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.

(Si gned)				
	Offi cer	or	Admi ni strator	of Provider(s)
				` ,
				
Title				
Date				

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1. 00	2. 00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	3, 232, 892	80, 858	161, 376	0	1. 00
2.00	Subprovi der - I PF	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.

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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.

Health Financial Systems INDIANA	UNIVERSIT	Y HEALTH			In Lieu	of For	m CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA		_	CCN: 150056	Period: From 01/0	1	Workshe Part I		
					1/2014			
	In-State Medicaid	In-State Medicaid	Out-of State	Out-of State	Medicai HMO day	d 01	ther i cai d	
	pai d days	eligible	Medi cai d	Medi cai d	TIMO day		ays	
		unpai d days	paid days	el i gi bl e unpai d				
25.00 If this provider is an IRF, enter the in-state	1.00	2.00	3.00	4. 00	5. 00	0 6	. 00	25. 00
Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2,								20.00
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.								
				Urban/Ru	ural S [Date of 2. C		
26.00 Enter your standard geographic classification (not wa		at the beg	ginning of th	е	1			26. 00
27.00 Enter your standard geographic classification (not wa	age) status	at the end	d of the cost		1			27. 00
reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassifi	cation in	column 2.						
35.00 If this is a sole community hospital (SCH), enter the effect in the cost reporting period.	e number of	periods SC	CH status in		0			35. 00
				Begi nn 1. 0		Endi 2. 0		
36.00 Enter applicable beginning and ending dates of SCH st		script line	36 for numbe	_	,0	2. 0	,0	36. 00
of periods in excess of one and enter subsequent date 37.00 If this is a Medicare dependent hospital (MDH), enter		er of period	ds MDH status		0			37. 00
in effect in the cost reporting period. 38.00 Enter applicable beginning and ending dates of MDH st	atus. Subs	script line	38 for numbe	r r				38. 00
of periods in excess of one and enter subsequent date	es.	•		Y/I	N	Υ/	N	
20.00 Doos this facility qualify for the innetiant begins	novmont c	diustment f	For Low volum	1.0	00	2. C	0	39. 00
39.00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter i	n column 1	"Y" for yes	e N		IN		39.00
or "N" for no. Does the facility meet the mileage red CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes								
40.00 Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob						Y		40. 00
no in column 2, for discharges on or after October 1.	(see inst	ructions)			V	XVIII	XI X	
0.000					1. 00	2. 00	3.00	
Prospective Payment System (PPS)-Capital 45.00 Does this facility qualify and receive Capital paymer	nt for disp	proporti onat	te share in a	ccordance	N	Υ	N	45. 00
with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce	eption for	extraordi na	ary circumsta	nces	N	N	N	46. 00
pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III.	. L, Pt. I	II and Wkst	t. L-1, Pt. I	through				
47.00 Is this a new hospital under 42 CFR §412.300 PPS capi					N	N	N	47. 00
48.00 <u>Is the facility electing full federal capital payment</u> Teaching Hospitals					N	N	N	48. 00
56.00 Is this a hospital involved in training residents in or "N" for no.	approved 0	GME programs	s? Enter "Y"	for yes	Y			56. 00
57.00 If line 56 is yes, is this the first cost reporting p GME programs trained at this facility? Enter "Y" for					N			57. 00
is "" did residents start training in the first mont for yes or "N" for no in column 2. If column 2 is "\	th of this	cost report	ting period?	Enter "Y"				
"N", complete Wkst. D, Parts III & IV and D-2, Pt. II	, if appli	cabl e.						50.00
58.00 If line 56 is yes, did this facility elect cost reimble defined in CMS Pub. 15-1, § 2148? If yes, complete Wh		for physicia	ans' services	as	N			58. 00
59.00 Are costs claimed on line 100 of Worksheet A? If yes 60.00 Are you claiming nursing school and/or allied health				e	N Y			59. 00 60. 00
provider-operated criteria under §413.85? Enter "Y"				uctions)	F I	Di rect	CME	
61.00 Did your hospital receive FTE slots under ACA	1. 00 Y	2. 00	3. 00	4.0	22. 00	5. C		61. 00
section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)								
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports		176. 12	175.	75				61. 01
ending and submitted before March 23, 2010. (see								
instructions) 61.02 Enter the current year total unweighted primary care		170. 47	166.	oo				61. 02
FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of								
ACA). (see instructions)								

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	Financial Systems			SITY HEALTH	2011 450057		u of Form CMS-2	
HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX IDENT	IFICATION DA	ТА	Provi der		Period: From 01/01/2014 To 12/31/2014	Date/Time Pre	pared:
			Y/N	IME	Direct GME	IME	5/26/2015 1:4 Direct GME	5 pm
			1.00					
61 02	Enter the base line FTE count for primary	caro	1.00	2. 00 225. 33	3. 00	4.00	5. 00	61. 03
	and/or general surgery residents, which i determining compliance with the 75% test. instructions)	s used for		225. 55	222.0	02		01.03
61. 04	Enter the number of unweighted primary ca surgery allopathic and/or osteopathic FTE current cost reporting period. (see instru	s in the		229. 60	225. 3	39		61. 04
61. 05	Enter the difference between the baseline and/or general surgery FTEs and the curre primary care and/or general surgery FTE c 61.04 minus line 61.03). (see instruction	primary ent year's counts (line		4. 27	2. 7	77		61. 05
61. 06	Enter the amount of ACA §5503 award that used for cap relief and/or FTEs that are care or general surgery. (see instruction	is being nonprimary		0. 00	0.0	od		61. 06
			Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE	
						FIE COUIT	Count	
				1. 00	2. 00	3.00	4. 00	
	Of the FTEs in line 61.05, specify each magnetial ty, if any, and the number of FTE for each new program. (see instructions) column 1, the program name, enter in column program code, enter in column 3, the IME unweighted count and enter in column 4, defect the program of the IME unweighted count.	residents Enter in mn 2, the FTE				0.00	0.00	61. 10
	Of the FTEs in line 61.05, specify each e program specialty, if any, and the number residents for each expanded program. (see instructions) Enter in column 1, the progenter in column 2, the program code, ente 3, the IME FTE unweighted count and enter 4, direct GME FTE unweighted count.	of FTE ram name, rin column				0. 00	0. 00	61. 20
							1.00	
	ACA Provisions Affecting the Health Resou	irces and Ser	rvices A	Admi ni strati on	(HRSA)		1.00	
62. 00	Enter the number of FTE residents that yo	ur hospi tal	trai ned			iod for which	0.00	62. 00
	your hospital received HRSA PCRE funding Enter the number of FTE residents that ro during in this cost reporting period of H	tated from a IRSA THC prog	a Teachi gram. (s	ee instruction		your hospital	0.00	62. 01
	Teaching Hospitals that Claim Residents i				ot sonostina	noniado Entar	Y	42.00
03.00	Has your facility trained residents in no "Y" for yes or "N" for no in column 1. If						1	63. 00
					Unwei ghted FTEs Nonprovi der Si te	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 Resperiod that begins on or after July 1, 20				This base year	r is your cost i	reporting	
	Enter in column 1, if line 63 is yes, or in the base year period, the number of un resident FTEs attributable to rotations of settings. Enter in column 2 the number of resident FTEs that trained in your hospit of (column 1 divided by (column 1 + column 2).	your facilit weighted nor ccurring in of unweighted al. Enter ir	ty train n-primar all non d non-pr n column	red residents by care provider imary care 3 the ratio	12. 2	1 424. 72	0. 027945	64. 00
		am Name		ogram Code	Unwei ghted FTEs Nonprovi der	Unwei ghted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
					Si te	·		

