	0 5.01
5.02 00550	DATA PROCESSING	0	26,832	61,788	88,620	6 5.02
5.03 00590	PURCHASING, RECEIVING & STORES	0	29,098	220,987	250,085	8 5.03
5.04 00570	ADMINISTRATIVE	0	18,295	2,661	20,956	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,002,376	16,355,671	18,358,047	2,001 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	333,914	17,007	350,921	68 6.00
7.00 00700	OPERATION OF PLANT	0	32,548	9,432	41,980	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	398,379	1,350	399,729	0 8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	0 9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0 9.01
9.02 00902	HOUSEKEEPING - RILEY	0	0	0	0	0 9.02
9.03 00903	HOUSEKEEPING - METHODIST	0	23,754	8,972	32,726	46 9.03
10.00 01000	DIETARY	0	509,594	166,590	676,184	872 10.00
11.00 01100	CAFETERIA	0	72,422	3,465	75,887	20 11.00
13.00 01300	NURSING ADMINISTRATION	0	396,306	216,547	612,853	2,309 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	662,472	664,372	1,326,844	380 14.00
15.00 01500	PHARMACY	0	822,637	1,435,539	2,258,176	4,036 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	12,244	0	12,244	37 16.00
17.00 01700	SOCIAL SERVICE	0	62,727	2,576	65,303	483 17.00
18.00 01850	PATIENT TRANSPORTATION	0	11,716	74,990	86,706	254 18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	46,118	0	46,118	4,761 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	610,225	16,199	626,424	67 22.00
23.00 02300	PARAMED PRGM	0	0	0	0	0 23.00
23.01 02301	PARAMED ED HEALTH SCIENCES	0	130,167	21,240	151,407	24 23.01
23.02 02302	PARAMED RADIOLOGY-METHODIST	0	49,813	0	49,813	136 23.02
23.03 02303	PARAMED RESPIRATORY THERAPY	0	47,831	0	47,831	55 23.03
23.04 02304	PARAMED EMERGENCY	0	46,492	0	46,492	21 23.04
23.05 02312	PARAMED PASTORAL EDUCATION	0	0	0	0	94 23.05
23.06 02306	PARAMED LAB SCIENCE PRO	0	0	0	0	56 23.06
23.07 02307	PARAMED PHARMACY	0	0	3,001	3,001	180 23.07
23.08 02308	PARAMED MEDICAL ASSIST	0	0	0	0	0 23.08
23.09 02309	PARAMED SURGERY TECHNOLOGY	0	29,471	0	29,471	41 23.09
23.10 02310	PARAMED PHARMACY TECH	0	28,814	0	28,814	33 23.10
23.11 02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0 23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	10,292,360	4,046,844	14,339,204	16,734 30.00
31.00 03100	INTENSIVE CARE UNIT	0	639,992	244,572	884,564	1,895 31.00
32.00 03200	CORONARY CARE UNIT	0	662,600	227,249	889,849	1,651 32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	0	106,373	155,512	261,885	633 32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	197,014	72,460	269,474	210 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.02 03401	UH SURG 61C	0	8,369	90,226	98,595	395 34.02
34.03 03402	UH NS 31C	0	0	0	0	0 34.03
34.04 03403	RH PED IC	0	640,687	215,149	855,836	1,001 34.04
34.05 03404	TRANSPLANT ICU	0	174,572	3,152	177,724	275 34.05
34.06 03407	PEDS CANCER CARE	0	547,729	245,758	793,487	197 34.06
40.00 04000	SUBPROVIDER - IPF	0	275,706	12,567	288,273	462 40.00
43.00 04300	NURSERY	0	323,691	103,408	427,099	225 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,350,120	12,995,567	16,345,687	4,662 50.00
50.01 05001	ENDOSCOPY	0	86,688	247,641	334,329	157 50.01
51.00 05100	RECOVERY ROOM	0	830,207	284,901	1,115,108	906 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	341,935	169,556	511,491	752 52.00
53.00 05300	ANESTHESIOLOGY	0	131,119	710,465	841,584	178 53.00
53.01 05301	PULMONARY FUNCTION TESTING	0	270,260	245,232	515,492	367 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,105,688	9,456,979	12,562,667	3,930 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	572,334	1,322,357	1,894,691	602 55.00
56.00 05600	RADIOISOTOPE	0	250,973	236,721	487,694	132 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	145,681	385,070	530,751	119 59.00
60.00 06000	LABORATORY	0	2,466,739	2,590,218	5,056,957	5,660 60.00
60.01 06001	TRANSPLANT IMMUNOLOGY	0	57,551	31,475	89,026	133 60.01
60.02 06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0 60.02
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	115,631	72,828	188,459	456 63.00
65.00 06500	RESPIRATORY THERAPY	0	295,855	1,315,689	1,611,544	2,609 65.00
66.00 06600	PHYSICAL THERAPY	0	602,075	221,646	823,721	1,703 66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
67.00 06700 OCCUPATIONAL THERAPY	0	174,740	21,036	195,776	361	67.00
68.00 06800 SPEECH PATHOLOGY	0	347,162	253,193	600,355	433	68.00
69.00 06900 ELECTROCARDIOLOGY	0	115,643	399,036	514,679	456	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	281,139	491,294	772,433	537	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	171,714	0	171,714	19	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	73,465	195,546	269,011	950	73.03
74.00 07400 RENAL DIALYSIS	0	433,618	455,717	889,335	850	74.00
76.00 03020 RH NBN ECMO IC	0	0	29,812	29,812	129	76.00
76.01 03140 CARDIOLOGY	0	137,814	593,045	730,859	90	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	36,720	36,444	73,164	28	76.02
76.03 03950 CARDIAC CATH	0	453,729	699,910	1,153,639	693	76.03
76.04 03951 DAY SURGERY	0	300,233	65,737	365,970	402	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08 03954 ECMO-ADULT	0	0	0	0	82	76.08
76.97 07697 CARDIAC REHABILITATION	0	86,160	575	86,735	29	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	449	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	0	262,329	209,133	471,462	282	90.01
90.02 09002 IUSCC HEM/ONC	0	1,693,439	2,547,485	4,240,924	3,416	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	4,326	272,179	276,505	35	90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	369,487	23,659	393,146	60	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	0	150,857	89,641	240,498	298	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	491,465	372,872	864,337	637	90.07
90.08 09008 MOTILITY LAB	0	5,472	41,132	46,604	19	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	59,907	3,201	63,108	1	90.10
90.11 09023 SLEEP LAB	0	216,365	94,915	311,280	353	90.11
90.12 09024 OP CARE ADULTS	0	130,231	2,895	133,126	34	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 ARTHRITIS CLINIC	0	0	1,619	1,619	22	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	0	180,315	5,417	185,732	103	90.17
90.18 09016 DERMATOLOGY CLINIC	0	108,588	64,075	172,663	73	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	6,618	6,618	76	90.19
90.20 09025 IUMG - MH	0	0	2,437	2,437	42	90.20
90.21 09019 OP REHAB CLINIC	0	26,960	1,863	28,823	21	90.21
90.22 09020 EATING DISORDERS CLINIC	0	0	27,982	27,982	134	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	155,080	0	155,080	96	90.23
90.24 09021 LIFE CARE CLINIC	0	58,942	3,339	62,281	162	90.24
91.00 09100 EMERGENCY	0	1,432,720	803,695	2,236,415	2,367	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	157,243	77,245	234,488	113	94.00
95.00 09500 AMBULANCE SERVICES	0	0	2,999,510	2,999,510	1,360	95.00
101.00 10100 HOME HEALTH AGENCY	0	304,469	155,861	460,330	2,426	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	128,995	251,687	380,682	403	105.00
106.00 10600 HEART ACQUISITION	0	10,789	21,073	31,862	54	106.00
107.00 10700 LIVER ACQUISITION	0	47,174	92,113	139,287	132	107.00
108.00 10800 LUNG ACQUISITION	0	21,282	41,550	62,832	85	108.00
109.00 10900 PANCREAS ACQUISITION	0	5,369	10,471	15,840	34	109.00
110.00 11000 INTESTINE ACQUISITION	0	4,996	9,741	14,737	27	110.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	26	112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	120,832	236,049	356,881	407	112.01
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	86,456	48,314	134,770	537	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	41,825,373	66,746,582	108,571,955	81,375	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	225,982	1,820	227,802	0	190.00
191.00 19100 RESEARCH	0	345,308	41,026	386,334	470	191.00
191.01 19101 RESEARCH-GCRC	0	93,164	0	93,164	0	191.01
191.02 19102 OSA	0	19,737	31,059	50,796	322	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	35,020	2,295	37,315	42	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	0	1,950,103	639,691	2,589,794	924	192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	67,568	674,087	741,655	149	192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	10,153,014	0	10,153,014	0	192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0	16	192.04
192.06 19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07 19207 RHI	0	0	10,780	10,780	24	192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	0	199,949	825,245	1,025,194	658	192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	5	192.09
192.10 19212 CARDIO PHYSICIANS	0	0	31,185	31,185	118	192.10
192.11 19211 UNUSED SPACE	0	2,550,414	0	2,550,414	0	192.11
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	57,465,632	69,003,770	126,469,402	84,103	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	688					5.01
5.02	00550		88,626				5.02
5.03	00590	1	93	250,187			5.03
5.04	00570	1	116	0	21,073		5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00560	35	4,524	87	0	0	5.06
6.00	00600	1	155	33	0	0	6.00
7.00	00700	0	15	1	0	0	7.00
8.00	00800	0	0	111	0	0	8.00
9.00	00900	0	0	0	0	0	9.00
9.01	00901	0	0	0	0	0	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	1	0	0	9.03
10.00	01000	8	999	3	0	0	10.00
11.00	01100	0	8	0	0	0	11.00
13.00	01300	8	1,038	10	0	0	13.00
14.00	01400	3	442	2,044	0	0	14.00
15.00	01500	21	2,711	1,944	0	0	15.00
16.00	01600	1	70	0	0	0	16.00
17.00	01700	8	968	0	0	0	17.00
18.00	01850	2	240	8	0	0	18.00
21.00	02100	3	418	0	0	0	21.00
22.00	02200	5	705	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	1	85	0	0	0	23.01
23.02	02302	0	39	0	0	0	23.02
23.03	02303	0	62	6	0	0	23.03
23.04	02304	0	46	0	0	0	23.04
23.05	02312	1	116	0	0	0	23.05
23.06	02306	1	77	10	0	0	23.06
23.07	02307	0	23	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	8	0	0	0	23.09
23.10	02310	0	46	1	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	137	17,306	15,148	2,577	0	30.00
31.00	03100	15	1,937	2,209	450	0	31.00
32.00	03200	8	992	2,288	325	0	32.00
32.01	03201	5	604	352	159	0	32.01
33.00	03300	1	132	195	51	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	8	1,007	752	82	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	4	566	1,149	206	0	34.04
34.05	03404	0	0	492	66	0	34.05
34.06	03407	1	77	134	61	0	34.06
40.00	04000	5	697	44	75	0	40.00
43.00	04300	5	628	188	612	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	33	4,276	22,154	3,008	0	50.00
50.01	05001	3	341	640	94	0	50.01
51.00	05100	9	1,209	606	266	0	51.00
52.00	05200	12	1,495	322	236	0	52.00
53.00	05300	2	225	2,584	234	0	53.00
53.01	05301	4	473	272	23	0	53.01
54.00	05400	49	6,360	3,956	1,288	0	54.00
55.00	05500	9	1,154	198	37	0	55.00
56.00	05600	2	310	63	41	0	56.00
59.00	05900	1	178	294	82	0	59.00
60.00	06000	42	5,446	36,010	2,259	0	60.00
60.01	06001	0	62	1,343	15	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	1	93	16,878	383	0	63.00
65.00	06500	13	1,720	1,670	690	0	65.00
66.00	06600	5	635	687	292	0	66.00
67.00	06700	2	318	100	68	0	67.00
68.00	06800	6	782	70	41	0	68.00
69.00	06900	4	519	102	329	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
70.00	07000	ELECTROENCEPHALOGRAPHY	6	720	223	191	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31	41,007	544	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	82,721	1,731	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,671	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	8	1,023	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	8	984	2,279	93	0	74.00
76.00	03020	RH NBN ECMO IC	0	39	219	17	0	76.00
76.01	03140	CARDIOLOGY	2	248	517	76	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2	294	30	4	0	76.02
76.03	03950	CARDIAC CATH	10	1,255	1,509	272	0	76.03
76.04	03951	DAY SURGERY	7	914	668	2	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	20	0	76.08
76.97	07697	CARDIAC REHABILITATION	1	178	3	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	110	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	4	488	55	1	0	90.01
90.02	09002	IUSCC HEM/ONC	16	2,115	0	5	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1	170	6	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2	263	3	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	5	643	36	54	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	13	1,666	221	3	0	90.07
90.08	09008	MOTILITY LAB	0	8	74	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	70	0	0	0	90.10
90.11	09023	SLEEP LAB	5	658	120	0	0	90.11
90.12	09024	OP CARE ADULTS	2	225	7	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	39	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	4	457	15	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	39	92	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	34	0	0	90.19
90.20	09025	IUMG - MH	1	170	5	0	0	90.20
90.21	09019	OP REHAB CLINIC	1	101	2	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	1	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	32	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	3	0	0	90.24
91.00	09100	EMERGENCY	29	3,757	2,990	740	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	1	139	87	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3	449	414	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	5	589	272	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4	496	203	206	0	105.00
106.00	10600	HEART ACQUISITION	0	31	0	34	0	106.00
107.00	10700	LIVER ACQUISITION	1	186	156	190	0	107.00
108.00	10800	LUNG ACQUISITION	1	77	18	82	0	108.00
109.00	10900	PANCREAS ACQUISITION	1	93	41	63	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	15	22	23	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	15	2	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5	643	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3	325	68	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	638	82,120	249,463	21,073	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	147	0	0	0	190.00
191.00	19100	RESEARCH	4	527	307	0	0	191.00
191.01	19101	RESEARCH-GCRC	2	209	67	0	0	191.01
191.02	19102	OSA	1	170	137	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	46	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	19	2,440	101	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	13	1,611	17	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	31	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	31	0	0	0	192.06
192.07	19207	RHI	0	0	62	0	0	192.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

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Part II
Date/Time Prepared:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
192.08	19208	NON-ALLOWABLE ADVERTISING	7	906	5	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	8	6	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	3	380	22	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	688	88,626	250,187	21,073	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	18,364,694				5.06
6.00	00600	MAINTENANCE & REPAIRS	227,581	578,759			6.00
7.00	00700	OPERATION OF PLANT	796,945	343	839,284		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,751	4,194	6,086	414,871	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	35,595	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	37,232	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	59,955	250	363	0	9.03
10.00	01000	DIETARY	138,996	5,365	7,785	9	10.00
11.00	01100	CAFETERIA	30,143	762	1,106	0	11.00
13.00	01300	NURSING ADMINISTRATION	291,348	4,172	6,054	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,102,133	6,975	10,120	1,455	14.00
15.00	01500	PHARMACY	529,565	8,661	12,567	3	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	161,045	129	187	0	16.00
17.00	01700	SOCIAL SERVICE	70,370	660	958	0	17.00
18.00	01850	PATIENT TRANSPORTATION	27,995	123	179	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	499,411	486	705	100	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	34,610	6,425	9,322	788	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	4,994	1,370	1,988	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	12,383	524	761	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	1,917	504	731	0	23.03
23.04	02304	PARAMED EMERGENCY	2,955	489	710	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	10,509	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	4,988	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	18,118	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	3,493	310	450	0	23.09
23.10	02310	PARAMED PHARMACY TECH	3,812	303	440	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,081,271	108,360	157,234	224,190	30.00
31.00	03100	INTENSIVE CARE UNIT	226,234	6,738	9,777	16,507	31.00
32.00	03200	CORONARY CARE UNIT	191,003	6,976	10,122	13,432	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	73,886	1,120	1,625	1,110	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	26,609	2,074	3,010	2,231	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURGIC	51,402	88	128	4,143	34.02
34.03	03402	UH NSIC	0	0	0	0	34.03
34.04	03403	RHPEDIC	120,483	6,745	9,787	7,327	34.04
34.05	03404	TRANSPLANT ICU	31,185	1,838	2,667	4,088	34.05
34.06	03407	PEDS CANCER CARE	31,851	5,767	8,367	2,522	34.06
40.00	04000	SUBPROVIDER - IPF	56,491	2,903	4,212	3,738	40.00
43.00	04300	NURSERY	53,338	3,408	4,945	4,756	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	837,099	35,271	51,178	29,933	50.00
50.01	05001	ENDOSCOPY	27,365	913	1,324	2,268	50.01
51.00	05100	RECOVERY ROOM	126,244	8,741	12,683	3,971	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	109,260	3,600	5,224	8,153	52.00
53.00	05300	ANESTHESIOLOGY	38,625	1,380	2,003	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	49,504	2,845	4,129	1,128	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	741,414	32,697	47,444	21,380	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	109,930	6,026	8,743	2,967	55.00
56.00	05600	RADIOISOTOPE	25,507	2,642	3,834	658	56.00
59.00	05900	CARDIAC CATHETERIZATION	24,869	1,534	2,225	0	59.00
60.00	06000	LABORATORY	600,922	25,970	37,683	616	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	32,426	606	879	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	184,503	1,217	1,766	8	63.00
65.00	06500	RESPIRATORY THERAPY	305,305	3,115	4,520	131	65.00
66.00	06600	PHYSICAL THERAPY	199,260	6,339	9,198	3,333	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,057	1,840	2,669	0	67.00
68.00	06800	SPEECH PATHOLOGY	58,336	3,655	5,303	28	68.00
69.00	06900	ELECTROCARDIOLOGY	59,377	1,218	1,767	1,551	69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm

Table with columns: Cost Center Description, OTHER ADMINISTRATIVE AND GENERAL (5.06), MAINTENANCE & REPAIRS (6.00), OPERATION OF PLANT (7.00), LAUNDRY & LINEN SERVICE (8.00), HOUSEKEEPING (9.00), and a final column for amounts. Rows include various medical and support services like ELECTROENCEPHALOGRAPHY, MEDICAL SUPPLIES, and various clinical departments.

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.08	19208	NON-ALLOWABLE ADVERTISING	279,884	2,105	3,055	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	18,026	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	26,316	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	29,817	26,851	38,961	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,364,694	578,759	839,284	414,871	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm		
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	
			9.01	9.02	9.03	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	35,595					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	37,232				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	93,341			9.03
10.00	01000	DIETARY	445	96	1,300	832,062		10.00
11.00	01100	CAFETERIA	0	0	304	0	108,230	11.00
13.00	01300	NURSING ADMINISTRATION	182	54	1,227	0	2,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	494	691	934	0	814	14.00
15.00	01500	PHARMACY	738	437	1,600	0	4,007	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33	0	0	0	39	16.00
17.00	01700	SOCIAL SERVICE	4	94	109	0	736	17.00
18.00	01850	PATIENT TRANSPORTATION	29	0	4	0	644	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12	112	0	0	7,291	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	143	0	2,343	0	53	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	547	0	26	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	209	0	171	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	201	0	66	23.03
23.04	02304	PARAMED EMERGENCY	0	0	195	0	26	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	184	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	66	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	236	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	124	0	66	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	121	0	39	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,733	9,932	15,680	686,371	23,475	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,689	24,260	2,456	31.00
32.00	03200	CORONARY CARE UNIT	597	423	1,195	16,819	2,102	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	447	0	709	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	528	0	11,834	250	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	23	0	0	1,613	525	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	1,716	0	4,428	1,287	34.04
34.05	03404	TRANSPLANT ICU	473	0	0	8,025	368	34.05
34.06	03407	PEDS CANCER CARE	0	1,467	0	5,792	276	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	1,158	39,474	578	40.00
43.00	04300	NURSERY	441	0	676	0	302	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,119	2,203	5,786	0	6,279	50.00
50.01	05001	ENDOSCOPY	0	0	364	0	197	50.01
51.00	05100	RECOVERY ROOM	298	657	1,997	439	1,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	179	0	1,159	13,357	1,025	52.00
53.00	05300	ANESTHESIOLOGY	6	299	72	0	276	53.00
53.01	05301	PULMONARY FUNCTION TESTING	147	471	169	0	486	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,592	2,012	5,568	0	4,874	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	947	0	937	0	578	55.00
56.00	05600	RADIOISOTOPE	266	75	524	0	144	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	612	0	92	59.00
60.00	06000	LABORATORY	686	401	1,007	0	8,696	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	242	0	171	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	43	0	106	0	591	63.00
65.00	06500	RESPIRATORY THERAPY	133	243	656	0	3,652	65.00
66.00	06600	PHYSICAL THERAPY	124	211	1,823	0	2,089	66.00
67.00	06700	OCCUPATIONAL THERAPY	117	177	276	0	473	67.00
68.00	06800	SPEECH PATHOLOGY	184	503	384	0	565	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45	415	0	696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	195	876	0	683	70.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150056			Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm	
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Cost Center	Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA		
		9.01	9.02	9.03	10.00	11.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106	556	0	26	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	177	0	1,038	73.03
74.00	07400	RENAL DIALYSIS	725	153	458	0	1,261	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	92	76.00
76.01	03140	CARDIOLOGY	47	323	0	0	131	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	154	0	26	76.02
76.03	03950	CARDIAC CATH	9	155	1,650	0	749	76.03
76.04	03951	DAY SURGERY	781	0	51	0	591	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	92	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	362	0	39	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	683	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	711	0	0	0	486	90.01
90.02	09002	IUSCC HEM/ONC	3,921	0	1,039	0	2,719	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	12	0	0	0	79	90.03
90.04	09004	AMB SVC-PSYCH ADULT	15	0	1,529	0	79	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	409	0	0	0	420	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	1,316	0	185	1,064	90.07
90.08	09008	MOTILITY LAB	0	15	0	0	13	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	252	0	0	90.10
90.11	09023	SLEEP LAB	0	0	909	0	433	90.11
90.12	09024	OP CARE ADULTS	0	0	547	0	53	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	26	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	489	0	0	0	223	90.17
90.18	09016	DERMATOLOGY CLINIC	294	0	0	0	158	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	131	90.19
90.20	09025	IUMG - MH	0	0	0	0	66	90.20
90.21	09019	OP REHAB CLINIC	0	72	0	0	26	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	171	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	420	0	0	0	171	90.23
90.24	09021	LIFE CARE CLINIC	0	0	248	0	223	90.24
91.00	09100	EMERGENCY	231	939	3,941	18,880	3,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	426	0	0	0	144	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	1,892	95.00
101.00	10100	HOME HEALTH AGENCY	9	0	44	0	3,258	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	184	22	223	0	460	105.00
106.00	10600	HEART ACQUISITION	15	2	19	0	66	106.00
107.00	10700	LIVER ACQUISITION	67	8	82	0	158	107.00
108.00	10800	LUNG ACQUISITION	30	4	37	0	105	108.00
109.00	10900	PANCREAS ACQUISITION	8	1	9	0	39	109.00
110.00	11000	INTESTINE ACQUISITION	7	1	9	0	26	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	172	21	209	0	486	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19	0	334	0	775	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,189	26,180	66,875	831,477	104,460	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	144	350	177	0	171	190.00
191.00	19100	RESEARCH	16	0	1,426	0	486	191.00
191.01	19101	RESEARCH-GCRC	135	0	183	585	0	191.01
191.02	19102	OSA	15	38	0	0	394	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43	51	0	0	39	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	244	95	6,878	0	1,511	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	284	0	263	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	5,007	7,138	13,492	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	13	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	39	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	9	144	0	670	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	13	192.09

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150056			Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA		
			9.01	9.02	9.03	10.00	11.00		
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	171	192.10	
192.11	19211	UNUSED SPACE	802	3,371	3,882	0	0	192.11	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	35,595	37,232	93,341	832,062	108,230	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	922,106					13.00
14.00	01400	0	2,453,329				14.00
15.00	01500	304	19,231	2,844,001			15.00
16.00	01600	0	0	0	173,785		16.00
17.00	01700	0	1	0	0	139,694	17.00
18.00	01850	0	77	0	0	0	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	4	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	61	1	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	0	0	0	0	0	23.05
23.06	02306	0	98	0	0	0	23.06
23.07	02307	0	0	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	1	0	0	0	23.09
23.10	02310	0	12	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	408,611	149,892	12,247	16,514	107,426	30.00
31.00	03100	50,468	21,861	2,046	2,025	8,301	31.00
32.00	03200	43,780	22,644	3,344	1,461	6,239	32.00
32.01	03201	13,681	3,483	196	713	3,935	32.01
33.00	03300	4,560	1,926	134	229	969	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	11,249	7,443	551	368	1,703	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	26,146	11,371	1,872	928	3,295	34.04
34.05	03404	7,905	4,868	293	297	1,319	34.05
34.06	03407	4,864	1,327	352	275	1,073	34.06
40.00	04000	6,689	435	4	338	2,815	40.00
43.00	04300	6,993	1,857	60	2,756	2,619	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	74,182	219,216	4,194	20,034	0	50.00
50.01	05001	3,344	6,331	174	679	0	50.01
51.00	05100	24,018	5,997	808	2,604	0	51.00
52.00	05200	23,714	3,184	103	1,162	0	52.00
53.00	05300	4,256	25,572	6,645	1,488	0	53.00
53.01	05301	1,520	2,693	4	799	0	53.01
54.00	05400	17,025	39,143	6,075	14,366	0	54.00
55.00	05500	1,824	1,963	8	3,196	0	55.00
56.00	05600	0	621	122	724	0	56.00
59.00	05900	1,216	2,907	21	1,195	0	59.00
60.00	06000	1,520	356,332	1,357	18,612	0	60.00
60.01	06001	0	13,294	0	431	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	167,012	8	1,959	0	63.00
65.00	06500	0	16,523	49	3,172	0	65.00
66.00	06600	0	6,798	6	1,799	0	66.00
67.00	06700	0	991	0	374	0	67.00
68.00	06800	1,216	693	77	514	0	68.00
69.00	06900	912	1,009	63	2,386	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,203	0	1,288	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	405,773	0	4,135	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	818,843	0	10,458	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,062,335	24,458	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	643,128	1,566	0	73.03
74.00	07400	RENAL DIALYSIS	13,681	22,547	1,257	955	0	74.00
76.00	03020	RH NBN ECMO IC	1,824	2,171	52	77	0	76.00
76.01	03140	CARDIOLOGY	1,216	5,113	156	890	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	608	301	2	85	0	76.02
76.03	03950	CARDIAC CATH	6,993	14,933	535	3,406	0	76.03
76.04	03951	DAY SURGERY	9,425	6,610	663	104	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	912	0	0	88	0	76.08
76.97	07697	CARDIAC REHABILITATION	912	32	0	28	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,040	1,085	274	98	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,344	549	25	249	0	90.01
90.02	09002	IUSCC HEM/ONC	13,985	0	9,869	2,286	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	61	1	92	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	912	31	0	116	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,432	355	4	622	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	9,425	2,189	718	281	0	90.07
90.08	09008	MOTILITY LAB	304	734	1	16	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	2	0	0	0	90.10
90.11	09023	SLEEP LAB	0	1,192	0	424	0	90.11
90.12	09024	OP CARE ADULTS	608	66	0	8	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	608	386	25	140	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	912	153	1	38	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,520	909	0	94	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,216	339	381	192	0	90.19
90.20	09025	IUMG - MH	608	47	0	2	0	90.20
90.21	09019	OP REHAB CLINIC	608	17	1	11	0	90.21
90.22	09020	EATING DISORDERS CLINIC	304	8	0	72	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,216	318	0	25	0	90.23
90.24	09021	LIFE CARE CLINIC	1,824	34	2	0	0	90.24
91.00	09100	EMERGENCY	55,940	29,591	2,422	11,544	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	2,128	859	304	444	0	94.00
95.00	09500	AMBULANCE SERVICES	7,297	4,097	218	2,668	0	95.00
101.00	10100	HOME HEALTH AGENCY	18,850	2,691	0	2,318	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	304	2,011	0	926	0	105.00
106.00	10600	HEART ACQUISITION	0	1	0	155	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,547	0	855	0	107.00
108.00	10800	LUNG ACQUISITION	0	180	0	367	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	404	0	286	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	216	0	105	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	22	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	304	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,297	676	10,642	415	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	910,554	2,446,167	2,773,830	173,785	139,694	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	3,344	3,035	88	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	661	55	0	0	191.01
191.02	19102	OSA	1,824	1,356	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	608	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	3,952	997	44,939	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	304	167	56	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	616	27	0	0	192.07

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	
			13.00	14.00	15.00	16.00	17.00
192.08	19208	NON-ALLOWABLE ADVERTISING	0	52	14	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	56	23,745	0	0
192.10	19212	CARDIO PHYSICIANS	1,520	222	1,247	0	0
192.11	19211	UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	922,106	2,453,329	2,844,001	173,785	139,694

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED HEALTH SCIENCES	
	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	18.00	21.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 PATIENT TRANSPORTATION	116,261					18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	559,417				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		680,889			22.00
23.00 02300 PARAMED PRGM	0			0		23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0				160,442	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0					23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0					23.03
23.04 02304 PARAMED EMERGENCY	0					23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0					23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0					23.06
23.07 02307 PARAMED PHARMACY	0					23.07
23.08 02308 PARAMED MEDICAL ASSIST	0					23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0					23.09
23.10 02310 PARAMED PHARMACY TECH	0					23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0					23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,010					30.00
31.00 03100 INTENSIVE CARE UNIT	1,350					31.00
32.00 03200 CORONARY CARE UNIT	974					32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	476					32.01
33.00 03300 BURN INTENSIVE CARE UNIT	153					33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0					34.00
34.02 03401 UH SURG 6IC	246					34.02
34.03 03402 UH NS 3IC	0					34.03
34.04 03403 RH PED IC	619					34.04
34.05 03404 TRANSPLANT ICU	198					34.05
34.06 03407 PEDS CANCER CARE	183					34.06
40.00 04000 SUBPROVIDER - IPF	225					40.00
43.00 04300 NURSERY	1,837					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	13,356					50.00
50.01 05001 ENDOSCOPY	453					50.01
51.00 05100 RECOVERY ROOM	1,736					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	775					52.00
53.00 05300 ANESTHESIOLOGY	992					53.00
53.01 05301 PULMONARY FUNCTION TESTING	533					53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,578					54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,131					55.00
56.00 05600 RADIOISOTOPE	483					56.00
59.00 05900 CARDIAC CATHETERIZATION	797					59.00
60.00 06000 LABORATORY	12,408					60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	287					60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0					60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,306					63.00
65.00 06500 RESPIRATORY THERAPY	2,115					65.00
66.00 06600 PHYSICAL THERAPY	1,199					66.00
67.00 06700 OCCUPATIONAL THERAPY	249					67.00

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Cost Center Description	OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMED PRGM	PARAMED HEALTH SCIENCES	
	PATIENT TRANSPORTATION		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
	18.00		21.00	22.00			
68.00 06800 SPEECH PATHOLOGY		343					68.00
69.00 06900 ELECTROCARDIOLOGY		1,591					69.00
70.00 07000 ELECTROENCEPHALOGRAPHY		859					70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,757					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT		6,972					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		16,705					73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY		1,044					73.03
74.00 07400 RENAL DIALYSIS		636					74.00
76.00 03020 RH NBN ECMO IC		52					76.00
76.01 03140 CARDIOLOGY		594					76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		57					76.02
76.03 03950 CARDIAC CATH		2,271					76.03
76.04 03951 DAY SURGERY		69					76.04
76.05 03480 ONCOLOGY		0					76.05
76.06 03952 DAY SURGERY-RILEY		0					76.06
76.07 03953 CARDIOLOGY-RILEY		0					76.07
76.08 03954 ECMO-ADULT		59					76.08
76.97 07697 CARDIAC REHABILITATION		19					76.97
OUTPATIENT SERVICE COST CENTERS							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER		66					89.00
90.00 09000 CLINIC		0					90.00
90.01 09001 AMB SVC-OB & GYN		166					90.01
90.02 09002 IUSCC HEM/ONC		1,524					90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY		61					90.03
90.04 09004 AMB SVC-PSYCH ADULT		77					90.04
90.05 09005 AMB SVC-DIABETES ADULT		0					90.05
90.06 09006 OUTPATIENT SURGERY		415					90.06
90.07 09007 AMB SVC-RILEY CLINICS		187					90.07
90.08 09008 MOTILITY LAB		10					90.08
90.09 09009 AMB SVC - PSYCH CHILD		0					90.09
90.10 09010 CLINICAL GERIATRICS		0					90.10
90.11 09023 SLEEP LAB		283					90.11
90.12 09024 OP CARE ADULTS		6					90.12
90.13 09011 PEDIATRIC CLINIC		0					90.13
90.14 09012 ARTHRITIS CLINIC		93					90.14
90.15 09013 NEUROLOGY UH		0					90.15
90.16 09014 ORTHOPEDICS UH		0					90.16
90.17 09015 PHYSICAL MEDICINE		25					90.17
90.18 09016 DERMATOLOGY CLINIC		63					90.18
90.19 09017 INFUSION/HEM/ONC		128					90.19
90.20 09025 IUMG - MH		2					90.20
90.21 09019 OP REHAB CLINIC		7					90.21
90.22 09020 EATING DISORDERS CLINIC		48					90.22
90.23 09018 GASTROENTEROLOGY CLINIC		17					90.23
90.24 09021 LIFE CARE CLINIC		0					90.24
91.00 09100 EMERGENCY		7,696					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS		296					94.00
95.00 09500 AMBULANCE SERVICES		1,778					95.00
101.00 10100 HOME HEALTH AGENCY		1,545					101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION		617					105.00
106.00 10600 HEART ACQUISITION		103					106.00
107.00 10700 LIVER ACQUISITION		570					107.00
108.00 10800 LUNG ACQUISITION		245					108.00
109.00 10900 PANCREAS ACQUISITION		190					109.00
110.00 11000 INTESTINE ACQUISITION		70					110.00
112.00 08600 OTHER ORGAN ACQUISITION		0					112.00
112.01 08601 POST TRANSPLANT EXPENSES		0					112.01
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE		276					116.00
118.00							118.00
		116,261	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0					190.00
191.00 19100 RESEARCH		0					191.00
191.01 19101 RESEARCH-GCRC		0					191.01
191.02 19102 OSA		0					191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES		0					192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST		0					192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMG		0					192.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED HEALTH SCIENCES	
			PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			18.00	21.00	22.00			
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0					192.03
192.04	19204	MHH RADIOLOGY	0					192.04
192.06	19206	BELTWAY SURGERY	0					192.06
192.07	19207	RHI	0					192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0					192.08
192.09	19209	ARTHRI TIS CLINIC - NR	0					192.09
192.10	19212	CARDIO PHYSICIANS	0					192.10
192.11	19211	UNUSED SPACE	0					192.11
200.00		Cross Foot Adjustments		559,417	680,889	0	160,442	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	116,261	559,417	680,889	0	160,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm		
Cost Center Description		PARAMED RADIOLOGY-METHODIST 23.02	PARAMED RESPIRATORY THERAPY 23.03	PARAMED EMERGENCY 23.04	PARAMED PASTORAL EDUCATION 23.05	PARAMED LAB SCIENCE PRO 23.06
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00590	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMINISTRATIVE				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY				9.01
9.02	00902	HOUSEKEEPING - RILEY				9.02
9.03	00903	HOUSEKEEPING - METHODIST				9.03
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	PATIENT TRANSPORTATION				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM				23.00
23.01	02301	PARAMED HEALTH SCIENCES				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	64,036			23.02
23.03	02303	PARAMED RESPIRATORY THERAPY		51,435		23.03
23.04	02304	PARAMED EMERGENCY			50,934	23.04
23.05	02312	PARAMED PASTORAL EDUCATION			10,904	23.05
23.06	02306	PARAMED LAB SCIENCE PRO				5,296
23.07	02307	PARAMED PHARMACY				23.07
23.08	02308	PARAMED MEDICAL ASSIST				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				23.09
23.10	02310	PARAMED PHARMACY TECH				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY				23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT				32.01
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
34.02	03401	UH SURG 6IC				34.02
34.03	03402	UH NS 3IC				34.03
34.04	03403	RH PEDIC				34.04
34.05	03404	TRANSPLANT ICU				34.05
34.06	03407	PEDS CANCER CARE				34.06
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				50.00
50.01	05001	ENDOSCOPY				50.01
51.00	05100	RECOVERY ROOM				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				52.00
53.00	05300	ANESTHESIOLOGY				53.00
53.01	05301	PULMONARY FUNCTION TESTING				53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				55.00
56.00	05600	RADIOISOTOPE				56.00
59.00	05900	CARDIAC CATHETERIZATION				59.00
60.00	06000	LABORATORY				60.00
60.01	06001	TRANSPLANT IMMUNOLOGY				60.01
60.02	06002	BONE MARROW TRANSPLANT LAB				60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				63.00
65.00	06500	RESPIRATORY THERAPY				65.00
66.00	06600	PHYSICAL THERAPY				66.00
67.00	06700	OCCUPATIONAL THERAPY				67.00
68.00	06800	SPEECH PATHOLOGY				68.00
69.00	06900	ELECTROCARDIOLOGY				69.00