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2.00

4. 00

1.00

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INTERNAL MEDICINE &

PEDI ATRI CS

GYNECOLOGY

OBSTETRICS &

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1. 75

2.12

28.00

20. 45

0.058824

0.093930 67.04

67.03

	inancial Systems AND HOSPITAL HEALTH CARE COMF		A UNIVERSITY H ATA P		F	l eriod: rom 01/01 o 12/31	/2014	of For Workshe Part I Date/Ti	et S-2	
		Program Name	Program	Code	Unwei ghted FTEs Nonprovi der Si te	Unwei gh FTEs Hospi 1	nted R in (5/26/20 atio (c col. 3 4)	15 1:4 col. 3/ + col.	5 pm
67. 05		1.00 PEDI ATRI CS GENERAL	2.00		3. 00	4.00	58. 27	5.0		67. 05
67. 06		TEDIATRICS GENERAL	2000		0. 00		0. 00			67. 06
							1.00	2. 00	3 00	
In	npatient Psychiatric Facility	PPS					_	2.00	3.00	
	s this facility an Inpatient Pa nter "Y" for yes or "N" for no		(IPF), or does	it conta	in an IPF subp	provi der?	Y			70. 00
re 42 pr Co re or i n re	fline 70 yes: Column 1: Did the cent cost report filed on or 12 CFR 412.424(d)(1)(iii)(c)) Corogram in accordance with 42 Clool olumn 3: If column 2 is Y, enterporting period covers the beging subsequent academic years of instructions) For cost reporting period covers the beging period covers the begins of the covers of the covers the begins of the covers the begins of the covers of the covers the begins of the covers of the covers the begins of the covers of	before November 15, 2 olumn 2: Did this fac FR 412.424 (d)(1)(iii er 1, 2, or 3, in col inning of the fourth the new teaching pro g periods beginning of inning of the sixth o	2004? Enter "Your train resident train resident to (D)? Enter "Yourn 3. (see in year, enter 4 opgram in existe on or after Octor any subsequents."	for yest sidents for yest struction in column ence, enter the column acaden	s or "N" for r in a new teach s or "N" for r ns) If this co n 3, or if the er 5. (see 2012, if this	no. (see ni ng no. ost e fi fth	Y	N	0	71.00
	eaching program in existence, o npatient Rehabilitation Facili		(see instructi	ons)						
75. 00 Is	s this facility an Inpatient Ro	ehabilitation Facilit	y (IRF), or do	es it co	ntain an IRF		N			75. 00
76.00 If rendered not contain the contain	ubprovider? Enter "Y" for yes fline 75 yes: Column 1: Did the cecent cost reporting period enco. Column 2: Did this facility FR 412.424 (d)(1)(iii)(D)? Enter face from 1 to 1	he facility have an a ding on or before Nov train residents in a er "Y" for yes or "N" nstructions) If this column 3, or if the f enter 5. (see instruc this cost reporting	rember 15, 2004 new teaching for no. Colur cost reporting lifth or subsections) For cos period covers	Program program n 3: If period quent aca t report the begi	"Y" for yes or in accordance column 2 is Y, covers the beging begins of the son ing of the son i	"N" for with 42 enter ginning the new eginning sixth or			0	76. 00
								1. C	<u> </u>	
Lo	ong Term Care Hospital PPS							1. 0	<i>,</i>	
81.00 Is	s this a long term care hospits s this a LTCH co-located within Y" for yes and "N" for no.					period? E	Inter	N N		80. 00 81. 00
85. 00 I s 86. 00 Di	EFRA Providers s this a new hospital under 42 id this facility establish a n 413.40(f)(1)(ii)? Enter "Y" fo	ew Other subprovider	(excluded unit				no.	N		85. 00 86. 00
		, , , , , , , , , , , , , , , , , , , ,				V		XI		
Ti	itle V and XIX Services					1.00)	2.0	00	
90. 00 Do	oes this facility have title V	•	hospital serv	i ces? En	ter "Y" for	N		Υ		90. 00
91.00 Is	es or "N" for no in the applica s this hospital reimbursed for ull or in part? Enter "Y" for y	title V and/or XIX t	9		either in	N		N		91. 00
92.00 Ar	re title XIX NF patients occup	ying title XVIII SNF	beds (dual cer	ti fi cati	on)? (see			N		92. 00
	nstructions) Enter "Y" for yes oes this facility operate an IO				XIX? Enter	N		N		93. 00
94. 00 Do	Y" for yes or "N ["] for no in tho oes title V or XIX reduce capi pplicable column.		for yes, and "N	l" for no	in the	N		N		94. 00
95. 00 I f 96. 00 Do	fline 94 is "Y", enter the recoestitle V or XIX reduce operapplicable column.					N	0. 00	N		95. 00 96. 00
97. 00 I f	fline 96 is "Y", enter the re	duction percentage ir	the applicabl	e column	·		0. 00		0. 00	97. 00
	ural Providers oes this hospital qualify as a	Critical Access Hose	nital (CAH)?			N				105. 00
106. 00 l f	f this facility qualifies as a or outpatient services? (see i	CAH, has it elected	, ,	ive meth	od of payment	N N				106. 00
107. 00 Co fo i n	olumn 1: If this facility qual or I &R training programs? En: nstructions) If yes, the GME e he program would be cost reimb his facility is a CAH, do I&Rs	lifies as a CAH, is i ter "Y" for yes or "N limination would not ursed. If yes complet	N" for no in co be on Wkst. B, e Wkst. D-2, F	olumn 1. Pt. I, o Pt. II. C	(see col. 25 and olumn 2: If	N				107. 00
th CA	AH's excluded IPF and/or IRF (nstructions)									

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ΙN

Zip Code:

46202

143.00

State:

143.00 City: INDIANAPOLIS

Health Financial Systems	INDIANA UNIVER	SITY HEALTH			In Lie	u of Form CMS-	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	Provi der	CCN: 150056		: 1/01/2014 2/31/2014	Worksheet S-2 Part I Date/Time Pro 5/26/2015 1:4	epared:
						1. 00	
144.00 Are provider based physicians' cos 145.00 If costs for renal services are cl only? Enter "Y" for yes or "N" for	aimed on Worksheet A, line		costs for in	ıpati ent	servi ces	Y	144. 00 145. 00
					1. 00	2.00	_
146.00 Has the cost allocation methodolog Enter "Y" for yes or "N" for no in the approval date (mm/dd/yyyy) in	n column 1. (See CMS Pub. 1			er	N	3, 33	146. 00
147.00 Was there a change in the statisti 148.00 Was there a change in the order of 149.00 Was there a change to the simplifino.	fallocation? Enter "Y" for	r yes or "N" fo	or no.	or	N N N		147. 00 148. 00 149. 00
ino.		Part A	Part B	Т	itle V	Title XIX	
Door this facility	don that gual : 6: 6-	1.00	2.00	20+16-	3. 00	4. 00	
Does this facility contain a provi or charges? Enter "Y" for yes or '							
155. 00 Hospi tal	Tel He Let edell competiti	N	N N		N N	N	155. 00
156.00 Subprovi der - IPF		N	N		N	N	156. 00
157. 00 Subprovi der - I RF		N	N		N	N	157. 00
158. 00 SUBPROVI DER 159. 00 SNF		N	l N		N	N	158. 00 159. 00
160.00HOME HEALTH AGENCY		N N	N N		N	N	160.00
161. 00 CMHC			N		N	N	161. 00
						1. 00	_
Mul ti campus							
165.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	ampus hospital that has one	e or more campu	uses in diff	erent CE	BSAs?	N	165. 00
	Name	County		ip Code	CBSA	FTE/Campus	
1// 00 f i no 1/F i o you for oooh	0	1. 00	2. 00	3. 00	4. 00	5.00	0 166. 00
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.0	0 166. 00
						1.00	-
Health Information Technology (HI	Γ) incentive in the America	an Recovery and	d Reinvestme	ent Act		1.00	
167.00 s this provider a meaningful user 168.00 of this provider is a CAH (line 10 reasonable cost incurred for the	under Section §1886(n)? O5 is "Y") and is a meaning	Enter "Y" for gful user (line	yes or "N"	for no.	the	Y	167. 00 0168. 00
169.00 If this provider is a meaningful utransition factor. (see instruction	user (line 167 is "Y") and		(line 105 is	s "N"), ∈	enter the	0. 5	0169. 00
				Ве	gi nni ng 1. 00	Endi ng 2. 00	
170.00 Enter in columns 1 and 2 the EHR begins period respectively (mm/dd/yyyy)	peginning date and ending o	date for the re	eporti ng	07/	/01/2014	09/30/2014	170. 00
						1.00	-
171.00 If line 167 is "Y", does this prov Medicare cost plans reported on Wh						1.00 Y	171. 00
(see instructions)	2 2, 22 1, 11.13 2, 00		, 555 6				

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Heal th	Financial Systems	INDIANA UNIVERSITY	HEALTH		In Li€	eu of Form CMS-	-2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE	Provi der		Peri od: From 01/01/2014	Worksheet S-2 Part II	2
					To 12/31/2014	Date/Time Pro	
					Y/N	5/26/2015 1:4 Date	45 pm
					1. 00	2.00	
	General Instruction: Enter Y for all YES respmm/dd/yyyy format.	ponses. Enter N for	all NO re	esponses. Ente	r all dates in	the	
	COMPLETED BY ALL HOSPITALS						
4 00	Provider Organization and Operation				N.	T	1
1. 00	Has the provider changed ownership immediately reporting period? If yes, enter the date of				N		1.00
	<u> </u>	<u> </u>	<u> </u>	Y/N	Date	V/I	
2. 00	Has the provider terminated participation in	the Medicare Drogre	am2 lf	1.00 N	2. 00	3. 00	2. 00
2.00	yes, enter in column 2 the date of termination			IN IN			2.00
	voluntary or "I" for involuntary.						
3. 00	Is the provider involved in business transaccontracts, with individuals or entities (e.g.			Y			3. 00
	or medical supply companies) that are related						
	officers, medical staff, management personnel						
	of directors through ownership, control, or i relationships? (see instructions)	ramily and other sir	mirar				
				Y/N	Туре	Date	
	Einancial Data and Poports			1.00	2. 00	3. 00	
4.00	Financial Data and Reports Column 1: Were the financial statements pre	pared by a Certified	d Public	Υ	A		4.00
	Accountant? Column 2: If yes, enter "A" for	Audited, "C" for Co	ompiled,				
	or "R" for Reviewed. Submit complete copy or column 3. (see instructions) If no, see instructions		ein				
5.00	Are the cost report total expenses and total		from	Υ			5. 00
	those on the filed financial statements? If	yes, submit reconcil	i ati on.		V (0)		
					Y/N 1. 00	Legal Oper. 2.00	
	Approved Educational Activities					2.00	
6.00	Column 1: Are costs claimed for nursing scho	ool? Column 2: If	yes, is th	ne provider is	N		6. 00
7. 00	the legal operator of the program? Are costs claimed for Allied Health Programs'	? If "Y" see instruc	ctions.		Υ		7. 00
8.00	Were nursing school and/or allied health prog			during the	Y		8. 00
9. 00	cost reporting period? If yes, see instructional Are costs claimed for Intern-Resident program		irront cos	t roport2 lf	Υ		9. 00
9.00	yes, see instructions.	ilis crarilled on the co	urrent cos	st report: II	1		9.00
10. 00	Was an Intern-Resident program been initiated	d or renewed in the	current c	cost reporting	N		10. 00
11. 00	period? If yes, see instructions. Are GME cost directly assigned to cost center	rs other than I & R	in an App	proved	N		11. 00
	Teaching Program on Worksheet A? If yes, see						
						1. 00	
	Bad Debts					1.00	
12.00	Is the provider seeking reimbursement for bad					Y	12.00
13. 00	If line 12 is yes, did the provider's bad del period? If yes, submit copy.	bt collection policy	y change c	during this co	st reporting	N	13. 00
14. 00	If line 12 is yes, were patient deductibles a	and/or co-payments w	waived? If	yes, see ins	tructi ons.	N	14. 00
15 00	Bed Complement Did total beds available change from the price	or cost reporting pe	oriod2 lf	vos soo inst	ructi onc	Υ	15 00
13.00	plu total beus available change from the piro	or cost reporting pe	errour ii		rt A	Part B	15. 00
		Descriptio	n	Y/N	Date	Y/N	
	PS&R Data	0		1.00	2. 00	3. 00	
16. 00	Was the cost report prepared using the PS&R			N		N	16. 00
	Report only? If either column 1 or 3 is yes,						
	lenter the paid-through date of the PS&R Report used in columns 2 and 4 (see						
	instructions)						
17. 00	Was the cost report prepared using the PS&R Report for totals and the provider's records			Y	04/07/2015	Y	17. 00
	for allocation? If either column 1 or 3 is						
	yes, enter the paid-through date in columns						
18. 00	2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments			N		N	18. 00
. 5. 60	made to PS&R Report data for additional			"		''	1.5.55
	claims that have been billed but are not						
	included on the PS&R Report used to file this cost report? If yes, see instructions.						
19. 00	If line 16 or 17 is yes, were adjustments			N		N	19. 00
	made to PS&R Report data for corrections of						
	other PS&R Report information? If yes, see instructions.						
20. 00	If line 16 or 17 is yes, were adjustments			N		N	20. 00
	made to PS&R Report data for Other? Describe the other adjustments:						
	Tana atrior day datiliorità.	I		I	T	I	1

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OSPITAL AND HOSPITAL HEALTH	CARE REIMBURSEMENT QUE	STI ONNAI RE	Provi der	CCN: 150056	Peri od: From 01/01/2014 To 12/31/2014	5/26/2015 1	Prepared
					Part A	Part B	
		Descri pt	ti on	Y/N	Date	Y/N	
		0		1. 00	2. 00	3. 00	
1.00 Was the cost report proprovider's records? If instructions.				N		N	21.0
						1. 00	
COMPLETED BY COST REIME	BURSED AND TEFRA HOSPI	TALS ONLY (EXCEPT	CHILDRENS H	OSPI TALS)			
Capital Related Cost							
2.00 Have assets been relife						N	22. (
3.00 Have changes occurred reporting period? If you		iation expense du	ue to apprais	als made dur	ing the cost	N	23. (
4.00 Were new Leases and/or		g Leases entered	into during	this cost re	porting period?	Υ	24. (
If yes, see instruction			J				
5.00 Have there been new cap instructions.	pitalized leases enter	ed into during th	ne cost repor	ting period?	of If yes, see	Y	25. 0
6.00 Were assets subject to	Sec. 2314 of DEFRA acq	uired during the	cost reporti	ng period? I	f yes, see	N	26. 0
instructions.				. 10 1 6		.,	07.6
7.00 Has the provider's cap copy.	talization policy cna	nged during the c	cost reportin	g perioa?it	yes, submit	N	27.0
Interest Expense							
8.00 Were new Loans, mortgage period? If yes, see in:		rs of credit ente	ered into dur	ing the cost	reporting	Y	28. 0
9.00 Did the provider have	a funded depreciation			bt Service R	Reserve Fund)	Υ	29. (
treated as a funded de 0.00 Has existing debt been				debt? If ves	s. see	Υ	30.
i nstructi ons.							
1.00 Has debt been recalled instructions.	before scheduled matu	rity without issu	uance of new	debt? If yes	s, see	N	31. 0
Purchased Services							
2.00 Have changes or new ag				d through co	ntractual	Υ	32.0
arrangements with suppl 3.00 If line 32 is yes, were				g to competi	tive bidding? If	Υ	33. 0
no, see instructions.							
4.00 Provi der-Based Physicia 4.00 Are services furnished		i tu undan an anna	naamant with	nnavi dan ha	Sond physicians	Υ	
4.00 Are services furnished If yes, see instruction		ity under an arra	ingement with	provider-ba	ised physicians?	Y	34. (
5.00 If line 34 is yes, were		or amended exist	ing agreemen	ts with the	provi der-based	Υ	35. (
physicians during the							
					Y/N	Date	
H 066: 0 1					1. 00	2. 00	
Home Office Costs 6.00 Were home office costs	alaimad on the cost is	anant2			Υ		2/ /
7.00 If line 36 is yes, has	a home office cost st		ared by the	home office?			36. (37. (
If yes, see instruction 8.00 If line 36 is yes, was		of the home offic	re different	from that of	- N		38. (
the provider? If yes,	enter in column 2 the	fiscal year end o	of the home o	ffi ce.			
9.00 If line 36 is yes, did see instructions.	the provider render s	ervices to other	chain compon	ents? If yes	s, Y		39. (
0.00 If line 36 is yes, did instructions.	the provider render s	ervices to the ho	ome office?	If yes, see	Y		40. 0
THISTI UCTIONS.			1	00		00	
Cost Report Preparer Co	ontact Information		1.	00	2.	00	
1.00 Enter the first name, held by the cost report	last name and the title	'	IONDA		UTTER		41. (
respecti vel y.							
2.00 Enter the employer/com	pany name of the cost	report IU	I HEALTH				42.0
preparer.	, ,						

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18.00 | If line 16 or 17 is yes, were adjustments this cost report? If yes, see instructions.

19.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of the other adjustments: Was the cost report prepared only using the provider's records? If yes, see 21.00 21.00 instructions 3.00 Cost Report Preparer Contact Information 41.00 Enter the first name, last name and the title/position MANAGER - COST RPTG & REV 41.00 held by the cost report preparer in columns 1, 2, and 3, REALI Z. respecti vel y. Enter the employer/company name of the cost report 42.00 42.00 preparer. Enter the telephone number and email address of the cost 43.00 43.00 report preparer in columns 1 and 2, respectively.