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Cost Center Description		PARAMED RADIOLOGY-METH ODI ST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	
		23.02	23.03	23.04	23.05	23.06	
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY					73.03
74.00	07400	RENAL DIALYSIS					74.00
76.00	03020	RH NBN ECMO I C					76.00
76.01	03140	CARDIOLOGY					76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					76.02
76.03	03950	CARDIAC CATH					76.03
76.04	03951	DAY SURGERY					76.04
76.05	03480	ONCOLOGY					76.05
76.06	03952	DAY SURGERY-RILEY					76.06
76.07	03953	CARDIOLOGY-RILEY					76.07
76.08	03954	ECMO-ADULT					76.08
76.97	07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	AMB SVC-OB & GYN					90.01
90.02	09002	IUSCC HEM/ONC					90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY					90.03
90.04	09004	AMB SVC-PSYCH ADULT					90.04
90.05	09005	AMB SVC-DIABETES ADULT					90.05
90.06	09006	OUTPATIENT SURGERY					90.06
90.07	09007	AMB SVC-RILEY CLINICS					90.07
90.08	09008	MOTILITY LAB					90.08
90.09	09009	AMB SVC - PSYCH CHILD					90.09
90.10	09010	CLINICAL GERIATRICS					90.10
90.11	09023	SLEEP LAB					90.11
90.12	09024	OP CARE ADULTS					90.12
90.13	09011	PEDIATRIC CLINIC					90.13
90.14	09012	ARTHRITIS CLINIC					90.14
90.15	09013	NEUROLOGY UH					90.15
90.16	09014	ORTHOPEDECS UH					90.16
90.17	09015	PHYSICAL MEDICINE					90.17
90.18	09016	DERMATOLOGY CLINIC					90.18
90.19	09017	INFUSION/HEM/ONC					90.19
90.20	09025	IUMG - MH					90.20
90.21	09019	OP REHAB CLINIC					90.21
90.22	09020	EATING DISORDERS CLINIC					90.22
90.23	09018	GASTROENTEROLOGY CLINIC					90.23
90.24	09021	LIFE CARE CLINIC					90.24
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS					94.00
95.00	09500	AMBULANCE SERVICES					95.00
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
107.00	10700	LIVER ACQUISITION					107.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINE ACQUISITION					110.00
112.00	08600	OTHER ORGAN ACQUISITION					112.00
112.01	08601	POST TRANSPLANT EXPENSES					112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
191.00	19100	RESEARCH					191.00
191.01	19101	RESEARCH-GCRC					191.01
191.02	19102	OSA					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST					192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG					192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES					192.03
192.04	19204	MHH RADIOLOGY					192.04
192.06	19206	BELTWAY SURGERY					192.06
192.07	19207	RHI					192.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
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Cost Center Description		PARAMED RADIOLOGY-METH ODIST 23.02	PARAMED RESPIRATORY THERAPY 23.03	PARAMED EMERGENCY 23.04	PARAMED PASTORAL EDUCATION 23.05	PARAMED LAB SCIENCE PRO 23.06	
192.08	19208						192.08
192.09	19209						192.09
192.10	19212						192.10
192.11	19211						192.11
200.00							200.00
	Cross Foot Adjustments	64,036	51,435	50,934	10,904	5,296	
201.00							201.00
	Negative Cost Centers	0	0	0	0	0	
202.00							202.00
	TOTAL (sum lines 118-201)	64,036	51,435	50,934	10,904	5,296	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description		PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	
		23.07	23.08	23.09	23.10	23.11	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM					23.00
23.01	02301	PARAMED HEALTH SCIENCES					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY	21,558				23.07
23.08	02308	PARAMED MEDICAL ASSIST		0			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY			33,964		23.09
23.10	02310	PARAMED PHARMACY TECH				33,621	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT					32.01
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
34.02	03401	UH SURG 6IC					34.02
34.03	03402	UH NS 3IC					34.03
34.04	03403	RH PEDIC					34.04
34.05	03404	TRANSPLANT ICU					34.05
34.06	03407	PEDS CANCER CARE					34.06
40.00	04000	SUBPROVIDER - IPF					40.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	ENDOSCOPY					50.01
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
53.01	05301	PULMONARY FUNCTION TESTING					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	TRANSPLANT IMMUNOLOGY					60.01
60.02	06002	BONE MARROW TRANSPLANT LAB					60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description		PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	
		23.07	23.08	23.09	23.10	23.11	
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY					73.03
74.00	07400	RENAL DIALYSIS					74.00
76.00	03020	RH NBN ECMO I C					76.00
76.01	03140	CARDIOLOGY					76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					76.02
76.03	03950	CARDIAC CATH					76.03
76.04	03951	DAY SURGERY					76.04
76.05	03480	ONCOLOGY					76.05
76.06	03952	DAY SURGERY-RILEY					76.06
76.07	03953	CARDIOLOGY-RILEY					76.07
76.08	03954	ECMO-ADULT					76.08
76.97	07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	AMB SVC-OB & GYN					90.01
90.02	09002	IUSCC HEM/ONC					90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY					90.03
90.04	09004	AMB SVC-PSYCH ADULT					90.04
90.05	09005	AMB SVC-DIABETES ADULT					90.05
90.06	09006	OUTPATIENT SURGERY					90.06
90.07	09007	AMB SVC-RILEY CLINICS					90.07
90.08	09008	MOTILITY LAB					90.08
90.09	09009	AMB SVC - PSYCH CHILD					90.09
90.10	09010	CLINICAL GERIATRICS					90.10
90.11	09023	SLEEP LAB					90.11
90.12	09024	OP CARE ADULTS					90.12
90.13	09011	PEDIATRIC CLINIC					90.13
90.14	09012	ARTHRITIS CLINIC					90.14
90.15	09013	NEUROLOGY UH					90.15
90.16	09014	ORTHOPEDECS UH					90.16
90.17	09015	PHYSICAL MEDICINE					90.17
90.18	09016	DERMATOLOGY CLINIC					90.18
90.19	09017	INFUSION/HEM/ONC					90.19
90.20	09025	IUMG - MH					90.20
90.21	09019	OP REHAB CLINIC					90.21
90.22	09020	EATING DISORDERS CLINIC					90.22
90.23	09018	GASTROENTEROLOGY CLINIC					90.23
90.24	09021	LIFE CARE CLINIC					90.24
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS					94.00
95.00	09500	AMBULANCE SERVICES					95.00
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
107.00	10700	LIVER ACQUISITION					107.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINE ACQUISITION					110.00
112.00	08600	OTHER ORGAN ACQUISITION					112.00
112.01	08601	POST TRANSPLANT EXPENSES					112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
191.00	19100	RESEARCH					191.00
191.01	19101	RESEARCH-GCRC					191.01
191.02	19102	OSA					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST					192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC					192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES					192.03
192.04	19204	MHH RADIOLOGY					192.04
192.06	19206	BELTWAY SURGERY					192.06
192.07	19207	RHI					192.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description			PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOG Y	
			23.07	23.08	23.09	23.10	23.11	
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
200.00		Cross Foot Adjustments	21,558	0	33,964	33,621	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	21,558	0	33,964	33,621	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00590	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY				9.01
9.02	00902	HOUSEKEEPING - RILEY				9.02
9.03	00903	HOUSEKEEPING - METHODIST				9.03
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	PATIENT TRANSPORTATION				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				23.03
23.04	02304	PARAMED EMERGENCY				23.04
23.05	02312	PARAMED PASTORAL EDUCATION				23.05
23.06	02306	PARAMED LAB SCIENCE PRO				23.06
23.07	02307	PARAMED PHARMACY				23.07
23.08	02308	PARAMED MEDICAL ASSIST				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				23.09
23.10	02310	PARAMED PHARMACY TECH				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY				23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,411,052	0	18,411,052	30.00
31.00	03100	INTENSIVE CARE UNIT	1,265,782	0	1,265,782	31.00
32.00	03200	CORONARY CARE UNIT	1,216,224	0	1,216,224	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	365,019	0	365,019	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	324,570	0	324,570	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.02	03401	UH SURG 6IC	180,321	0	180,321	34.02
34.03	03402	UH NS 3IC	0	0	0	34.03
34.04	03403	RH PED IC	1,054,766	0	1,054,766	34.04
34.05	03404	TRANSPLANT ICU	242,081	0	242,081	34.05
34.06	03407	PEDS CANCER CARE	858,073	0	858,073	34.06
40.00	04000	SUBPROVIDER - IPF	408,616	0	408,616	40.00
43.00	04300	NURSERY	512,745	0	512,745	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,681,670	0	17,681,670	50.00
50.01	05001	ENDOSCOPY	378,976	0	378,976	50.01
51.00	05100	RECOVERY ROOM	1,309,532	0	1,309,532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	685,203	0	685,203	52.00
53.00	05300	ANESTHESIOLOGY	926,421	0	926,421	53.00
53.01	05301	PULMONARY FUNCTION TESTING	581,059	0	581,059	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,522,418	0	13,522,418	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,035,941	0	2,035,941	55.00
56.00	05600	RADIOISOTOPE	523,842	0	523,842	56.00
59.00	05900	CARDIAC CATHETERIZATION	566,893	0	566,893	59.00
60.00	06000	LABORATORY	6,172,584	0	6,172,584	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	138,915	0	138,915	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	564,789	0	564,789	63.00
65.00	06500	RESPIRATORY THERAPY	1,957,860	0	1,957,860	65.00
66.00	06600	PHYSICAL THERAPY	1,059,222	0	1,059,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	245,848	0	245,848	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

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From 01/01/2014
To 12/31/2014

Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
68.00	06800	SPEECH PATHOLOGY	673,488	0	673,488	68.00
69.00	06900	ELECTROCARDIOLOGY	587,119	0	587,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	865,404	0	865,404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,056,410	0	1,056,410	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,783,884	0	1,783,884	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,702,596	0	3,702,596	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,480,119	0	1,480,119	73.03
74.00	07400	RENAL DIALYSIS	1,066,357	0	1,066,357	74.00
76.00	03020	RH NBN ECMO IC	48,230	0	48,230	76.00
76.01	03140	CARDIOLOGY	785,083	0	785,083	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,418	0	82,418	76.02
76.03	03950	CARDIAC CATH	1,326,575	0	1,326,575	76.03
76.04	03951	DAY SURGERY	451,502	0	451,502	76.04
76.05	03480	ONCOLOGY	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	76.07
76.08	03954	ECMO-ADULT	9,644	0	9,644	76.08
76.97	07697	CARDIAC REHABILITATION	97,975	0	97,975	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	55,443	0	55,443	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	523,534	0	523,534	90.01
90.02	09002	IUSCC HEM/ONC	4,815,587	0	4,815,587	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	286,621	0	286,621	90.03
90.04	09004	AMB SVC-PSYCH ADULT	419,052	0	419,052	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	290,565	0	290,565	90.06
90.07	09007	AMB SVC-RILEY CLINICS	945,979	0	945,979	90.07
90.08	09008	MOTILITY LAB	50,129	0	50,129	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	66,623	0	66,623	90.10
90.11	09023	SLEEP LAB	366,381	0	366,381	90.11
90.12	09024	OP CARE ADULTS	145,003	0	145,003	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	6,489	0	6,489	90.14
90.15	09013	NEUROLOGY UH	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	209,544	0	209,544	90.17
90.18	09016	DERMATOLOGY CLINIC	188,879	0	188,879	90.18
90.19	09017	INFUSION/HEM/ONC	21,273	0	21,273	90.19
90.20	09025	IUMG - MH	9,151	0	9,151	90.20
90.21	09019	OP REHAB CLINIC	33,948	0	33,948	90.21
90.22	09020	EATING DISORDERS CLINIC	45,456	0	45,456	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	172,869	0	172,869	90.23
90.24	09021	LIFE CARE CLINIC	82,483	0	82,483	90.24
91.00	09100	EMERGENCY	2,798,271	0	2,798,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	262,986	0	262,986	94.00
95.00	09500	AMBULANCE SERVICES	3,344,070	0	3,344,070	95.00
101.00	10100	HOME HEALTH AGENCY	953,802	0	953,802	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	524,702	0	524,702	105.00
106.00	10600	HEART ACQUISITION	54,819	0	54,819	106.00
107.00	10700	LIVER ACQUISITION	242,242	0	242,242	107.00
108.00	10800	LUNG ACQUISITION	118,392	0	118,392	108.00
109.00	10900	PANCREAS ACQUISITION	56,462	0	56,462	109.00
110.00	11000	INTESTINE ACQUISITION	32,079	0	32,079	110.00
112.00	08600	OTHER ORGAN ACQUISITION	2,762	0	2,762	112.00
112.01	08601	POST TRANSPLANT EXPENSES	414,173	0	414,173	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	242,501	0	242,501	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,989,496	0	104,989,496	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	238,741	0	238,741	190.00
191.00	19100	RESEARCH	465,807	0	465,807	191.00
191.01	19101	RESEARCH-GCRC	102,437	0	102,437	191.01
191.02	19102	OSA	152,119	0	152,119	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	84,369	0	84,369	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	3,059,447	0	3,059,447	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1,055,328	0	1,055,328	192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	10,562,359	0	10,562,359	192.03
192.04	19204	MHH RADIOLOGY	1,611	0	1,611	192.04
192.06	19206	BELTWAY SURGERY	397	0	397	192.06
192.07	19207	RHI	14,951	0	14,951	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	1,312,703	0	1,312,703	192.08
192.09	19209	ARTHRI TIS CLINIC - NR	41,859	0	41,859	192.09
192.10	19212	CARDIO PHYSICIANS	61,184	0	61,184	192.10
192.11	19211	UNUSED SPACE	2,654,098	0	2,654,098	192.11
200.00		Cross Foot Adjustments	1,672,496	0	1,672,496	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	126,469,402	0	126,469,402	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	CAPITAL RELATED COSTS				
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)
	1.00	2.00	4.00	5.01	5.02
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	4,463,341				
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		52,477,401			
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	6,443	874	550,696,273		
5.01 00540 NONPATIENT TELEPHONES	0	523	0	11,440	
5.02 00550 DATA PROCESSING	2,084	46,990	36,881	0	11,440
5.03 00590 PURCHASING, RECEIVING & STORES	2,260	168,061	53,439	12	12
5.04 00570 ADMINISTRATION	1,421	2,024	0	15	15
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	155,524	12,438,510	13,080,207	584	584
6.00 00600 MAINTENANCE & REPAIRS	25,935	12,934	442,117	20	20
7.00 00700 OPERATION OF PLANT	2,528	7,173	0	2	2
8.00 00800 LAUNDRY & LINEN SERVICE	30,942	1,027	0	0	0
9.00 00900 HOUSEKEEPING	0	0	0	0	0
9.01 00901 HOUSEKEEPING - UNIVERSITY	0	0	0	0	0
9.02 00902 HOUSEKEEPING - RILEY	0	0	0	0	0
9.03 00903 HOUSEKEEPING - METHODIST	1,845	6,823	302,412	0	0
10.00 01000 DIETARY	39,580	126,692	5,700,504	129	129
11.00 01100 CAFETERIA	5,625	2,635	128,139	1	1
13.00 01300 NURSING ADMINISTRATION	30,781	164,684	15,089,435	134	134
14.00 01400 CENTRAL SERVICES & SUPPLY	51,454	505,255	2,483,692	57	57
15.00 01500 PHARMACY	63,894	1,091,728	26,380,300	350	350
16.00 01600 MEDICAL RECORDS & LIBRARY	951	0	239,821	9	9
17.00 01700 SOCIAL SERVICE	4,872	1,959	3,157,675	125	125
18.00 01850 PATIENT TRANSPORTATION	910	57,030	1,660,658	31	31
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	3,582	0	31,115,807	54	54
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	47,396	12,319	439,192	91	91
23.00 02300 PARAMED ED PRGM	0	0	0	0	0
23.01 02301 PARAMED ED HEALTH SCIENCES	10,110	16,153	159,068	11	11
23.02 02302 PARAMED RADIOLOGY-METHODIST	3,869	0	888,205	5	5
23.03 02303 PARAMED RESPIRATORY THERAPY	3,715	0	361,532	8	8
23.04 02304 PARAMED EMERGENCY	3,611	0	134,367	6	6
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	617,557	15	15
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	364,438	10	10
23.07 02307 PARAMED PHARMACY	0	2,282	1,176,744	3	3
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0
23.09 02309 PARAMED SURGERY TECHNOLOGY	2,289	0	265,889	1	1
23.10 02310 PARAMED PHARMACY TECH	2,238	0	214,097	6	6
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	799,405	3,077,626	110,389,823	2,233	2,233
31.00 03100 INTENSIVE CARE UNIT	49,708	185,997	12,387,592	250	250
32.00 03200 CORONARY CARE UNIT	51,464	172,823	10,787,865	128	128
32.01 03201 NEONATAL INTENSIVE CARE UNIT	8,262	118,267	4,136,208	78	78
33.00 03300 BURN INTENSIVE CARE UNIT	15,302	55,106	1,373,592	17	17
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.02 03401 UH SURG 61C	650	68,617	2,578,601	130	130
34.03 03402 UH NS 31C	0	0	0	0	0
34.04 03403 RH PED IC	49,762	163,621	6,539,235	73	73
34.05 03404 TRANSPLANT ICU	13,559	2,397	1,797,897	0	0
34.06 03407 PEDS CANCER CARE	42,542	186,899	1,290,700	10	10
40.00 04000 SUBPROVIDER - IPF	21,414	9,557	3,016,921	90	90
43.00 04300 NURSERY	25,141	78,642	1,467,939	81	81
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	260,203	9,883,132	30,471,480	552	552
50.01 05001 ENDOSCOPY	6,733	188,331	1,023,191	44	44
51.00 05100 RECOVERY ROOM	64,482	216,667	5,924,021	156	156
52.00 05200 DELIVERY ROOM & LABOR ROOM	26,558	128,947	4,918,005	193	193
53.00 05300 ANESTHESIOLOGY	10,184	540,309	1,164,681	29	29
53.01 05301 PULMONARY FUNCTION TESTING	20,991	186,499	2,396,817	61	61
54.00 05400 RADIOLOGY-DIAGNOSTIC	241,218	7,192,035	25,689,147	821	821
55.00 05500 RADIOLOGY-THERAPEUTIC	44,453	1,005,653	3,936,012	149	149
56.00 05600 RADIOISOTOPE	19,493	180,026	863,383	40	40
59.00 05900 CARDIAC CATHETERIZATION	11,315	292,846	779,802	23	23
60.00 06000 LABORATORY	191,591	1,969,861	36,991,958	703	703
60.01 06001 TRANSPLANT IMMUNOLOGY	4,470	23,937	868,037	8	8
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	8,981	55,386	2,983,460	12	12
65.00 06500 RESPIRATORY THERAPY	22,979	1,000,582	17,053,520	222	222

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	
			NEW BLDG & FIXT (SQARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
66.00	06600	PHYSICAL THERAPY	46,763	168,562	11,133,608	82	82	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,572	15,998	2,358,775	41	41	67.00
68.00	06800	SPEECH PATHOLOGY	26,964	192,553	2,831,927	101	101	68.00
69.00	06900	ELECTROCARDIOLOGY	8,982	303,467	2,980,891	67	67	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,836	373,629	3,507,781	93	93	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,337	0	127,386	4	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	5,706	148,713	6,206,611	132	132	73.03
74.00	07400	RENAL DIALYSIS	33,679	346,573	5,556,048	127	127	74.00
76.00	03020	RH NBN ECMO IC	0	22,672	845,232	5	5	76.00
76.01	03140	CARDIOLOGY	10,704	451,011	588,281	32	32	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,852	27,716	180,299	38	38	76.02
76.03	03950	CARDIAC CATH	35,241	532,282	4,528,033	162	162	76.03
76.04	03951	DAY SURGERY	23,319	49,993	2,630,172	118	118	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	535,898	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	6,692	437	190,687	23	23	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	2,931,567	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,375	159,046	1,844,734	63	63	90.01
90.02	09002	IUSCC HEM/ONC	131,529	1,937,363	22,325,303	273	273	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	336	206,992	230,779	22	22	90.03
90.04	09004	AMB SVC-PSYCH ADULT	28,698	17,993	391,634	34	34	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	11,717	68,172	1,945,064	83	83	90.06
90.07	09007	AMB SVC-RILEY CLINICS	38,172	283,569	4,164,170	215	215	90.07
90.08	09008	MOTILITY LAB	425	31,281	125,475	1	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,653	2,434	4,616	9	9	90.10
90.11	09023	SLEEP LAB	16,805	72,183	2,310,350	85	85	90.11
90.12	09024	OP CARE ADULTS	10,115	2,202	220,898	29	29	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	1,231	144,653	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	14,005	4,120	676,424	59	59	90.17
90.18	09016	DERMATOLOGY CLINIC	8,434	48,729	474,284	5	5	90.18
90.19	09017	INFUSION/HEM/ONC	0	5,033	494,558	0	0	90.19
90.20	09025	IUMG - MH	0	1,853	273,751	22	22	90.20
90.21	09019	OP REHAB CLINIC	2,094	1,417	136,622	13	13	90.21
90.22	09020	EATING DISORDERS CLINIC	0	21,280	876,141	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	12,045	0	625,910	0	0	90.23
90.24	09021	LIFE CARE CLINIC	4,578	2,539	1,057,934	0	0	90.24
91.00	09100	EMERGENCY	111,279	611,210	15,472,329	485	485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	12,213	58,745	739,089	18	18	94.00
95.00	09500	AMBULANCE SERVICES	0	2,281,128	8,887,409	58	58	95.00
101.00	10100	HOME HEALTH AGENCY	23,648	118,532	15,858,206	76	76	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,019	191,408	2,635,202	64	64	105.00
106.00	10600	HEART ACQUISITION	838	16,026	351,800	4	4	106.00
107.00	10700	LIVER ACQUISITION	3,664	70,052	865,048	24	24	107.00
108.00	10800	LUNG ACQUISITION	1,653	31,599	553,050	10	10	108.00
109.00	10900	PANCREAS ACQUISITION	417	7,963	221,079	12	12	109.00
110.00	11000	INTESTINE ACQUISITION	388	7,408	176,454	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	170,876	2	2	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9,385	179,515	2,659,701	83	83	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,715	36,743	3,506,658	42	42	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,248,566	50,760,811	532,875,460	10,600	10,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,552	1,384	0	19	19	190.00
191.00	19100	RESEARCH	26,820	31,200	3,069,732	68	68	191.00
191.01	19101	RESEARCH-GCRC	7,236	0	0	27	27	191.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00	4.00	5.01	5.02				
191.02	19102	OSA	1,533	23,620	2,103,033	22	22	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,720	1,745	271,432	6	6	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	151,464	486,485	6,036,359	315	315	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	5,248	512,643	974,426	208	208	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	788,582	0	0	4	4	192.03
192.04	19204	MHH RADIOLOGY	0	0	103,776	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	195	4	4	192.06
192.07	19207	RHI	0	8,198	153,686	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	15,530	627,599	4,297,787	117	117	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	35,882	1	1	192.09
192.10	19212	CARDIO PHYSICIANS	0	23,716	774,505	49	49	192.10
192.11	19211	UNUSED SPACE	198,090	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	57,465,632	69,003,770	105,051,784	65,087	66,936,907	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.875026	1.314924	0.190762	5.689423	5,851.128234	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			84,103	688	88,626	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000153	0.060140	7.747028	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES	198,592,045					5.03
5.04	00570	ADMITTING	212	3,661,677,997				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	6,424,252,392			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	68,940	0	0	-107,105,330	1,570,774,617	5.06
6.00	00600	MAINTENANCE & REPAIRS	26,190	0	0	0	19,466,317	6.00
7.00	00700	OPERATION OF PLANT	1,151	0	0	0	68,167,414	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	88,108	0	0	0	406,416	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	3,044,613	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,184,697	9.02
9.03	00903	HOUSEKEEPING - METHODIST	1,138	0	0	0	5,128,298	9.03
10.00	01000	DIETARY	2,301	0	0	0	11,889,181	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,578,277	11.00
13.00	01300	NURSING ADMINISTRATION	7,799	0	0	0	24,920,701	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,622,585	0	0	0	94,271,953	14.00
15.00	01500	PHARMACY	1,542,463	0	0	0	45,296,846	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	13,775,144	16.00
17.00	01700	SOCIAL SERVICE	46	0	0	0	6,019,199	17.00
18.00	01850	PATIENT TRANSPORTATION	6,215	0	0	0	2,394,615	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	42,717,541	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	340	0	0	0	2,960,377	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	20	0	0	0	427,159	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	1,059,192	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	4,881	0	0	0	163,930	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	252,788	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	898,883	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	7,900	0	0	0	426,635	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	1,549,747	23.07
23.08	02308	PARAMED MEDICAL ASSIST	16	0	0	9	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	76	0	0	0	298,774	23.09
23.10	02310	PARAMED PHARMACY TECH	991	0	0	0	326,067	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,022,149	578,928,171	611,641,352	0	177,957,914	30.00
31.00	03100	INTENSIVE CARE UNIT	1,753,406	74,986,902	74,986,902	0	19,351,110	31.00
32.00	03200	CORONARY CARE UNIT	1,816,201	54,127,028	54,127,028	0	16,337,590	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	279,339	26,423,848	26,423,848	0	6,319,874	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	154,442	8,488,185	8,488,185	0	2,276,024	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	597,000	13,640,364	13,640,364	0	4,396,743	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PED 1C	912,049	34,382,014	34,382,014	0	10,305,661	34.04
34.05	03404	TRANSPLANT ICU	390,416	10,982,410	10,982,410	0	2,667,431	34.05
34.06	03407	PEDS CANCER CARE	106,450	10,172,216	10,172,216	0	2,724,419	34.06
40.00	04000	SUBPROVIDER - I PF	34,910	12,507,080	12,507,080	0	4,832,008	40.00
43.00	04300	NURSERY	148,980	102,063,192	102,063,192	0	4,562,333	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,582,306	501,371,624	741,984,304	0	71,601,987	50.00
50.01	05001	ENDOSCOPY	507,772	15,686,274	25,154,274	0	2,340,726	50.01
51.00	05100	RECOVERY ROOM	481,010	44,296,576	96,438,172	0	10,798,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	255,394	39,315,413	43,049,054	0	9,345,674	52.00
53.00	05300	ANESTHESIOLOGY	2,051,015	39,029,528	55,126,095	0	3,303,790	53.00
53.01	05301	PULMONARY FUNCTION TESTING	215,983	3,901,658	29,594,421	0	4,234,342	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,139,476	214,743,265	532,092,189	0	63,417,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	157,453	6,236,955	118,385,266	0	9,402,938	55.00
56.00	05600	RADIOISOTOPE	49,840	6,761,304	26,820,429	0	2,181,803	56.00
59.00	05900	CARDIAC CATHETERIZATION	233,163	13,684,249	44,268,802	0	2,127,198	59.00
60.00	06000	LABORATORY	28,579,756	376,418,048	689,335,767	0	51,400,393	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,066,221	2,463,993	15,964,014	0	2,773,585	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	32	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,395,291	63,882,779	72,540,570	0	15,781,657	63.00
65.00	06500	RESPIRATORY THERAPY	1,325,227	114,944,566	117,482,129	0	26,114,525	65.00
66.00	06600	PHYSICAL THERAPY	545,246	48,679,646	66,618,489	0	17,043,862	66.00
67.00	06700	OCCUPATIONAL THERAPY	79,457	11,350,582	13,846,899	0	3,597,379	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
68.00	06800	SPEECH PATHOLOGY	55,560	6,872,471	19,039,567	0	4,989,782	68.00
69.00	06900	ELECTROCARDIOLOGY	80,934	54,775,543	88,364,039	0	5,078,839	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	176,673	31,788,136	47,697,348	0	6,659,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,545,172	90,730,174	153,165,516	0	36,379,321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	65,678,961	288,528,945	387,332,952	0	73,831,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	445,152,454	893,613,948	0	136,551,760	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	58,013,674	0	47,923,898	73.03
74.00	07400	RENAL DIALYSIS	1,808,361	15,514,837	35,359,677	0	9,979,147	74.00
76.00	03020	RH NBN ECMO IC	174,153	2,862,299	2,862,299	0	1,175,738	76.00
76.01	03140	CARDIOLOGY	410,075	12,626,254	32,973,969	0	3,529,659	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,117	720,136	3,141,847	0	574,384	76.02
76.03	03950	CARDIAC CATH	1,197,715	45,323,240	126,159,900	0	10,488,521	76.03
76.04	03951	DAY SURGERY	530,191	375,987	3,834,424	0	4,540,911	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	3,256,588	3,256,588	0	717,700	76.08
76.97	07697	CARDIAC REHABILITATION	2,569	0	1,043,638	0	634,144	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	86,986	0	3,641,127	0	4,245,818	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	44,044	145,765	9,216,654	0	3,242,547	90.01
90.02	09002	IUSCC HEM/ONC	0	794,811	84,678,869	0	41,753,235	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	4,927	5,424	3,391,507	0	811,380	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,478	0	4,300,990	0	1,136,328	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	28,452	8,937,013	23,051,000	0	3,421,587	90.06
90.07	09007	AMB SVC-RILEY CLINICS	175,546	427,599	10,409,638	0	4,259,533	90.07
90.08	09008	MOTILITY LAB	58,891	23,889	575,826	0	187,212	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	133	0	0	0	140,509	90.10
90.11	09023	SLEEP LAB	95,628	37,174	15,712,630	0	3,861,162	90.11
90.12	09024	OP CARE ADULTS	5,266	1,888	312,714	0	595,401	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	30,944	0	5,177,638	0	302,017	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	12,259	6,557	1,400,181	0	1,414,421	90.17
90.18	09016	DERMATOLOGY CLINIC	72,872	9,726	3,491,709	0	835,812	90.18
90.19	09017	INFUSION/HEM/ONC	27,227	30,998	7,092,960	0	1,039,982	90.19
90.20	09025	IUMG - MH	3,807	2,685	91,218	0	493,647	90.20
90.21	09019	OP REHAB CLINIC	1,325	1,661	401,134	0	304,695	90.21
90.22	09020	EATING DISORDERS CLINIC	675	0	2,648,648	0	1,431,490	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	25,476	6,920	940,121	0	964,172	90.23
90.24	09021	LIFE CARE CLINIC	2,701	0	0	0	1,384,432	90.24
91.00	09100	EMERGENCY	2,373,364	123,395,255	427,551,352	0	29,748,010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	68,908	0	16,443,327	0	1,667,971	94.00
95.00	09500	AMBULANCE SERVICES	328,582	112,345	98,802,991	0	27,746,390	95.00
101.00	10100	HOME HEALTH AGENCY	215,856	0	85,844,514	0	38,799,729	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	161,278	34,285,481	34,285,481	0	11,515,872	105.00
106.00	10600	HEART ACQUISITION	109	5,747,401	5,747,401	0	1,898,690	106.00
107.00	10700	LIVER ACQUISITION	124,039	31,655,897	31,655,897	0	8,364,152	107.00
108.00	10800	LUNG ACQUISITION	14,457	13,583,911	13,583,911	0	4,600,160	108.00
109.00	10900	PANCREAS ACQUISITION	32,435	10,575,780	10,575,780	0	3,362,775	109.00
110.00	11000	INTESTINE ACQUISITION	17,295	3,894,883	3,894,883	0	1,427,782	110.00
112.00	08600	OTHER ORGAN ACQUISITION	1,730	0	0	0	230,689	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	4,441,590	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	54,185	0	15,357,440	0	7,196,355	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	198,017,680	3,661,677,997	6,424,252,392	-107,105,321	1,454,701,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21	0	0	0	352,226	190.00
191.00	19100	RESEARCH	243,463	0	0	0	5,186,958	191.00
191.01	19101	RESEARCH-GCRC	53,013	0	0	0	337,603	191.01
191.02	19102	OSA	108,738	0	0	0	8,258,973	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,876,539	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	79,934	0	0	0	30,475,284	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	13,359	0	0	0	26,436,255	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	10,408,187	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	135,342	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	31,296	192.06
192.07	19207	RHI	49,412	0	0	0	291,060	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	4,161	0	0	0	23,940,093	192.08
192.09	19209	ARTHRITIS CLINIC - NR	4,475	0	0	0	1,541,847	192.09
192.10	19212	CARDIO PHYSICIANS	17,789	0	0	0	2,250,923	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	2,550,414	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,283,495	13,198,876	56,084,796		107,105,330	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.056817	0.003605	0.008730		0.068186	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	250,187	21,073	0		18,364,694	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001260	0.000006	0.000000		0.011691	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600	4,269,674					6.00
7.00	00700	2,528	4,267,146				7.00
8.00	00800	30,942	30,942	6,288,303			8.00
9.00	00900	0	0	0	0		9.00
9.01	00901	0	0	0	0	1,019,747	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	1,845	1,845	0	0	0	9.03
10.00	01000	39,580	39,580	129	0	12,748	10.00
11.00	01100	5,625	5,625	0	0	0	11.00
13.00	01300	30,781	30,781	0	0	5,225	13.00
14.00	01400	51,454	51,454	22,055	0	14,165	14.00
15.00	01500	63,894	63,894	42	0	21,132	15.00
16.00	01600	951	951	0	0	951	16.00
17.00	01700	4,872	4,872	7	0	110	17.00
18.00	01850	910	910	0	0	835	18.00
21.00	02100	3,582	3,582	1,509	0	340	21.00
22.00	02200	47,396	47,396	11,944	0	4,090	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	10,110	10,110	0	0	0	23.01
23.02	02302	3,869	3,869	0	0	0	23.02
23.03	02303	3,715	3,715	0	0	0	23.03
23.04	02304	3,611	3,611	0	0	0	23.04
23.05	02312	0	0	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	0	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	2,289	2,289	0	0	0	23.09
23.10	02310	2,238	2,238	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	799,405	799,405	3,398,108	0	221,456	30.00
31.00	03100	49,708	49,708	250,200	0	0	31.00
32.00	03200	51,464	51,464	203,598	0	17,101	32.00
32.01	03201	8,262	8,262	16,822	0	0	32.01
33.00	03300	15,302	15,302	33,823	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	650	650	62,799	0	650	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	49,762	49,762	111,062	0	0	34.04
34.05	03404	13,559	13,559	61,957	0	13,559	34.05
34.06	03407	42,542	42,542	38,223	0	0	34.06
40.00	04000	21,414	21,414	56,664	0	0	40.00
43.00	04300	25,141	25,141	72,083	0	12,643	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	260,203	260,203	453,701	0	89,367	50.00
50.01	05001	6,733	6,733	34,375	0	0	50.01
51.00	05100	64,482	64,482	60,195	0	8,526	51.00
52.00	05200	26,558	26,558	123,571	0	5,133	52.00
53.00	05300	10,184	10,184	0	0	183	53.00
53.01	05301	20,991	20,991	17,102	0	4,216	53.01
54.00	05400	241,218	241,218	324,056	0	74,261	54.00
55.00	05500	44,453	44,453	44,974	0	27,128	55.00
56.00	05600	19,493	19,493	9,980	0	7,632	56.00
59.00	05900	11,315	11,315	0	0	0	59.00
60.00	06000	191,591	191,591	9,334	0	19,665	60.00
60.01	06001	4,470	4,470	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	8,981	8,981	126	0	1,218	63.00
65.00	06500	22,979	22,979	1,987	0	3,803	65.00
66.00	06600	46,763	46,763	50,512	0	3,557	66.00
67.00	06700	13,572	13,572	0	0	3,338	67.00
68.00	06800	26,964	26,964	423	0	5,278	68.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