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Health Financial Systems INDIANA
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 150056

						То	12/31/2014	Date/Time 5/26/2015		
								I/P Days /		•
								Visits / Tr	i ps	
	Component	Worksheet A	No.	of Beds	Bed Days		CAH Hours	Title V		
		Line Number			Avai I abl e					
		1.00		2.00	3. 00		4. 00	5. 00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		962	351, 14	15	0. 00		0	1. 00
	8 exclude Swing Bed, Observation Bed and									
	Hospice days) (see instructions for col. 2									
2 00	for the portion of LDP room available beds)									2 00
2. 00 3. 00	HMO and other (see instructions) HMO IPF Subprovider									2. 00 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								ő	6. 00
7. 00	Total Adults and Peds. (exclude observation			962	351, 14	15	0. 00		o	7. 00
7.00	beds) (see instructions)			702	331, 14		0.00		Ĭ	7.00
8.00	INTENSIVE CARE UNIT	31. 00		66	24, 09	90	0. 00		0	8. 00
9. 00	CORONARY CARE UNIT	32. 00		52			0. 00		0	9. 00
9. 01	NEONATAL INTENSIVE CARE UNIT	32. 01		44			0.00		0	9. 01
10.00	BURN INTENSIVE CARE UNIT	33. 00		10	3, 65	0	0.00		0	10.00
11. 00	SURGICAL INTENSIVE CARE UNIT	34. 00		0		0	0.00		0	11.00
11. 02	UH SURG 61 C	34. 02		18	6, 57	0	0.00		0	11. 02
11. 03	UH NS 31C	34. 03		0		0	0.00		0	11. 03
11. 04	RH PED IC	34. 04		42	15, 33	30	0.00		0	11. 04
11. 05	TRANSPLANT I CU	34. 05		8	•		0.00		0	11. 05
11. 06	PEDS CANCER CARE	34. 06		11	4, 01	5	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, 76	0	0. 00		0	14. 00
15.00	CAH visits	40.00		00	40.00				0	15.00
16.00	SUBPROVIDER - I PF	40. 00		28	10, 22	20			0	16.00
17. 00	SUBPROVIDER - I RF									17. 00
18. 00 19. 00	SUBPROVIDER SKILLED NURSING FACILITY									18. 00 19. 00
20. 00	NURSING FACILITY									20.00
21. 00	OTHER LONG TERM CARE									21. 00
22. 00	HOME HEALTH AGENCY	101. 00							o	22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)	101.00							Ĭ	23. 00
24. 00	HOSPI CE	116. 00		5	1, 82	5				24. 00
24. 10	HOSPICE (non-distinct part)	30. 00		ū	., 02					24. 10
25. 00	CMHC - CMHC									25. 00
26. 00	RURAL HEALTH CLINIC									26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00							o	26. 25
27.00	Total (sum of lines 14-26)			1, 246						27. 00
28.00	Observation Bed Days								0	28. 00
29.00	Ambul ance Tri ps									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, 30	00				32.00
32. 01	Total ancillary labor & delivery room									32. 01
00.00	outpatient days (see instructions)									00.00
33.00	LTCH non-covered days				l					33. 00

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| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet S-3 | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Date/Tim

				1	0 12/31/2014	5/26/2015 1:4	
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	<u>Б.</u>
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6. 00	7. 00	8. 00	9. 00	10.00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	74, 054	24, 005	247, 345		10.00	1. 00
	8 exclude Swing Bed, Observation Bed and	,	- 1, 222	=,			
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)	24, 367	77, 801				2. 00
3.00	HMO IPF Subprovider	0	o				3. 00
4.00	HMO IRF Subprovider	o	o				4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF	o	o	0			5. 00
6.00	Hospital Adults & Peds. Swing Bed NF		o	0			6. 00
7.00	Total Adults and Peds. (exclude observation	74, 054	24, 005	247, 345			7. 00
	beds) (see instructions)						
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 61 C	1, 562	259	3, 920			11. 02
11. 03	UH NS 31C	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	SUBPROVI DER - I PF	1, 783	1, 348	6, 482	0. 84	44. 26	16. 00
17. 00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						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	
23. 00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24. 00	HOSPI CE	641	78	1, 221	0.00	59. 25	
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	l	
27. 00	Total (sum of lines 14-26)				554. 58	8, 077. 06	
28. 00	Observation Bed Days		1, 896	15, 760			28. 00
29. 00	Ambul ance Tri ps	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			0			32. 01
22.00	outpatient days (see instructions)	[]					22.00
33. 00	LTCH non-covered days	0	l		l	I	33. 00

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| Peri od: | Worksheet S-3 | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | Part | | Par Health Financial Systems INDIANA
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 150056

				10	5 12/31/2014	5/26/2015 1:45	
		Full Time		Di sch	arges	07 207 2010 1. 10	у рии
		Equi val ents		5. 55.	u. 900		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Pati ents	
		11. 00	12. 00	13.00	14. 00	15. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		(14, 183	3, 969	48, 746	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
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						7.00
	beds) (see instructions)						
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 61 C						11. 02
11. 03	UH NS 31C						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	(14, 183	3, 969	48, 746	
15. 00	CAH visits						15.00
16. 00	SUBPROVI DER - I PF	0. 00	(184	181	921	16. 00
17. 00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						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.)	0.00					23. 00
24. 00	HOSPI CE	0. 00					24. 00
24. 10	HOSPICE (non-distinct part)						24. 10
25. 00	CMHC - CMHC						25. 00
26. 00	RURAL HEALTH CLINIC	0.00					26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
27. 00	Total (sum of lines 14-26)	0. 00					27. 00
28. 00 29. 00	Observation Bed Days						28. 00 29. 00
	Ambulance Trips						
30. 00 31. 00	Employee discount days (see instruction)						30. 00 31. 00
	Employee discount days - IRF						31.00
32. 00 32. 01	Labor & delivery days (see instructions) Total ancillary labor & delivery room						32. 00 32. 01
J∠. U I	outpatient days (see instructions)						JZ. U1
33 00	LTCH non-covered days						33. 00
55. 56	2.3 2370104 4433	ı		1	1	1	50.00

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Non-physician Part A - Teaching 18,700 190,100 190,100 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 190,000 1		Financial Systems		INDIANA UNIVE				eu of Form CMS-2	
March Marc	HOSPI T	AL WAGE INDEX INFORMATION			Provi der	F	rom 01/01/2014	Date/Time Pre	pared:
March 1.00 2.00 3.00 4.00 5.00 6.00					on of Salaries (from	Sal ari es (col . 2 ± col .	Related to Salaries in	Average Hourly Wage (col. 4 ÷	
Part 1 Wolf BATA			1. 00	2. 00				6. 00	
Total satianties (see 200,00 550,886,623 6,120 550,892,743 8,034,430,67 30.05 1.00						•			
2.00 Non-physic icin amesthetist Pert 0 0 0 0 0 0 0 0 0	1. 00	Total salaries (see	200. 00	550, 886, 623	6, 120	550, 892, 743	18, 034, 430. 67	30. 55	1.00
4. 00 Physician Part A Aministrative Part A - Teaching 10.788 664 0 151, 681 800.00 189 66 4. 00 Aministrative Part A - Teaching 10.788 664 0 16, 758, 664 189, 44 0.00 189, 664 0 10, 758, 664 189, 44 0.00 0 0 0 0.00 0.00 0.00 0.00 0.00	2. 00			0	0	(0.00	0.00	2. 00
Administrative A - Teaching Physicians - Part A - Teaching Physicians - Part B 2, 002, 273	3. 00	Non-physician anesthetist Part		0	0	(0.00	0. 00	3. 00
Physician-Part B	4. 00	-		151, 681	0	151, 681	800.00	189. 60	4. 00
Mon-physic clan-Part B 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00					l .				
Interiors & residents (in an approved program)		1 3		2, 062, 213	l .	2, 062, 213			
approved program approved p			21. 00	31, 115, 807		31, 115, 807			
Nome of the personnel 44.00 0 0 0 0 0 0 0 0 0	7. 01	Contracted interns and residents (in an approved		0	0	(
9.00 SNF	8. 00			0	0		0.00	0. 00	8. 00
Instructions		SNF	44. 00	0	Ō		0.00	0. 00	9. 00
Care	10. 00	instructions)		60, 176, 120	1, 468, 083	61, 644, 203	3 2, 004, 825. 87	30. 75	10.00
12.00 Contract labor: Top level management and other management and administrative services	11. 00			3, 581, 755	0	3, 581, 755	76, 676. 23	46. 71	11. 00
Services	12. 00	Contract Labor: Top Level management and other		0	0	(0.00	0.00	12. 00
14.00	13. 00	services Contract Labor: Physician-Part		4, 414, 979	0	4, 414, 979	28, 148. 04	156. 85	13. 00
wage-related costs	14 00	1		177 821 N13	0	177 821 013	8 4 847 380 00	36 68	14 00
- Administrative		wage-related costs		177,021,010		,,			
Physicians Part A - Teaching	15. 00			Ü	0		0.00	0.00	15.00
17.00 Wage-related costs (core) (see	16. 00	Physicians Part A - Teaching		0	0	(0.00	0. 00	16. 00
Instructions	17. 00			114, 090, 206	0	114, 090, 206	5		17. 00
See instructions 15,628,982	10 00	instructions)							10 00
20. 00 Non-physician anesthetist Part A		(see instructions)		O)		
22.00 Physician Part A -		1			1				
Administrative Physician Part A - Teaching 1,705,959 0 1,705,959 22.01	21. 00	A Non-physician anesthetist Part		0	0	(21. 00
22. 01 Physician Part A - Teaching 1,705,959 0 1,705,959 23. 00 23. 00 24. 00 24. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00 25. 00	22. 00			11, 927	0	11, 927	7		22. 00
24.00 Wage-related costs (RHC/FQHC) Interns & residents (in an approved program) 8,793,447 0 8,793,447 0 24.00 25.00 Interns & residents (in an approved program) 8,825,252 0 8,825,252 0 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 27.00 28.00 Administrative & General under contract (see inst.) 4,154,334 0 4,154,334 28,461.40 145.92 28.00 29.00 Maintenance & Repairs 6.00 442,117 0 442,117 15,420.95 28.67 29.00 30.00 Operation of Plant 7.00 -5,146 5,146 0 0.00 0.00 0.00 30.00 0.00 0.00 0.00 0.00 31.00 31.00 Laundry & Linen Service 8.00 0 0 0 0 0.00 0.00 0.00 0.00 33.00 32.00 Housekeeping 9.00 302,412 0 302,412 22,179.16 13.63 32.00 33.00 Housekeeping 9.00 5,730,	22. 01	1		1, 705, 959	О	1, 705, 959			22. 01
25.00 Interns & residents (in an approved program) 8,825,252 0 8,825,252 0 8,825,252 0 25.00					l .				
approved program OVERHEAD COSTS - DIRECT SALARIES									
26.00 Employee Benefits Department	20.00	approved program)				0, 020, 202] = 0.00
27. 00 Administrative & General 5. 00 13, 171, 053 -526 13, 170, 527 425, 086. 75 30. 98 27. 00 28. 00 Administrative & General under contract (see inst.) 4, 154, 334 0 4, 154, 334 28, 461. 40 145. 96 28. 00 29. 00 Maintenance & Repairs 6. 00 442, 117 0 442, 117 15, 420. 95 28. 67 29. 00 30. 00 Operation of Plant 7. 00 -5, 146 5, 146 0 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00<	24 00			10/ 470		10/ 47/	2 150 25	/2.10	24 00
28.00 Administrative & General under contract (see inst.) 29.00 Maintenance & Repairs 30.00 Operation of Plant 31.00 Laundry & Linen Service 32.00 Housekeeping 33.00 Housekeeping under contract (see instructions) 34.00 Di etary 35.00 Di etary under contract (see instructions) 36.00 Cafeteria 37.00 Maintenance of Personnel 38.00 Nursing Administration 39.00 Central Services and Supply 39.00 Services and Supply 30.00 Administrative & General under contract (see instructions) 4, 154, 334									
29. 00 Maintenance & Repairs 6. 00 442, 117 0 442, 117 15, 420. 95 28. 67 29. 00 30. 00 Operation of Plant 7. 00 -5, 146 5, 146 0 0. 00 0. 00 30. 00 31. 00 Laundry & Linen Service 8. 00 0 0 0 0. 00 0. 00 31. 00 32. 00 Housekeeping 9. 00 302, 412 0 302, 412 22, 179. 16 13. 63 32. 00 34. 00 Di etary 10. 00 5, 730, 004 -29, 500 5, 700, 504 294, 688. 25 19. 34 34. 00 35. 00 Di etary under contract (see instructions) 2, 777 0 2, 777 39. 55 70. 21 35. 00 36. 00 Cafeteria 11. 00 128, 139 0 128, 139 8, 004. 08 16. 01 36. 00 37. 00 Maintenance of Personnel 12. 00 0 0 0 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0		Administrative & General under	5. 55		l .				
31.00 Laundry & Linen Service		Maintenance & Repairs							
32. 00 Housekeeping under contract (see instructions) 34. 00 Di etary under contract (see instructions) 36. 00 Cafeteria 11. 00 128, 139 0 128, 139 8, 004. 08 16. 01 36. 00 37. 00 Maintenance of Personnel 12. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				-5, 146	5, 146				
33.00 Housekeeping under contract (see instructions) 34.00 Di etary 35.00 Di etary under contract (see instructions) 36.00 Cafeteria 37.00 Maintenance of Personnel 38.00 Nursing Administration 39.00 Central Services and Supply 30.00 Central Services and Supply 30.00 Di etary under contract (see instructions) 31.00 Di etary under contract (see instructions) 32.00 Di etary under contract (see instructions) 33.00 Di etary under contract (see instructions) 34.00 Di etary under contract (see instructions) 35.00 Di etary under contract (see instructions) 36.00 Cafeteria 37.00 Di etary under contract (see instructions) 37.00 Di etary under contract (see instructions) 38.00 Cafeteria 39.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00 Di etary under contract (see instructions) 30.00 Cafeteria 30.00 Di etary under contract (see instructions) 30.00				302, 412	0	302, 412			1
34. 00 Di etary Di etary under contract (see instructions) 36. 00 Cafeteria 11. 00 128, 139 0 128, 139 8, 004. 08 16. 01 36. 00 38. 00 Nursing Administration 13. 00 15, 089, 435 39. 00 Central Services and Supply 14. 00 2, 483, 692 0 2, 483, 692 129, 972. 26 19. 34 34. 00 5, 730, 004 -29, 500 5, 700, 504 294, 688. 25 19. 34 34. 00 2, 777 0 2, 777 0 2, 777 39. 55 70. 21 35. 00 128, 139 0 0 128, 139 8, 004. 08 16. 01 36. 00 0 0 0 0 0. 00 37. 00 15, 089, 435 447, 051. 20 33. 75 38. 00 2, 483, 692 0 2, 483, 692 129, 972. 26 19. 11 39. 00		Housekeeping under contract	55	0	O	(
35.00 Di etary under contract (see instructions) 36.00 Cafeteria 37.00 Maintenance of Personnel 38.00 Nursing Administration 39.00 Central Services and Supply 35.00 2,777 0 2,777 0 2,777 39.55 70.21 35.00 128,139 0 128,139 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	34. 00	1 ' ·	10 00	5.730 004	-29 500	5, 700, 504	294.688 25	19 34	34,00
36.00 Cafeteria 11.00 128,139 0 128,139 8,004.08 16.01 36.00 37.00 Maintenance of Personnel 12.00 0 0 0 0.00 0.00 37.00 38.00 Nursing Administration 13.00 15,089,435 0 15,089,435 447,051.20 33.75 38.00 39.00 Central Services and Supply 14.00 2,483,692 0 2,483,692 129,972.26 19.11 39.00		Dietary under contract (see	. 5. 50						1
38.00 Nursing Administration 13.00 15,089,435 0 15,089,435 447,051.20 33.75 38.00 Central Services and Supply 14.00 2,483,692 0 2,483,692 129,972.26 19.11 39.00		Cafeteri a		128, 139	0	128, 139			
39.00 Central Services and Supply 14.00 2,483,692 0 2,483,692 129,972.26 19.11 39.00		1		15 000 425	0	15 000 425			
	39.00	Central Services and Supply							1
			1						1