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Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
69.00	06900	ELECTROCARDIOLOGY	8,982	8,982	23,504	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,836	21,836	1,184	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,337	13,337	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	5,706	5,706	13	0	0	73.03
74.00	07400	RENAL DIALYSIS	33,679	33,679	49,718	0	20,774	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	10,704	10,704	0	0	1,337	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,852	2,852	0	0	0	76.02
76.03	03950	CARDIAC CATH	35,241	35,241	63,154	0	257	76.03
76.04	03951	DAY SURGERY	23,319	23,319	66,842	0	22,379	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	6,692	6,692	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,375	20,375	15,680	0	20,375	90.01
90.02	09002	IUSCC HEM/ONC	131,529	131,529	29,291	0	112,325	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	336	336	0	0	336	90.03
90.04	09004	AMB SVC-PSYCH ADULT	28,698	28,698	0	0	441	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	11,717	11,717	7,267	0	11,717	90.06
90.07	09007	AMB SVC-RILEY CLINICS	38,172	38,172	19,054	0	0	90.07
90.08	09008	MOTILITY LAB	425	425	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,653	4,653	0	0	0	90.10
90.11	09023	SLEEP LAB	16,805	16,805	0	0	0	90.11
90.12	09024	OP CARE ADULTS	10,115	10,115	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	14,005	14,005	3,075	0	14,005	90.17
90.18	09016	DERMATOLOGY CLINIC	8,434	8,434	6,073	0	8,434	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,094	2,094	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	12,045	12,045	3,341	0	12,045	90.23
90.24	09021	LIFE CARE CLINIC	4,578	4,578	0	0	0	90.24
91.00	09100	EMERGENCY	111,279	111,279	495,591	0	6,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	12,213	12,213	0	0	12,213	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	23,648	23,648	0	0	259	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,019	10,019	0	0	5,258	105.00
106.00	10600	HEART ACQUISITION	838	838	0	0	440	106.00
107.00	10700	LIVER ACQUISITION	3,664	3,664	0	0	1,923	107.00
108.00	10800	LUNG ACQUISITION	1,653	1,653	0	0	868	108.00
109.00	10900	PANCREAS ACQUISITION	417	417	0	0	219	109.00
110.00	11000	INTESTINE ACQUISITION	388	388	0	0	203	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9,385	9,385	0	0	4,926	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	6,715	6,715	0	0	549	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,054,899	3,052,371	6,255,148	0	836,219	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,552	17,552	0	0	4,131	190.00
191.00	19100	RESEARCH	26,820	26,820	3,319	0	460	191.00
191.01	19101	RESEARCH-GCRC	7,236	7,236	15,532	0	3,861	191.01
191.02	19102	OSA	1,533	1,533	0	0	423	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,720	2,720	0	0	1,245	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	151,464	151,464	14,304	0	6,980	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG	5,248	5,248	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	788,582	788,582	0	0	143,451	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	15,530	15,530	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	198,090	198,090	0	0	22,977	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,793,647	72,827,789	1,112,908	0	3,252,213	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.870078	17.067096	0.176981	0.000000	3.189235	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	578,759	839,284	414,871	0	35,595	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.135551	0.196685	0.065975	0.000000	0.034906	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING - RI LEY (RI LEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERIA (FTE' S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		9.02	9.03	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02302						23.02
23.03	02303						23.03
23.04	02304						23.04
23.05	02312						23.05
23.06	02306						23.06
23.07	02307						23.07
23.08	02308						23.08
23.09	02309						23.09
23.10	02310						23.10
23.11	02311						23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100						31.00
32.00	03200						32.00
32.01	03201						32.01
33.00	03300						33.00
34.00	03400						34.00
34.02	03401						34.02
34.03	03402						34.03
34.04	03403						34.04
34.05	03404						34.05
34.06	03407						34.06
40.00	04000						40.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
50.01	05001						50.01
51.00	05100						51.00
52.00	05200						52.00
53.00	05300						53.00
53.01	05301						53.01
54.00	05400						54.00
55.00	05500						55.00
56.00	05600						56.00
59.00	05900						59.00
60.00	06000						60.00
60.01	06001						60.01
60.02	06002						60.02
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
67.00	06700						67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING - RI LEY (RI LEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERIA (FTE' S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			9.02	9.03	10.00	11.00	13.00	
68.00	06800	SPEECH PATHOLOGY	14,591	7,095	0	43	4	68.00
69.00	06900	ELECTROCARDIOLOGY	1,316	7,666	0	53	3	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,646	16,190	0	52	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,064	10,273	0	2	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	3,265	0	79	0	73.03
74.00	07400	RENAL DIALYSIS	4,439	8,466	0	96	45	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	7	6	76.00
76.01	03140	CARDIOLOGY	9,367	0	0	10	4	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,852	0	2	2	76.02
76.03	03950	CARDIAC CATH	4,491	30,493	0	57	23	76.03
76.04	03951	DAY SURGERY	0	940	0	45	31	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	7	3	76.08
76.97	07697	CARDIAC REHABILITATION	0	6,691	0	3	3	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	52	10	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	37	11	90.01
90.02	09002	IUSCC HEM/ONC	0	19,204	0	207	46	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	6	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	28,257	0	6	3	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	32	8	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	38,172	0	118	81	31	90.07
90.08	09008	MOTILITY LAB	425	0	0	1	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	4,653	0	0	0	90.10
90.11	09023	SLEEP LAB	0	16,806	0	33	0	90.11
90.12	09024	OP CARE ADULTS	0	10,115	0	4	2	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	0	0	0	2	2	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	17	3	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	12	5	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	10	4	90.19
90.20	09025	IUMG - MH	0	0	0	5	2	90.20
90.21	09019	OP REHAB CLINIC	2,094	0	0	2	2	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	13	1	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	13	4	90.23
90.24	09021	LIFE CARE CLINIC	0	4,578	0	17	6	90.24
91.00	09100	EMERGENCY	27,226	72,854	12,029	254	184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	11	7	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	144	24	95.00
101.00	10100	HOME HEALTH AGENCY	0	811	0	248	62	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	639	4,120	0	35	1	105.00
106.00	10600	HEART ACQUISITION	54	345	0	5	0	106.00
107.00	10700	LIVER ACQUISITION	234	1,507	0	12	0	107.00
108.00	10800	LUNG ACQUISITION	106	680	0	8	0	108.00
109.00	10900	PANCREAS ACQUISITION	27	171	0	3	0	109.00
110.00	11000	INTESTINE ACQUISITION	25	159	0	2	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	599	3,860	0	37	1	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	6,166	0	59	24	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	759,114	1,236,234	529,763	7,952	2,995	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,158	3,263	0	13	0	190.00
191.00	19100	RESEARCH	0	26,361	0	37	11	191.00
191.01	19101	RESEARCH-GCRC	0	3,375	373	0	0	191.01
191.02	19102	OSA	1,110	0	0	30	6	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,474	0	0	3	2	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	2,759	127,141	0	115	13	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	5,248	0	20	1	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			9.02	9.03	10.00	11.00	13.00	
192.03	19203	PHYSICIANS' PRIVATE OFFICES	206,972	249,408	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	1	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	3	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	259	2,661	0	51	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	1	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	13	5	192.10
192.11	19211	UNUSED SPACE	97,730	71,757	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,401,849	5,518,450	13,694,494	2,895,465	27,465,544	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.151097	3.198271	25.832039	351.434033	9,055.570063	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,232	93,341	832,062	108,230	922,106	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.034488	0.054097	1.569526	13.136303	304.024398	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMINISTRATION						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	196,773,621					14.00
15.00 01500 PHARMACY	1,542,463	175,336,333				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	6,424,252,392			16.00
17.00 01700 SOCIAL SERVICE	46		0	321,638		17.00
18.00 01850 PATIENT TRANSPORTATION	6,215	0	0	0	6,424,252,392	18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	340	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	20	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	4,881	51	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	7,900	0	0	0	0	23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0	0	23.07
23.08 02308 PARAMED MEDICAL ASSIST	16	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	76	0	0	0	0	23.09
23.10 02310 PARAMED PHARMACY TECH	991	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,022,149	755,076	611,641,352	247,345	611,641,352	30.00
31.00 03100 INTENSIVE CARE UNIT	1,753,406	126,143	74,986,902	19,112	74,986,902	31.00
32.00 03200 CORONARY CARE UNIT	1,816,201	206,155	54,127,028	14,365	54,127,028	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	279,339	12,091	26,423,848	9,059	26,423,848	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	154,442	8,256	8,488,185	2,231	8,488,185	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	597,000	33,995	13,640,364	3,920	13,640,364	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PED IC	912,049	115,397	34,382,014	7,587	34,382,014	34.04
34.05 03404 TRANSPLANT ICU	390,416	18,066	10,982,410	3,036	10,982,410	34.05
34.06 03407 PEDS CANCER CARE	106,450	21,715	10,172,216	2,471	10,172,216	34.06
40.00 04000 SUBPROVIDER - IPF	34,910	263	12,507,080	6,482	12,507,080	40.00
43.00 04300 NURSERY	148,980	3,687	102,063,192	6,030	102,063,192	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	17,582,306	258,580	741,984,304	0	741,984,304	50.00
50.01 05001 ENDOSCOPY	507,772	10,714	25,154,274	0	25,154,274	50.01
51.00 05100 RECOVERY ROOM	481,010	49,840	96,438,172	0	96,438,172	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	255,394	6,321	43,049,054	0	43,049,054	52.00
53.00 05300 ANESTHESIOLOGY	2,051,015	409,663	55,126,095	0	55,126,095	53.00
53.01 05301 PULMONARY FUNCTION TESTING	215,983	220	29,594,421	0	29,594,421	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,139,476	374,568	532,092,189	0	532,092,189	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	157,453	496	118,385,266	0	118,385,266	55.00
56.00 05600 RADIOIOTOPE	49,840	7,527	26,820,429	0	26,820,429	56.00
59.00 05900 CARDIAC CATHETERIZATION	233,163	1,302	44,268,802	0	44,268,802	59.00
60.00 06000 LABORATORY	28,579,756	83,684	689,335,767	0	689,335,767	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	1,066,221	0	15,964,014	0	15,964,014	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	13,395,291	524	72,540,570	0	72,540,570	63.00
65.00 06500 RESPIRATORY THERAPY	1,325,227	3,014	117,482,129	0	117,482,129	65.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet B-1 Date/Time Prepared: 5/26/2015 1:45 pm				
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)		
		14.00	15.00	16.00	17.00	18.00		
66.00	06600	PHYSICAL THERAPY	545,246	393	66,618,489	0	66,618,489	66.00
67.00	06700	OCCUPATIONAL THERAPY	79,457	0	13,846,899	0	13,846,899	67.00
68.00	06800	SPEECH PATHOLOGY	55,560	4,729	19,039,567	0	19,039,567	68.00
69.00	06900	ELECTROCARDIOLOGY	80,934	3,870	88,364,039	0	88,364,039	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	176,673	0	47,697,348	0	47,697,348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,545,172	0	153,165,516	0	153,165,516	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	65,678,961	0	387,332,952	0	387,332,952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	127,144,662	893,613,948	0	893,613,948	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	39,650,291	58,013,674	0	58,013,674	73.03
74.00	07400	RENAL DIALYSIS	1,808,361	77,524	35,359,677	0	35,359,677	74.00
76.00	03020	RH NBN ECMO I C	174,153	3,222	2,862,299	0	2,862,299	76.00
76.01	03140	CARDIOLOGY	410,075	9,642	32,973,969	0	32,973,969	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,117	144	3,141,847	0	3,141,847	76.02
76.03	03950	CARDIAC CATH	1,197,715	32,979	126,159,900	0	126,159,900	76.03
76.04	03951	DAY SURGERY	530,191	40,881	3,834,424	0	3,834,424	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	3,256,588	0	3,256,588	76.08
76.97	07697	CARDIAC REHABILITATION	2,569	0	1,043,638	0	1,043,638	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	86,986	16,907	3,641,127	0	3,641,127	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	44,044	1,550	9,216,654	0	9,216,654	90.01
90.02	09002	IUSCC HEM/ONC	0	608,419	84,678,869	0	84,678,869	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	4,927	76	3,391,507	0	3,391,507	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,478	0	4,300,990	0	4,300,990	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	28,452	259	23,051,000	0	23,051,000	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	175,546	44,239	10,409,638	0	10,409,638	90.07
90.08	09008	MOTILITY LAB	58,891	74	575,826	0	575,826	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	133	0	0	0	0	90.10
90.11	09023	SLEEP LAB	95,628	0	15,712,630	0	15,712,630	90.11
90.12	09024	OP CARE ADULTS	5,266	0	312,714	0	312,714	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	30,944	1,572	5,177,638	0	5,177,638	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	12,259	82	1,400,181	0	1,400,181	90.17
90.18	09016	DERMATOLOGY CLINIC	72,872	10	3,491,709	0	3,491,709	90.18
90.19	09017	INFUSION/HEM/ONC	27,227	23,491	7,092,960	0	7,092,960	90.19
90.20	09025	IUMG - MH	3,807	5	91,218	0	91,218	90.20
90.21	09019	OP REHAB CLINIC	1,325	51	401,134	0	401,134	90.21
90.22	09020	EATING DISORDERS CLINIC	675	0	2,648,648	0	2,648,648	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	25,476	24	940,121	0	940,121	90.23
90.24	09021	LIFE CARE CLINIC	2,701	94	0	0	0	90.24
91.00	09100	EMERGENCY	2,373,364	149,301	427,551,352	0	427,551,352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	68,908	18,713	16,443,327	0	16,443,327	94.00
95.00	09500	AMBULANCE SERVICES	328,582	13,470	98,802,991	0	98,802,991	95.00
101.00	10100	HOME HEALTH AGENCY	215,856	0	85,844,514	0	85,844,514	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	161,278	0	34,285,481	0	34,285,481	105.00
106.00	10600	HEART ACQUISITION	109	0	5,747,401	0	5,747,401	106.00
107.00	10700	LIVER ACQUISITION	124,039	0	31,655,897	0	31,655,897	107.00
108.00	10800	LUNG ACQUISITION	14,457	0	13,583,911	0	13,583,911	108.00
109.00	10900	PANCREAS ACQUISITION	32,435	0	10,575,780	0	10,575,780	109.00
110.00	11000	INTESTINE ACQUISITION	17,295	0	3,894,883	0	3,894,883	110.00
112.00	08600	OTHER ORGAN ACQUISITION	1,730	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	54,185	656,125	15,357,440	0	15,357,440	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	196,199,256	171,010,147	6,424,252,392	321,638	6,424,252,392	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21	0	0	0	0	190.00
191.00	19100	RESEARCH	243,463	5,398	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	53,013	3,408	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	
					PATIENT TRANSPORTATION (GROSS CHARGES)	
	14.00	15.00	16.00	17.00	18.00	
191.02 19102 OSA	108,738	0	0	0	0	0 191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	79,934	2,770,593	0	0	0	0 192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	13,359	3,441	0	0	0	0 192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0	0	0 192.04
192.06 19206 BELTWAY SURGERY	0	0	0	0	0	0 192.06
192.07 19207 RHI	49,412	1,684	0	0	0	0 192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	4,161	851	0	0	0	0 192.08
192.09 19209 ARTHRITIS CLINIC - NR	4,475	1,463,937	0	0	0	0 192.09
192.10 19212 CARDIO PHYSICIANS	17,789	76,874	0	0	0	0 192.10
192.11 19211 UNUSED SPACE	0	0	0	0	0	0 192.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	102,017,919	50,904,911	14,739,365	6,571,659	2,601,202	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.518453	0.290327	0.002294	20.431849	0.000405	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,453,329	2,844,001	173,785	139,694	116,261	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.012468	0.016220	0.000027	0.434321	0.000018	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 PATIENT TRANSPORTATION						18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	63,732					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		63,732				22.00
23.00 02300 PARAMED PRGM			0			23.00
23.01 02301 PARAMED HEALTH SCIENCES			0	4,491,552		23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST			0	959,852	100	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY			0	450,449	0	23.03
23.04 02304 PARAMED EMERGENCY			0	145,643	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION			0	708,675	0	23.05
23.06 02306 PARAMED LAB SCIENCE PRO			0	395,857	0	23.06
23.07 02307 PARAMED PHARMACY			0	1,304,698	0	23.07
23.08 02308 PARAMED MEDICAL ASSIST			0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY			0	290,831	0	23.09
23.10 02310 PARAMED PHARMACY TECH			0	235,547	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY			0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	18,263	18,263	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,363	2,363	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	84	84	0	0	0	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	538	538	0	0	0	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	37	37	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	178	178	0	0	0	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PED IC	40	40	0	0	0	34.04
34.05 03404 TRANSPLANT ICU	5	5	0	0	0	34.05
34.06 03407 PEDS CANCER CARE	0	0	0	0	0	34.06
40.00 04000 SUBPROVIDER - IPF	84	84	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,869	4,869	0	0	0	50.00
50.01 05001 ENDOSCOPY	153	153	0	0	0	50.01
51.00 05100 RECOVERY ROOM	206	206	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	301	301	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	5,599	5,599	0	0	0	53.00
53.01 05301 PULMONARY FUNCTION TESTING	127	127	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,062	4,062	0	0	100	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	146	146	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	93	93	0	0	0	59.00
60.00 06000 LABORATORY	1,792	1,792	0	0	0	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	12	12	0	0	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	82	82	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	474	474	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00 07400 RENAL DIALYSIS	168	168	0	0	0	74.00
76.00 03020 RH NBN ECMO IC	0	0	0	0	0	76.00
76.01 03140 CARDIOLOGY	1,156	1,156	0	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 03950 CARDIAC CATH	0	0	0	0	0	76.03
76.04 03951 DAY SURGERY	107	107	0	0	0	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08 03954 ECMO-ADULT	0	0	0	0	0	76.08
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	58	58	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	289	289	0	0	0	90.01
90.02 09002 IUSCC HEM/ONC	1,427	1,427	0	0	0	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	193	193	0	0	0	90.03
90.04 09004 AMB SVC-PSYCH ADULT	914	914	0	0	0	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07 09007 AMB SVC-RILEY CLINICS	2,712	2,712	0	0	0	90.07
90.08 09008 MOTILITY LAB	1,103	1,103	0	0	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	158	158	0	0	0	90.10
90.11 09023 SLEEP LAB	0	0	0	0	0	90.11
90.12 09024 OP CARE ADULTS	728	728	0	0	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 ARTHRITIS CLINIC	357	357	0	0	0	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18 09016 DERMATOLOGY CLINIC	362	362	0	0	0	90.18
90.19 09017 INFUSION/HEM/ONC	539	539	0	0	0	90.19
90.20 09025 IUMG - MH	481	481	0	0	0	90.20
90.21 09019 OP REHAB CLINIC	238	238	0	0	0	90.21
90.22 09020 EATING DISORDERS CLINIC	2	2	0	0	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	725	725	0	0	0	90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00 09100 EMERGENCY	4,100	4,100	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINE ACQUISITION	0	0	0	0	0	110.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	55,325	55,325	0	4,491,552	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	7,067	7,067	0	0	0	191.00
191.01 19101 RESEARCH-GCRC	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
191.02 19102 OSA	0	0	0	0	0	0 191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,288	1,288	0	0	0	0 192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	0 192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	12	12	0	0	0	0 192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.03
192.04 19204 MHH RADIOLOGY	21	21	0	0	0	0 192.04
192.06 19206 BELTWAY SURGERY	0	0	0	0	0	0 192.06
192.07 19207 RHI	0	0	0	0	0	0 192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	19	19	0	0	0	0 192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	0 192.09
192.10 19212 CARDIO PHYSICIANS	0	0	0	0	0	0 192.10
192.11 19211 UNUSED SPACE	0	0	0	0	0	0 192.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	45,915,471	4,357,211	0	711,117	1,385,199	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	720.446102	68.367712	0.000000	0.158323	13,851.990000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	559,417	680,889	0	160,442	64,036	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	8.777647	10.683628	0.000000	0.035721	640.360000	205.00

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Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)		
		23.03	23.04	23.05	23.06	23.07		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00590	PURCHASING, RECEIVING & STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01	
9.02	00902	HOUSEKEEPING - RILEY					9.02	
9.03	00903	HOUSEKEEPING - METHODIST					9.03	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
18.00	01850	PATIENT TRANSPORTATION					18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00	02300	PARAMED ED PRGM					23.00	
23.01	02301	PARAMED ED HEALTH SCIENCES					23.01	
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02	
23.03	02303	PARAMED RESPIRATORY THERAPY	100				23.03	
23.04	02304	PARAMED EMERGENCY	0	100			23.04	
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	321,638		23.05	
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	100	23.06	
23.07	02307	PARAMED PHARMACY	0	0	0	175,336,282	23.07	
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08	
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	23.09	
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	23.10	
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	247,345	0	755,076	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	19,112	0	126,143	31.00
32.00	03200	CORONARY CARE UNIT	0	0	14,365	0	206,155	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	9,059	0	12,091	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,231	0	8,256	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	0	3,920	0	33,995	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	7,587	0	115,397	34.04
34.05	03404	TRANSPLANT ICU	0	0	3,036	0	18,066	34.05
34.06	03407	PEDS CANCER CARE	0	0	2,471	0	21,715	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	6,482	0	263	40.00
43.00	04300	NURSERY	0	0	6,030	0	3,687	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	258,580	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	10,714	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	49,840	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,321	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	409,663	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	220	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	374,568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	496	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	7,527	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	1,302	59.00
60.00	06000	LABORATORY	0	0	0	100	83,684	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	524	63.00
65.00	06500	RESPIRATORY THERAPY	100	0	0	0	3,014	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	393	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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5/26/2015 1:45 pm

Cost Center Description			PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	
			23.03	23.04	23.05	23.06	23.07	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,729	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	127,144,662	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	39,650,291	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	77,524	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	3,222	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	9,642	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	144	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	32,979	76.03
76.04	03951	DAY SURGERY	0	0	0	0	40,881	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	16,907	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	1,550	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	608,419	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	76	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	259	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	44,239	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	74	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	0	0	0	0	1,572	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	82	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	10	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	23,491	90.19
90.20	09025	IUMG - MH	0	0	0	0	5	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	51	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	24	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	94	90.24
91.00	09100	EMERGENCY	0	100	0	0	149,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	18,713	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	13,470	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	656,125	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	321,638	100	171,010,096	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	5,398	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	3,408	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	2,770,593	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	3,441	192.02

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Worksheet B-1

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Cost Center Description			PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)		
			23.03	23.04	23.05	23.06	23.07		
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	1,684	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	851	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	1,463,937	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	76,874	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	344,105	384,551	1,077,294	524,252	1,868,308		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,441.050000	3,845.510000	3.349399	5,242.520000	0.010656		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	51,435	50,934	10,904	5,296	21,558		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	514.350000	509.340000	0.033901	52.960000	0.000123		205.00

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Cost Center Description		PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOG Y (ASSIGNED TIME)		
		23.08	23.09	23.10	23.11		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM					23.00
23.01	02301	PARAMED HEALTH SCIENCES					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST	100				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	100			23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	100		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	100	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	100	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PED 1C	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	100	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00

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Cost Center Description			PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOG Y (ASSIGNED TIME)		
			23.08	23.09	23.10	23.11		
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	100		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0		76.00
76.01	03140	CARDIOLOGY	0	0	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		76.02
76.03	03950	CARDIAC CATH	0	0	0	0		76.03
76.04	03951	DAY SURGERY	0	0	0	0		76.04
76.05	03480	ONCOLOGY	0	0	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0		76.07
76.08	03954	ECMO-ADULT	0	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		90.13
90.14	09012	ARTHRTIS CLINIC	0	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0		90.24
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0		110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0		112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0		113.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	100	100		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0		191.01
191.02	19102	OSA	0	0	0	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG	0	0	0	0		192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		PARAMED MEDICAL ASSIST (ASSIGNED TIME) 23.08	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME) 23.09	PARAMED PHARMACY TECH (ASSIGNED TIME) 23.10	PARAMED NEUROPHYSIOLOG Y (ASSIGNED TIME) 23.11		
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0		192.04
192.06	19206 BELTWAY SURGERY	0	0	0	0		192.06
192.07	19207 RHI	0	0	0	0		192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0		192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0		192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0		192.10
192.11	19211 UNUSED SPACE	0	0	0	0		192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-1	424,523	443,414	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	4,245.230000	4,434.140000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	33,964	33,621	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	339.640000	336.210000	0.000000		205.00

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-2
Date/Time Prepared:
5/26/2015 1:45 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

			Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	248,860,360		248,860,360	0	248,860,360	30.00	
31.00 03100	INTENSIVE CARE UNIT	25,536,451		25,536,451	0	25,536,451	31.00	
32.00 03200	CORONARY CARE UNIT	21,908,876		21,908,876	0	21,908,876	32.00	
32.01 03201	NEONATAL INTENSIVE CARE UNIT	7,823,140		7,823,140	0	7,823,140	32.01	
33.00 03300	BURN INTENSIVE CARE UNIT	3,316,911		3,316,911	0	3,316,911	33.00	
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00	
34.02 03401	UH SURG 61C	5,549,440		5,549,440	0	5,549,440	34.02	
34.03 03402	UH NS 31C	0		0	0	0	34.03	
34.04 03403	RH PEDIC	13,943,367		13,943,367	0	13,943,367	34.04	
34.05 03404	TRANSPLANT ICU	3,888,022		3,888,022	0	3,888,022	34.05	
34.06 03407	PEDS CANCER CARE	4,379,787		4,379,787	0	4,379,787	34.06	
40.00 04000	SUBPROVIDER - I/PF	6,780,208		6,780,208	0	6,780,208	40.00	
43.00 04300	NURSERY	6,231,572		6,231,572	0	6,231,572	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	97,099,146		97,099,146	0	97,099,146	50.00	
50.01 05001	ENDOSCOPY	3,114,907		3,114,907	0	3,114,907	50.01	
51.00 05100	RECOVERY ROOM	14,445,455		14,445,455	0	14,445,455	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	11,876,368		11,876,368	0	11,876,368	52.00	
53.00 05300	ANESTHESIOLOGY	5,254,230		5,254,230	0	5,254,230	53.00	
53.01 05301	PULMONARY FUNCTION TESTING	5,303,228		5,303,228	0	5,303,228	53.01	
54.00 05400	RADIOLOGY-DIAGNOSTIC	79,039,747		79,039,747	0	79,039,747	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	11,640,248		11,640,248	0	11,640,248	55.00	
56.00 05600	RADIOISOTOPE	2,926,489		2,926,489	0	2,926,489	56.00	
59.00 05900	CARDIAC CATHETERIZATION	2,836,090		2,836,090	0	2,836,090	59.00	
60.00 06000	LABORATORY	76,773,796		76,773,796	0	76,773,796	60.00	
60.01 06001	TRANSPLANT IMMUNOLOGY	3,675,500		3,675,500	0	3,675,500	60.01	
60.02 06002	BONE MARROW TRANSPLANT LAB	34		34	0	34	60.02	
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	24,221,536		24,221,536	0	24,221,536	63.00	
65.00 06500	RESPIRATORY THERAPY	29,919,607	0	29,919,607	0	29,919,607	65.00	
66.00 06600	PHYSICAL THERAPY	19,897,684	0	19,897,684	0	19,897,684	66.00	
67.00 06700	OCCUPATIONAL THERAPY	4,274,757	0	4,274,757	0	4,274,757	67.00	
68.00 06800	SPEECH PATHOLOGY	6,140,057	0	6,140,057	0	6,140,057	68.00	
69.00 06900	ELECTROCARDIOLOGY	5,982,422		5,982,422	0	5,982,422	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	7,901,056		7,901,056	0	7,901,056	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,482,207		56,482,207	0	56,482,207	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	113,962,259		113,962,259	0	113,962,259	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	186,987,814		186,987,814	0	186,987,814	73.00	
73.03 07303	OUTPATIENT RETAIL PHARMACY	63,445,661		63,445,661	0	63,445,661	73.03	
74.00 07400	RENAL DIALYSIS	13,012,082		13,012,082	0	13,012,082	74.00	
76.00 03020	RH NBN ECMO IC	1,411,684		1,411,684	0	1,411,684	76.00	
76.01 03140	CARDIOLOGY	4,383,166		4,383,166	0	4,383,166	76.01	
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	725,075		725,075	0	725,075	76.02	
76.03 03950	CARDIAC CATH	13,300,154		13,300,154	0	13,300,154	76.03	
76.04 03951	DAY SURGERY	6,042,370		6,042,370	0	6,042,370	76.04	
76.05 03480	ONCOLOGY	0		0	0	0	76.05	
76.06 03952	DAY SURGERY-RILEY	0		0	0	0	76.06	
76.07 03953	CARDIOLOGY-RILEY	0		0	0	0	76.07	
76.08 03954	ECMO-ADULT	805,054		805,054	0	805,054	76.08	
76.97 07697	CARDIAC REHABILITATION	877,958		877,958	0	877,958	76.97	
OUTPATIENT SERVICE COST CENTERS								
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	4,704,169		4,704,169	0	4,704,169	89.00	
90.00 09000	CLINIC	0		0	0	0	90.00	
90.01 09001	AMB SVC-OB & GYN	4,139,161		4,139,161	0	4,139,161	90.01	
90.02 09002	IUSCC HEM/ONC	48,811,404		48,811,404	0	48,811,404	90.02	
90.03 09003	AMB SVC-OPTHALMOLOGY	888,988		888,988	0	888,988	90.03	
90.04 09004	AMB SVC-PSYCH ADULT	1,977,312		1,977,312	0	1,977,312	90.04	
90.05 09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05	
90.06 09006	OUTPATIENT SURGERY	4,111,318		4,111,318	0	4,111,318	90.06	
90.07 09007	AMB SVC-RILEY CLINICS	5,955,676		5,955,676	0	5,955,676	90.07	
90.08 09008	MOTILITY LAB	252,155		252,155	0	252,155	90.08	
90.09 09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09	
90.10 09010	CLINICAL GERIATRICS	267,114		267,114	0	267,114	90.10	
90.11 09023	SLEEP LAB	4,650,429		4,650,429	0	4,650,429	90.11	
90.12 09024	OP CARE ADULTS	913,336		913,336	0	913,336	90.12	
90.13 09011	PEDIATRIC CLINIC	0		0	0	0	90.13	
90.14 09012	ARTHRTIS CLINIC	371,915		371,915	0	371,915	90.14	
90.15 09013	NEUROLOGY UH	0		0	0	0	90.15	
90.16 09014	ORTHOPEDI CS UH	0		0	0	0	90.16	
90.17 09015	PHYSICAL MEDICINE	1,906,605		1,906,605	0	1,906,605	90.17	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.18	09016	DERMATOLOGY CLINIC	1,202,497		1,202,497	0	1,202,497	90.18
90.19	09017	INFUSION/HEM/ONC	1,190,960		1,190,960	0	1,190,960	90.19
90.20	09025	IUMG - MH	549,396		549,396	0	549,396	90.20
90.21	09019	OP REHAB CLINIC	398,604		398,604	0	398,604	90.21
90.22	09020	EATING DISORDERS CLINIC	1,550,222		1,550,222	0	1,550,222	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,389,697		1,389,697	0	1,389,697	90.23
90.24	09021	LIFE CARE CLINIC	1,655,636		1,655,636	0	1,655,636	90.24
91.00	09100	EMERGENCY	39,525,345		39,525,345	0	39,525,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,906,754		14,906,754		14,906,754	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	2,241,565		2,241,565	0	2,241,565	94.00
95.00	09500	AMBULANCE SERVICES	30,347,324		30,347,324	0	30,347,324	95.00
101.00	10100	HOME HEALTH AGENCY	42,959,724		42,959,724		42,959,724	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,750,349		12,750,349		12,750,349	105.00
106.00	10600	HEART ACQUISITION	2,066,540		2,066,540		2,066,540	106.00
107.00	10700	LIVER ACQUISITION	9,180,503		9,180,503		9,180,503	107.00
108.00	10800	LUNG ACQUISITION	5,002,334		5,002,334		5,002,334	108.00
109.00	10900	PANCREAS ACQUISITION	3,648,961		3,648,961		3,648,961	109.00
110.00	11000	INTESTINE ACQUISITION	1,555,066		1,555,066		1,555,066	110.00
112.00	08600	OTHER ORGAN ACQUISITION	247,316		247,316		247,316	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,002,327		5,002,327		5,002,327	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,360,921		8,360,921		8,360,921	116.00
200.00		Subtotal (see instructions)	1,486,657,598	0	1,486,657,598	0	1,486,657,598	200.00
201.00		Less Observation Beds	14,906,754		14,906,754		14,906,754	201.00
202.00		Total (see instructions)	1,471,750,844	0	1,471,750,844	0	1,471,750,844	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