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near tr	FITIALICI AL SYSTEMS		TINDI ANA UNI VEI	NOT IT HEALTH		III LI C	u or Form CM3-2	2552-10
HOSPI 7	FAL WAGE INDEX INFORMATION			Provi der		Period: From 01/01/2014 To 12/31/2014		pared:
		Worksheet A	Amount	Reclassi fi cati	Adjusted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3. 00	4.00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		505, 107, 050	6, 120	505, 113, 17	0 16, 676, 508. 45	30. 29	1. 00
	instructions)							
2.00	Excluded area salaries (see		60, 176, 120	1, 468, 083	61, 644, 20	3 2, 004, 825. 87	30. 75	2. 00
	instructions)							
3.00	Subtotal salaries (line 1		444, 930, 930	-1, 461, 963	443, 468, 96	7 14, 671, 682. 58	30. 23	3. 00
	minus line 2)							
4.00	Subtotal other wages & related		185, 817, 747	0	185, 817, 74	7 4, 952, 204. 27	37. 52	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		114, 102, 133	0	114, 102, 13	3 0.00	25. 73	5. 00
	(see inst.)							
6. 00	Total (sum of lines 3 thru 5)		744, 850, 810			7 19, 623, 886. 85		
7. 00	Total overhead cost (see		73, 737, 482	-628, 621	73, 108, 86	1 2, 235, 040. 68	32. 71	7. 00
	instructions)							

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	From 01/01/2014 To 12/31/2014		
		Amount	J pill
		Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT 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	
11. 00	Life Insurance (If employee is owner or beneficiary)	87, 190	
12.00	Accident Insurance (If employee is owner or beneficiary)	0	
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	
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.	0	16. 00
	Non cumulative portion)		
	TAXES		
17. 00		38, 145, 505	1
18. 00	Medicare Taxes - Employers Portion Only	0	
19. 00	Unempl oyment Insurance	0	19. 00
20. 00		-3, 786, 968	20. 00
	OTHER		
21. 00		0	21. 00
	instructions))		
22. 00	Day Care Cost and Allowances	0	
23. 00	Tuition Reimbursement	1, 194, 045	1
24. 00	Total Wage Related cost (Sum of lines 1 -23)	141, 263, 439	24. 00
25 02	Part B - Other than Core Related Cost		25 00
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	ال	25. 00

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		'`	3 12/31/2014	5/26/2015 1: 4	
	Cost Center Description		Contract Labor	Benefit Cost	
			1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0	1.00
2.00	Hospi tal		0	0	2.00
3.00	Subprovi der - I PF		0	0	3.00
4.00	Subprovi der - I RF				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	Hospi tal -Based SNF				8.00
9.00	Hospi tal -Based NF				9.00
10.00	Hospi tal -Based OLTC				10.00
11. 00	Hospi tal -Based HHA		0	0	11. 00
12.00	Separately Certified ASC				12.00
13.00	Hospi tal -Based Hospi ce		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	Hospi tal -Based-CMHC				16.00
17. 00	Renal Dialysis		0	0	17.00
18. 00	Other		0	0	18.00

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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)

column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA

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Heal th	Financial Systems	INDIANA UNIVERS	SLTY HEALTH		In Lie	eu of Form CMS-	2552-10
	TAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIF			CCN: 150056	Peri od:	Worksheet S-8	
STATIS	STICAL DATA		Component	CCN: 151804	From 01/01/2014 To 12/31/2014		
					FQHC I	Cost	10 piii
					1	00	_
	Clinic Address and Identification					00	
1.00	Street				3401 EAST RAYM	OND STREET	1.00
			Ci		State	Zip Code	
2. 00	City, State, Zip Code, County		1. NDI ANAPOLI S	00	2. 00	3. 00 46203	2.00
2.00	crty, State, Zip code, county	''	INDI ANAFOLI 3		I IV	40203	2.00
						1.00	
3. 00	FQHCs ONLY: Designation - Enter "R" for rural	or "U" for urb	an		Consist Assistant	2	3. 00
					Grant Award 1.00	Date 2.00	
	Source of Federal Funds				1.00	2.00	
4.00	Community Health Center (Section 330(d), PHS				0	,	4. 00
5.00	Migrant Health Center (Section 329(d), PHS Ad				0		5. 00
6. 00 7. 00	Health Services for the Homeless (Section 340 Appalachian Regional Commission	O(d), PHS Act)			0		6. 00 7. 00
8. 00	Look-Alikes				0		8.00
9. 00	OTHER (SPECIFY)				0	i	9. 00
9. 01					0		9. 01
9. 02					0		9. 02
9. 03 9. 04					0		9. 03 9. 04
9. 05					0		9. 05
9. 06					0		9. 06
9. 07					0		9. 07
9. 08					0		9. 08
9. 09 9. 10					0		9. 09 9. 10
7. 10					0		7. 10
					1. 00	2. 00	
10. 00	Does this facility operate as other than an F no in column 1. If yes, indicate number of ot	ther operations	in column 2. (Enter in	Y	1	10. 00
	subscripts of line 11 the type of other opera	· · · ·		· '		T	
		Sund from	to	from	onday to	Tuesday from	
		1. 00	2.00	3. 00	4. 00	5. 00	
	Facility hours of operations (1)						
11. 00	CI i ni c			08: 00	20: 00	08: 00	11. 00
					1. 00	2. 00	
12. 00	Have you received an approval for an exception		,		N		12. 00
13. 00	Is this a consolidated cost report as defined				N	0	13. 00
	30.8? Enter "Y" for yes or "N" for no in colunumber of providers included in this report.						
	numbers below.	2. ot the hamos	o. a p. o a	0.0 0.10			
					der name	CCN number	
14.00	Drovi don nomo CCN numbon				1. 00	2. 00	14. 00
14.00	Provider name, CCN number	Y/N	V	XVIII	XIX	Total Visits	14.00
		1. 00	2.00	3.00	4. 00	5. 00	
15. 00	Have you provided all or substantially all	N	0		0 0		15. 00
	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)	I		I	l	I	I

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Health Financial Systems INDIANA UNIVERSITY HEALTH In Lieu of Form CMS-255							
HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIF	TED HEALTH CEN	TER Provi der	CCN: 150056	Period: From 01/01/2014	Worksheet S-8		
STATISTICAL DATA		Component	CCN: 151804				
				FQHC I	Cost		
		Cou	inty				
		4.	00				
2.00 City, State, Zip Code, County		MARI ON				2. 00	
	Tuesday	Wednesday		Thur	sday	ay	
	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	
	Fri	day	Sa	turday			
	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	

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70

89

4

205

997

9.00

722

5/line 6)