		Title XVIIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	575,684,840		575,684,840		30.00	
31.00	03100	INTENSIVE CARE UNIT	74,986,902		74,986,902		31.00	
32.00	03200	CORONARY CARE UNIT	54,127,028		54,127,028		32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	26,423,848		26,423,848		32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	8,488,185		8,488,185		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00	
34.02	03401	UH SURG 61C	13,640,364		13,640,364		34.02	
34.03	03402	UH NS 31C	0		0		34.03	
34.04	03403	RH PED IC	34,382,014		34,382,014		34.04	
34.05	03404	TRANSPLANT ICU	10,982,410		10,982,410		34.05	
34.06	03407	PEDS CANCER CARE	10,172,216		10,172,216		34.06	
40.00	04000	SUBPROVIDER - IPF	12,507,080		12,507,080		40.00	
43.00	04300	NURSERY	102,063,192		102,063,192		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	501,371,624	240,612,680	741,984,304	0.130864	50.00	
50.01	05001	ENDOSCOPY	15,686,274	9,468,000	25,154,274	0.123832	50.01	
51.00	05100	RECOVERY ROOM	44,296,576	52,141,596	96,438,172	0.149790	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,315,413	3,733,641	43,049,054	0.275880	52.00	
53.00	05300	ANESTHESIOLOGY	39,029,528	16,096,567	55,126,095	0.095313	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	3,901,658	25,692,763	29,594,421	0.179197	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	214,743,265	317,348,924	532,092,189	0.148545	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	6,236,955	112,148,311	118,385,266	0.098325	55.00	
56.00	05600	RADIOISOTOPE	6,761,304	20,059,125	26,820,429	0.109114	56.00	
59.00	05900	CARDIAC CATHETERIZATION	13,684,249	30,584,553	44,268,802	0.064065	59.00	
60.00	06000	LABORATORY	376,418,048	312,917,719	689,335,767	0.111374	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	2,463,993	13,500,021	15,964,014	0.230237	60.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	60.02	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63,882,779	8,657,791	72,540,570	0.333903	63.00	
65.00	06500	RESPIRATORY THERAPY	114,944,566	2,537,563	117,482,129	0.254674	65.00	
66.00	06600	PHYSICAL THERAPY	48,679,646	17,938,843	66,618,489	0.298681	66.00	
67.00	06700	OCCUPATIONAL THERAPY	11,350,582	2,496,317	13,846,899	0.308716	67.00	
68.00	06800	SPEECH PATHOLOGY	6,872,471	12,167,096	19,039,567	0.322489	68.00	
69.00	06900	ELECTROCARDIOLOGY	54,775,543	33,588,496	88,364,039	0.067702	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	31,788,136	15,909,212	47,697,348	0.165650	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,730,174	62,435,342	153,165,516	0.368766	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	288,528,945	98,804,007	387,332,952	0.294223	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	445,152,454	448,461,494	893,613,948	0.209249	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	58,013,674	58,013,674	1.093633	73.03	
74.00	07400	RENAL DIALYSIS	15,514,837	19,844,840	35,359,677	0.367992	74.00	
76.00	03020	RH NBN ECMO IC	2,862,299	0	2,862,299	0.493199	76.00	
76.01	03140	CARDIOLOGY	12,626,254	20,347,715	32,973,969	0.132928	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	720,136	2,421,711	3,141,847	0.230780	76.02	
76.03	03950	CARDIAC CATH	45,323,240	80,836,660	126,159,900	0.105423	76.03	
76.04	03951	DAY SURGERY	375,987	3,458,437	3,834,424	1.575822	76.04	
76.05	03480	ONCOLOGY	0	0	0	0.000000	76.05	
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	76.06	
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	76.07	
76.08	03954	ECMO-ADULT	3,256,588	0	3,256,588	0.247208	76.08	
76.97	07697	CARDIAC REHABILITATION	0	1,043,638	1,043,638	0.841248	76.97	
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	3,641,127	3,641,127		89.00	
90.00	09000	CLINIC	0	0	0	0.000000	90.00	
90.01	09001	AMB SVC-OB & GYN	145,765	9,070,889	9,216,654	0.449096	90.01	
90.02	09002	IUSCC HEM/ONC	794,811	83,884,058	84,678,869	0.576430	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	5,424	3,386,083	3,391,507	0.262122	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	0	4,300,990	4,300,990	0.459734	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	90.05	
90.06	09006	OUTPATIENT SURGERY	8,937,013	14,113,987	23,051,000	0.178357	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	427,599	9,982,039	10,409,638	0.572131	90.07	
90.08	09008	MOTILITY LAB	23,889	551,937	575,826	0.437901	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	90.09	
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	90.10	
90.11	09023	SLEEP LAB	37,174	15,675,456	15,712,630	0.295968	90.11	
90.12	09024	OP CARE ADULTS	1,888	310,826	312,714	2.920675	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	90.13	
90.14	09012	ARTHRTIS CLINIC	0	5,177,638	5,177,638	0.071831	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	90.15	
90.16	09014	ORTHOPEDIC UH	0	0	0	0.000000	90.16	
90.17	09015	PHYSICAL MEDICINE	6,557	1,393,624	1,400,181	1.361685	90.17	
90.18	09016	DERMATOLOGY CLINIC	9,726	3,481,983	3,491,709	0.344386	90.18	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
9.00	10.00								
90.19	09017	INFUSION/HEM/ONC	30,998	7,061,962	7,092,960	0.167907	0.000000	90.19	
90.20	09025	LUNG - MH	2,685	88,533	91,218	6.022890	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	1,661	399,473	401,134	0.993693	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	2,648,648	2,648,648	0.585288	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	6,920	933,201	940,121	1.478211	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24	
91.00	09100	EMERGENCY	123,395,255	304,156,097	427,551,352	0.092446	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,243,331	32,713,181	35,956,512	0.414577	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	16,443,327	16,443,327	0.136321	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	112,345	98,690,646	98,802,991	0.307150	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	85,844,514	85,844,514			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	34,285,481	0	34,285,481			105.00	
106.00	10600	HEART ACQUISITION	5,747,401	0	5,747,401			106.00	
107.00	10700	LIVER ACQUISITION	31,655,897	0	31,655,897			107.00	
108.00	10800	LUNG ACQUISITION	13,583,911	0	13,583,911			108.00	
109.00	10900	PANCREAS ACQUISITION	10,575,780	0	10,575,780			109.00	
110.00	11000	INTESTINE ACQUISITION	3,894,883	0	3,894,883			110.00	
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00	
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01	
113.00	11300	INTEREST EXPENSE	0	0	0			113.00	
116.00	11600	HOSPICE	0	15,357,440	15,357,440			116.00	
200.00		Subtotal (see instructions)	3,661,677,997	2,762,574,395	6,424,252,392			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	3,661,677,997	2,762,574,395	6,424,252,392			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT				32.01
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
34.02	03401 UH SURG 6IC				34.02
34.03	03402 UH NS 3IC				34.03
34.04	03403 RH PEDIC				34.04
34.05	03404 TRANSPLANT ICU				34.05
34.06	03407 PEDS CANCER CARE				34.06
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130864			50.00
50.01	05001 ENDOSCOPY	0.123832			50.01
51.00	05100 RECOVERY ROOM	0.149790			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.275880			52.00
53.00	05300 ANESTHESIOLOGY	0.095313			53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.179197			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148545			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098325			55.00
56.00	05600 RADIOISOTOPE	0.109114			56.00
59.00	05900 CARDIAC CATHETERIZATION	0.064065			59.00
60.00	06000 LABORATORY	0.111374			60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.230237			60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000			60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.333903			63.00
65.00	06500 RESPIRATORY THERAPY	0.254674			65.00
66.00	06600 PHYSICAL THERAPY	0.298681			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.308716			67.00
68.00	06800 SPEECH PATHOLOGY	0.322489			68.00
69.00	06900 ELECTROCARDIOLOGY	0.067702			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165650			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.294223			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.209249			73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	1.093633			73.03
74.00	07400 RENAL DIALYSIS	0.367992			74.00
76.00	03020 RH NBN ECMO IC	0.493199			76.00
76.01	03140 RADIOLOGY	0.132928			76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780			76.02
76.03	03950 CARDIAC CATH	0.105423			76.03
76.04	03951 DAY SURGERY	1.575822			76.04
76.05	03480 ONCOLOGY	0.000000			76.05
76.06	03952 DAY SURGERY-RILEY	0.000000			76.06
76.07	03953 RADIOLOGY-RILEY	0.000000			76.07
76.08	03954 ECMO-ADULT	0.247208			76.08
76.97	07697 CARDIAC REHABILITATION	0.841248			76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 AMB SVC-OB & GYN	0.449096			90.01
90.02	09002 IUSCC HEM/ONC	0.576430			90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.262122			90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.459734			90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000			90.05
90.06	09006 OUTPATIENT SURGERY	0.178357			90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.572131			90.07
90.08	09008 MOTILITY LAB	0.437901			90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000			90.09
90.10	09010 CLINICAL GERIATRICS	0.000000			90.10
90.11	09023 SLEEP LAB	0.295968			90.11
90.12	09024 OP CARE ADULTS	2.920675			90.12
90.13	09011 PEDIATRIC CLINIC	0.000000			90.13
90.14	09012 ARTHRITIS CLINIC	0.071831			90.14
90.15	09013 NEUROLOGY UH	0.000000			90.15
90.16	09014 ORTHOPEDICS UH	0.000000			90.16
90.17	09015 PHYSICAL MEDICINE	1.361685			90.17
90.18	09016 DERMATOLOGY CLINIC	0.344386			90.18
90.19	09017 INFUSION/HEM/ONC	0.167907			90.19
90.20	09025 IUMG - MH	6.022890			90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
90.21	09019 OP REHAB CLINIC	0.993693			90.21
90.22	09020 EATING DISORDERS CLINIC	0.585288			90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1.478211			90.23
90.24	09021 LIFE CARE CLINIC	0.000000			90.24
91.00	09100 EMERGENCY	0.092446			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.414577			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.136321			94.00
95.00	09500 AMBULANCE SERVICES	0.307150			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINE ACQUISITION				110.00
112.00	08600 OTHER ORGAN ACQUISITION				112.00
112.01	08601 POST TRANSPLANT EXPENSES				112.01
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet C Part I Date/Time Prepared: 5/26/2015 1:45 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	248,860,360		248,860,360	0	248,860,360	30.00
31.00	03100 INTENSIVE CARE UNIT	25,536,451		25,536,451	0	25,536,451	31.00
32.00	03200 CORONARY CARE UNIT	21,908,876		21,908,876	0	21,908,876	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	7,823,140		7,823,140	0	7,823,140	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	3,316,911		3,316,911	0	3,316,911	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401 UH SURG 61C	5,549,440		5,549,440	0	5,549,440	34.02
34.03	03402 UH NS 31C	0		0	0	0	34.03
34.04	03403 RH PEDIC	13,943,367		13,943,367	0	13,943,367	34.04
34.05	03404 TRANSPLANT ICU	3,888,022		3,888,022	0	3,888,022	34.05
34.06	03407 PEDS CANCER CARE	4,379,787		4,379,787	0	4,379,787	34.06
40.00	04000 SUBPROVIDER - I/PF	6,780,208		6,780,208	0	6,780,208	40.00
43.00	04300 NURSERY	6,231,572		6,231,572	0	6,231,572	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	97,099,146		97,099,146	0	97,099,146	50.00
50.01	05001 ENDOSCOPY	3,114,907		3,114,907	0	3,114,907	50.01
51.00	05100 RECOVERY ROOM	14,445,455		14,445,455	0	14,445,455	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,876,368		11,876,368	0	11,876,368	52.00
53.00	05300 ANESTHESIOLOGY	5,254,230		5,254,230	0	5,254,230	53.00
53.01	05301 PULMONARY FUNCTION TESTING	5,303,228		5,303,228	0	5,303,228	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	79,039,747		79,039,747	0	79,039,747	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	11,640,248		11,640,248	0	11,640,248	55.00
56.00	05600 RADIOISOTOPE	2,926,489		2,926,489	0	2,926,489	56.00
59.00	05900 CARDIAC CATHETERIZATION	2,836,090		2,836,090	0	2,836,090	59.00
60.00	06000 LABORATORY	76,773,796		76,773,796	0	76,773,796	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	3,675,500		3,675,500	0	3,675,500	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	34		34	0	34	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	24,221,536		24,221,536	0	24,221,536	63.00
65.00	06500 RESPIRATORY THERAPY	29,919,607	0	29,919,607	0	29,919,607	65.00
66.00	06600 PHYSICAL THERAPY	19,897,684	0	19,897,684	0	19,897,684	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,274,757	0	4,274,757	0	4,274,757	67.00
68.00	06800 SPEECH PATHOLOGY	6,140,057	0	6,140,057	0	6,140,057	68.00
69.00	06900 ELECTROCARDIOLOGY	5,982,422		5,982,422	0	5,982,422	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	7,901,056		7,901,056	0	7,901,056	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	56,482,207		56,482,207	0	56,482,207	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	113,962,259		113,962,259	0	113,962,259	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	186,987,814		186,987,814	0	186,987,814	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	63,445,661		63,445,661	0	63,445,661	73.03
74.00	07400 RENAL DIALYSIS	13,012,082		13,012,082	0	13,012,082	74.00
76.00	03020 RH NBN ECMO IC	1,411,684		1,411,684	0	1,411,684	76.00
76.01	03140 RADIOLOGY	4,383,166		4,383,166	0	4,383,166	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	725,075		725,075	0	725,075	76.02
76.03	03950 CARDIAC CATH	13,300,154		13,300,154	0	13,300,154	76.03
76.04	03951 DAY SURGERY	6,042,370		6,042,370	0	6,042,370	76.04
76.05	03480 ONCOLOGY	0		0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0		0	0	0	76.07
76.08	03954 ECMO-ADULT	805,054		805,054	0	805,054	76.08
76.97	07697 CARDIAC REHABILITATION	877,958		877,958	0	877,958	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	4,704,169		4,704,169	0	4,704,169	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	4,139,161		4,139,161	0	4,139,161	90.01
90.02	09002 IUSCC HEM/ONC	48,811,404		48,811,404	0	48,811,404	90.02
90.03	09003 AMB SVC-OPTHALMOLOGY	888,988		888,988	0	888,988	90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,977,312		1,977,312	0	1,977,312	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	4,111,318		4,111,318	0	4,111,318	90.06
90.07	09007 AMB SVC-RILEY CLINICS	5,955,676		5,955,676	0	5,955,676	90.07
90.08	09008 MOTILITY LAB	252,155		252,155	0	252,155	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	267,114		267,114	0	267,114	90.10
90.11	09023 SLEEP LAB	4,650,429		4,650,429	0	4,650,429	90.11
90.12	09024 OP CARE ADULTS	913,336		913,336	0	913,336	90.12
90.13	09011 PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012 ARTHRITIS CLINIC	371,915		371,915	0	371,915	90.14
90.15	09013 NEUROLOGY UH	0		0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0		0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	1,906,605		1,906,605	0	1,906,605	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
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Date/Time Prepared:
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			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.18	09016	DERMATOLOGY CLINIC	1,202,497		1,202,497	0	1,202,497	90.18
90.19	09017	INFUSION/HEM/ONC	1,190,960		1,190,960	0	1,190,960	90.19
90.20	09025	IUMG - MH	549,396		549,396	0	549,396	90.20
90.21	09019	OP REHAB CLINIC	398,604		398,604	0	398,604	90.21
90.22	09020	EATING DISORDERS CLINIC	1,550,222		1,550,222	0	1,550,222	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,389,697		1,389,697	0	1,389,697	90.23
90.24	09021	LIFE CARE CLINIC	1,655,636		1,655,636	0	1,655,636	90.24
91.00	09100	EMERGENCY	39,525,345		39,525,345	0	39,525,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,906,754		14,906,754		14,906,754	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	2,241,565		2,241,565	0	2,241,565	94.00
95.00	09500	AMBULANCE SERVICES	30,347,324		30,347,324	0	30,347,324	95.00
101.00	10100	HOME HEALTH AGENCY	42,959,724		42,959,724		42,959,724	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,750,349		12,750,349		12,750,349	105.00
106.00	10600	HEART ACQUISITION	2,066,540		2,066,540		2,066,540	106.00
107.00	10700	LIVER ACQUISITION	9,180,503		9,180,503		9,180,503	107.00
108.00	10800	LUNG ACQUISITION	5,002,334		5,002,334		5,002,334	108.00
109.00	10900	PANCREAS ACQUISITION	3,648,961		3,648,961		3,648,961	109.00
110.00	11000	INTESTINE ACQUISITION	1,555,066		1,555,066		1,555,066	110.00
112.00	08600	OTHER ORGAN ACQUISITION	247,316		247,316		247,316	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,002,327		5,002,327		5,002,327	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,360,921		8,360,921		8,360,921	116.00
200.00		Subtotal (see instructions)	1,486,657,598	0	1,486,657,598	0	1,486,657,598	200.00
201.00		Less Observation Beds	14,906,754		14,906,754		14,906,754	201.00
202.00		Total (see instructions)	1,471,750,844	0	1,471,750,844	0	1,471,750,844	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 1:45 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	575,684,840		575,684,840			30.00
31.00	03100	INTENSIVE CARE UNIT	74,986,902		74,986,902			31.00
32.00	03200	CORONARY CARE UNIT	54,127,028		54,127,028			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	26,423,848		26,423,848			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	8,488,185		8,488,185			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.02	03401	UH SURG 61C	13,640,364		13,640,364			34.02
34.03	03402	UH NS 31C	0		0			34.03
34.04	03403	RH PEDIC	34,382,014		34,382,014			34.04
34.05	03404	TRANSPLANT ICU	10,982,410		10,982,410			34.05
34.06	03407	PEDS CANCER CARE	10,172,216		10,172,216			34.06
40.00	04000	SUBPROVIDER - IPF	12,507,080		12,507,080			40.00
43.00	04300	NURSERY	102,063,192		102,063,192			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	501,371,624	240,612,680	741,984,304	0.130864	0.000000	50.00
50.01	05001	ENDOSCOPY	15,686,274	9,468,000	25,154,274	0.123832	0.000000	50.01
51.00	05100	RECOVERY ROOM	44,296,576	52,141,596	96,438,172	0.149790	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,315,413	3,733,641	43,049,054	0.275880	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	39,029,528	16,096,567	55,126,095	0.095313	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,901,658	25,692,763	29,594,421	0.179197	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	214,743,265	317,348,924	532,092,189	0.148545	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,236,955	112,148,311	118,385,266	0.098325	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,761,304	20,059,125	26,820,429	0.109114	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	13,684,249	30,584,553	44,268,802	0.064065	0.000000	59.00
60.00	06000	LABORATORY	376,418,048	312,917,719	689,335,767	0.111374	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,463,993	13,500,021	15,964,014	0.230237	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	0.000000	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	63,882,779	8,657,791	72,540,570	0.333903	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	114,944,566	2,537,563	117,482,129	0.254674	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	48,679,646	17,938,843	66,618,489	0.298681	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,350,582	2,496,317	13,846,899	0.308716	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	6,872,471	12,167,096	19,039,567	0.322489	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	54,775,543	33,588,496	88,364,039	0.067702	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,788,136	15,909,212	47,697,348	0.165650	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	90,730,174	62,435,342	153,165,516	0.368766	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	288,528,945	98,804,007	387,332,952	0.294223	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	445,152,454	448,461,494	893,613,948	0.209249	0.000000	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	58,013,674	58,013,674	1.093633	0.000000	73.03
74.00	07400	RENAL DIALYSIS	15,514,837	19,844,840	35,359,677	0.367992	0.000000	74.00
76.00	03020	RH NBN ECMO IC	2,862,299	0	2,862,299	0.493199	0.000000	76.00
76.01	03140	CARDIOLOGY	12,626,254	20,347,715	32,973,969	0.132928	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	720,136	2,421,711	3,141,847	0.230780	0.000000	76.02
76.03	03950	CARDIAC CATH	45,323,240	80,836,660	126,159,900	0.105423	0.000000	76.03
76.04	03951	DAY SURGERY	375,987	3,458,437	3,834,424	1.575822	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03954	ECMO-ADULT	3,256,588	0	3,256,588	0.247208	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,043,638	1,043,638	0.841248	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	3,641,127	3,641,127	1.291954	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	145,765	9,070,889	9,216,654	0.449096	0.000000	90.01
90.02	09002	IUSCC HEM/ONC	794,811	83,884,058	84,678,869	0.576430	0.000000	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	5,424	3,386,083	3,391,507	0.262122	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	4,300,990	4,300,990	0.459734	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	8,937,013	14,113,987	23,051,000	0.178357	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	427,599	9,982,039	10,409,638	0.572131	0.000000	90.07
90.08	09008	MOTILITY LAB	23,889	551,937	575,826	0.437901	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	0.000000	90.10
90.11	09023	SLEEP LAB	37,174	15,675,456	15,712,630	0.295968	0.000000	90.11
90.12	09024	OP CARE ADULTS	1,888	310,826	312,714	2.920675	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRTIS CLINIC	0	5,177,638	5,177,638	0.071831	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	6,557	1,393,624	1,400,181	1.361685	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	9,726	3,481,983	3,491,709	0.344386	0.000000	90.18

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
			9.00	10.00					
90.19	09017	INFUSION/HEM/ONC	30,998	7,061,962	7,092,960	0.167907	0.000000	90.19	
90.20	09025	LUNG - MH	2,685	88,533	91,218	6.022890	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	1,661	399,473	401,134	0.993693	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	2,648,648	2,648,648	0.585288	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	6,920	933,201	940,121	1.478211	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24	
91.00	09100	EMERGENCY	123,395,255	304,156,097	427,551,352	0.092446	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,243,331	32,713,181	35,956,512	0.414577	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	16,443,327	16,443,327	0.136321	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	112,345	98,690,646	98,802,991	0.307150	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	85,844,514	85,844,514			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	34,285,481	0	34,285,481			105.00	
106.00	10600	HEART ACQUISITION	5,747,401	0	5,747,401			106.00	
107.00	10700	LIVER ACQUISITION	31,655,897	0	31,655,897			107.00	
108.00	10800	LUNG ACQUISITION	13,583,911	0	13,583,911			108.00	
109.00	10900	PANCREAS ACQUISITION	10,575,780	0	10,575,780			109.00	
110.00	11000	INTESTINE ACQUISITION	3,894,883	0	3,894,883			110.00	
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00	
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	15,357,440	15,357,440			116.00	
200.00		Subtotal (see instructions)	3,661,677,997	2,762,574,395	6,424,252,392			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	3,661,677,997	2,762,574,395	6,424,252,392			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT				32.01
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
34.02	03401 UH SURG 6IC				34.02
34.03	03402 UH NS 3IC				34.03
34.04	03403 RH PEDIC				34.04
34.05	03404 TRANSPLANT ICU				34.05
34.06	03407 PEDS CANCER CARE				34.06
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.130864			50.00
50.01	05001 ENDOSCOPY	0.123832			50.01
51.00	05100 RECOVERY ROOM	0.149790			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.275880			52.00
53.00	05300 ANESTHESIOLOGY	0.095313			53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.179197			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148545			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.098325			55.00
56.00	05600 RADIOISOTOPE	0.109114			56.00
59.00	05900 CARDIAC CATHETERIZATION	0.064065			59.00
60.00	06000 LABORATORY	0.111374			60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.230237			60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000			60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.333903			63.00
65.00	06500 RESPIRATORY THERAPY	0.254674			65.00
66.00	06600 PHYSICAL THERAPY	0.298681			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.308716			67.00
68.00	06800 SPEECH PATHOLOGY	0.322489			68.00
69.00	06900 ELECTROCARDIOLOGY	0.067702			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165650			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.294223			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.209249			73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	1.093633			73.03
74.00	07400 RENAL DIALYSIS	0.367992			74.00
76.00	03020 RH NBN ECMO IC	0.493199			76.00
76.01	03140 RADIOLOGY	0.132928			76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780			76.02
76.03	03950 CARDIAC CATH	0.105423			76.03
76.04	03951 DAY SURGERY	1.575822			76.04
76.05	03480 ONCOLOGY	0.000000			76.05
76.06	03952 DAY SURGERY-RILEY	0.000000			76.06
76.07	03953 RADIOLOGY-RILEY	0.000000			76.07
76.08	03954 ECMO-ADULT	0.247208			76.08
76.97	07697 CARDIAC REHABILITATION	0.841248			76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	1.291954			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 AMB SVC-OB & GYN	0.449096			90.01
90.02	09002 IUSCC HEM/ONC	0.576430			90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.262122			90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.459734			90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000			90.05
90.06	09006 OUTPATIENT SURGERY	0.178357			90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.572131			90.07
90.08	09008 MOTILITY LAB	0.437901			90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000			90.09
90.10	09010 CLINICAL GERIATRICS	0.000000			90.10
90.11	09023 SLEEP LAB	0.295968			90.11
90.12	09024 OP CARE ADULTS	2.920675			90.12
90.13	09011 PEDIATRIC CLINIC	0.000000			90.13
90.14	09012 ARTHRITIS CLINIC	0.071831			90.14
90.15	09013 NEUROLOGY UH	0.000000			90.15
90.16	09014 ORTHOPEDICS UH	0.000000			90.16
90.17	09015 PHYSICAL MEDICINE	1.361685			90.17
90.18	09016 DERMATOLOGY CLINIC	0.344386			90.18
90.19	09017 INFUSION/HEM/ONC	0.167907			90.19
90.20	09025 IUMG - MH	6.022890			90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
90.21	09019 OP REHAB CLINIC	0.993693			90.21
90.22	09020 EATING DISORDERS CLINIC	0.585288			90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1.478211			90.23
90.24	09021 LIFE CARE CLINIC	0.000000			90.24
91.00	09100 EMERGENCY	0.092446			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.414577			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.136321			94.00
95.00	09500 AMBULANCE SERVICES	0.307150			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINE ACQUISITION				110.00
112.00	08600 OTHER ORGAN ACQUISITION				112.00
112.01	08601 POST TRANSPLANT EXPENSES				112.01
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY				Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part II Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description				Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	PPS
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	97,099,146	17,681,670	79,417,476	0	0	0	50.00
50.01	05001	ENDOSCOPY	3,114,907	378,976	2,735,931	0	0	0	50.01
51.00	05100	RECOVERY ROOM	14,445,455	1,309,532	13,135,923	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,876,368	685,203	11,191,165	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,254,230	926,421	4,327,809	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,303,228	581,059	4,722,169	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,039,747	13,522,418	65,517,329	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,640,248	2,035,941	9,604,307	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,926,489	523,842	2,402,647	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,836,090	566,893	2,269,197	0	0	0	59.00
60.00	06000	LABORATORY	76,773,796	6,172,584	70,601,212	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,675,500	138,915	3,536,585	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	34	0	34	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,221,536	564,789	23,656,747	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	29,919,607	1,957,860	27,961,747	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,897,684	1,059,222	18,838,462	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,274,757	245,848	4,028,909	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,140,057	673,488	5,466,569	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,982,422	587,119	5,395,303	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,901,056	865,404	7,035,652	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,482,207	1,056,410	55,425,797	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	113,962,259	1,783,884	112,178,375	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,987,814	3,702,596	183,285,218	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	63,445,661	1,480,119	61,965,542	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	13,012,082	1,066,357	11,945,725	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	1,411,684	48,230	1,363,454	0	0	0	76.00
76.01	03140	CARDIOLOGY	4,383,166	785,083	3,598,083	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	725,075	82,418	642,657	0	0	0	76.02
76.03	03950	CARDIAC CATH	13,300,154	1,326,575	11,973,579	0	0	0	76.03
76.04	03951	DAY SURGERY	6,042,370	451,502	5,590,868	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	805,054	9,644	795,410	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	877,958	97,975	779,983	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,704,169	55,443	4,648,726	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	4,139,161	523,534	3,615,627	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	48,811,404	4,815,587	43,995,817	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	888,988	286,621	602,367	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,977,312	419,052	1,558,260	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,111,318	290,565	3,820,753	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,955,676	945,979	5,009,697	0	0	0	90.07
90.08	09008	MOTILITY LAB	252,155	50,129	202,026	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	267,114	66,623	200,491	0	0	0	90.10
90.11	09023	SLEEP LAB	4,650,429	366,381	4,284,048	0	0	0	90.11
90.12	09024	OP CARE ADULTS	913,336	145,003	768,333	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	371,915	6,489	365,426	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,906,605	209,544	1,697,061	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,202,497	188,879	1,013,618	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,190,960	21,273	1,169,687	0	0	0	90.19
90.20	09025	IUMG - MH	549,396	9,151	540,245	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	398,604	33,948	364,656	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	1,550,222	45,456	1,504,766	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,389,697	172,869	1,216,828	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	1,655,636	82,483	1,573,153	0	0	0	90.24
91.00	09100	EMERGENCY	39,525,345	2,798,271	36,727,074	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,906,754	1,102,817	13,803,937	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	2,241,565	262,986	1,978,579	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	30,347,324	3,344,070	27,003,254	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	42,959,724	953,802	42,005,922	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	12,750,349	524,702	12,225,647	0	0	0	105.00

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

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
106.00	10600	HEART ACQUISITION	2,066,540	54,819	2,011,721	0	0	106.00
107.00	10700	LIVER ACQUISITION	9,180,503	242,242	8,938,261	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,002,334	118,392	4,883,942	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,648,961	56,462	3,592,499	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	1,555,066	32,079	1,522,987	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	247,316	2,762	244,554	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,002,327	414,173	4,588,154	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,360,921	242,501	8,118,420	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,138,439,464	81,253,064	1,057,186,400	0	0	200.00
201.00		Less Observation Beds	14,906,754	1,102,817	13,803,937	0	0	201.00
202.00		Total (line 200 minus line 201)	1,123,532,710	80,150,247	1,043,382,463	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY				Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description				Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
				6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	97,099,146	741,984,304	0.130864		50.00
50.01	05001	ENDOSCOPY	3,114,907	25,154,274	0.123832		50.01
51.00	05100	RECOVERY ROOM	14,445,455	96,438,172	0.149790		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,876,368	43,049,054	0.275880		52.00
53.00	05300	ANESTHESIOLOGY	5,254,230	55,126,095	0.095313		53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,303,228	29,594,421	0.179197		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,039,747	532,092,189	0.148545		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,640,248	118,385,266	0.098325		55.00
56.00	05600	RADIOISOTOPE	2,926,489	26,820,429	0.109114		56.00
59.00	05900	CARDIAC CATHETERIZATION	2,836,090	44,268,802	0.064065		59.00
60.00	06000	LABORATORY	76,773,796	689,335,767	0.111374		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,675,500	15,964,014	0.230237		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	34	0	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,221,536	72,540,570	0.333903		63.00
65.00	06500	RESPIRATORY THERAPY	29,919,607	117,482,129	0.254674		65.00
66.00	06600	PHYSICAL THERAPY	19,897,684	66,618,489	0.298681		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,274,757	13,846,899	0.308716		67.00
68.00	06800	SPEECH PATHOLOGY	6,140,057	19,039,567	0.322489		68.00
69.00	06900	ELECTROCARDIOLOGY	5,982,422	88,364,039	0.067702		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,901,056	47,697,348	0.165650		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,482,207	153,165,516	0.368766		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	113,962,259	387,332,952	0.294223		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,987,814	893,613,948	0.209249		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	63,445,661	58,013,674	1.093633		73.03
74.00	07400	RENAL DIALYSIS	13,012,082	35,359,677	0.367992		74.00
76.00	03020	RH NBN ECMO I/C	1,411,684	2,862,299	0.493199		76.00
76.01	03140	CARDIOLOGY	4,383,166	32,973,969	0.132928		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	725,075	3,141,847	0.230780		76.02
76.03	03950	CARDIAC CATH	13,300,154	126,159,900	0.105423		76.03
76.04	03951	DAY SURGERY	6,042,370	3,834,424	1.575822		76.04
76.05	03480	ONCOLOGY	0	0	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000		76.07
76.08	03954	ECMO-ADULT	805,054	3,256,588	0.247208		76.08
76.97	07697	CARDIAC REHABILITATION	877,958	1,043,638	0.841248		76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,704,169	3,641,127	1.291954		89.00
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	4,139,161	9,216,654	0.449096		90.01
90.02	09002	IUSCC HEM/ONC	48,811,404	84,678,869	0.576430		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	888,988	3,391,507	0.262122		90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,977,312	4,300,990	0.459734		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	4,111,318	23,051,000	0.178357		90.06
90.07	09007	AMB SVC-RILEY CLINICS	5,955,676	10,409,638	0.572131		90.07
90.08	09008	MOTILITY LAB	252,155	575,826	0.437901		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	267,114	0	0.000000		90.10
90.11	09023	SLEEP LAB	4,650,429	15,712,630	0.295968		90.11
90.12	09024	OP CARE ADULTS	913,336	312,714	2.920675		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012	ARTHRTIS CLINIC	371,915	5,177,638	0.071831		90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1,906,605	1,400,181	1.361685		90.17
90.18	09016	DERMATOLOGY CLINIC	1,202,497	3,491,709	0.344386		90.18
90.19	09017	INFUSION/HEM/ONC	1,190,960	7,092,960	0.167907		90.19
90.20	09025	IUMG - MH	549,396	91,218	6.022890		90.20
90.21	09019	OP REHAB CLINIC	398,604	401,134	0.993693		90.21
90.22	09020	EATING DISORDERS CLINIC	1,550,222	2,648,648	0.585288		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,389,697	940,121	1.478211		90.23
90.24	09021	LIFE CARE CLINIC	1,655,636	0	0.000000		90.24
91.00	09100	EMERGENCY	39,525,345	427,551,352	0.092446		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,906,754	35,956,512	0.414577		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	2,241,565	16,443,327	0.136321		94.00
95.00	09500	AMBULANCE SERVICES	30,347,324	98,802,991	0.307150		95.00
101.00	10100	HOME HEALTH AGENCY	42,959,724	85,844,514	0.500436		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	12,750,349	34,285,481	0.371888		105.00