Unduplicated Census Count

9.00

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Heal th	Financial Systems INDIANA	UNI VERSITY HEALTH		In Lie	u of Form CMS-2	2552-10
	TAL UNCOMPENSATED AND INDIGENT CARE DATA			Peri od:	Worksheet S-10	
				From 01/01/2014 To 12/31/2014	Date/Time Pre	aarad:
				10 12/31/2014	5/26/2015 1:4	
					1 00	
	Uncompensated and indigent care cost computation				1. 00	
1. 00	Cost to charge ratio (Worksheet C, Part I line 202 col	Lump 2 divided by Li	no 202 column	0)	0. 229093	1. 00
1.00	Medicaid (see instructions for each line)	i dilli 3 di vi ded by i i	THE ZOZ COTUMEN	0)	0. 227073	1.00
2.00	Net revenue from Medicaid				323, 565, 726	2. 00
3.00	Did you receive DSH or supplemental payments from Medi	i cai d?			Υ	3. 00
4.00	If line 3 is "yes", does line 2 include all DSH or su		from Medicaid	?	Υ	4.00
5.00	If line 4 is "no", then enter DSH or supplemental pays	ments from Medicaid			0	5.00
6.00	Medi cai d 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 min	us sum of line	es 2 and 5; if	14, 333, 695	8. 00
	< zero then enter zero)	- !+				
9. 00	State Children's Health Insurance Program (SCHIP) (see Net revenue from stand-alone SCHIP	e instructions for e	ach iine)		0	9. 00
10.00	Stand-alone SCHIP charges				0	9. 00 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-alo	one SCHIP (Line 11 m	inus line 9· i	f < zero then	0	12. 00
12.00	enter zero)	0110 001111 (11110 11 111	irius iriic 7,	1 1 2010 111011	Ü	12.00
	Other state or local government indigent care program	(see instructions f	or each line)			
13.00	Net revenue from state or local indigent care program	(Not included on li	nes 2, 5 or 9)	8, 586, 004	13.00
14.00	Charges for patients covered under state or local indi	igent care program (Not included i	n lines 6 or	55, 081, 228	14.00
	10)					
15. 00	State or local indigent care program cost (line 1 time				12, 618, 724	
16. 00	Difference between net revenue and costs for state or	local indigent care	program (line	e 15 minus line	4, 032, 720	16. 00
	13; if < zero then enter zero) Uncompensated care (see instructions for each line)					
17 00	Private grants, donations, or endowment income restrict	cted to funding char	ity care		0	17. 00
18. 00	Government grants, appropriations or transfers for su	9	,		0	18. 00
19. 00	Total unreimbursed cost for Medicaid , SCHIP and state			s (sum of lines	18, 366, 415	19.00
	8, 12 and 16)					
			Uni nsured	Insured	Total (col. 1	
			pati ents	pati ents	+ col . 2)	
20. 00	Total initial obligation of patients approved for char	rity caro (at full	1. 00 378, 095, 11	2. 00 6 72, 946, 689	3. 00 451, 041, 805	20.00
20.00	charges excluding non-reimbursable cost centers) for		370,073,11	12, 740, 009	451,041,605	20.00
21. 00	Cost of initial obligation of patients approved for cl		86, 618, 94	4 16, 711, 576	103, 330, 520	21. 00
	times line 20)				, ,	
22. 00	Partial payment by patients approved for charity care		75, 48	8 495, 586	571, 074	22.00
23. 00	Cost of charity care (line 21 minus line 22)		86, 543, 45	6 16, 215, 990	102, 759, 446	23. 00
0.4.00		1		6 1 11 11	1. 00	0.4.00
24. 00	Does the amount in line 20 column 2 include charges for imposed on patients covered by Medicaid or other indicates the control of the control		nd a rength o	r stay limit		24. 00
25. 00	If line 24 is "yes," charges for patient days beyond		odram's Lengtl	n of stay limit	0	25. 00
26. 00	Total bad debt expense for the entire hospital complex			1 of Stay IIIII t	74, 893, 586	
27. 00	Medicare bad debts for the entire hospital complex (se				1, 537, 477	
28. 00	Non-Medicare and non-reimbursable Medicare bad debt ex	,	s line 27)		73, 356, 109	
29. 00	Cost of non-Medicare and non-reimbursable Medicare bad			28)	16, 805, 371	
30.00	Cost of uncompensated care (line 23 column 3 plus line			•	119, 564, 817	
31.00	Total unreimbursed and uncompensated care cost (line	19 plus line 30)			137, 931, 232	31.00

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Cost Center Description	Heal th	Financial Systems	INDIANA UNIVERS	SLTY HEALTH		In Lie	u of Form CMS-2	2552-10
Control Cont	RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der	F	rom 01/01/2014	Date/Time Pre	
		Cost Center Description	Sal ari es	Other			Reclassified Trial Balance	5 pm
Company Comp							•	
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	FINANCIAL SYSTEMS	I NUI ANA UNI VEK		CCN, 1FOOF/		Warksheet A	
RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der		eriod: rom 01/01/2014	Worksheet A	
					o 12/31/2014	Date/Time Pre	
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	Cost Center Description	Sal ari es	0ther		Reclassificati	Reclassified	
				+ col. 2)	ons (See A-6)	Trial Balance (col. 3 +-	
						col . 4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
69. 00	06900 ELECTROCARDI OLOGY	2, 980, 891	3, 006, 155	5, 987, 046		5, 027, 528	69. 00
	07000 ELECTROENCEPHALOGRAPHY	3, 507, 781	2, 172, 328	5, 680, 109		4, 476, 801	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	127, 386	199, 310	326, 696		32, 646, 543	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	C	65, 677, 761	65, 677, 761	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0	C	127, 144, 662	127, 144, 662	73. 00
	07303 OUTPATIENT RETAIL PHARMACY	6, 216, 734	42, 746, 228	48, 962, 962	-1, 210, 770	47, 752, 192	73. 03
	07400 RENAL DIALYSIS	5, 603, 943	6, 063, 207	11, 667, 150		6, 818, 746	1
76. 00	03020 RH NBN ECMO IC	845, 232	303, 711	1, 148, 943		910, 202	76. 00
76. 01	03140 CARDI OLOGY	588, 281	8, 104, 202	8, 692, 483		2, 540, 230	1
76. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	180, 299	1, 881, 751	2, 062, 050		2, 013, 102	76. 02
76. 03 76. 04	03950 CARDI AC CATH 03951 DAY SURGERY	4, 528, 033	10, 597, 312	15, 125, 345		8, 328, 794	76. 03
	03480 ONCOLOGY	2, 630, 172	1, 437, 547	4, 067, 719	-1, 150, 573	2, 917, 146	76. 04 76. 05
76. 06	03952 DAY SURGERY-RILEY		0			0	76.05
	03953 CARDI OLOGY-RI LEY		0			0	76. 07
76. 08	03954 ECMO-ADULT	535, 898	74, 020	609, 918	-34, 617	575, 301	76. 08
	07697 CARDI AC REHABI LI TATI ON	190, 687	221, 703	412, 390		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 CLI NI C		0	C	0	0	90.00
90. 01	09001 AMB SVC-0B & GYN	1, 844, 734	1, 021, 905	2, 866, 639	-871, 786	1, 994, 853	90. 01
90. 02	09002 LUSCC HEM/ONC	22, 327, 535	64, 312, 193	86, 639, 728	-54, 964, 574	31, 675, 154	90. 02
90. 03	09003 AMB SVC-OPTHALMOLOGY	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	C	0	0	90. 05
90. 06	09006 OUTPATI ENT SURGERY	1, 945, 064	715, 952	2, 661, 016		2, 128, 859	1
90. 07	09007 AMB SVC-RILEY CLINICS	4, 164, 170	2, 250, 162	6, 414, 332		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	07.554	0 750	0	90. 09
90. 10	09010 CLI NI CAL GERI ATRI CS	4, 616	22, 938	27, 554		24, 796	1
	09023 SLEEP LAB	2, 192, 384	1, 772, 844	3, 965, 228		3, 417, 775	90. 11
	09024 OP CARE ADULTS 09011 PEDIATRIC CLINIC	220, 898	74, 540	295, 438	-48, 186	247, 252 0	90. 12 90. 13
90. 13	09012 ARTHRITIS CLINIC	144, 653	6, 310, 907	6, 455, 560	-6, 229, 715	225, 845	1
90. 15	09013 NEUROLOGY UH	144, 033	0, 310, 307	0, 433, 300	0, 227, 713	223, 043	90. 15
	09014 ORTHOPEDI CS UH	0	0	Č	Ö	0	90. 16
90. 17	09015 PHYSI CAL MEDI CI NE	676, 424	422, 695	1, 099, 119	-357, 964	741, 155	90. 17
90. 18	09016 DERMATOLOGY CLINIC	474, 284	335, 148	809, 432		542, 100	90. 18
90. 19	09017 I NFUSI ON/HEM/ONC	494, 558	565, 855	1, 060, 413	-184, 973	875, 440	90. 19
90. 20	09025 I UMG - 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		1, 504, 366	
	09018 GASTROENTEROLOGY CLINIC	625, 910	363, 017	988, 927		780, 013	
	09021 LIFE CARE CLINIC	1, 057, 934	644, 966			1, 297, 309	
	09100 EMERGENCY	15, 480, 036	14, 671, 309	30, 151, 345	-6, 406, 880	23, 744, 465	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
94. 00	OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS	691, 194	2 120 045	2 920 020	2 700 422	1 020 404	04.00
	09500 AMBULANCE SERVICES	8, 887, 409	3, 128, 845 17, 213, 807	3, 820, 039 26, 101, 216		1, 039, 606 21, 846, 645	1
	10100 HOME HEALTH AGENCY	15, 978, 572	23, 436, 140			36, 069, 839	
101.00	SPECIAL PURPOSE COST CENTERS	10, 770, 372	20, 100, 140	57, 414, 712	5, 577, 075	55, 557, 557	1.51.60
105.00	10500 KIDNEY ACQUISITION	4, 419, 072	9, 538, 671	13, 957, 743	-3, 762, 789	10, 194, 954	105. 00
	10600 HEART ACQUISITION	532, 287	1, 508, 119	2, 040, 406		1, 728, 307	
	10700 LIVER ACQUISITION	1, 174, 857	8, 477, 890	9, 652, 747		9, 003, 491	
	10800 LUNG ACQUISITION	713, 337	3, 976, 709	4, 690, 046		4, 204, 880	
	10900 PANCREAS ACQUISITION	315, 958	2, 944, 622	3, 260, 580		3, 102, 184	
110.00	11000 INTESTINE ACQUISITION	206, 840	1, 178, 395	1, 385, 235	-66, 590	1, 318, 645	110. 00
	08600 OTHER ORGAN ACQUISITION	170, 876	39, 962	210, 838	-24, 557	186, 281	112. 00
	08601 POST TRANSPLANT EXPENSES	0	0	C	3, 091, 223	3, 091, 223	
	11300 INTEREST EXPENSE		0	C	-		113. 00
	11600 HOSPI CE	3, 506, 658	3, 549, 604			6, 292, 014	
118. 00		533, 054, 420	1, 120, 688, 670	1, 653, 743, 090	5, 062, 821	1, 658, 805, 911	1118.00
100.00	NONREI MBURSABLE COST CENTERS	074	17 100	15 225	2 001	10 144	100 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-974	16, 199	15, 225		13, 144	1
	19100 RESEARCH 19101 RESEARCH-GCRC	3, 069, 732	1, 250, 642 83, 293	4, 320, 374 83, 293		3, 802, 939 83, 293	1
	19101 RESEARCH-GORC	2, 103, 033	5, 950, 185	83, 293 8, 053, 218		7, 671, 969	1
	19200 PHYSI CLANS' PRI VATE OFFI CES	2, 103, 033	3, 539, 827	3, 823, 623		3, 752, 304	
	19201 OTHER NONREIMBURSABLE-METHODIST	6, 036, 359	20, 507, 875	26, 544, 234		24, 807, 486	
	19202 OTHER NONREIMBURSABLE - IUMC	974, 426	23, 990, 456	24, 964, 882		24, 289, 740	
	19203 PHYSI CLANS' PRI VATE OFFI CES	774, 420	231, 745	231, 745		231, 745	
	, ,	. 9	-01, 710	201, 770	۱ ۷		
	19204 MHH RADI OLOGY	103, 776	29, 552	133, 328	-17, 783	115, 545	192. 04