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

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description			Title XIX			Hospital	PPS
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
106.00	10600	HEART ACQUISITION	2,066,540	5,747,401	0.359561		106.00
107.00	10700	LIVER ACQUISITION	9,180,503	31,655,897	0.290009		107.00
108.00	10800	LUNG ACQUISITION	5,002,334	13,583,911	0.368254		108.00
109.00	10900	PANCREAS ACQUISITION	3,648,961	10,575,780	0.345030		109.00
110.00	11000	INTESTINE ACQUISITION	1,555,066	3,894,883	0.399259		110.00
112.00	08600	OTHER ORGAN ACQUISITION	247,316	0	0.000000		112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,002,327	0	0.000000		112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	8,360,921	15,357,440	0.544422		116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,138,439,464	5,500,794,313			200.00
201.00		Less Observation Beds	14,906,754	0			201.00
202.00		Total (line 200 minus line 201)	1,123,532,710	5,500,794,313			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 1:45 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,411,052	0	18,411,052	263,105	69.98	30.00
31.00	INTENSIVE CARE UNIT	1,265,782		1,265,782	19,112	66.23	31.00
32.00	CORONARY CARE UNIT	1,216,224		1,216,224	14,365	84.67	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	365,019		365,019	9,059	40.29	32.01
33.00	BURN INTENSIVE CARE UNIT	324,570		324,570	2,231	145.48	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	180,321		180,321	3,920	46.00	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,054,766		1,054,766	7,587	139.02	34.04
34.05	TRANSPLANT ICU	242,081		242,081	3,036	79.74	34.05
34.06	PEDS CANCER CARE	858,073		858,073	2,471	347.26	34.06
40.00	SUBPROVIDER - 1PF	408,616	0	408,616	6,482	63.04	40.00
43.00	NURSERY	512,745		512,745	6,030	85.03	43.00
200.00	Total (Lines 30-199)	24,839,249		24,839,249	337,398		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	74,054	5,182,299	30.00
31.00	INTENSIVE CARE UNIT	6,697	443,542	31.00
32.00	CORONARY CARE UNIT	4,935	417,846	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0	32.01
33.00	BURN INTENSIVE CARE UNIT	4	582	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 6IC	1,562	71,852	34.02
34.03	UH NS 3IC	0	0	34.03
34.04	RH PED IC	44	6,117	34.04
34.05	TRANSPLANT ICU	949	75,673	34.05
34.06	PEDS CANCER CARE	86	29,864	34.06
40.00	SUBPROVIDER - 1PF	1,783	112,400	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	90,114	6,340,175	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 1:45 pm		
			Title XVIII		Hospital	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,681,670	741,984,304	0.023830	141,806,507	3,379,249	50.00
50.01	05001 ENDOSCOPY	378,976	25,154,274	0.015066	5,444,196	82,022	50.01
51.00	05100 RECOVERY ROOM	1,309,532	96,438,172	0.013579	13,475,480	182,984	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	685,203	43,049,054	0.015917	150,383	2,394	52.00
53.00	05300 ANESTHESIOLOGY	926,421	55,126,095	0.016805	10,830,310	182,003	53.00
53.01	05301 PULMONARY FUNCTION TESTING	581,059	29,594,421	0.019634	441,370	8,666	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,522,418	532,092,189	0.025414	67,003,541	1,702,828	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,035,941	118,385,266	0.017198	1,934,399	33,268	55.00
56.00	05600 RADIOISOTOPE	523,842	26,820,429	0.019531	2,917,488	56,991	56.00
59.00	05900 CARDIAC CATHETERIZATION	566,893	44,268,802	0.012806	6,754,579	86,499	59.00
60.00	06000 LABORATORY	6,172,584	689,335,767	0.008954	115,756,852	1,036,487	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	138,915	15,964,014	0.008702	747,743	6,507	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	564,789	72,540,570	0.007786	17,439,125	135,781	63.00
65.00	06500 RESPIRATORY THERAPY	1,957,860	117,482,129	0.016665	27,800,855	463,301	65.00
66.00	06600 PHYSICAL THERAPY	1,059,222	66,618,489	0.015900	17,662,263	280,830	66.00
67.00	06700 OCCUPATIONAL THERAPY	245,848	13,846,899	0.017755	2,839,762	50,420	67.00
68.00	06800 SPEECH PATHOLOGY	673,488	19,039,567	0.035373	1,873,842	66,283	68.00
69.00	06900 ELECTROCARDIOLOGY	587,119	88,364,039	0.006644	19,675,599	130,725	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	865,404	47,697,348	0.018144	8,799,986	159,667	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,056,410	153,165,516	0.006897	28,829,033	198,834	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,783,884	387,332,952	0.004606	90,215,276	415,532	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,702,596	893,613,948	0.004143	127,993,355	530,276	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	1,480,119	58,013,674	0.025513	0	0	73.03
74.00	07400 RENAL DIALYSIS	1,066,357	35,359,677	0.030157	7,663,289	231,102	74.00
76.00	03020 RH NBN ECMO I C	48,230	2,862,299	0.016850	0	0	76.00
76.01	03140 RADIOLOGY	785,083	32,973,969	0.023809	4,890,196	116,431	76.01
76.02	03550 PSYCHIATRY/PSYCHOLOGICAL SERVICES	82,418	3,141,847	0.026232	27,043	709	76.02
76.03	03950 CARDIAC CATH	1,326,575	126,159,900	0.010515	16,004,841	168,291	76.03
76.04	03951 DAY SURGERY	451,502	3,834,424	0.117750	0	0	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952 DAY SURGERY-RI LEY	0	0	0.000000	0	0	76.06
76.07	03953 RADIOLOGY-RI LEY	0	0	0.000000	0	0	76.07
76.08	03954 ECMO-ADULT	9,644	3,256,588	0.002961	432,376	1,280	76.08
76.97	07697 CARDIAC REHABILITATION	97,975	1,043,638	0.093878	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	55,443	3,641,127	0.015227	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	523,534	9,216,654	0.056803	6,222	353	90.01
90.02	09002 IUSCC HEM/ONC	4,815,587	84,678,869	0.056869	397,811	22,623	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	286,621	3,391,507	0.084511	2,808	237	90.03
90.04	09004 AMB SVC-PSYCH ADULT	419,052	4,300,990	0.097432	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	290,565	23,051,000	0.012605	3,990,045	50,295	90.06
90.07	09007 AMB SVC-RI LEY CLINICS	945,979	10,409,638	0.090875	6,032	548	90.07
90.08	09008 MOTILITY LAB	50,129	575,826	0.087056	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	66,623	0	0.000000	0	0	90.10
90.11	09023 SLEEP LAB	366,381	15,712,630	0.023318	0	0	90.11
90.12	09024 OP CARE ADULTS	145,003	312,714	0.463692	737	342	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012 ARTHRITIS CLINIC	6,489	5,177,638	0.001253	0	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	209,544	1,400,181	0.149655	3,875	580	90.17
90.18	09016 DERMATOLOGY CLINIC	188,879	3,491,709	0.054094	7,599	411	90.18
90.19	09017 INFUSION/HEM/ONC	21,273	7,092,960	0.002999	26,990	81	90.19
90.20	09025 IUMG - MH	9,151	91,218	0.100320	1,993	200	90.20
90.21	09019 OP REHAB CLINIC	33,948	401,134	0.084630	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	45,456	2,648,648	0.017162	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	172,869	940,121	0.183880	4,549	836	90.23
90.24	09021 LIFE CARE CLINIC	82,483	0	0.000000	0	0	90.24
91.00	09100 EMERGENCY	2,798,271	427,551,352	0.006545	36,336,818	237,824	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,102,817	35,956,512	0.030671	889,217	27,273	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	262,986	16,443,327	0.015993	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00	Total (lines 50-199)	75,267,060	5,201,046,015		781,084,385	10,050,953	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 1:45 pm
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Cost Center Description			Title XVIII			Hospital		
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	836,502	0	0	836,502	30.00
31.00	03100	INTENSIVE CARE UNIT	0	65,358	0	0	65,358	31.00
32.00	03200	CORONARY CARE UNIT	0	50,311	0	0	50,311	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	30,471	0	0	30,471	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	7,561	0	0	7,561	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	13,492	0	0	13,492	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	26,642	0	0	26,642	34.04
34.05	03404	TRANSPLANT ICU	0	10,362	0	0	10,362	34.05
34.06	03407	PEDS CANCER CARE	0	8,507	0	0	8,507	34.06
40.00	04000	SUBPROVIDER - IPF	0	21,714	0	0	21,714	40.00
43.00	04300	NURSERY	0	20,236	0	0	20,236	43.00
200.00		Total (lines 30-199)	0	1,091,156	0	0	1,091,156	200.00

Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	263,105	3.18	74,054	235,492	30.00
31.00	03100	INTENSIVE CARE UNIT	19,112	3.42	6,697	22,904	31.00
32.00	03200	CORONARY CARE UNIT	14,365	3.50	4,935	17,273	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	9,059	3.36	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,231	3.39	4	14	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.02	03401	UH SURG 61C	3,920	3.44	1,562	5,373	34.02
34.03	03402	UH NS 31C	0	0.00	0	0	34.03
34.04	03403	RH PED IC	7,587	3.51	44	154	34.04
34.05	03404	TRANSPLANT ICU	3,036	3.41	949	3,236	34.05
34.06	03407	PEDS CANCER CARE	2,471	3.44	86	296	34.06
40.00	04000	SUBPROVIDER - IPF	6,482	3.35	1,783	5,973	40.00
43.00	04300	NURSERY	6,030	3.36	0	0	43.00
200.00		Total (lines 30-199)	337,398		90,114	290,715	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm		
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	427,278	0	427,278	50.00
50.01	05001	ENDOSCOPY	0	0	114	0	114	50.01
51.00	05100	RECOVERY ROOM	0	0	531	0	531	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	67	0	67	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,365	0	4,365	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	2	0	2	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,389,190	0	1,389,190	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5	0	5	55.00
56.00	05600	RADIOISOTOPE	0	0	80	0	80	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	14	0	14	59.00
60.00	06000	LABORATORY	0	0	525,144	0	525,144	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	6	0	6	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	344,137	0	344,137	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4	0	4	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	50	0	50	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	41	0	41	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,798,193	0	1,798,193	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	422,514	0	422,514	73.03
74.00	07400	RENAL DIALYSIS	0	0	826	0	826	74.00
76.00	03020	RH NBN ECMO IC	0	0	34	0	34	76.00
76.01	03140	CARDIOLOGY	0	0	103	0	103	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2	0	2	76.02
76.03	03950	CARDIAC CATH	0	0	351	0	351	76.03
76.04	03951	DAY SURGERY	0	0	436	0	436	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	180	0	180	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	17	0	17	90.01
90.02	09002	IUSCC HEM/ONC	0	0	6,483	0	6,483	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	1	0	1	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	3	0	3	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	471	0	471	90.07
90.08	09008	MOTILITY LAB	0	0	1	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	17	0	17	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	1	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	250	0	250	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	1	0	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	1	0	1	90.24
91.00	09100	EMERGENCY	0	0	386,142	0	386,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	50,102	0	50,102	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	199	0	199	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	5,357,356	0	5,357,356	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm

Table with columns: Cost Center Description, Total Outpatient Cost (sum of col. 2, 3 and 4), Total Charges (from Wkst. C, Part I, col. 8), Ratio of Cost to Charges (col. 5 ÷ col. 7), Hospital Ratio of Cost to Charges (col. 6 ÷ col. 7), Inpatient Program Charges, PPS. Rows include ANCILLARY SERVICE COST CENTERS, OUTPATIENT SERVICE COST CENTERS, and OTHER REIMBURSABLE COST CENTERS.

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS	
		11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	81,681	44,630,630	25,707		50.00
50.01	05001	ENDOSCOPY	27	3,103,650	16		50.01
51.00	05100	RECOVERY ROOM	81	10,047,832	60		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	550	0		52.00
53.00	05300	ANESTHESIOLOGY	856	2,575,683	203		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	3,954,749	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,946	70,054,675	182,913		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	32,955,264	0		55.00
56.00	05600	RADIOISOTOPE	9	4,618,022	14		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,599,735	0		59.00
60.00	06000	LABORATORY	88,207	34,581,033	26,351		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	836,869	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,463,347	0		63.00
65.00	06500	RESPIRATORY THERAPY	81,429	374,354	1,096		65.00
66.00	06600	PHYSICAL THERAPY	0	228,355	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	6	888,665	3		68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,898,425	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,306,893	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,439,059	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,100,171	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	257,523	144,116,529	289,962		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	176	454,736	10		74.00
76.00	03020	RH NBN ECMO I/C	0	0	0		76.00
76.01	03140	CARDIOLOGY	15	7,151,017	21		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	728,088	1		76.02
76.03	03950	CARDIAC CATH	48	19,879,295	60		76.03
76.04	03951	DAY SURGERY	0	1,042,676	119		76.04
76.05	03480	ONCOLOGY	0	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0		76.07
76.08	03954	ECMO-ADULT	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	324,192	0		76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	337,351	1		90.01
90.02	09002	IUSCC HEM/ONC	31	33,637,320	2,590		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	1,332,975	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	221,056	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	6,145,802	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	55,488	2		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	3,547,292	0		90.11
90.12	09024	OP CARE ADULTS	0	70,405	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	2,633,539	8		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	413,936	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	919,228	0		90.18
90.19	09017	INFUSION/HEM/ONC	1	2,369,597	83		90.19
90.20	09025	IUMG - MH	0	61,006	0		90.20
90.21	09019	OP REHAB CLINIC	0	2,746	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	40,461	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	365,322	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0	0		90.24
91.00	09100	EMERGENCY	32,812	36,430,521	32,897		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,239	5,156,997	7,184		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
200.00		Total (lines 50-199)	719,087	553,095,536	569,301		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm				
		Title XVIIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.130864	44,630,630	0	0	5,840,543	50.00
50.01	05001	ENDOSCOPY	0.123832	3,103,650	0	0	384,331	50.01
51.00	05100	RECOVERY ROOM	0.149790	10,047,832	0	0	1,505,065	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275880	550	0	0	152	52.00
53.00	05300	ANESTHESIOLOGY	0.095313	2,575,683	0	0	245,496	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179197	3,954,749	0	0	708,679	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148545	70,054,675	0	0	10,406,272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098325	32,955,264	0	0	3,240,326	55.00
56.00	05600	RADIOISOTOPE	0.109114	4,618,022	0	0	503,891	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.064065	8,599,735	0	0	550,942	59.00
60.00	06000	LABORATORY	0.111374	34,581,033	0	52,633	3,851,428	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.230237	836,869	0	0	192,678	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.333903	2,463,347	0	0	822,519	63.00
65.00	06500	RESPIRATORY THERAPY	0.254674	374,354	0	0	95,338	65.00
66.00	06600	PHYSICAL THERAPY	0.298681	228,355	0	0	68,205	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308716	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.322489	888,665	0	0	286,585	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067702	12,898,425	0	0	873,249	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165650	2,306,893	0	0	382,137	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766	18,439,059	0	6,357	6,799,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.294223	32,100,171	0	0	9,444,609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.209249	144,116,529	0	731,298	30,156,240	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.093633	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.367992	454,736	0	0	167,339	74.00
76.00	03020	RH NBN ECMO IC	0.493199	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.132928	7,151,017	0	0	950,570	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780	728,088	0	0	168,028	76.02
76.03	03950	CARDIAC CATH	0.105423	19,879,295	0	0	2,095,735	76.03
76.04	03951	DAY SURGERY	1.575822	1,042,676	0	0	1,643,072	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.247208	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.841248	324,192	0	0	272,726	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.449096	337,351	0	0	151,503	90.01
90.02	09002	IUSCC HEM/ONC	0.576430	33,637,320	0	1,244	19,389,560	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.262122	1,332,975	0	0	349,402	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.459734	221,056	0	0	101,627	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.178357	6,145,802	0	0	1,096,147	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.572131	55,488	0	0	31,746	90.07
90.08	09008	MOTILITY LAB	0.437901	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.295968	3,547,292	0	0	1,049,885	90.11
90.12	09024	OP CARE ADULTS	2.920675	70,405	0	0	205,630	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.071831	2,633,539	0	0	189,170	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.361685	413,936	0	0	563,650	90.17
90.18	09016	DERMATOLOGY CLINIC	0.344386	919,228	0	0	316,569	90.18
90.19	09017	INFUSION/HEM/ONC	0.167907	2,369,597	0	0	397,872	90.19
90.20	09025	IUMG - MH	6.022890	61,006	0	0	367,432	90.20
90.21	09019	OP REHAB CLINIC	0.993693	2,746	0	0	2,729	90.21
90.22	09020	EATING DISORDERS CLINIC	0.585288	40,461	0	0	23,681	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.478211	365,322	0	0	540,023	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.092446	36,430,521	0	0	3,367,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414577	5,156,997	0	0	2,137,972	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.136321	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.307150	0	0	0	0	95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
200.00	Subtotal (see instructions)					200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		553,095,536	0	791,532	111,938,307
202.00	Net Charges (line 200 +/- line 201)		553,095,536	0	791,532	111,938,307

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm
	Title XVII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	5,862		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,344		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	153,023		73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RHNBN ECMO IC	0	0		76.00
76.01 03140 RADIOLOGY	0	0		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03950 CARDIAC CATH	0	0		76.03
76.04 03951 DAY SURGERY	0	0		76.04
76.05 03480 ONCOLOGY	0	0		76.05
76.06 03952 DAY SURGERY-RILEY	0	0		76.06
76.07 03953 RADIOLOGY-RILEY	0	0		76.07
76.08 03954 ECMO-ADULT	0	0		76.08
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 AMB SVC-OB & GYN	0	0		90.01
90.02 09002 IUSCC HEM/ONC	0	717		90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0		90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	0		90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0		90.05
90.06 09006 OUTPATIENT SURGERY	0	0		90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0		90.07
90.08 09008 MOTILITY LAB	0	0		90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0		90.09
90.10 09010 CLINICAL GERIATRICS	0	0		90.10
90.11 09023 SLEEP LAB	0	0		90.11
90.12 09024 OP CARE ADULTS	0	0		90.12
90.13 09011 PEDIATRIC CLINIC	0	0		90.13
90.14 09012 ARTHRITIS CLINIC	0	0		90.14
90.15 09013 NEUROLOGY UH	0	0		90.15
90.16 09014 ORTHOPEDICS UH	0	0		90.16
90.17 09015 PHYSICAL MEDICINE	0	0		90.17
90.18 09016 DERMATOLOGY CLINIC	0	0		90.18
90.19 09017 INFUSION/HEM/ONC	0	0		90.19
90.20 09025 IUMG - MH	0	0		90.20
90.21 09019 OP REHAB CLINIC	0	0		90.21
90.22 09020 EATING DISORDERS CLINIC	0	0		90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0		90.23
90.24 09021 LIFE CARE CLINIC	0	0		90.24
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
200.00	Subtotal (see instructions)	0	161,946	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	161,946	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 1:45 pm	
		Component CCN: 15S056	Title XVII I	Subprovider - IPF	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	17,681,670	741,984,304	0.023830	17,300	412
50.01 05001 ENDOSCOPY	378,976	25,154,274	0.015066	0	0
51.00 05100 RECOVERY ROOM	1,309,532	96,438,172	0.013579	7,010	95
52.00 05200 DELIVERY ROOM & LABOR ROOM	685,203	43,049,054	0.015917	0	0
53.00 05300 ANESTHESIOLOGY	926,421	55,126,095	0.016805	1,404	24
53.01 05301 PULMONARY FUNCTION TESTING	581,059	29,594,421	0.019634	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,522,418	532,092,189	0.025414	84,485	2,147
55.00 05500 RADIOLOGY-THERAPEUTIC	2,035,941	118,385,266	0.017198	0	0
56.00 05600 RADIOISOTOPE	523,842	26,820,429	0.019531	7,806	152
59.00 05900 CARDIAC CATHETERIZATION	566,893	44,268,802	0.012806	0	0
60.00 06000 LABORATORY	6,172,584	689,335,767	0.008954	375,403	3,361
60.01 06001 TRANSPLANT IMMUNOLOGY	138,915	15,964,014	0.008702	0	0
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	564,789	72,540,570	0.007786	0	0
65.00 06500 RESPIRATORY THERAPY	1,957,860	117,482,129	0.016665	23,803	397
66.00 06600 PHYSICAL THERAPY	1,059,222	66,618,489	0.015900	74,926	1,191
67.00 06700 OCCUPATIONAL THERAPY	245,848	13,846,899	0.017755	12,577	223
68.00 06800 SPEECH PATHOLOGY	673,488	19,039,567	0.035373	7,005	248
69.00 06900 ELECTROCARDIOLOGY	587,119	88,364,039	0.006644	46,642	310
70.00 07000 ELECTROENCEPHALOGRAPHY	865,404	47,697,348	0.018144	36,310	659
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,056,410	153,165,516	0.006897	2,168	15
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,783,884	387,332,952	0.004606	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	3,702,596	893,613,948	0.004143	557,384	2,309
73.03 07303 OUTPATIENT RETAIL PHARMACY	1,480,119	58,013,674	0.025513	0	0
74.00 07400 RENAL DIALYSIS	1,066,357	35,359,677	0.030157	21,475	648
76.00 03020 RH NBN ECMO I C	48,230	2,862,299	0.016850	0	0
76.01 03140 RADIOLOGY	785,083	32,973,969	0.023809	0	0
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,418	3,141,847	0.026232	326,599	8,567
76.03 03950 CARDIAC CATH	1,326,575	126,159,900	0.010515	0	0
76.04 03951 DAY SURGERY	451,502	3,834,424	0.117750	0	0
76.05 03480 ONCOLOGY	0	0	0.000000	0	0
76.06 03952 DAY SURGERY-RILEY	0	0	0.000000	0	0
76.07 03953 RADIOLOGY-RILEY	0	0	0.000000	0	0
76.08 03954 ECMO-ADULT	9,644	3,256,588	0.002961	0	0
76.97 07697 CARDIAC REHABILITATION	97,975	1,043,638	0.093878	0	0
OUTPATIENT SERVICE COST CENTERS					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	55,443	3,641,127	0.015227	0	0
90.00 09000 CLINIC	0	0	0.000000	0	0
90.01 09001 AMB SVC-OB & GYN	523,534	9,216,654	0.056803	0	0
90.02 09002 IUSCC HEM/ONC	4,815,587	84,678,869	0.056869	2,080	118
90.03 09003 AMB SVC-OPHTHALMOLOGY	286,621	3,391,507	0.084511	0	0
90.04 09004 AMB SVC-PSYCH ADULT	419,052	4,300,990	0.097432	0	0
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0
90.06 09006 OUTPATIENT SURGERY	290,565	23,051,000	0.012605	5,804	73
90.07 09007 AMB SVC-RILEY CLINICS	945,979	10,409,638	0.090875	0	0
90.08 09008 MOTILITY LAB	50,129	575,826	0.087056	0	0
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0
90.10 09010 CLINICAL GERIATRICS	66,623	0	0.000000	0	0
90.11 09023 SLEEP LAB	366,381	15,712,630	0.023318	0	0
90.12 09024 OP CARE ADULTS	145,003	312,714	0.463692	0	0
90.13 09011 PEDIATRIC CLINIC	0	0	0.000000	0	0
90.14 09012 ARTHRITIS CLINIC	6,489	5,177,638	0.001253	0	0
90.15 09013 NEUROLOGY UH	0	0	0.000000	0	0
90.16 09014 ORTHOPEDICS UH	0	0	0.000000	0	0
90.17 09015 PHYSICAL MEDICINE	209,544	1,400,181	0.149655	0	0
90.18 09016 DERMATOLOGY CLINIC	188,879	3,491,709	0.054094	0	0
90.19 09017 INFUSION/HEM/ONC	21,273	7,092,960	0.002999	0	0
90.20 09025 IUMG - MH	9,151	91,218	0.100320	0	0
90.21 09019 OP REHAB CLINIC	33,948	401,134	0.084630	0	0
90.22 09020 EATING DISORDERS CLINIC	45,456	2,648,648	0.017162	0	0
90.23 09018 GASTROENTEROLOGY CLINIC	172,869	940,121	0.183880	0	0
90.24 09021 LIFE CARE CLINIC	82,483	0	0.000000	0	0
91.00 09100 EMERGENCY	2,798,271	427,551,352	0.006545	201,058	1,316
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	35,956,512	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	262,986	16,443,327	0.015993	0	0
95.00 09500 AMBULANCE SERVICES					
200.00 Total (Lines 50-199)	74,164,243	5,201,046,015		1,811,239	22,265

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150056 Component CCN: 15S056		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	427,278	0	427,278	50.00
50.01	05001	ENDOSCOPY	0	0	114	0	114	50.01
51.00	05100	RECOVERY ROOM	0	0	531	0	531	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	67	0	67	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,365	0	4,365	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	2	0	2	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,389,190	0	1,389,190	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5	0	5	55.00
56.00	05600	RADIOISOTOPE	0	0	80	0	80	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	14	0	14	59.00
60.00	06000	LABORATORY	0	0	525,144	0	525,144	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	6	0	6	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	344,137	0	344,137	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4	0	4	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	50	0	50	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	41	0	41	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,798,193	0	1,798,193	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	422,514	0	422,514	73.03
74.00	07400	RENAL DIALYSIS	0	0	826	0	826	74.00
76.00	03020	RH NBN ECMO IIC	0	0	34	0	34	76.00
76.01	03140	CARDIOLOGY	0	0	103	0	103	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2	0	2	76.02
76.03	03950	CARDIAC CATH	0	0	351	0	351	76.03
76.04	03951	DAY SURGERY	0	0	436	0	436	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	180	0	180	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	17	0	17	90.01
90.02	09002	IUSCC HEM/ONC	0	0	6,483	0	6,483	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	1	0	1	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	3	0	3	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	471	0	471	90.07
90.08	09008	MOTILITY LAB	0	0	1	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	17	0	17	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	1	0	1	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	250	0	250	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	1	0	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	1	0	1	90.24
91.00	09100	EMERGENCY	0	0	386,142	0	386,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	199	0	199	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	5,307,254	0	5,307,254	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150056 Component CCN: 15S056		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	427,278	741,984,304	0.000576	0.000576	17,300	50.00
50.01	05001 ENDOSCOPY	114	25,154,274	0.000005	0.000005	0	50.01
51.00	05100 RECOVERY ROOM	531	96,438,172	0.000006	0.000006	7,010	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	67	43,049,054	0.000002	0.000002	0	52.00
53.00	05300 ANESTHESIOLOGY	4,365	55,126,095	0.000079	0.000079	1,404	53.00
53.01	05301 PULMONARY FUNCTION TESTING	2	29,594,421	0.000000	0.000000	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,389,190	532,092,189	0.002611	0.002611	84,485	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5	118,385,266	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	80	26,820,429	0.000003	0.000003	7,806	56.00
59.00	05900 CARDIAC CATHETERIZATION	14	44,268,802	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	525,144	689,335,767	0.000762	0.000762	375,403	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	15,964,014	0.000000	0.000000	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0.000000	0	60.02
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	6	72,540,570	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	344,137	117,482,129	0.002929	0.002929	23,803	65.00
66.00	06600 PHYSICAL THERAPY	4	66,618,489	0.000000	0.000000	74,926	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,846,899	0.000000	0.000000	12,577	67.00
68.00	06800 SPEECH PATHOLOGY	50	19,039,567	0.000003	0.000003	7,005	68.00
69.00	06900 ELECTROCARDIOLOGY	41	88,364,039	0.000000	0.000000	46,642	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	47,697,348	0.000000	0.000000	36,310	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	153,165,516	0.000000	0.000000	2,168	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	387,332,952	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,798,193	893,613,948	0.002012	0.002012	557,384	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	422,514	58,013,674	0.007283	0.007283	0	73.03
74.00	07400 RENAL DIALYSIS	826	35,359,677	0.000023	0.000023	21,475	74.00
76.00	03020 RH NBN ECMO I C	34	2,862,299	0.000012	0.000012	0	76.00
76.01	03140 RADIOLOGY	103	32,973,969	0.000003	0.000003	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2	3,141,847	0.000001	0.000001	326,599	76.02
76.03	03950 CARDIAC CATH	351	126,159,900	0.000003	0.000003	0	76.03
76.04	03951 DAY SURGERY	436	3,834,424	0.000114	0.000114	0	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03954 ECMO-ADULT	0	3,256,588	0.000000	0.000000	0	76.08
76.97	07697 RADIOLOGY REHABILITATION	0	1,043,638	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	180	3,641,127	0.000049	0.000049	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 AMB SVC-OB & GYN	17	9,216,654	0.000002	0.000002	0	90.01
90.02	09002 USCC HEM/ONC	6,483	84,678,869	0.000077	0.000077	2,080	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	1	3,391,507	0.000000	0.000000	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	4,300,990	0.000000	0.000000	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006 OUTPATIENT SURGERY	3	23,051,000	0.000000	0.000000	5,804	90.06
90.07	09007 AMB SVC-RILEY CLINICS	471	10,409,638	0.000045	0.000045	0	90.07
90.08	09008 MOTILITY LAB	1	575,826	0.000002	0.000002	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000	0.000000	0	90.10
90.11	09023 SLEEP LAB	0	15,712,630	0.000000	0.000000	0	90.11
90.12	09024 OP CARE ADULTS	0	312,714	0.000000	0.000000	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012 ARTHRITIS CLINIC	17	5,177,638	0.000003	0.000003	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015 PHYSICAL MEDICINE	1	1,400,181	0.000001	0.000001	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0	3,491,709	0.000000	0.000000	0	90.18
90.19	09017 INFUSION/HEM/ONC	250	7,092,960	0.000035	0.000035	0	90.19
90.20	09025 IUMG - MH	0	91,218	0.000000	0.000000	0	90.20
90.21	09019 OP REHAB CLINIC	1	401,134	0.000002	0.000002	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0	2,648,648	0.000000	0.000000	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	940,121	0.000000	0.000000	0	90.23
90.24	09021 LIFE CARE CLINIC	1	0	0.000000	0.000000	0	90.24
91.00	09100 EMERGENCY	386,142	427,551,352	0.000903	0.000903	201,058	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	35,956,512	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	199	16,443,327	0.000012	0.000012	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	5,307,254	5,201,046,015			1,811,239	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm
	Component CCN: 15S056	Title XVIIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	10	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	221	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	286	0	0	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	60.02
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	70	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,121	0	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	73.03
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03020 RH NBN ECMO IC	0	0	0	76.00
76.01 03140 RADIOLOGY	0	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03 03950 CARDIAC CATH	0	0	0	76.03
76.04 03951 DAY SURGERY	0	0	0	76.04
76.05 03480 ONCOLOGY	0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	76.06
76.07 03953 RADIOLOGY-RILEY	0	0	0	76.07
76.08 03954 ECMO-ADULT	0	0	0	76.08
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	0	0	0	90.01
90.02 09002 IUSCC HEM/ONC	0	0	0	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0	0	90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	0	0	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	0	0	0	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0	0	90.07
90.08 09008 MOTILITY LAB	0	0	0	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	90.10
90.11 09023 SLEEP LAB	0	0	0	90.11
90.12 09024 OP CARE ADULTS	0	0	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	90.13
90.14 09012 ARTHRITIS CLINIC	0	0	0	90.14
90.15 09013 NEUROLOGY UH	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	0	0	0	90.17
90.18 09016 DERMATOLOGY CLINIC	0	0	0	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	90.19
90.20 09025 IUMG - MH	0	0	0	90.20
90.21 09019 OP REHAB CLINIC	0	0	0	90.21
90.22 09020 EATING DISORDERS CLINIC	0	0	0	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0	0	90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	90.24
91.00 09100 EMERGENCY	182	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
200.00 Total (Lines 50-199)	1,890	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 1:45 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,411,052	0	18,411,052	263,105	69.98	30.00
31.00	INTENSIVE CARE UNIT	1,265,782		1,265,782	19,112	66.23	31.00
32.00	CORONARY CARE UNIT	1,216,224		1,216,224	14,365	84.67	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	365,019		365,019	9,059	40.29	32.01
33.00	BURN INTENSIVE CARE UNIT	324,570		324,570	2,231	145.48	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	180,321		180,321	3,920	46.00	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	1,054,766		1,054,766	7,587	139.02	34.04
34.05	TRANSPLANT ICU	242,081		242,081	3,036	79.74	34.05
34.06	PEDS CANCER CARE	858,073		858,073	2,471	347.26	34.06
40.00	SUBPROVIDER - 1PF	408,616	0	408,616	6,482	63.04	40.00
43.00	NURSERY	512,745		512,745	6,030	85.03	43.00
200.00	Total (lines 30-199)	24,839,249		24,839,249	337,398		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	24,005	1,679,870	30.00
31.00	INTENSIVE CARE UNIT	2,158	142,924	31.00
32.00	CORONARY CARE UNIT	1,401	118,623	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	1,524	61,402	32.01
33.00	BURN INTENSIVE CARE UNIT	234	34,042	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 6IC	259	11,914	34.02
34.03	UH NS 3IC	0	0	34.03
34.04	RH PED IC	1,341	186,426	34.04
34.05	TRANSPLANT ICU	124	9,888	34.05
34.06	PEDS CANCER CARE	427	148,280	34.06
40.00	SUBPROVIDER - 1PF	1,348	84,978	40.00
43.00	NURSERY	3,775	320,988	43.00
200.00	Total (lines 30-199)	36,596	2,799,335	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,681,670	741,984,304	0.023830	50,920,078	1,213,425	50.00
50.01	05001 ENDOSCOPY	378,976	25,154,274	0.015066	2,121,319	31,960	50.01
51.00	05100 RECOVERY ROOM	1,309,532	96,438,172	0.013579	4,387,962	59,584	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	685,203	43,049,054	0.015917	6,748,594	107,417	52.00
53.00	05300 ANESTHESIOLOGY	926,421	55,126,095	0.016805	4,190,447	70,420	53.00
53.01	05301 PULMONARY FUNCTION TESTING	581,059	29,594,421	0.019634	911,372	17,894	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,522,418	532,092,189	0.025414	27,962,181	710,631	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,035,941	118,385,266	0.017198	946,589	16,279	55.00
56.00	05600 RADIOISOTOPE	523,842	26,820,429	0.019531	755,873	14,763	56.00
59.00	05900 CARDIAC CATHETERIZATION	566,893	44,268,802	0.012806	682,631	8,742	59.00
60.00	06000 LABORATORY	6,172,584	689,335,767	0.008954	49,179,757	440,356	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	138,915	15,964,014	0.008702	215,624	1,876	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	564,789	72,540,570	0.007786	8,556,204	66,619	63.00
65.00	06500 RESPIRATORY THERAPY	1,957,860	117,482,129	0.016665	21,885,121	364,716	65.00
66.00	06600 PHYSICAL THERAPY	1,059,222	66,618,489	0.015900	6,274,453	99,764	66.00
67.00	06700 OCCUPATIONAL THERAPY	245,848	13,846,899	0.017755	1,832,005	32,527	67.00
68.00	06800 SPEECH PATHOLOGY	673,488	19,039,567	0.035373	1,144,775	40,494	68.00
69.00	06900 ELECTROCARDIOLOGY	587,119	88,364,039	0.006644	6,633,291	44,072	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	865,404	47,697,348	0.018144	4,729,231	85,807	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,056,410	153,165,516	0.006897	9,653,017	66,577	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,783,884	387,332,952	0.004606	29,867,843	137,571	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,702,596	893,613,948	0.004143	62,352,746	258,327	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	1,480,119	58,013,674	0.025513	0	0	73.03
74.00	07400 RENAL DIALYSIS	1,066,357	35,359,677	0.030157	1,652,819	49,844	74.00
76.00	03020 RH NBN ECMO IIC	48,230	2,862,299	0.016850	148,667	2,505	76.00
76.01	03140 RADIOLOGY	785,083	32,973,969	0.023809	1,184,702	28,207	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,418	3,141,847	0.026232	0	0	76.02
76.03	03950 CARDIAC CATH	1,326,575	126,159,900	0.010515	4,647,611	48,870	76.03
76.04	03951 DAY SURGERY	451,502	3,834,424	0.117750	35,633	4,196	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954 ECMO-ADULT	9,644	3,256,588	0.002961	384,285	1,138	76.08
76.97	07697 CARDIAC REHABILITATION	97,975	1,043,638	0.093878	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	55,443	3,641,127	0.015227	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	523,534	9,216,654	0.056803	13,023	740	90.01
90.02	09002 IUSCC HEM/ONC	4,815,587	84,678,869	0.056869	103,066	5,861	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	286,621	3,391,507	0.084511	157	13	90.03
90.04	09004 AMB SVC-PSYCH ADULT	419,052	4,300,990	0.097432	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	290,565	23,051,000	0.012605	1,144,862	14,431	90.06
90.07	09007 AMB SVC-RILEY CLINICS	945,979	10,409,638	0.090875	88,372	8,031	90.07
90.08	09008 MOTILITY LAB	50,129	575,826	0.087056	1,936	169	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	66,623	0	0.000000	0	0	90.10
90.11	09023 SLEEP LAB	366,381	15,712,630	0.023318	18,571	433	90.11
90.12	09024 OP CARE ADULTS	145,003	312,714	0.463692	779	361	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012 ARTHRITIS CLINIC	6,489	5,177,638	0.001253	0	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	209,544	1,400,181	0.149655	1,013	152	90.17
90.18	09016 DERMATOLOGY CLINIC	188,879	3,491,709	0.054094	134	7	90.18
90.19	09017 INFUSION/HEM/ONC	21,273	7,092,960	0.002999	0	0	90.19
90.20	09025 IUMG - MH	9,151	91,218	0.100320	692	69	90.20
90.21	09019 OP REHAB CLINIC	33,948	401,134	0.084630	1,659	140	90.21
90.22	09020 EATING DISORDERS CLINIC	45,456	2,648,648	0.017162	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	172,869	940,121	0.183880	1,896	349	90.23
90.24	09021 LIFE CARE CLINIC	82,483	0	0.000000	0	0	90.24
91.00	09100 EMERGENCY	2,798,271	427,551,352	0.006545	16,245,988	106,330	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,102,817	35,956,512	0.030671	501,157	15,371	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	262,986	16,443,327	0.015993	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	75,267,060	5,201,046,015		328,128,135	4,177,038	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 1:45 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	836,502	0	0	836,502	30.00
31.00	03100	INTENSIVE CARE UNIT	0	65,358	0	0	65,358	31.00
32.00	03200	CORONARY CARE UNIT	0	50,311	0	0	50,311	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	30,471	0	0	30,471	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	7,561	0	0	7,561	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	13,492	0	0	13,492	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	26,642	0	0	26,642	34.04
34.05	03404	TRANSPLANT ICU	0	10,362	0	0	10,362	34.05
34.06	03407	PEDS CANCER CARE	0	8,507	0	0	8,507	34.06
40.00	04000	SUBPROVIDER - IPF	0	21,714	0	0	21,714	40.00
43.00	04300	NURSERY	0	20,236	0	0	20,236	43.00
200.00		Total (lines 30-199)	0	1,091,156	0	0	1,091,156	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	263,105	3.18	24,005	76,336		30.00
31.00	03100	INTENSIVE CARE UNIT	19,112	3.42	2,158	7,380		31.00
32.00	03200	CORONARY CARE UNIT	14,365	3.50	1,401	4,904		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	9,059	3.36	1,524	5,121		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,231	3.39	234	793		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.02	03401	UH SURG 61C	3,920	3.44	259	891		34.02
34.03	03402	UH NS 31C	0	0.00	0	0		34.03
34.04	03403	RH PED IC	7,587	3.51	1,341	4,707		34.04
34.05	03404	TRANSPLANT ICU	3,036	3.41	124	423		34.05
34.06	03407	PEDS CANCER CARE	2,471	3.44	427	1,469		34.06
40.00	04000	SUBPROVIDER - IPF	6,482	3.35	1,348	4,516		40.00
43.00	04300	NURSERY	6,030	3.36	3,775	12,684		43.00
200.00		Total (lines 30-199)	337,398		36,596	119,224		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	427,278	0	427,278 50.00
50.01	05001	ENDOSCOPY	0	0	114	0	114 50.01
51.00	05100	RECOVERY ROOM	0	0	531	0	531 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	67	0	67 52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,365	0	4,365 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	2	0	2 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,389,190	0	1,389,190 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5	0	5 55.00
56.00	05600	RADIOISOTOPE	0	0	80	0	80 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	14	0	14 59.00
60.00	06000	LABORATORY	0	0	525,144	0	525,144 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0 60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	6	0	6 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	344,137	0	344,137 65.00
66.00	06600	PHYSICAL THERAPY	0	0	4	0	4 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	50	0	50 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	41	0	41 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,798,193	0	1,798,193 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	422,514	0	422,514 73.03
74.00	07400	RENAL DIALYSIS	0	0	826	0	826 74.00
76.00	03020	RH NBN ECMO IC	0	0	34	0	34 76.00
76.01	03140	CARDIOLOGY	0	0	103	0	103 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2	0	2 76.02
76.03	03950	CARDIAC CATH	0	0	351	0	351 76.03
76.04	03951	DAY SURGERY	0	0	436	0	436 76.04
76.05	03480	ONCOLOGY	0	0	0	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0 76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0 76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	180	0	180 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0	0	17	0	17 90.01
90.02	09002	IUSCC HEM/ONC	0	0	6,483	0	6,483 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	1	0	1 90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0	0	3	0	3 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	471	0	471 90.07
90.08	09008	MOTILITY LAB	0	0	1	0	1 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0 90.10
90.11	09023	SLEEP LAB	0	0	0	0	0 90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0 90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0 90.13
90.14	09012	ARTHRITIS CLINIC	0	0	17	0	17 90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0 90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0 90.16
90.17	09015	PHYSICAL MEDICINE	0	0	1	0	1 90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0 90.18
90.19	09017	INFUSION/HEM/ONC	0	0	250	0	250 90.19
90.20	09025	IUMG - MH	0	0	0	0	0 90.20
90.21	09019	OP REHAB CLINIC	0	0	1	0	1 90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0 90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0 90.23
90.24	09021	LIFE CARE CLINIC	0	0	1	0	1 90.24
91.00	09100	EMERGENCY	0	0	386,142	0	386,142 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	199	0	199 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00		Total (Lines 50-199)	0	0	5,307,254	0	5,307,254 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	427,278	741,984,304	0.000576	0.000576	50,920,078	50.00
50.01	05001 ENDOSCOPY	114	25,154,274	0.000005	0.000005	2,121,319	50.01
51.00	05100 RECOVERY ROOM	531	96,438,172	0.000006	0.000006	4,387,962	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	67	43,049,054	0.000002	0.000002	6,748,594	52.00
53.00	05300 ANESTHESIOLOGY	4,365	55,126,095	0.000079	0.000079	4,190,447	53.00
53.01	05301 PULMONARY FUNCTION TESTING	2	29,594,421	0.000000	0.000000	911,372	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,389,190	532,092,189	0.002611	0.002611	27,962,181	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5	118,385,266	0.000000	0.000000	946,589	55.00
56.00	05600 RADIOISOTOPE	80	26,820,429	0.000003	0.000003	755,873	56.00
59.00	05900 CARDIAC CATHETERIZATION	14	44,268,802	0.000000	0.000000	682,631	59.00
60.00	06000 LABORATORY	525,144	689,335,767	0.000762	0.000762	49,179,757	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	15,964,014	0.000000	0.000000	215,624	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0.000000	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6	72,540,570	0.000000	0.000000	8,556,204	63.00
65.00	06500 RESPIRATORY THERAPY	344,137	117,482,129	0.002929	0.002929	21,885,121	65.00
66.00	06600 PHYSICAL THERAPY	4	66,618,489	0.000000	0.000000	6,274,453	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,846,899	0.000000	0.000000	1,832,005	67.00
68.00	06800 SPEECH PATHOLOGY	50	19,039,567	0.000003	0.000003	1,144,775	68.00
69.00	06900 ELECTROCARDIOLOGY	41	88,364,039	0.000000	0.000000	6,633,291	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	47,697,348	0.000000	0.000000	4,729,231	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	153,165,516	0.000000	0.000000	9,653,017	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	387,332,952	0.000000	0.000000	29,867,843	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,798,193	893,613,948	0.002012	0.002012	62,352,746	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	422,514	58,013,674	0.007283	0.007283	0	73.03
74.00	07400 RENAL DIALYSIS	826	35,359,677	0.000023	0.000023	1,652,819	74.00
76.00	03020 RH NBN ECMO IC	34	2,862,299	0.000012	0.000012	148,667	76.00
76.01	03140 CARDIOLOGY	103	32,973,969	0.000003	0.000003	1,184,702	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2	3,141,847	0.000001	0.000001	0	76.02
76.03	03950 CARDIAC CATH	351	126,159,900	0.000003	0.000003	4,647,611	76.03
76.04	03951 DAY SURGERY	436	3,834,424	0.000114	0.000114	35,633	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03954 ECMO-ADULT	0	3,256,588	0.000000	0.000000	384,285	76.08
76.97	07697 CARDIAC REHABILITATION	0	1,043,638	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	180	3,641,127	0.000049	0.000049	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 AMB SVC-OB & GYN	17	9,216,654	0.000002	0.000002	13,023	90.01
90.02	09002 IUSCC HEM/ONC	6,483	84,678,869	0.000077	0.000077	103,066	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	1	3,391,507	0.000000	0.000000	157	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	4,300,990	0.000000	0.000000	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006 OUTPATIENT SURGERY	3	23,051,000	0.000000	0.000000	1,144,862	90.06
90.07	09007 AMB SVC-RILEY CLINICS	471	10,409,638	0.000045	0.000045	88,372	90.07
90.08	09008 MOTILITY LAB	1	575,826	0.000002	0.000002	1,936	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000	0.000000	0	90.10
90.11	09023 SLEEP LAB	0	15,712,630	0.000000	0.000000	18,571	90.11
90.12	09024 OP CARE ADULTS	0	312,714	0.000000	0.000000	779	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012 ARTHRITIS CLINIC	17	5,177,638	0.000003	0.000003	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015 PHYSICAL MEDICINE	1	1,400,181	0.000001	0.000001	1,013	90.17
90.18	09016 DERMATOLOGY CLINIC	0	3,491,709	0.000000	0.000000	134	90.18
90.19	09017 INFUSION/HEM/ONC	250	7,092,960	0.000035	0.000035	0	90.19
90.20	09025 IUMG - MH	0	91,218	0.000000	0.000000	692	90.20
90.21	09019 OP REHAB CLINIC	1	401,134	0.000002	0.000002	1,659	90.21
90.22	09020 EATING DISORDERS CLINIC	0	2,648,648	0.000000	0.000000	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	940,121	0.000000	0.000000	1,896	90.23
90.24	09021 LIFE CARE CLINIC	1	0	0.000000	0.000000	0	90.24
91.00	09100 EMERGENCY	386,142	427,551,352	0.000903	0.000903	16,245,988	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	35,956,512	0.000000	0.000000	501,157	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	199	16,443,327	0.000012	0.000012	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,307,254	5,201,046,015			328,128,135	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:45 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	29,330	0	0		50.00
50.01	05001 ENDOSCOPY	11	0	0		50.01
51.00	05100 RECOVERY ROOM	26	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13	0	0		52.00
53.00	05300 ANESTHESIOLOGY	331	0	0		53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	73,009	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	2	0	0		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	37,475	0	0		60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0		60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	64,102	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	3	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	125,454	0	0		73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400 RENAL DIALYSIS	38	0	0		74.00
76.00	03020 RH NBN ECMO I C	2	0	0		76.00
76.01	03140 RADIOLOGY	4	0	0		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03	03950 CARDIAC CATH	14	0	0		76.03
76.04	03951 DAY SURGERY	4	0	0		76.04
76.05	03480 ONCOLOGY	0	0	0		76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0		76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0		76.07
76.08	03954 ECMO-ADULT	0	0	0		76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002 IUSCC HEM/ONC	8	0	0		90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0		90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006 OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007 AMB SVC-RILEY CLINICS	4	0	0		90.07
90.08	09008 MOTILITY LAB	0	0	0		90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023 SLEEP LAB	0	0	0		90.11
90.12	09024 OP CARE ADULTS	0	0	0		90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012 ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013 NEUROLOGY UH	0	0	0		90.15
90.16	09014 ORTHOPEDICS UH	0	0	0		90.16
90.17	09015 PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025 IUMG - MH	0	0	0		90.20
90.21	09019 OP REHAB CLINIC	0	0	0		90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0		90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	0	0		90.23
90.24	09021 LIFE CARE CLINIC	0	0	0		90.24
91.00	09100 EMERGENCY	14,670	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
200.00	Total (lines 50-199)	344,500	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.130864	0	23,081,966	0	0	50.00
50.01	05001	ENDOSCOPY	0.123832	0	803,815	0	0	50.01
51.00	05100	RECOVERY ROOM	0.149790	0	5,308,214	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275880	0	556,400	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.095313	0	1,732,724	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179197	0	3,095,311	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148545	0	29,856,634	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098325	0	18,629,829	0	0	55.00
56.00	05600	RADIOISOTOPE	0.109114	0	1,493,059	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.064065	0	751,232	0	0	59.00
60.00	06000	LABORATORY	0.111374	0	25,647,580	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.230237	0	410,011	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.333903	0	1,090,290	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.254674	0	474,441	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.298681	0	2,083,537	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308716	0	587,747	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.322489	0	2,209,698	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067702	0	3,967,198	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165650	0	2,318,879	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766	0	5,218,744	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.294223	0	11,441,653	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.209249	0	33,827,966	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.093633	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.367992	0	1,635,145	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.493199	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.132928	0	866,143	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.105423	0	7,570,786	0	0	76.03
76.04	03951	DAY SURGERY	1.575822	0	286,250	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.247208	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.841248	0	14,924	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.291954				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.449096	0	553,575	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.576430	0	5,168,900	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.262122	0	267,824	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.459734	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.178357	0	990,065	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.572131	0	1,976,728	0	0	90.07
90.08	09008	MOTILITY LAB	0.437901	0	86,580	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.295968	0	1,429,087	0	0	90.11
90.12	09024	OP CARE ADULTS	2.920675	0	69,730	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.071831	0	64,892	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.361685	0	98,783	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.344386	0	157,062	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.167907	0	219,225	0	0	90.19
90.20	09025	IUMG - MH	6.022890	0	11,787	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.993693	0	165,268	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.585288	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.478211	0	121,769	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.092446	0	42,703,033	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414577	0	4,630,245	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.136321		492,472			94.00
95.00	09500	AMBULANCE SERVICES	0.307150	0	12,732,254			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm		
		Title XIX	Hospital	PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
200.00	Subtotal (see instructions)		0	256,899,455	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	256,899,455	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XIX	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	3,020,598	0	50.00
50.01	05001	ENDOSCOPY	99,538	0	50.01
51.00	05100	RECOVERY ROOM	795,117	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	153,500	0	52.00
53.00	05300	ANESTHESIOLOGY	165,151	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	554,670	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,435,054	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,831,778	0	55.00
56.00	05600	RADIOISOTOPE	162,914	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	48,128	0	59.00
60.00	06000	LABORATORY	2,856,474	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	94,400	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	364,051	0	63.00
65.00	06500	RESPIRATORY THERAPY	120,828	0	65.00
66.00	06600	PHYSICAL THERAPY	622,313	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	181,447	0	67.00
68.00	06800	SPEECH PATHOLOGY	712,603	0	68.00
69.00	06900	ELECTROCARDIOLOGY	268,587	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	384,122	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,924,495	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,366,397	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,078,468	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	601,720	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	76.00
76.01	03140	CARDIOLOGY	115,135	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03950	CARDIAC CATH	798,135	0	76.03
76.04	03951	DAY SURGERY	451,079	0	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	12,555	0	76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	248,608	0	90.01
90.02	09002	IUSCC HEM/ONC	2,979,509	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	70,203	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	176,585	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,130,947	0	90.07
90.08	09008	MOTILITY LAB	37,913	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	422,964	0	90.11
90.12	09024	OP CARE ADULTS	203,659	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	4,661	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	134,511	0	90.17
90.18	09016	DERMATOLOGY CLINIC	54,090	0	90.18
90.19	09017	INFUSION/HEM/ONC	36,809	0	90.19
90.20	09025	IUMG - MH	70,992	0	90.20
90.21	09019	OP REHAB CLINIC	164,226	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	180,000	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	90.24
91.00	09100	EMERGENCY	3,947,725	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,919,593	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	67,134	0	94.00
95.00	09500	AMBULANCE SERVICES	3,910,712	0	95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm
		Title XIX		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
200.00	Subtotal (see instructions)	6.00	7.00		
201.00	Less PBP Clinic Lab. Services-Program Only Charges	46,980,098	0		200.00
202.00	Net Charges (line 200 +/- line 201)	0			201.00
		46,980,098	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm			
		Title XIX		Subprovider - IPF			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)	
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.130864	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.123832	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.149790	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275880	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.095313	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179197	0	1,124	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148545	0	341	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098325	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.109114	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.064065	0	0	0	59.00
60.00	06000	LABORATORY	0.111374	0	29,668	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.230237	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.333903	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.254674	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.298681	0	659	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308716	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.322489	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067702	0	1,168	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165650	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.294223	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.209249	0	56,605	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.093633	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.367992	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.493199	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.132928	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780	0	293,315	0	76.02
76.03	03950	CARDIAC CATH	0.105423	0	0	0	76.03
76.04	03951	DAY SURGERY	1.575822	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.247208	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.841248	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.291954	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.449096	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.576430	0	3,169	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.262122	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.459734	0	395,262	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.178357	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.572131	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.437901	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	90.10
90.11	09023	SLEEP LAB	0.295968	0	0	0	90.11
90.12	09024	OP CARE ADULTS	2.920675	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.071831	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0.000000	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.361685	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.344386	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.167907	0	0	0	90.19
90.20	09025	IUMG - MH	6.022890	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.993693	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.585288	0	153,738	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.478211	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	90.24
91.00	09100	EMERGENCY	0.092446	0	5,119	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414577	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.136321	0	0	0	94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm
	Title XIX	Subprovider - IPF	

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
95.00 09500 AMBULANCE SERVICES	0.307150		0			95.00
200.00 Subtotal (see instructions)		0	940,168	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	940,168	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm
Title XIX		Subprovider - IPF	

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 PULMONARY FUNCTION TESTING	201	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	51	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	3,304	0		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	197	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	79	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,845	0		73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RH NBN ECMO IC	0	0		76.00
76.01 03140 RADIOLOGY	0	0		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	67,691	0		76.02
76.03 03950 CARDIAC CATH	0	0		76.03
76.04 03951 DAY SURGERY	0	0		76.04
76.05 03480 ONCOLOGY	0	0		76.05
76.06 03952 DAY SURGERY-RILEY	0	0		76.06
76.07 03953 RADIOLOGY-RILEY	0	0		76.07
76.08 03954 ECMO-ADULT	0	0		76.08
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 AMB SVC-OB & GYN	0	0		90.01
90.02 09002 IUSCC HEM/ONC	1,827	0		90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0		90.03
90.04 09004 AMB SVC-PSYCH ADULT	181,715	0		90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0		90.05
90.06 09006 OUTPATIENT SURGERY	0	0		90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0		90.07
90.08 09008 MOTILITY LAB	0	0		90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0		90.09
90.10 09010 CLINICAL GERIATRICS	0	0		90.10
90.11 09023 SLEEP LAB	0	0		90.11
90.12 09024 OP CARE ADULTS	0	0		90.12
90.13 09011 PEDIATRIC CLINIC	0	0		90.13
90.14 09012 ARTHRITIS CLINIC	0	0		90.14
90.15 09013 NEUROLOGY UH	0	0		90.15
90.16 09014 ORTHOPEDICS UH	0	0		90.16
90.17 09015 PHYSICAL MEDICINE	0	0		90.17
90.18 09016 DERMATOLOGY CLINIC	0	0		90.18
90.19 09017 INFUSION/HEM/ONC	0	0		90.19
90.20 09025 IUMG - MH	0	0		90.20
90.21 09019 OP REHAB CLINIC	0	0		90.21
90.22 09020 EATING DISORDERS CLINIC	89,981	0		90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	0		90.23
90.24 09021 LIFE CARE CLINIC	0	0		90.24
91.00 09100 EMERGENCY	473	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:45 pm
	Title XIX	Subprovider - IPF	

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	357,364	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	357,364	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 1:45 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		263,105	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		263,105	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		247,345	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		74,054	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		248,860,360	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		248,860,360	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		248,860,360	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		945.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		70,044,716	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		70,044,716	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	25,536,451	19,112	1,336.15	6,697	8,948,197	43.00
44.00	CORONARY CARE UNIT	21,908,876	14,365	1,525.16	4,935	7,526,665	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	7,823,140	9,059	863.58	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	3,316,911	2,231	1,486.74	4	5,947	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 61C	5,549,440	3,920	1,415.67	1,562	2,211,277	46.02
46.03	UH NS 31C	0	0	0.00	0	0	46.03
46.04	RH PED IC	13,943,367	7,587	1,837.80	44	80,863	46.04
46.05	TRANSPLANT ICU	3,888,022	3,036	1,280.64	949	1,215,327	46.05
46.06	PEDS CANCER CARE	4,379,787	2,471	1,772.48	86	152,433	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					142,747,558	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					232,932,983	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,512,517	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,770,040	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					17,282,557	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					215,650,426	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 + line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					15,760	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					945.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,906,754	89.00
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	18,411,052	248,860,360	0.073981	14,906,754	1,102,817	90.00
91.00	Nursing School cost	0	248,860,360	0.000000	14,906,754	0	91.00
92.00	Allied health cost	836,502	248,860,360	0.003361	14,906,754	50,102	92.00
93.00	All other Medical Education	0	248,860,360	0.000000	14,906,754	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,482 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,482 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			6,482 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,783 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,780,208 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			6,780,208 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,780,208 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,046.01 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,865,036 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,865,036 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S056				Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
46.02 UH SURG 61C	0	0	0.00	0	0	0	46.02
46.03 UH NS 31C	0	0	0.00	0	0	0	46.03
46.04 RH PED IC	0	0	0.00	0	0	0	46.04
46.05 TRANSPLANT ICU	0	0	0.00	0	0	0	46.05
46.06 PEDS CANCER CARE	0	0	0.00	0	0	0	46.06
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					323,944		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,188,980		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					118,373		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,155		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					142,528		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,046,452		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	408,616	6,780,208	0.060266	0	0	90.00
91.00	Nursing School cost	0	6,780,208	0.000000	0	0	91.00
92.00	Allied health cost	21,714	6,780,208	0.003203	0	0	92.00
93.00	All other Medical Education	0	6,780,208	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2015 1:45 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		263,105	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		263,105	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		247,345	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		24,005	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		6,030	15.00
16.00	Nursery days (title V or XIX only)		3,775	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		248,860,360	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		248,860,360	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		248,860,360	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		945.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,705,369	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		22,705,369	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 1:45 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	6,231,572	6,030	1,033.43	3,775	3,901,198	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	25,536,451	19,112	1,336.15	2,158	2,883,412	43.00
44.00	CORONARY CARE UNIT	21,908,876	14,365	1,525.16	1,401	2,136,749	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	7,823,140	9,059	863.58	1,524	1,316,096	44.01
45.00	BURN INTENSIVE CARE UNIT	3,316,911	2,231	1,486.74	234	347,897	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 61C	5,549,440	3,920	1,415.67	259	366,659	46.02
46.03	UH NS 31C	0	0	0.00	0	0	46.03
46.04	RH PED IC	13,943,367	7,587	1,837.80	1,341	2,464,490	46.04
46.05	TRANSPLANT ICU	3,888,022	3,036	1,280.64	124	158,799	46.05
46.06	PEDS CANCER CARE	4,379,787	2,471	1,772.48	427	756,849	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					61,303,067	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					98,340,585	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,829,065	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,521,538	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					7,350,603	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					90,989,982	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					15,760	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					945.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,906,754	89.00
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	18,411,052	248,860,360	0.073981	14,906,754	1,102,817	90.00
91.00	Nursing School cost	0	248,860,360	0.000000	14,906,754	0	91.00
92.00	Allied health cost	836,502	248,860,360	0.003361	14,906,754	50,102	92.00
93.00	All other Medical Education	0	248,860,360	0.000000	14,906,754	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		172,450,135	30.00
31.00	03100	INTENSIVE CARE UNIT		25,168,859	31.00
32.00	03200	CORONARY CARE UNIT		16,443,530	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		9,039	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 61C		5,369,883	34.02
34.03	03402	UH NS 31C		0	34.03
34.04	03403	RH PED IC		189,387	34.04
34.05	03404	TRANSPLANT ICU		3,474,999	34.05
34.06	03407	PEDS CANCER CARE		197,261	34.06
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.130864	141,806,507	18,557,367 50.00
50.01	05001	ENDOSCOPY	0.123832	5,444,196	674,166 50.01
51.00	05100	RECOVERY ROOM	0.149790	13,475,480	2,018,492 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275880	150,383	41,488 52.00
53.00	05300	ANESTHESIOLOGY	0.095313	10,830,310	1,032,269 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179197	441,370	79,092 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148545	67,003,541	9,953,041 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098325	1,934,399	190,200 55.00
56.00	05600	RADIOISOTOPE	0.109114	2,917,488	318,339 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.064065	6,754,579	432,732 59.00
60.00	06000	LABORATORY	0.111374	115,756,852	12,892,304 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.230237	747,743	172,158 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.333903	17,439,125	5,822,976 63.00
65.00	06500	RESPIRATORY THERAPY	0.254674	27,800,855	7,080,155 65.00
66.00	06600	PHYSICAL THERAPY	0.298681	17,662,263	5,275,382 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308716	2,839,762	876,680 67.00
68.00	06800	SPEECH PATHOLOGY	0.322489	1,873,842	604,293 68.00
69.00	06900	ELECTROCARDIOLOGY	0.067702	19,675,599	1,332,077 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165650	8,799,986	1,457,718 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766	28,829,033	10,631,167 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.294223	90,215,276	26,543,409 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.209249	127,993,355	26,782,482 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.093633	0	0 73.03
74.00	07400	RENAL DIALYSIS	0.367992	7,663,289	2,820,029 74.00
76.00	03020	RH NBN ECMO IC	0.493199	0	0 76.00
76.01	03140	CARDIOLOGY	0.132928	4,890,196	650,044 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780	27,043	6,241 76.02
76.03	03950	CARDIAC CATH	0.105423	16,004,841	1,687,278 76.03
76.04	03951	DAY SURGERY	1.575822	0	0 76.04
76.05	03480	ONCOLOGY	0.000000	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954	ECMO-ADULT	0.247208	432,376	106,887 76.08
76.97	07697	CARDIAC REHABILITATION	0.841248	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0.449096	6,222	2,794 90.01
90.02	09002	IUSCC HEM/ONC	0.576430	397,811	229,310 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.262122	2,808	736 90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.459734	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0.178357	3,990,045	711,652 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.572131	6,032	3,451 90.07
90.08	09008	MOTILITY LAB	0.437901	0	0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0 90.10
90.11	09023	SLEEP LAB	0.295968	0	0 90.11
90.12	09024	OP CARE ADULTS	2.920675	737	2,153 90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012	ARTHRTIS CLINIC	0.071831	0	0 90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0 90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0 90.16
90.17	09015	PHYSICAL MEDICINE	1.361685	3,875	5,277 90.17
90.18	09016	DERMATOLOGY CLINIC	0.344386	7,599	2,617 90.18

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.19	09017	INFUSION/HEM/ONC	0.167907	26,990	4,532	90.19
90.20	09025	IUMG - MH	6.022890	1,993	12,004	90.20
90.21	09019	OP REHAB CLINIC	0.993693	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.585288	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.478211	4,549	6,724	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.092446	36,336,818	3,359,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414577	889,217	368,649	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.136321	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		781,084,385	142,747,558	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net Charges (line 200 minus line 201)		781,084,385		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S056		Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 6IC		0	34.02
34.03	03402	UH NS 3IC		0	34.03
34.04	03403	RH PEDIC		0	34.04
34.05	03404	TRANSPLANT ICU		0	34.05
34.06	03407	PEDS CANCER CARE		0	34.06
40.00	04000	SUBPROVIDER - IPF		3,377,047	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.130864	17,300	2,264 50.00
50.01	05001	ENDOSCOPY	0.123832	0	0 50.01
51.00	05100	RECOVERY ROOM	0.149790	7,010	1,050 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275880	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.095313	1,404	134 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179197	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148545	84,485	12,550 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098325	0	0 55.00
56.00	05600	RADIOISOTOPE	0.109114	7,806	852 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.064065	0	0 59.00
60.00	06000	LABORATORY	0.111374	375,403	41,810 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.230237	0	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.333903	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0.254674	23,803	6,062 65.00
66.00	06600	PHYSICAL THERAPY	0.298681	74,926	22,379 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308716	12,577	3,883 67.00
68.00	06800	SPEECH PATHOLOGY	0.322489	7,005	2,259 68.00
69.00	06900	ELECTROCARDIOLOGY	0.067702	46,642	3,158 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165650	36,310	6,015 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766	2,168	799 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.294223	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.209249	557,384	116,632 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.093633	0	0 73.03
74.00	07400	RENAL DIALYSIS	0.367992	21,475	7,903 74.00
76.00	03020	RH NBN ECMO IC	0.493199	0	0 76.00
76.01	03140	CARDIOLOGY	0.132928	0	0 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780	326,599	75,373 76.02
76.03	03950	CARDIAC CATH	0.105423	0	0 76.03
76.04	03951	DAY SURGERY	1.575822	0	0 76.04
76.05	03480	ONCOLOGY	0.000000	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954	ECMO-ADULT	0.247208	0	0 76.08
76.97	07697	CARDIAC REHABILITATION	0.841248	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0.449096	0	0 90.01
90.02	09002	IUSCC HEM/ONC	0.576430	2,080	1,199 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.262122	0	0 90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.459734	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0.178357	5,804	1,035 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.572131	0	0 90.07
90.08	09008	MOTILITY LAB	0.437901	0	0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0 90.10
90.11	09023	SLEEP LAB	0.295968	0	0 90.11
90.12	09024	OP CARE ADULTS	2.920675	0	0 90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012	ARTHRITIS CLINIC	0.071831	0	0 90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0 90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0 90.16
90.17	09015	PHYSICAL MEDICINE	1.361685	0	0 90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
90.18	09016 DERMATOLOGY CLINIC	0.344386	0	0
90.19	09017 INFUSION/HEM/ONC	0.167907	0	0
90.20	09025 IUMG - MH	6.022890	0	0
90.21	09019 OP REHAB CLINIC	0.993693	0	0
90.22	09020 EATING DISORDERS CLINIC	0.585288	0	0
90.23	09018 GASTROENTEROLOGY CLINIC	1.478211	0	0
90.24	09021 LIFE CARE CLINIC	0.000000	0	0
91.00	09100 EMERGENCY	0.092446	201,058	18,587
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.414577	0	0
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.136321	0	0
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		1,811,239	323,944
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00	Net Charges (line 200 minus line 201)		1,811,239	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:45 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		86,065,089	30.00
31.00	03100	INTENSIVE CARE UNIT		11,783,898	31.00
32.00	03200	CORONARY CARE UNIT		6,991,579	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		6,224,412	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		1,317,577	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 61C		1,251,335	34.02
34.03	03402	UH NS 31C		0	34.03
34.04	03403	RH PED IC		8,627,761	34.04
34.05	03404	TRANSPLANT ICU		675,860	34.05
34.06	03407	PEDS CANCER CARE		2,029,236	34.06
40.00	04000	SUBPROVIDER - IPF		3,062	40.00
43.00	04300	NURSERY		19,530,222	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.130864	50,920,078	6,663,605 50.00
50.01	05001	ENDOSCOPY	0.123832	2,121,319	262,687 50.01
51.00	05100	RECOVERY ROOM	0.149790	4,387,962	657,273 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275880	6,748,594	1,861,802 52.00
53.00	05300	ANESTHESIOLOGY	0.095313	4,190,447	399,404 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179197	911,372	163,315 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148545	27,962,181	4,153,642 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098325	946,589	93,073 55.00
56.00	05600	RADIOISOTOPE	0.109114	755,873	82,476 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.064065	682,631	43,733 59.00
60.00	06000	LABORATORY	0.111374	49,179,757	5,477,346 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.230237	215,624	49,645 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.333903	8,556,204	2,856,942 63.00
65.00	06500	RESPIRATORY THERAPY	0.254674	21,885,121	5,573,571 65.00
66.00	06600	PHYSICAL THERAPY	0.298681	6,274,453	1,874,060 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308716	1,832,005	565,569 67.00
68.00	06800	SPEECH PATHOLOGY	0.322489	1,144,775	369,177 68.00
69.00	06900	ELECTROCARDIOLOGY	0.067702	6,633,291	449,087 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165650	4,729,231	783,397 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766	9,653,017	3,559,704 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.294223	29,867,843	8,787,806 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.209249	62,352,746	13,047,250 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.093633	0	0 73.03
74.00	07400	RENAL DIALYSIS	0.367992	1,652,819	608,224 74.00
76.00	03020	RH NBN ECMO IC	0.493199	148,667	73,322 76.00
76.01	03140	CARDIOLOGY	0.132928	1,184,702	157,480 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780	0	0 76.02
76.03	03950	CARDIAC CATH	0.105423	4,647,611	489,965 76.03
76.04	03951	DAY SURGERY	1.575822	35,633	56,151 76.04
76.05	03480	ONCOLOGY	0.000000	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954	ECMO-ADULT	0.247208	384,285	94,998 76.08
76.97	07697	CARDIAC REHABILITATION	0.841248	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.291954	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0.449096	13,023	5,849 90.01
90.02	09002	IUSCC HEM/ONC	0.576430	103,066	59,410 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.262122	157	41 90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.459734	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0.178357	1,144,862	204,194 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.572131	88,372	50,560 90.07
90.08	09008	MOTILITY LAB	0.437901	1,936	848 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0 90.10
90.11	09023	SLEEP LAB	0.295968	18,571	5,496 90.11
90.12	09024	OP CARE ADULTS	2.920675	779	2,275 90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012	ARTHRTIS CLINIC	0.071831	0	0 90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0 90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0 90.16
90.17	09015	PHYSICAL MEDICINE	1.361685	1,013	1,379 90.17
90.18	09016	DERMATOLOGY CLINIC	0.344386	134	46 90.18

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:45 pm
Cost Center Description			Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
90.19	09017	INFUSION/HEM/ONC	0.167907	0	0
90.20	09025	IUMG - MH	6.022890	692	4,168
90.21	09019	OP REHAB CLINIC	0.993693	1,659	1,649
90.22	09020	EATING DISORDERS CLINIC	0.585288	0	0
90.23	09018	GASTROENTEROLOGY CLINIC	1.478211	1,896	2,803
90.24	09021	LIFE CARE CLINIC	0.000000	0	0
91.00	09100	EMERGENCY	0.092446	16,245,988	1,501,877
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414577	501,157	207,768
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.136321	0	0
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		328,128,135	61,303,067
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		328,128,135	61,303,067

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S056		Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 6IC		0	34.02
34.03	03402	UH NS 3IC		0	34.03
34.04	03403	RH PEDIC		0	34.04
34.05	03404	TRANSPLANT ICU		0	34.05
34.06	03407	PEDS CANCER CARE		0	34.06
40.00	04000	SUBPROVIDER - IPF		2,463,092	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.130864	0	50.00
50.01	05001	ENDOSCOPY	0.123832	0	50.01
51.00	05100	RECOVERY ROOM	0.149790	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275880	0	52.00
53.00	05300	ANESTHESIOLOGY	0.095313	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.179197	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148545	46,538	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.098325	0	55.00
56.00	05600	RADIOISOTOPE	0.109114	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.064065	0	59.00
60.00	06000	LABORATORY	0.111374	278,700	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.230237	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.333903	165	63.00
65.00	06500	RESPIRATORY THERAPY	0.254674	9,754	65.00
66.00	06600	PHYSICAL THERAPY	0.298681	15,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308716	799	67.00
68.00	06800	SPEECH PATHOLOGY	0.322489	3,756	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067702	18,281	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165650	5,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.368766	739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.294223	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.209249	247,842	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	1.093633	0	73.03
74.00	07400	RENAL DIALYSIS	0.367992	4,295	74.00
76.00	03020	RH NBN ECMO IC	0.493199	0	76.00
76.01	03140	CARDIOLOGY	0.132928	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.230780	95,041	76.02
76.03	03950	CARDIAC CATH	0.105423	0	76.03
76.04	03951	DAY SURGERY	1.575822	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	76.07
76.08	03954	ECMO-ADULT	0.247208	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.841248	0	76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.291954	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.449096	0	90.01
90.02	09002	IUSCC HEM/ONC	0.576430	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.262122	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.459734	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.178357	7,778	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.572131	0	90.07
90.08	09008	MOTILITY LAB	0.437901	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	90.10
90.11	09023	SLEEP LAB	0.295968	0	90.11
90.12	09024	OP CARE ADULTS	2.920675	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.071831	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.361685	0	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.18	09016 DERMATOLOGY CLINIC	0.344386	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.167907	0	0	90.19
90.20	09025 IUMG - MH	6.022890	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.993693	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.585288	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1.478211	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100 EMERGENCY	0.092446	256,555	23,717	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.414577	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.136321	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		991,218	149,411	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		991,218		202.00

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	628,961	945.86	229	216,602	1.00
2.00	INTENSIVE CARE UNIT	43.00	34,544	1,336.15	9	12,025	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,525.16	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	863.58	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,486.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,415.67	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	9,745	1,837.80	3	5,513	5.04
5.05	TRANSPLANT ICU	46.05	0	1,280.64	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,772.48	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		673,250		241	234,140	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.130864	3,406,353	445,769	8.00	
8.01	ENDOSCOPY	50.01	0.123832	27,807	3,443	8.01	
9.00	RECOVERY ROOM	51.00	0.149790	266,318	39,892	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.275880	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.095313	195,094	18,595	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.179197	88,127	15,792	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.148545	1,036,558	153,976	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.098325	20,453	2,011	13.00	
14.00	RADIOISOTOPE	56.00	0.109114	1,434,752	156,552	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.064065	0	0	17.00	
18.00	LABORATORY	60.00	0.111374	1,322,350	147,275	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.230237	7,350,835	1,692,434	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.333903	31,482	10,512	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.254674	42,192	10,745	23.00	
24.00	PHYSICAL THERAPY	66.00	0.298681	1,763	527	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.308716	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.322489	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.067702	348,649	23,604	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.165650	49,100	8,133	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368766	94,668	34,910	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.294223	20,952	6,165	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.209249	812,395	169,993	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.093633	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.367992	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.493199	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.132928	486,836	64,714	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.230780	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.105423	714,471	75,322	34.03	
34.04	DAY SURGERY	76.04	1.575822	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.247208	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.841248	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	1,284	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.449096	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.576430	0	0	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.262122	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.459734	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.178357	0	0	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.572131	0	0	37.07	

(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 from your center are included in the count.

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.437901	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.295968	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.920675	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.071831	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.361685	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.344386	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.167907	0	0	0	37.19
37.20	IUMG - MH	90.20	6.022890	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.993693	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.585288	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.478211	0	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	0	37.24
38.00	EMERGENCY	91.00	0.092446	11,097	1,026	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.414577	8,162	3,384	39.00	
40.00	FAMILY PRACTICE					40.00	
41.00	TOTAL (sum of lines 8-40)			17,771,698	3,084,774	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	229	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	9	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	3	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			241	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	1,284	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	

(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 from your center are included in the count.

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	11,097	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	8,162	0.000000	0	53.00	
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		20,543		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	3,318,914		18,444,948		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	12,750,349		34,254,164		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	16,069,263		52,699,112		61.00	
62.00	Total Usable Organs (see instructions)		273			62.00	
63.00	Medicare Usable Organs (see instructions)		186			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.681319			64.00	
65.00	Medicare Cost/Charges (see instructions)	10,948,294		35,904,906		65.00	
66.00	Revenue for Organs Sold	219,024		0		66.00	
67.00	Subtotal (line 65 minus line 66)	10,729,270		35,904,906		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	10,729,270	0	35,904,906	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		66	64		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	143		73.00	
74.00	Total (sum of lines 70 thru 73)		66	207		74.00	
75.00	Organs Transplanted		66	143	7,793,604	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	64	219,024	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		66	207		84.00	

(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 from your center are included in the count.

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	3,839	945.86	2	1,892	1.00
2.00	INTENSIVE CARE UNIT	43.00	15,653	1,336.15	4	5,345	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,525.16	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	863.58	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,486.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,415.67	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	4,416	1,837.80	1	1,838	5.04
5.05	TRANSPLANT ICU	46.05	0	1,280.64	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,772.48	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		23,908		7	9,075	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.130864	191,206	25,022	8.00	
8.01	ENDOSCOPY	50.01	0.123832	12,600	1,560	8.01	
9.00	RECOVERY ROOM	51.00	0.149790	1,575	236	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.275880	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.095313	7,493	714	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.179197	2,995	537	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.148545	16,364	2,431	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.098325	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.109114	2,053	224	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.064065	0	0	17.00	
18.00	LABORATORY	60.00	0.111374	26,704	2,974	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.230237	796,650	183,418	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.333903	13,966	4,663	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.254674	16,484	4,198	23.00	
24.00	PHYSICAL THERAPY	66.00	0.298681	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.308716	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.322489	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.067702	11,508	779	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.165650	731	121	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368766	15,687	5,785	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.294223	250	74	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.209249	36,071	7,548	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.093633	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.367992	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.493199	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.132928	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.230780	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.105423	24,006	2,531	34.03	
34.04	DAY SURGERY	76.04	1.575822	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.247208	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.841248	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.449096	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.576430	0	0	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.262122	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.459734	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.178357	0	0	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.572131	0	0	37.07	

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.437901	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.295968	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.920675	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.071831	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.361685	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.344386	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.167907	0	0	0	37.19
37.20	IUMG - MH	90.20	6.022890	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.993693	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.585288	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.478211	0	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	0	37.24
38.00	EMERGENCY	91.00	0.092446	5,002	462	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.414577	0	0	39.00	
40.00	FAMILY PRACTICE					40.00	
41.00	TOTAL (sum of lines 8-40)			1,181,345	243,277	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	2	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	1	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	5,002	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		5,002		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	252,352		1,205,253		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	9,180,503		31,626,982		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	9,432,855		32,832,235		61.00	
62.00	Total Usable Organs (see instructions)		167			62.00	
63.00	Medicare Usable Organs (see instructions)		60			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.359281			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,389,046		11,795,998		65.00	
66.00	Revenue for Organs Sold	99,245		0		66.00	
67.00	Subtotal (line 65 minus line 66)	3,289,801		11,795,998		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,289,801	0	11,795,998	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	29		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	138		73.00	
74.00	Total (sum of lines 70 thru 73)		0	167		74.00	
75.00	Organs Transplanted		0	138	9,999	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	29	99,245	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	167		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	2,250	945.86	1	946	1.00
2.00	INTENSIVE CARE UNIT	43.00	9,176	1,336.15	2	2,672	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,525.16	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	863.58	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,486.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,415.67	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	2,589	1,837.80	1	1,838	5.04
5.05	TRANSPLANT ICU	46.05	0	1,280.64	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,772.48	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		14,015		4	5,456	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.130864	109,741	14,361	8.00	
8.01	ENDOSCOPY	50.01	0.123832	7,386	915	8.01	
9.00	RECOVERY ROOM	51.00	0.149790	216	32	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.275880	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.095313	4,393	419	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.179197	1,756	315	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.148545	5,805	862	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.098325	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.109114	1,203	131	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.064065	0	0	17.00	
18.00	LABORATORY	60.00	0.111374	14,034	1,563	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.230237	651,453	149,989	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.333903	8,187	2,734	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.254674	9,429	2,401	23.00	
24.00	PHYSICAL THERAPY	66.00	0.298681	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.308716	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.322489	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.067702	6,746	457	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.165650	428	71	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368766	6,806	2,510	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.294223	147	43	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.209249	20,871	4,367	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.093633	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.367992	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.493199	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.132928	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.230780	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.105423	14,072	1,484	34.03	
34.04	DAY SURGERY	76.04	1.575822	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.247208	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.841248	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.449096	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.576430	0	0	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.262122	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.459734	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.178357	0	0	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.572131	0	0	37.07	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.437901	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.295968	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.920675	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.071831	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.361685	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.344386	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.167907	0	0	0	37.19
37.20	IUMG - MH	90.20	6.022890	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.993693	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.585288	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.478211	0	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	0	37.24
38.00	EMERGENCY	91.00	0.092446	2,932	271	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.414577	0	0	0	39.00
40.00	FAMILY PRACTICE						40.00
41.00	TOTAL (sum of lines 8-40)			865,605	182,925		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			4	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	0	51.19

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Heart		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	2,932	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		2,932		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	188,381		879,620		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,066,540		5,742,151		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	2,254,921		6,621,771		61.00	
62.00	Total Usable Organs (see instructions)		37			62.00	
63.00	Medicare Usable Organs (see instructions)		23			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.621622			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,401,709		4,116,239		65.00	
66.00	Revenue for Organs Sold	58,178		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,343,531		4,116,239		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,343,531	0	4,116,239	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	17		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	20		73.00	
74.00	Total (sum of lines 70 thru 73)		0	37		74.00	
75.00	Organs Transplanted		0	20	1,218,688	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	17	58,178	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Disarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	37		84.00	

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Lung Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	3,442	945.86	1	946	1.00
2.00	INTENSIVE CARE UNIT	43.00	14,034	1,336.15	3	4,008	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,525.16	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	863.58	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,486.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,415.67	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	3,959	1,837.80	1	1,838	5.04
5.05	TRANSPLANT ICU	46.05	0	1,280.64	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,772.48	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		21,435		5	6,792	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.130864	167,840		21,964	8.00
8.01	ENDOSCOPY	50.01	0.123832	11,297		1,399	8.01
9.00	RECOVERY ROOM	51.00	0.149790	331		50	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.275880	0		0	10.00
11.00	ANESTHESIOLOGY	53.00	0.095313	6,718		640	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.179197	2,685		481	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.148545	8,879		1,319	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.098325	0		0	13.00
14.00	RADIOISOTOPE	56.00	0.109114	1,840		201	14.00
15.00	CT SCAN	57.00	0.000000	0		0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0		0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.064065	0		0	17.00
18.00	LABORATORY	60.00	0.111374	21,464		2,391	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.230237	886,491		204,103	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0		0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0		0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0		0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.333903	12,522		4,181	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0		0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.254674	14,421		3,673	23.00
24.00	PHYSICAL THERAPY	66.00	0.298681	0		0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.308716	0		0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.322489	0		0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.067702	10,318		699	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.165650	655		109	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368766	10,409		3,838	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.294223	224		66	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.209249	31,921		6,679	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.093633	0		0	31.03
32.00	RENAL DIALYSIS	74.00	0.367992	0		0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0		0	33.00
34.00	RH NBN ECMO IC	76.00	0.493199	0		0	34.00
34.01	CARDIOLOGY	76.01	0.132928	0		0	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.230780	0		0	34.02
34.03	CARDIAC CATH	76.03	0.105423	21,522		2,269	34.03
34.04	DAY SURGERY	76.04	1.575822	0		0	34.04
34.05	ONCOLOGY	76.05	0.000000	0		0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0		0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0		0	34.07
34.08	ECMO-ADULT	76.08	0.247208	0		0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.841248	0		0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0		0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0		0	36.00
37.00	CLINIC	90.00	0.000000	0		0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.449096	0		0	37.01
37.02	IUSCC HEM/ONC	90.02	0.576430	0		0	37.02
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.262122	0		0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	0.459734	0		0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0		0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.178357	0		0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.572131	0		0	37.07

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

		Lung		Hospital	PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.437901	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10
37.11	SLEEP LAB	90.11	0.295968	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.920675	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.071831	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.361685	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.344386	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.167907	0	0	37.19
37.20	IUMG - MH	90.20	6.022890	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.993693	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.585288	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.478211	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24
38.00	EMERGENCY	91.00	0.092446	4,485	415	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.414577	0	0	39.00
40.00	FAMILY PRACTICE					40.00
41.00	TOTAL (sum of lines 8-40)			1,214,022	254,477	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19

(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 from your center are included in the count.

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Lung		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	4,485	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		4,485		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	261,269		1,235,457		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	5,002,334		13,571,503		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	5,263,603		14,806,960		61.00	
62.00	Total Usable Organs (see instructions)		85			62.00	
63.00	Medicare Usable Organs (see instructions)		47			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.552941			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,910,462		8,187,375		65.00	
66.00	Revenue for Organs Sold	88,978		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,821,484		8,187,375		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,821,484	0	8,187,375	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	26		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	59		73.00	
74.00	Total (sum of lines 70 thru 73)		0	85		74.00	
75.00	Organs Transplanted		0	59	3,652,992	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	26	88,978	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	85		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	794	945.86	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,239	1,336.15	1	1,336	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,525.16	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	863.58	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,486.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,415.67	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	914	1,837.80	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,280.64	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,772.48	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		4,947		1	1,336	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.130864	38,732	5,069	8.00	
8.01	ENDOSCOPY	50.01	0.123832	2,607	323	8.01	
9.00	RECOVERY ROOM	51.00	0.149790	76	11	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.275880	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.095313	1,550	148	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.179197	620	111	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.148545	2,470	367	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.098325	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.109114	21,896	2,389	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.064065	0	0	17.00	
18.00	LABORATORY	60.00	0.111374	14,095	1,570	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.230237	587,001	135,149	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.333903	2,890	965	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.254674	3,328	848	23.00	
24.00	PHYSICAL THERAPY	66.00	0.298681	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.308716	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.322489	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.067702	5,425	367	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.165650	151	25	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368766	2,402	886	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.294223	52	15	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.209249	10,600	2,218	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.093633	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.367992	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.493199	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.132928	5,732	762	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.230780	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.105423	4,967	524	34.03	
34.04	DAY SURGERY	76.04	1.575822	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.247208	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.841248	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.449096	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.576430	0	0	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.262122	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.459734	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.178357	0	0	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.572131	0	0	37.07	

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.437901	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.295968	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.920675	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.071831	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.361685	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.344386	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.167907	0	0	0	37.19
37.20	IUMG - MH	90.20	6.022890	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.993693	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.585288	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.478211	0	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	0	37.24
38.00	EMERGENCY	91.00	0.092446	1,035	96	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.414577	0	0	39.00	
40.00	FAMILY PRACTICE					40.00	
41.00	TOTAL (sum of lines 8-40)			705,629	151,843	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	0	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	

(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 from your center are included in the count.

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Pancreas		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	1,035	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		1,035		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	153,179		710,576		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,648,961		10,566,120		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,802,140		11,276,696		61.00	
62.00	Total Usable Organs (see instructions)		65			62.00	
63.00	Medicare Usable Organs (see instructions)		20			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.307692			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,169,888		3,469,749		65.00	
66.00	Revenue for Organs Sold	20,533		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,149,355		3,469,749		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,149,355	0	3,469,749	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	6		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	59		73.00	
74.00	Total (sum of lines 70 thru 73)		0	65		74.00	
75.00	Organs Transplanted		0	59	3,450,637	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	6	20,533	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Disarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	65		84.00	

(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 from your center are included in the count.

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	397	945.86	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,619	1,336.15	1	1,336	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,525.16	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	863.58	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,486.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,415.67	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	457	1,837.80	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,280.64	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,772.48	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		2,473		1	1,336	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.130864	19,366	2,534	8.00	
8.01	ENDOSCOPY	50.01	0.123832	1,303	161	8.01	
9.00	RECOVERY ROOM	51.00	0.149790	38	6	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.275880	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.095313	775	74	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.179197	310	56	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.148545	1,024	152	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.098325	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.109114	212	23	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.064065	0	0	17.00	
18.00	LABORATORY	60.00	0.111374	2,477	276	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.230237	104,884	24,148	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.333903	1,445	482	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.254674	1,664	424	23.00	
24.00	PHYSICAL THERAPY	66.00	0.298681	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.308716	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.322489	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.067702	1,191	81	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.165650	76	13	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368766	1,201	443	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.294223	26	8	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.209249	3,683	771	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	1.093633	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.367992	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.493199	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.132928	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.230780	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.105423	2,483	262	34.03	
34.04	DAY SURGERY	76.04	1.575822	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.247208	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.841248	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.449096	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.576430	0	0	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.262122	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.459734	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.178357	0	0	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.572131	0	0	37.07	

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.437901	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.295968	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	2.920675	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRTIS CLINIC	90.14	0.071831	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.361685	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.344386	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.167907	0	0	0	37.19
37.20	IUMG - MH	90.20	6.022890	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.993693	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.585288	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.478211	0	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	0	37.24
38.00	EMERGENCY	91.00	0.092446	517	48	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.414577	0	0	39.00	
40.00	FAMILY PRACTICE					40.00	
41.00	TOTAL (sum of lines 8-40)			142,675	29,962	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	0	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	ARTHRTIS CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	

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

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/26/2015 1:45 pm

Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	517	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		517		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	31,298		145,148		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,555,066		3,891,325		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,586,364		4,036,473		61.00	
62.00	Total Usable Organs (see instructions)		23			62.00	
63.00	Medicare Usable Organs (see instructions)		7			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.304348			64.00	
65.00	Medicare Cost/Charges (see instructions)	482,807		1,228,492		65.00	
66.00	Revenue for Organs Sold	10,267		0		66.00	
67.00	Subtotal (line 65 minus line 66)	472,540		1,228,492		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	472,540	0	1,228,492	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0		3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		20		73.00
74.00	Total (sum of lines 70 thru 73)		0		23		74.00
75.00	Organs Transplanted		0		20	1,379,230	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		3	10,267	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0		23		84.00

(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 from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		115,491,097	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		39,823,749	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		16,705,368	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		30,243,212	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,187.88	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		527.75	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		527.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		641.70	10.00
11.00	FTE count for residents in dental and podiatric programs.		23.32	11.00
12.00	Current year allowable FTE (see instructions)		551.07	12.00
13.00	Total allowable FTE count for the prior year.		545.46	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		545.94	14.00
15.00	Sum of lines 12 through 14 divided by 3.		547.49	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.56	17.00
18.00	Adjusted rolling average FTE count		548.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.461368	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.458933	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.458933	21.00
22.00	IME payment adjustment (see instructions)		41,405,982	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		113.95	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001684	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000450	27.00
28.00	IME add-on adjustment amount (see instructions)		83,501	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		41,489,483	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		35.73	31.00
32.00	Sum of lines 30 and 31		44.16	32.00
33.00	Allowable disproportionate share percentage (see instructions)		25.65	33.00
34.00	Disproportionate share adjustment (see instructions)		9,959,565	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.003785862	0.003717484	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		34,248,348	28,429,998	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		25,615,881	7,165,923	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		32,781,804		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		256,251,066		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		256,251,066		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		16,538,691		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		10,061,491		52.00
53.00	Nursing and Allied Health Managed Care payment		77,305		53.00
54.00	Special add-on payments for new technologies		196,182		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		19,805,981		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		284,742		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		719,087		58.00
59.00	Total (sum of amounts on lines 49 through 58)		303,934,545		59.00
60.00	Primary payer payments		491,791		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		303,442,754		61.00
62.00	Deductibles billed to program beneficiaries		10,852,817		62.00
63.00	Coinurance billed to program beneficiaries		1,737,296		63.00
64.00	Allowable bad debts (see instructions)		564,823		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		367,135		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-70,130		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		291,219,776		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		2,960		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS		79,439		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-330,173		70.93
70.94	HRR adjustment amount (see instructions)		-143,943		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		731,762		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		290,090,377		71.00
71.01	Sequestration adjustment (see instructions)		5,801,808		71.01
72.00	Interim payments		281,055,677		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		3,232,892		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		12,868,156		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	115,491,097	115,491,097		115,491,097	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,823,749		39,823,749	39,823,749	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	16,705,368	13,077,994	3,627,374	16,705,368	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	30,243,212	21,234,521	9,008,691	30,243,212	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.458933	0.458933	0.458933		5.00
6.00	IME payment adjustment (see instructions)	22.00	41,405,982	30,509,365	10,896,617	41,405,982	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000450	0.000450	0.000450		7.00
8.00	IME adjustment (see instructions)	28.00	83,501	61,526	21,975	83,501	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	41,489,483	30,570,891	10,918,592	41,489,483	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2565	0.2565	0.2565		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	9,959,565	7,405,867	2,553,698	9,959,565	11.00
11.01	Uncompensated care payments	36.00	32,781,804	25,615,881	7,165,923	32,781,804	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	256,251,066	192,161,730	64,089,336	256,251,066	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	256,251,066	192,161,730	64,089,336	256,251,066	15.00
16.00	Payment for inpatient program capital	50.00	16,538,691	12,298,432	4,240,259	16,538,691	16.00
17.00	Special add-on payments for new technologies	54.00	196,182	157,301	38,881	196,182	17.00
17.01	Net organ acquisition cost	55.00	19,805,981	14,813,784	4,992,197	19,805,981	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	2,960	2,960	0	2,960	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			219,434,207	73,360,673	292,794,880	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2015 1:45 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	12,416,786	9,231,402	3,185,384	12,416,786	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	502,412	376,076	126,336	502,412	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.1980	0.1980	0.1980		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	2,458,524	1,827,818	630,706	2,458,524	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0935	0.0935	0.0935		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	1,160,969	863,136	297,833	1,160,969	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	16,538,691	12,298,432	4,240,259	16,538,691	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-330,173	-185,520	-144,653	-330,173	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-143,943	-104,081	-39,862	-143,943	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	731,762	731,762	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		161,946	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		111,369,006	2.00
3.00	PPS payments		99,246,565	3.00
4.00	Outlier payment (see instructions)		4,249,005	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		569,301	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		161,946	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		791,532	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		791,532	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		791,532	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		629,586	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		161,946	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		104,064,871	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,276	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		19,064,566	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		85,160,975	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,440,849	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		551	29.00
30.00	Subtotal (sum of lines 27 through 29)		89,602,375	30.00
31.00	Primary payer payments		14,578	31.00
32.00	Subtotal (line 30 minus line 31)		89,587,797	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		68,040	33.00
34.00	Allowable bad debts (see instructions)		1,686,834	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,096,442	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,253,176	36.00
37.00	Subtotal (see instructions)		90,752,279	37.00
38.00	MSP-LCC reconciliation amount from PS&R		137	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		90,752,142	40.00
40.01	Sequestration adjustment (see instructions)		1,815,043	40.01
41.00	Interim payments		88,856,241	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		80,858	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		280,354,177		88,556,741	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/12/2014	701,500	08/12/2014	299,500	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		701,500		299,500	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		281,055,677		88,856,241	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		3,232,892		80,858	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		284,288,569		88,937,099	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 1:45 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,451,338		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,451,338		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		22,846		0	6.02
7.00	Total Medicare program liability (see instructions)		1,428,492		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			48,746 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			88,331 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			24,367 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			309,126 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			6,424,252,392 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			451,041,805 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,248,878 8.00
9.00	Sequestration adjustment amount (see instructions)			24,978 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,223,900 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,062,524 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			161,376 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/26/2015 1:45 pm
		Component CCN: 15S056	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,503,208	1.00
2.00	Net IPF PPS Outlier Payments		32,886	2.00
3.00	Net IPF PPS ECT Payments		47,908	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		16.20	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.16	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.16	8.00
9.00	Average Daily Census (see instructions)		17.758904	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.004630	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		6,960	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,590,962	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,590,962	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,590,962	18.00
19.00	Deductibles		105,696	19.00
20.00	Subtotal (line 18 minus line 19)		1,485,266	20.00
21.00	Coinsurance		41,344	21.00
22.00	Subtotal (line 20 minus line 21)		1,443,922	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		9,016	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		5,860	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,449,782	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		7,863	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,457,645	31.00
31.01	Sequestration adjustment (see instructions)		29,153	31.01
32.00	Interim payments		1,451,338	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		-22,846	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		32,886	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			553.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			659.49	6.00
7.00	Enter the lesser of line 5 or line 6			553.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	193.04	382.95	575.99	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	162.02	321.41	483.43	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		22.14		10.00
11.00	Total weighted FTE count	162.02	343.55		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	167.23	335.76		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	172.03	332.18		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	167.09	337.16		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	167.09	337.16		17.00
18.00	Per resident amount	85,972.33	81,420.46		18.00
19.00	Approved amount for resident costs	14,365,117	27,451,722	41,816,839	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			105.98	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.75	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			41,816,839	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	90,114	24,367		26.00
27.00	Total Inpatient Days (see instructions)	320,173	320,173		27.00
28.00	Ratio of inpatient days to total inpatient days	0.281454	0.076106		28.00
29.00	Program direct GME amount	11,769,517	3,182,512		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		449,689		30.00
31.00	Net Program direct GME amount			14,502,340	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		1,025	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		51,803,004	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000020	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		27,559,447	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		551	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		235,121,963	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		19,805,981	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		491,791	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		254,436,153	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		112,315,458	42.00
43.00	Primary payer payments (see instructions)		14,578	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		112,300,880	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		366,737,033	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.693784	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.306216	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		14,502,340	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,061,491	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,440,849	50.00

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

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet G
Date/Time Prepared:
5/26/2015 1:45 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	463,104,000	0	0	0	1.00
2.00	Temporary investments	74,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	479,694,000	0	0	0	4.00
5.00	Other receivable	136,199,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-154,467,000	0	0	0	6.00
7.00	Inventory	40,739,000	0	0	0	7.00
8.00	Prepaid expenses	32,339,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-4,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	997,678,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	140,621,000	0	0	0	12.00
13.00	Land improvements	39,144,000	0	0	0	13.00
14.00	Accumulated depreciation	-19,579,000	0	0	0	14.00
15.00	Buildings	1,954,782,000	0	0	0	15.00
16.00	Accumulated depreciation	-827,389,000	0	0	0	16.00
17.00	Leasehold improvements	12,109,000	0	0	0	17.00
18.00	Accumulated depreciation	-9,820,000	0	0	0	18.00
19.00	Fixed equipment	41,148,000	0	0	0	19.00
20.00	Accumulated depreciation	-26,815,000	0	0	0	20.00
21.00	Automobiles and trucks	3,061,000	0	0	0	21.00
22.00	Accumulated depreciation	-2,490,000	0	0	0	22.00
23.00	Major movable equipment	1,333,809,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,003,732,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,634,849,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,429,622,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,160,768,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,590,390,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,222,917,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,084,146,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	117,536,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	79,796,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	71,716,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,353,194,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,805,300,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	179,506,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,984,806,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,338,000,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,884,917,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,884,917,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,222,917,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-1

Date/Time Prepared:
5/26/2015 1:45 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		2,099,747,607		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		785,169,393			2.00
3.00	Total (sum of line 1 and line 2)		2,884,917,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		2,884,917,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,884,917,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	677,241,207		677,241,207	1.00
2.00	SUBPROVIDER - IPF	12,507,052		12,507,052	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	689,748,259		689,748,259	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	74,986,731		74,986,731	11.00
12.00	CORONARY CARE UNIT	54,126,904		54,126,904	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	26,423,788		26,423,788	12.01
13.00	BURN INTENSIVE CARE UNIT	8,488,166		8,488,166	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	13,640,333		13,640,333	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PED IC	34,381,936		34,381,936	14.04
14.05	TRANSPLANT ICU	10,982,385		10,982,385	14.05
14.06	PEDS CANCER CARE	10,172,192		10,172,192	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	233,202,435		233,202,435	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	922,950,694		922,950,694	17.00
18.00	Ancillary services	2,502,959,883	2,040,757,173	4,543,717,056	18.00
19.00	Outpatient services	236,813,509	518,212,525	755,026,034	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	3,725,917	3,725,917	21.00
22.00	HOME HEALTH AGENCY		85,842,103	85,842,103	22.00
23.00	AMBULANCE SERVICES	112,344	98,687,874	98,800,218	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	15,357,008	15,357,008	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,662,836,430	2,762,582,600	6,425,419,030	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,748,681,510		29.00
30.00	HOME OFFICE EXPENSE	946,190,488			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		946,190,488		36.00
37.00	NON AHC OPERATIONS (HO ALLOC)	347,007,607			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		347,007,607		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,347,864,391		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-3

Date/Time Prepared:
5/26/2015 1:45 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	6,425,419,030	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,083,898,246	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,341,520,784	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,347,864,391	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,343,607	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	593,445,000	6.00
7.00	Income from investments	167,446,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	SWAP GAIN (LOSS)	3,797,000	24.00
24.01	OTHER INCOME	-1,259,000	24.01
24.02	OTHER MISC INCOME	45,584,000	24.02
25.00	Total other income (sum of lines 6-24)	809,013,000	25.00
26.00	Total (line 5 plus line 25)	802,669,393	26.00
27.00	ED & RESEARCH SUPPORT-IU	10,000,000	27.00
27.01	OTHER	7,500,000	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	17,500,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	785,169,393	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet H

HHA CCN: 157158

Date/Time Prepared: 5/26/2015 1:45 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	8,199,813	2,454,013	0	2,046,837	1,946,116	14,646,779	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,126,736	348,572	0	10,049	21,634	1,506,991	6.00
7.00	816,798	221,027	0	50,150	946	1,088,921	7.00
8.00	207,773	61,320	0	2,142	3,897	275,132	8.00
9.00	19,353	2,533	0	610	0	22,496	9.00
10.00	54,643	9,213	0	523	23	64,402	10.00
11.00	28,798	21,907	0	522	1,633	52,860	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	1,294,006	395,362	0	491,174	3,087,084	5,267,626	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	4,230,652	1,141,256	0	731,529	10,386,068	16,489,505	23.00
24.00	15,978,572	4,655,203	0	3,333,536	15,447,401	39,414,712	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-3,135,977	11,510,802	-3,735,186	7,775,616			5.00
HHA REIMBURSABLE SERVICES							
6.00	1,671,329	3,178,320	-206,980	2,971,340			6.00
7.00	873,846	1,962,767	-130,424	1,832,343			7.00
8.00	85,854	360,986	-34,480	326,506			8.00
9.00	52,517	75,013	-1,052	73,961			9.00
10.00	62,238	126,640	-3,021	123,619			10.00
11.00	150,013	202,873	-12,912	189,961			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	5,267,626	-409,756	4,857,870			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	240,180	16,729,685	-773,450	15,956,235			23.00
24.00	0	39,414,712	-5,307,261	34,107,451			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150056 HHA CCN: 157158		Period: From 01/01/2014 To 12/31/2014		Worksheet H-1 Part I Date/Time Prepared: 5/26/2015 1:45 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	7,775,616	0	0	0	7,775,616	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,971,340	0	0	0	2,971,340	6.00
7.00	Physical Therapy	1,832,343	0	0	0	1,832,343	7.00
8.00	Occupational Therapy	326,506	0	0	0	326,506	8.00
9.00	Speech Pathology	73,961	0	0	0	73,961	9.00
10.00	Medical Social Services	123,619	0	0	0	123,619	10.00
11.00	Home Health Aide	189,961	0	0	0	189,961	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	4,857,870	0	0	0	4,857,870	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	15,956,235	0	0	0	15,956,235	23.00
24.00	Total (sum of lines 1-23)	34,107,451	0	0	0	34,107,451	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	7,775,616					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	877,416	3,848,756				6.00
7.00	Physical Therapy	541,078	2,373,421				7.00
8.00	Occupational Therapy	96,415	422,921				8.00
9.00	Speech Pathology	21,840	95,801				9.00
10.00	Medical Social Services	36,504	160,123				10.00
11.00	Home Health Aide	56,094	246,055				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	1,434,495	6,292,365				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	4,711,774	20,668,009				23.00
24.00	Total (sum of lines 1-23)		34,107,451				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2014
To 12/31/2014

Worksheet H-1
Part II
Date/Time Prepared:
5/26/2015 1:45 pm
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	23,648			0		1.00
2.00	Capital Related - Movable Equipment		118,532		0		2.00
3.00	Plant Operation & Maintenance	0	0	23,648	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	23,648	118,532	23,648	0	-7,775,616	26,331,835
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,971,340
7.00	Physical Therapy	0	0	0	0	0	1,832,343
8.00	Occupational Therapy	0	0	0	0	0	326,506
9.00	Speech Pathology	0	0	0	0	0	73,961
10.00	Medical Social Services	0	0	0	0	0	123,619
11.00	Home Health Aide	0	0	0	0	0	189,961
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	4,857,870
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	15,956,235
24.00	Total (sum of lines 1-23)	23,648	118,532	23,648	0	-7,775,616	26,331,835
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	7,775,616
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.295293

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2014 To 12/31/2014

Worksheet H-2
Part I
Date/Time Prepared: 5/26/2015 1:45 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	304,469	155,861	3,025,143	432	444,686	1.00
2.00 Skilled Nursing Care	3,848,756	0	0	0	0	0	2.00
3.00 Physical Therapy	2,373,421	0	0	0	0	0	3.00
4.00 Occupational Therapy	422,921	0	0	0	0	0	4.00
5.00 Speech Pathology	95,801	0	0	0	0	0	5.00
6.00 Medical Social Services	160,123	0	0	0	0	0	6.00
7.00 Home Health Aide	246,055	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	6,292,365	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	20,668,009	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	34,107,451	304,469	155,861	3,025,143	432	444,686	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	749,423	4,680,014	319,111	115,168	1.00
2.00 Skilled Nursing Care	0	0	0	3,848,756	262,431	0	2.00
3.00 Physical Therapy	0	0	0	2,373,421	161,834	0	3.00
4.00 Occupational Therapy	0	0	0	422,921	28,837	0	4.00
5.00 Speech Pathology	0	0	0	95,801	6,532	0	5.00
6.00 Medical Social Services	0	0	0	160,123	10,918	0	6.00
7.00 Home Health Aide	0	0	0	246,055	16,778	0	7.00
8.00 Supplies (see instructions)	12,264	0	0	12,264	836	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	6,292,365	429,051	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	20,668,009	1,409,270	0	19.00
20.00 Total (sum of lines 1-19) (2)	12,264	0	749,423	38,799,729	2,645,598	115,168	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157158

To 12/31/2014

Part I
Date/Time Prepared: 5/26/2015 1:45 pm

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	
		7.00	8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	403,603	0	0	826	0	2,594	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	403,603	0	0	826	0	2,594	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	87,156	561,445	111,911	0	196,927	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	87,156	561,445	111,911	0	196,927	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2014
To 12/31/2014

Worksheet H-2
Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Home Health
Agency I

PPS

Cost Center Description	SOCIAL SERVICE 17.00	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM 23.00	PARAMED HEALTH SCIENCES 23.01	
		PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		18.00	21.00	22.00			
1.00 Administrative and General	0	34,767	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	34,767	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet H-2 Part I

HHA CCN: 157158

Date/Time Prepared: 5/26/2015 1:45 pm

Home Health Agency I

PPS

Cost Center Description		PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.08	23.09	23.10	23.11	24.00	25.00	
1.00	Administrative and General	0	0	0	0	6,513,522	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,111,187	0	2.00
3.00	Physical Therapy	0	0	0	0	2,535,255	0	3.00
4.00	Occupational Therapy	0	0	0	0	451,758	0	4.00
5.00	Speech Pathology	0	0	0	0	102,333	0	5.00
6.00	Medical Social Services	0	0	0	0	171,041	0	6.00
7.00	Home Health Aide	0	0	0	0	262,833	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	13,100	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	6,721,416	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	22,077,279	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	42,959,724	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
		26.00	27.00	28.00				
1.00	Administrative and General	6,513,522						1.00
2.00	Skilled Nursing Care	4,111,187	734,735	4,845,922				2.00
3.00	Physical Therapy	2,535,255	453,091	2,988,346				3.00
4.00	Occupational Therapy	451,758	80,736	532,494				4.00
5.00	Speech Pathology	102,333	18,289	120,622				5.00
6.00	Medical Social Services	171,041	30,568	201,609				6.00
7.00	Home Health Aide	262,833	46,972	309,805				7.00
8.00	Supplies (see instructions)	13,100	2,341	15,441				8.00
9.00	Drugs	0	0	0				9.00
10.00	DME	0	0	0				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	6,721,416	1,201,225	7,922,641				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	22,077,279	3,945,565	26,022,844				19.00
20.00	Total (sum of lines 1-19) (2)	42,959,724	6,513,522	42,959,724				20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.178716					21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2014 To 12/31/2014

Worksheet H-2 Part II
Date/Time Prepared: 5/26/2015 1:45 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING & STORES (COSTED REQ)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	23,648	118,532	15,858,206	76	76	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	215,856	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	23,648	118,532	15,858,206	76	76	215,856	20.00
21.00 Total cost to be allocated	304,469	155,861	3,025,143	432	444,686	12,264	21.00
22.00 Unit cost multiplier	12.875042	1.314928	0.190762	5.684211	5,851.131579	0.056816	22.00
Cost Center Description	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	85,844,514	0	4,680,014	23,648	23,648	1.00
2.00 Skilled Nursing Care	0	0	0	3,848,756	0	0	2.00
3.00 Physical Therapy	0	0	0	2,373,421	0	0	3.00
4.00 Occupational Therapy	0	0	0	422,921	0	0	4.00
5.00 Speech Pathology	0	0	0	95,801	0	0	5.00
6.00 Medical Social Services	0	0	0	160,123	0	0	6.00
7.00 Home Health Aide	0	0	0	246,055	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	12,264	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	6,292,365	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	20,668,009	0	0	19.00
20.00 Total (sum of lines 1-19)	0	85,844,514	0	38,799,729	23,648	23,648	20.00
21.00 Total cost to be allocated	0	749,423	0	2,645,598	115,168	403,603	21.00
22.00 Unit cost multiplier	0.000000	0.008730	0	0.068186	4.870095	17.067109	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150056 HHA CCN: 157158		Period: From 01/01/2014 To 12/31/2014		Worksheet H-2 Part II Date/Time Prepared: 5/26/2015 1:45 pm PPS	
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)
		8.00	9.00	9.01	9.02	9.03	10.00
1.00	Administrative and General	0	0	259	0	811	0
2.00	Skilled Nursing Care	0	0	0	0	0	0
3.00	Physical Therapy	0	0	0	0	0	0
4.00	Occupational Therapy	0	0	0	0	0	0
5.00	Speech Pathology	0	0	0	0	0	0
6.00	Medical Social Services	0	0	0	0	0	0
7.00	Home Health Aide	0	0	0	0	0	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	0	0	259	0	811	0
21.00	Total cost to be allocated	0	0	826	0	2,594	0
22.00	Unit cost multiplier	0.000000	0.000000	3.189189	0.000000	3.198520	0.000000
Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)
		11.00	13.00	14.00	15.00	16.00	17.00
1.00	Administrative and General	248	62	215,856	0	85,844,514	0
2.00	Skilled Nursing Care	0	0	0	0	0	0
3.00	Physical Therapy	0	0	0	0	0	0
4.00	Occupational Therapy	0	0	0	0	0	0
5.00	Speech Pathology	0	0	0	0	0	0
6.00	Medical Social Services	0	0	0	0	0	0
7.00	Home Health Aide	0	0	0	0	0	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	248	62	215,856	0	85,844,514	0
21.00	Total cost to be allocated	87,156	561,445	111,911	0	196,927	0
22.00	Unit cost multiplier	351.435484	9,055.564516	0.518452	0.000000	0.002294	0.000000

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2014 To 12/31/2014

Worksheet H-2 Part II
Date/Time Prepared: 5/26/2015 1:45 pm

Home Health Agency I

PPS

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	
	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	(GROSS CHARGES)						
	18.00	21.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	85,844,514	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	85,844,514	0	0	0	0	0	20.00
21.00 Total cost to be allocated	34,767	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000405	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2014
To 12/31/2014

Worksheet H-2
Part II
Date/Time Prepared:
5/26/2015 1:45 pm
PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 1:45 pm		
				HHA CCN: 157158	Title XVIII Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,845,922		4,845,922	32,803	147.73	1.00
2.00	Physical Therapy	3.00	2,988,346	0	2,988,346	17,882	167.11	2.00
3.00	Occupational Therapy	4.00	532,494	0	532,494	3,767	141.36	3.00
4.00	Speech Pathology	5.00	120,622	0	120,622	665	181.39	4.00
5.00	Medical Social Services	6.00	201,609		201,609	567	355.57	5.00
6.00	Home Health Aide	7.00	309,805		309,805	6,428	48.20	6.00
7.00	Total (sum of lines 1-6)		8,998,798	0	8,998,798	62,112		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		11300	0	328			8.00
8.01	Skilled Nursing Care		23844	0	2			8.01
8.02	Skilled Nursing Care		26900	0	6,028			8.02
8.03	Skilled Nursing Care		29020	0	893			8.03
8.04	Skilled Nursing Care		29140	0	1,568			8.04
8.05	Skilled Nursing Care		34620	0	2,333			8.05
8.06	Skilled Nursing Care		50032	0	0			8.06
8.07	Skilled Nursing Care		99915	0	1,976			8.07
9.00	Physical Therapy		11300	0	279			9.00
9.01	Physical Therapy		23844	0	0			9.01
9.02	Physical Therapy		26900	0	3,400			9.02
9.03	Physical Therapy		29020	0	850			9.03
9.04	Physical Therapy		29140	0	1,237			9.04
9.05	Physical Therapy		34620	0	899			9.05
9.06	Physical Therapy		50032	0	2			9.06
9.07	Physical Therapy		99915	0	960			9.07
10.00	Occupational Therapy		11300	0	54			10.00
10.01	Occupational Therapy		23844	0	0			10.01
10.02	Occupational Therapy		26900	0	789			10.02
10.03	Occupational Therapy		29020	0	64			10.03
10.04	Occupational Therapy		29140	0	180			10.04
10.05	Occupational Therapy		34620	0	202			10.05
10.06	Occupational Therapy		50032	0	0			10.06
10.07	Occupational Therapy		99915	0	125			10.07
11.00	Speech Pathology		11300	0	2			11.00
11.01	Speech Pathology		23844	0	0			11.01
11.02	Speech Pathology		26900	0	132			11.02
11.03	Speech Pathology		29020	0	9			11.03
11.04	Speech Pathology		29140	0	97			11.04
11.05	Speech Pathology		34620	0	11			11.05
11.06	Speech Pathology		50032	0	0			11.06
11.07	Speech Pathology		99915	0	34			11.07
12.00	Medical Social Services		11300	0	4			12.00
12.01	Medical Social Services		23844	0	0			12.01
12.02	Medical Social Services		26900	0	191			12.02
12.03	Medical Social Services		29020	0	5			12.03
12.04	Medical Social Services		29140	0	69			12.04
12.05	Medical Social Services		34620	0	25			12.05
12.06	Medical Social Services		50032	0	0			12.06
12.07	Medical Social Services		99915	0	37			12.07
13.00	Home Health Aide		11300	0	498			13.00
13.01	Home Health Aide		23844	0	0			13.01
13.02	Home Health Aide		26900	0	886			13.02
13.03	Home Health Aide		29020	0	303			13.03
13.04	Home Health Aide		29140	0	510			13.04
13.05	Home Health Aide		34620	0	774			13.05
13.06	Home Health Aide		50032	0	0			13.06
13.07	Home Health Aide		99915	0	274			13.07
14.00	Total (sum of lines 8-13)			0	26,030			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 1:45 pm
				HHA CCN: 157158	Title XVIII	Home Health Agency I
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	15,441	0	15,441	0
16.00	Cost of Drugs	9.00	0	0	0	0
Program Visits						
Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	0	13,128	0	1,939,399	0
2.00	Physical Therapy	0	7,627	0	1,274,548	0
3.00	Occupational Therapy	0	1,414	0	199,883	0
4.00	Speech Pathology	0	285	0	51,696	0
5.00	Medical Social Services	0	331	0	117,694	0
6.00	Home Health Aide	0	3,245	0	156,409	0
7.00	Total (sum of lines 1-6)	0	26,030	0	3,739,629	0
Limitation Cost Computation						
8.00	Skilled Nursing Care					
8.01	Skilled Nursing Care					
8.02	Skilled Nursing Care					
8.03	Skilled Nursing Care					
8.04	Skilled Nursing Care					
8.05	Skilled Nursing Care					
8.06	Skilled Nursing Care					
8.07	Skilled Nursing Care					
9.00	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					
10.00	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					
11.00	Speech Pathology					
11.01	Speech Pathology					
11.02	Speech Pathology					
11.03	Speech Pathology					
11.04	Speech Pathology					
11.05	Speech Pathology					
11.06	Speech Pathology					
11.07	Speech Pathology					
12.00	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					
13.00	Home Health Aide					
13.01	Home Health Aide					
13.02	Home Health Aide					
13.03	Home Health Aide					
13.04	Home Health Aide					
13.05	Home Health Aide					
13.06	Home Health Aide					

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150056 HHA CCN: 157158		Period: From 01/01/2014 To 12/31/2014		Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 1:45 pm	
		Title XVII		Home Health Agency I		PPS	
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
13.07	Home Health Aide						13.07
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part B					
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,939,399					1.00
2.00	Physical Therapy	1,274,548					2.00
3.00	Occupational Therapy	199,883					3.00
4.00	Speech Pathology	51,696					4.00
5.00	Medical Social Services	117,694					5.00
6.00	Home Health Aide	156,409					6.00
7.00	Total (sum of lines 1-6)	3,739,629					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
8.07	Skilled Nursing Care						8.07
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
9.07	Physical Therapy						9.07
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
10.07	Occupational Therapy						10.07
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
11.07	Speech Pathology						11.07
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
12.07	Medical Social Services						12.07
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	Home Health Agency I	PPS
Cost Center Description				
		12.00		
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
13.05	Home Health Aide			13.05
13.06	Home Health Aide			13.06
13.07	Home Health Aide			13.07
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/26/2015 1:45 pm
			Title XVIII	Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.298681	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.308716	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.322489	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.368766	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.209249	0	0	col. 2, line 16.00 5.00
5.03	Cost of Drugs 3	73.03	1.093633	0	0	col. 2, line 16.03 5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-11 Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		3,113,081	935,975
12.00	Total PPS Reimbursement - Full Episodes with Outliers		43,758	12,821
13.00	Total PPS Reimbursement - LUPA Episodes		91,589	31,683
14.00	Total PPS Reimbursement - PEP Episodes		43,100	9,564
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		8,328	1,828
16.00	Total PPS Outlier Reimbursement - PEP Episodes		387	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		3,300,243	991,871
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		3,300,243	991,871
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		3,300,243	991,871
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		3,300,243	991,871
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		3,300,243	991,871
31.01	Sequestration adjustment (see instructions)		66,005	19,837
32.00	Interim payments (see instructions)		3,234,238	972,034
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

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

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2014 To 12/31/2014

Worksheet H-5
Date/Time Prepared: 5/26/2015 1:45 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,234,238		972,034	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		3,234,238		972,034	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,234,238		972,034	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 150056

Period:

Worksheet I-1

Component CCN: 153510

From 01/01/2014
To 12/31/2014

Date/Time Prepared:
5/26/2015 1:45 pm

Renal Dialysis

		Total Costs	Basiss	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	3,421,446	HOURS OF SERVICE	92,752.69	44.59	1.00
2.00	LICENSED PRACTICAL NURSES	8,946	HOURS OF SERVICE	552.80	0.27	2.00
3.00	NURSES AIDES	14,734	HOURS OF SERVICE	1,082.53	0.52	3.00
4.00	TECHNICIANS	1,144,136	HOURS OF SERVICE	66,091.63	31.77	4.00
5.00	SOCIAL WORKERS	127,056	HOURS OF SERVICE	5,116.00	2.46	5.00
6.00	DIETICIANS	166,960	HOURS OF SERVICE	5,656.00	2.72	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	744,043	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	5,627,321				9.00
10.00	EMPLOYEE BENEFITS	401,946	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	99,342	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	26,528	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	663,609	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	6,818,746				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	433,618	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	455,717	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	1,059,883	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,891,621	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	846,140	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	826				23.00
24.00	CENTRAL SERVICE & SUPPLIES	937,550	REQUISITIONS			24.00
25.00	PHARMACY	22,507	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	545,474	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	13,012,082				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	RH NBN ECMO IC		CHARGES	0		30.00
30.01	CARDIOLOGY		CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		CHARGES	0		30.02
30.03	CARDIAC CATH		CHARGES	0		30.03
30.04	DAY SURGERY		CHARGES	0		30.04
30.05	ONCOLOGY		CHARGES	0		30.05
30.06	DAY SURGERY-RILEY		CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY		CHARGES	0		30.07
30.08	ECMO-ADULT		CHARGES	0		30.08
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	13,012,082				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056

Period: From 01/01/2014

Worksheet 1-2

Component CCN: 153510

To 12/31/2014

Date/Time Prepared: 5/26/2015 1:45 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Bui l di ng	Equip ment	RNs	Other			
		1. 00	2. 00	3. 00	4. 00			
1.00	Total Renal Department Costs	1,379,100	482,245	3,421,446	1,461,832	1,461,829	22,507	1.00
MAINTENANCE								
2.00	Hemodialysis	1,094,143	382,601	2,714,487	1,159,780	1,159,777	17,856	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	562	197	1,395	596	596	9	6.00
7.00	CCPD	2,811	983	6,974	2,980	2,980	46	7.00
HOME								
8.00	Hemodialysis	4,385	1,533	10,879	4,648	4,648	72	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	14,879	5,203	36,915	15,772	15,772	243	10.00
11.00	CCPD	262,320	91,728	650,796	278,056	278,056	4,281	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,379,100	482,245	3,421,446	1,461,832	1,461,829	22,507	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	937,550	0	9,166,509	3,844,747	13,011,256		1.00
MAINTENANCE								
2.00	Hemodialysis	743,829	0	7,272,473	3,050,324	10,322,797		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	382	0	3,737	1,567	5,304		6.00
7.00	CCPD	1,911	0	18,685	7,837	26,522		7.00
HOME								
8.00	Hemodialysis	2,981	0	29,146	12,225	41,371		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	10,115	0	98,899	41,482	140,381		10.00
11.00	CCPD	178,332	0	1,743,569	731,312	2,474,881		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	937,550	0	9,166,509	3,844,747	13,011,256		17.00
18.00	Medical Educational Program Costs					826		18.00
19.00	Total Renal Costs (line 17 + line 18)					13,012,082		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period: From 01/01/2014 To 12/31/2014

Worksheet 1-3

Component CCN: 153510

Date/Time Prepared: 5/26/2015 1:45 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	1,379,100	482,245	3,421,446	1,461,832	1,461,829	1.00
MAINTENANCE							
2.00	Hemodialysis	29,193	29,193.00	29,193.00	29,193.00	29,193	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	15	15.00	15.00	15.00	15	6.00
7.00	CCPD	75	75.00	75.00	75.00	75	7.00
HOME							
8.00	Hemodialysis	117	117.00	117.00	117.00	117	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	397	397.00	397.00	397.00	397	10.00
11.00	CCPD	6,999	6,999.00	6,999.00	6,999.00	6,999	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	36,796	36,796.00	36,796.00	36,796.00	36,796	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	37.479617	13.105908	92.984183	39.728014	39.727932	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	22,507	937,550	0	9,166,509	3,844,747	1.00
MAINTENANCE							
2.00	Hemodialysis	29,193	29,193	29,193			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	15	15	15			6.00
7.00	CCPD	75	75	75			7.00
HOME							
8.00	Hemodialysis	117	117	117			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	397	397	397			10.00
11.00	CCPD	6,999	6,999	6,999			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0					14.00
15.00	ARANESP	0					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	36,796	36,796	36,796	9,166,509		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.611670	25.479672	0.000000	0.419434		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 150056
Component CCN: 153510

Period:
From 01/01/2014
To 12/31/2014

Worksheet I-4
Date/Time Prepared:
5/26/2015 1:45 pm

		Rate 0		Renal Dialysis			
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	29,193	10,322,797	353.61	23,205	8,205,520	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	15	5,304	353.60	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	75	26,522	353.63	0	0	6.00
7.00	Home Program - Hemodialysis	117	41,371	353.60	11	3,890	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks		Patient Weeks			
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	57	140,381	2,462.82	54	132,992	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,000	2,474,881	2,474.88	503	1,244,865	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	29,400	13,011,256		23,216	9,587,267	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	32,571					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02
20.03							20.03
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	6,126,636	264.02				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	0	0.00				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				
7.00	Home Program - Hemodialysis	2,556	232.36				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	41,419	767.02				
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	376,522	748.55				
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	6,547,133					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	CLARIAN						20.00
20.01	CLARIAN HEALTH PARTNERS						20.01
20.02	METHODIST DIALYSIS						20.02
20.03							20.03

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 150056

Period:
From 01/01/2014
To 12/31/2014

Worksheet I-1
Date/Time Prepared:
5/26/2015 1:45 pm

Home Program
Dialysis

PPS

		Total Costs	Basiss	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	537,353	HOURS OF SERVICE	14,116.03	6.79	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	85,775	HOURS OF SERVICE	4,279.30	2.06	4.00
5.00	SOCIAL WORKERS	52,083	HOURS OF SERVICE	2,076.00	1.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	103,577	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	778,788				9.00
10.00	EMPLOYEE BENEFITS	49,604	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	79,938	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	2,758	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	128,518	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,039,606				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	157,243	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	77,245	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	140,990	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	366,619	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	306,868	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	199				23.00
24.00	CENTRAL SERVICE & SUPPLIES	35,726	REQUISITIONS			24.00
25.00	PHARMACY	5,433	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	111,636	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,241,565				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	RH NBN ECMO IC		CHARGES	0		30.00
30.01	CARDIOLOGY		CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		CHARGES	0		30.02
30.03	CARDIAC CATH		CHARGES	0		30.03
30.04	DAY SURGERY		CHARGES	0		30.04
30.05	ONCOLOGY		CHARGES	0		30.05
30.06	DAY SURGERY-RILEY		CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY		CHARGES	0		30.07
30.08	ECMO-ADULT		CHARGES	0		30.08
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,241,565				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-2 Date/Time Prepared: 5/26/2015 1:45 pm
			Home Program Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	544,049	80,003	537,353	137,858	190,594	5,433	1.00
MAINTENANCE								
2.00	Hemodialysis	29,358	4,317	28,997	7,439	10,285	293	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	3,265	480	3,225	827	1,144	33	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	1,625	239	1,605	412	569	16	6.00
7.00	CCPD	542	80	535	137	190	5	7.00
HOME								
8.00	Hemodialysis	242,674	35,685	239,688	61,492	85,015	2,424	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	122,413	18,001	120,906	31,019	42,884	1,222	10.00
11.00	CCPD	144,172	21,201	142,397	36,532	50,507	1,440	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	544,049	80,003	537,353	137,858	190,594	5,433	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	35,726	0	1,531,016	710,350	2,241,366		1.00
MAINTENANCE								
2.00	Hemodialysis	1,928	0	82,617	38,332	120,949		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	214	0	9,188	4,263	13,451		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	107	0	4,573	2,122	6,695		6.00
7.00	CCPD	36	0	1,525	708	2,233		7.00
HOME								
8.00	Hemodialysis	15,936	0	682,914	316,853	999,767		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	8,038	0	344,483	159,831	504,314		10.00
11.00	CCPD	9,467	0	405,716	188,241	593,957		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	35,726	0	1,531,016	710,350	2,241,366		17.00
18.00	Medical Educational Program Costs					199		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,241,565		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-3 Date/Time Prepared: 5/26/2015 1:45 pm
			Home Program Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)		
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			
		0	1.00	2.00	3.00			4.00
1.00	Total Renal Department Costs		544,049	80,003	537,353	137,858	190,594	1.00
MAINTENANCE								
2.00	Hemodialysis		1,951	1,951.00	1,951.00	1,951.00	1,951	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		217	217.00	217.00	217.00	217	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		108	108.00	108.00	108.00	108	6.00
7.00	CCPD		36	36.00	36.00	36.00	36	7.00
HOME								
8.00	Hemodialysis		16,127	16,127.00	16,127.00	16,127.00	16,127	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		8,135	8,135.00	8,135.00	8,135.00	8,135	10.00
11.00	CCPD		9,581	9,581.00	9,581.00	9,581.00	9,581	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		36,155	36,155.00	36,155.00	36,155.00	36,155	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		15.047684	2.212778	14.862481	3.812972	5.271581	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	5,433	35,726	0	1,531,016	710,350		1.00
MAINTENANCE								
2.00	Hemodialysis	1,951	1,951	1,951				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	217	217	217				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	108	108	108				6.00
7.00	CCPD	36	36	36				7.00
HOME								
8.00	Hemodialysis	16,127	16,127	16,127				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	8,135	8,135	8,135				10.00
11.00	CCPD	9,581	9,581	9,581				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	36,155	36,155	36,155		1,531,016		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.150270	0.988134	0.000000		0.463973		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet 1-4	
		Rate 0		Home Program Dialysis		Date/Time Prepared: 5/26/2015 1:45 pm	
		Patient Weeks		Patient Weeks			
		1.00	2.00	3.00	4.00	5.00	
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
1.00	Maintenance - Hemodialysis	1,951	120,949	61.99	1,473	91,311	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	217	13,451	61.99	105	6,509	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	108	6,695	61.99	33	2,046	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	36	2,233	62.03	32	1,985	6.00
7.00	Home Program - Hemodialysis	16,127	999,767	61.99	12,180	755,038	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,162	504,314	434.01	833	361,530	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,369	593,957	433.86	910	394,813	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	18,439	2,241,366		13,823	1,613,232	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	26,032					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02
20.03							20.03
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	387,641	263.16				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	38,761	369.15				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	11,773	356.76				
6.00	Training - Continuous Cycling Peritoneal Dialysis	9,782	305.69				
7.00	Home Program - Hemodialysis	3,284,114	269.63				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	656,477	788.09				
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	702,318	771.78				
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	5,090,866					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	CLARIAN						
20.01	CLARIAN HEALTH PARTNERS						
20.02	METHODIST DIALYSIS						
20.03							

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 5/26/2015 1:45 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	11,200,499		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	11,637,999	11,637,999	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	89,526	89,526	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	89,526	89,526	5.05
6.00	Allowable bad debts (see instructions)	68,040		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	41,687		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-89,526	8.00
9.00	Program payment (see instructions)	9,310,399	9,310,399	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	68,040		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	15,252,622		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	15,252,622		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet K
		Hospice CCN: 151511		Date/Time Prepared: 5/26/2015 1:45 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		204,471	1.00
2.00	Capital Related Costs-Movable Equip.			0		36,743	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	52,875	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	3,506,658	1,123,134	0	7,915	1,229,895	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	58	0	0	129,044	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	660,402	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	45,256	0	0	27.00
28.00	Imaging Services	0	0	0	0	824	28.00
29.00	Labs and Diagnostics	0	0	0	0	4,802	29.00
30.00	Medical Supplies	0	0	0	0	54,185	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,506,658	1,123,192	45,256	7,915	2,373,241	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151511

To 12/31/2014

Date/Time Prepared: 5/26/2015 1:45 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	204,471	0	204,471	-1,254	203,217	1.00
2.00	Capital Related Costs-Movable Equip.	36,743	0	36,743	-36,743	0	2.00
3.00	Plant Operation and Maintenance	52,875	0	52,875	0	52,875	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	5,867,602	-3,227,792	2,639,810	-502,496	2,137,314	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	129,102	7,440	136,542	-1,167	135,375	9.00
10.00	Nursing Care	0	2,156,549	2,156,549	-338,239	1,818,310	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	395,311	395,311	-62,002	333,309	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	331,177	331,177	-51,943	279,234	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	660,402	0	660,402	0	660,402	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	45,256	0	45,256	0	45,256	27.00
28.00	Imaging Services	824	0	824	0	824	28.00
29.00	Labs and Diagnostics	4,802	0	4,802	0	4,802	29.00
30.00	Medical Supplies	54,185	0	54,185	0	54,185	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	337,315	337,315	-52,905	284,410	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	7,056,262	0	7,056,262	-1,046,749	6,009,513	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151511

To 12/31/2014

Date/Time Prepared: 5/26/2015 1:45 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151511

To 12/31/2014

Date/Time Prepared: 5/26/2015 1:45 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	3,506,658	3,506,658	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	3,506,658	3,506,658	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150056		Period: From 01/01/2014 To 12/31/2014		Worksheet K-2	
		Hospice CCN: 151511				Date/Time Prepared: 5/26/2015 1:45 pm	
		Administrator		Director		Hospice I Supervisors	
		1.00		2.00		3.00	
				Social Services		Nurses	
				4.00		5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-2

Hospice CCN: 151511

To 12/31/2014

Date/Time Prepared: 5/26/2015 1:45 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	1,123,134	1,123,134	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	58	58	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,123,192	1,123,192	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 151511		Date/Time Prepared: 5/26/2015 1:45 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150056 Hospice CCN: 151511		Period: From 01/01/2014 To 12/31/2014		Worksheet K-3 Date/Time Prepared: 5/26/2015 1:45 pm	
		Hospice I					
		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	7,915	7,915		6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
VISITING SERVICES							
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	7,915	7,915		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056
 Hospice CCN: 151511

Period:
 From 01/01/2014
 To 12/31/2014

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/26/2015 1:45 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	203,217	203,217				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	52,875	0	0	52,875		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	2,137,314	203,217	0	52,875	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	135,375	0	0	0	0	9.00
10.00	Nursing Care	1,818,310	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	333,309	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	279,234	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	660,402	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	45,256	0	0	0	0	27.00
28.00	Imaging Services	824	0	0	0	0	28.00
29.00	Labs and Diagnostics	4,802	0	0	0	0	29.00
30.00	Medical Supplies	54,185	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	284,410	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	6,009,513	203,217	0	52,875	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151511

To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	2,393,406	2,393,406		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	135,375	89,601	224,976	9.00
10.00	Nursing Care	0	1,818,310	1,203,490	3,021,800	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	333,309	220,609	553,918	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	279,234	184,818	464,052	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	660,402	437,103	1,097,505	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	45,256	29,954	75,210	27.00
28.00	Imaging Services	0	824	545	1,369	28.00
29.00	Labs and Diagnostics	0	4,802	3,178	7,980	29.00
30.00	Medical Supplies	0	54,185	35,864	90,049	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	284,410	188,244	472,654	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	6,009,513		6,009,513	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-4
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

	Hospice I					
	CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	6,715				1.00
2.00	Capital Related Costs-Movable Equip.	0	36,743			2.00
3.00	Plant Operation and Maintenance	0	0	6,715		3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	6,715	36,743	6,715	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	203,217	0	52,875	0	39.00
40.00	Unit Cost Multiplier	30.263142	0.000000	7.874162	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
 Hospice CCN: 151511

Period:
 From 01/01/2014
 To 12/31/2014

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/26/2015 1:45 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-2,393,406	3,616,107	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	135,375	9.00
10.00	Nursing Care	0	1,818,310	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	333,309	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	279,234	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	660,402	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	45,256	27.00
28.00	Imaging Services	0	824	28.00
29.00	Labs and Diagnostics	0	4,802	29.00
30.00	Medical Supplies	0	54,185	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	284,410	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		2,393,406	39.00
40.00	Unit Cost Multiplier		0.661874	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period:

Worksheet K-5

Hospice CCN: 151511

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00			
0	0	0	0	0	0	0	0
1.00	Administrative and General		86,456	48,314	668,937	239	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	224,976	0	0	0	0	4.00
5.00	Nursing Care	3,021,800	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	553,918	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	464,052	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	1,097,505	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	75,210	0	0	0	0	22.00
23.00	Imaging Services	1,369	0	0	0	0	23.00
24.00	Labs and Diagnostics	7,980	0	0	0	0	24.00
25.00	Medical Supplies	90,049	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	472,654	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,009,513	86,456	48,314	668,937	239	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151511

To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	245,747	3,079	0	134,070	1,186,842	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	224,976	4.00
5.00	Nursing Care	0	0	0	0	3,021,800	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	553,918	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	464,052	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	1,097,505	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	75,210	22.00
23.00	Imaging Services	0	0	0	0	1,369	23.00
24.00	Labs and Diagnostics	0	0	0	0	7,980	24.00
25.00	Medical Supplies	0	0	0	0	90,049	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	472,654	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	245,747	3,079	0	134,070	7,196,355	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151511

To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	80,926	32,703	114,606	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	15,340	0	0	0	0	4.00
5.00	Nursing Care	206,047	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	37,769	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	31,642	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	74,834	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	5,128	0	0	0	0	22.00
23.00	Imaging Services	93	0	0	0	0	23.00
24.00	Labs and Diagnostics	544	0	0	0	0	24.00
25.00	Medical Supplies	6,140	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	32,228	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	490,691	32,703	114,606	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period:

Worksheet K-5

Hospice CCN: 151511

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I					
		HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	
		9.01	9.02	9.03	10.00	11.00	
1.00	Administrative and General	1,751	0	19,721	0	20,735	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,751	0	19,721	0	20,735	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period:

Worksheet K-5

Hospice CCN: 151511

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	Hospice I					
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	217,334	28,092	190,491	35,230	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	217,334	28,092	190,491	35,230	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period:

Worksheet K-5

Hospice CCN: 151511

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I					
		OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED HEALTH SCIENCES	
		PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
18.00	21.00	22.00	23.00	23.01			
1.00	Administrative and General	6,220	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,220	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period:

Worksheet K-5

Hospice CCN: 151511

From 01/01/2014

Part I

To 12/31/2014

Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I					
		PARAMED RADIOLOGY-METH ODIST 23.02	PARAMED RESPIRATORY THERAPY 23.03	PARAMED EMERGENCY 23.04	PARAMED PASTORAL EDUCATION 23.05	PARAMED LAB SCIENCE PRO 23.06	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period:

Worksheet K-5

Hospice CCN: 151511

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I					
		PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	
		23.07	23.08	23.09	23.10	23.11	
1.00	Administrative and General	6,992	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,992	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151511

To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I					
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	1,941,643					1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	240,316	0	240,316	72,689	313,005	4.00
5.00	Nursing Care	3,227,847	0	3,227,847	976,328	4,204,175	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	591,687	0	591,687	178,968	770,655	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	495,694	0	495,694	149,933	645,627	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	1,172,339	0	1,172,339	354,599	1,526,938	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	80,338	0	80,338	24,300	104,638	22.00
23.00	Imaging Services	1,462	0	1,462	442	1,904	23.00
24.00	Labs and Diagnostics	8,524	0	8,524	2,578	11,102	24.00
25.00	Medical Supplies	96,189	0	96,189	29,094	125,283	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	504,882	0	504,882	152,712	657,594	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,360,921	0	8,360,921		8,360,921	34.00
35.00	Unit Cost Multiplier (see instructions)				0.302471		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	6,715	36,743	3,506,658	42	42	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	6,715	36,743	3,506,658	42	42	34.00
35.00 Total cost to be allocated	86,456	48,314	668,937	239	245,747	35.00
36.00 Unit Cost Multiplier (see instructions)	12.875056	1.314917	0.190762	5.690476	5,851.119048	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I					
		PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	54,185	0	15,357,440	0	1,186,842	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	224,976	4.00
5.00	Nursing Care	0	0	0	0	3,021,800	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	553,918	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	464,052	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	1,097,505	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	75,210	22.00
23.00	Imaging Services	0	0	0	0	1,369	23.00
24.00	Labs and Diagnostics	0	0	0	0	7,980	24.00
25.00	Medical Supplies	0	0	0	0	90,049	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	472,654	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	54,185	0	15,357,440		7,196,355	34.00
35.00	Total cost to be allocated	3,079	0	134,070		490,691	35.00
36.00	Unit Cost Multiplier (see instructions)	0.056824	0.000000	0.008730		0.068186	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
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Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
1.00	Administrative and General	6,715	6,715	0	0	549	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,715	6,715	0	0	549	34.00
35.00	Total cost to be allocated	32,703	114,606	0	0	1,751	35.00
36.00	Unit Cost Multiplier (see instructions)	4.870141	17.067163	0.000000	0.000000	3.189435	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	Hospice I					
	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	9.02	9.03	10.00	11.00	13.00	
1.00 Administrative and General	0	6,166	0	59	24	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	6,166	0	59	24	34.00
35.00 Total cost to be allocated	0	19,721	0	20,735	217,334	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	3.198346	0.000000	351.440678	9,055.583333	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	Hospice I					OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	
	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)			
	14.00	15.00	16.00	17.00	18.00		
1.00 Administrative and General	54,185	656,125	15,357,440	0	15,357,440	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	54,185	656,125	15,357,440	0	15,357,440	34.00	
35.00 Total cost to be allocated	28,092	190,491	35,230	0	6,220	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.518446	0.290327	0.002294	0.000000	0.000405	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Hospice I					
		PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	
		23.03	23.04	23.05	23.06	23.07	
1.00	Administrative and General	0	0	0	0	656,125	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	656,125	34.00
35.00	Total cost to be allocated	0	0	0	0	6,992	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.010657	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description	Hospice I					
	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOG Y		
	(ASSIGNED TIME) 23.08	(ASSIGNED TIME) 23.09	23.10	(ASSIGNED TIME) 23.11		
1.00 Administrative and General	0	0	0	0		1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	0	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	0	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00 Total cost to be allocated	0	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151511

To 12/31/2014

Part III
Date/Time Prepared:
5/26/2015 1:45 pm

Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Hospice I	
				Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.298681	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.308716	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.322489	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.209249	0	0 4.00
4.01	RENAL-RILEY	73.01			4.01
4.02	RENAL-ADULT	73.02			4.02
4.03	OUTPATIENT RETAIL PHARMACY	73.03	1.093633	0	0 4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.111374	0	0 6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.230237	0	0 6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0 6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.368766	0	0 7.00
8.00	FAMILY PRACTICE	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.098325	0	0 9.00
10.00	RH NBN ECMO I/C	76.00	0.493199	0	0 10.00
10.01	CARDIOLOGY	76.01	0.132928	0	0 10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.230780	0	0 10.02
10.03	CARDIAC CATH	76.03	0.105423	0	0 10.03
10.04	DAY SURGERY	76.04	1.575822	0	0 10.04
10.05	ONCOLOGY	76.05	0.000000	0	0 10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0 10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0 10.07
10.08	ECMO-ADULT	76.08	0.247208	0	0 10.08
10.97	CARDIAC REHABILITATION	76.97	0.841248	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150056

Period: From 01/01/2014

Worksheet K-6

Hospice CCN: 151511

To 12/31/2014

Date/Time Prepared: 5/26/2015 1:45 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				8,360,921	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				42,771	2.00
3.00	Average cost per diem (line 1 divided by line 2)				195.48	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	34,141				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	6,673,883				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		2,680			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		523,886			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	3,697				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	722,690				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		256			10.00
11.00	Aggregate NF cost (line 3 times line 10)		50,043			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			5,950		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			1,163,106		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		12,416,786	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		502,412	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		859.43	3.00
4.00	Number of interns & residents (see instructions)		550.05	4.00
5.00	Indirect medical education percentage (see instructions)		19.80	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		2,458,524	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		35.73	8.00
9.00	Sum of lines 7 and 8		44.16	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.35	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		1,160,969	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		16,538,691	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

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

Provider CCN: 150056
Component CCN: 151804

Period:
From 01/01/2014
To 12/31/2014

Worksheet M-1
Date/Time Prepared:
5/26/2015 1:45 pm

		FQHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	0	7,191	7,191	869,354	876,545	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	95,922	95,922	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	884,483	884,483	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	36,289	36,289	8.00
9.00	Other Facility Health Care Staff Costs	2,931,567	0	2,931,567	-2,324,326	607,241	9.00
10.00	Subtotal (sum of lines 1 through 9)	2,931,567	7,191	2,938,758	-438,278	2,500,480	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	103,893	103,893	0	103,893	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	36,458	36,458	0	36,458	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	140,351	140,351	0	140,351	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,931,567	147,542	3,079,109	-438,278	2,640,831	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	85,838	85,838	0	85,838	29.00
30.00	Administrative Costs	0	812,567	812,567	438,278	1,250,845	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	898,405	898,405	438,278	1,336,683	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,931,567	1,045,947	3,977,514	0	3,977,514	32.00

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

Provider CCN: 150056

Period: From 01/01/2014

Worksheet M-1

Component CCN: 151804

To 12/31/2014

Date/Time Prepared: 5/26/2015 1:45 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	FQHC I	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	0	876,545		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	95,922		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	884,483		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	36,289		8.00
9.00	Other Facility Health Care Staff Costs	0	607,241		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	2,500,480		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	103,893		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	36,458		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15 through 20)	0	140,351		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,640,831		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	0	85,838		29.00
30.00	Administrative Costs	-327,657	923,188		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-327,657	1,009,026		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-327,657	3,649,857		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150056

Period: From 01/01/2014

Worksheet M-2

Component CCN: 151804

To 12/31/2014

Date/Time Prepared: 5/26/2015 1:45 pm

		FQHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	5.09	18,986	4,200	21,378	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.64	3,895	2,100	1,344	3.00
4.00	Subtotal (sum of lines 1 through 3)	5.73	22,881		22,722	4.00
5.00	Visiting Nurse	13.19	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.82	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	19.74	22,881		22,881	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				2,640,831	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				2,640,831	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)				1,009,026	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,054,312	15.00
16.00	Total overhead (sum of lines 14 and 15)				2,063,338	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtotal (see instructions)				2,063,338	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				2,063,338	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				4,704,169	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet M-3
		Component CCN: 151804		Date/Time Prepared: 5/26/2015 1:45 pm
		Title XVIII	FQHC I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)			4,704,169 1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			0 2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			4,704,169 3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)			22,881 4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0 5.00
6.00	Total adjusted visits (line 4 plus line 5)			22,881 6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			205.59 7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	129.02	129.02	8.00
9.00	Rate for Program covered visits (see instructions)	129.02	129.02	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	1,206	462	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	155,598	59,607	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		215,205	16.00
16.01	Total program charges (see instructions)(from contractor's records)		161,892	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		90	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		120	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		172,068	16.04
16.05	Total program cost (see instructions)		172,188	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		32,378	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		172,188	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		172,188	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		172,188	26.00
26.01	Sequestration adjustment (see instructions)		3,444	26.01
27.00	Interim payments		168,760	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		-16	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2014 To 12/31/2014	Worksheet M-5 Date/Time Prepared: 5/26/2015 1:45 pm
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		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		168,760	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		168,760	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		0	6.01
6.02	SETTLEMENT TO PROGRAM		16	6.02
7.00	Total Medicare program liability (see instructions)		168,744	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00