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550, 886, 623 1, 197, 794, 887 1, 748, 681, 510

0 1, 748, 681, 510 200. 00

TOTAL (SUM OF LINES 118-199)

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 Health Financial
 Systems
 INDIANA UN

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 Provider CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared:

				5/26/2015 1: 4!	
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8) 6.00	For Allocation 7.00	1	
	GENERAL SERVICE COST CENTERS	0.00	7.00		
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	48, 733, 807	57, 465, 632	2	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		·	4. 00
5. 01	00540 NONPATI ENT TELEPHONES	-112, 881	64, 399	· ·	5. 01
5. 02	00550 DATA PROCESSING	66, 840, 979			5. 02
5. 03 5. 04	00590 PURCHASING, RECEIVING & STORES 00570 ADMITTING	10, 798, 839			5. 03 5. 04
5. 05	00570 ADMITTING 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	13, 034, 905 56, 084, 796	13, 090, 056 56, 084, 796		5. 04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	-243, 703, 154	82, 827, 778		5. 06
6. 00	00600 MAI NTENANCE & REPAI RS	16, 264, 222			6. 00
7.00	00700 OPERATION OF PLANT	67, 010, 230			7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1, 681	1	8. 00
9.00	00900 HOUSEKEEPI NG	0	0	9	9. 00
9. 01	00901 HOUSEKEEPING - UNI VERSI TY	3, 044, 613	3, 044, 613		9. 01
9. 02	00902 HOUSEKEEPING - RILEY	3, 184, 697	3, 184, 697		9. 02
9. 03 10. 00	00903 HOUSEKEEPI NG - METHODI ST 01000 DI ETARY	4, 580, 921 -205, 655	5, 037, 818 9, 369, 896		9. 03 10. 00
11. 00	01100 CAFETERI A	2, 097, 696		1	11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	3, 238, 228		1	13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	-44, 649			14.00
15.00	01500 PHARMACY	-1, 460, 499	35, 868, 787	7	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	12, 320, 575		1	16. 00
17. 00	01700 SOCIAL SERVICE	-215, 751	4, 619, 427	1	17. 00
18. 00	01850 PATIENT TRANSPORTATION	0	1, 809, 205		18.00
21. 00	02100 &R SERVICES-SALARY & FRINGES APPRVD 02200 &R SERVICES-OTHER PRGM COSTS APPRVD	-6, 402, 311	36, 419, 441	1	21.00
22. 00 23. 00	02300 PARAMED ED PRGM	-2, 988, 548 0	1, 717, 182 		22. 00 23. 00
23. 00	02301 PARAMED ED HEALTH SCIENCES	-49, 662	180, 982	-1	23. 00
23. 02	02302 PARAMED RADIOLOGY-METHODIST	-149, 193	810, 659	·	23. 02
23. 03	02303 PARAMED RESPIRATORY THERAPY	-450, 449	0		23. 03
23. 04	02304 PARAMED EMERGENCY	-120	145, 523	3	23. 04
23. 05	02312 PARAMED PASTORAL EDUCATION	-15, 450			23. 05
23. 06	02306 PARAMED LAB SCIENCE PRO	-97, 760	298, 097		23. 06
23. 07	02307 PARAMED PHARMACY	0	1, 304, 698		23. 07
23. 08 23. 09	02308 PARAMED MEDI CAL ASSI ST 02309 PARAMED SURGERY TECHNOLOGY	70 111	-10 212 720	1	23. 08 23. 09
23. 10	02310 PARAMED PHARMACY TECH	-78, 111 -14, 333	212, 720 221, 214		23. 10
23. 11	02311 PARAMED NEUROPHYSI OLOGY	0	221, 214		23. 11
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-2, 264, 741	121, 374, 140		30. 00
31. 00	03100 I NTENSI VE CARE UNI T	0	13, 614, 673		31.00
32. 00	03200 CORONARY CARE UNIT	0	11, 869, 306		32.00
32. 01 33. 00	03201 NEONATAL INTENSIVE CARE UNIT 03300 BURN INTENSIVE CARE UNIT	-39, 438 -8, 750			32. 01 33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	1, 331, 470		34. 00
34. 02		0	_	-1	34. 02
34.03	03402 UH NS 31 C	0	0	o	34. 03
34.04		-1, 553, 249	7, 298, 918		34. 04
34. 05	03404 TRANSPLANT I CU	0	1, 989, 087		34. 05
34. 06	03407 PEDS CANCER CARE	-12, 500			34.06
40. 00 43. 00	04000 SUBPROVI DER - I PF 04300 NURSERY	-677, 978 0			40. 00 43. 00
43.00	ANCILLARY SERVICE COST CENTERS	U	2, 113, 390	1	43.00
50. 00	05000 OPERATI NG ROOM	-567, 476	36, 926, 594	4	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 ANESTHESI OLOGY	-8, 966, 212	1, 331, 696		53. 00
53. 01	05301 PULMONARY FUNCTION TESTING	-11, 030			53. 01
54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	-931, 740			54. 00 55. 00
56. 00	05600 RADI OLOGY - THERAPEUTI C	-842, 191 0	4, 819, 806 1, 033, 786		56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	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 RESPI RATORY THERAPY	105 405	18, 434, 315	I .	65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	-105, 405	12, 827, 964		66. 00 67. 00
68.00	06800 SPEECH PATHOLOGY	-1, 452 -35, 228	2, 545, 192 3, 063, 517	1	68.00
69. 00	06900 ELECTROCARDI OLOGY	-2, 397, 898			69. 00
70. 00	1 1	-344, 542		1	70.00
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 Health Financial
 Systems
 INDIANA UN

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 Provider CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared:

			10 12/31/20	5/26/2015 1:45 pm
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6.00	7. 00 32, 646, 543		71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	0			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0			73. 00
73. 03 07303 OUTPATIENT RETAIL PHARMACY	-2, 560, 850			73. 03
74. 00 07400 RENAL DIALYSIS	0	1		74. 00
76.00 03020 RH NBN ECMO IC	0	910, 202		76. 00
76. 01 03140 CARDI OLOGY	-397, 750			76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	-1, 800, 229			76. 02
76. 03 03950 CARDI AC CATH	-2, 139, 311			76.03
76. 04 03951 DAY SURGERY 76. 05 03480 ONCOLOGY	0 0	_, ,		76. 04 76. 05
76. 05 03460 0NC0LOGY 76. 06 03952 DAY SURGERY-RI LEY	0			76.05
76. 07 03953 CARDI OLOGY-RI LEY	0	0		76.00
76. 08 03954 ECMO-ADULT	0			76. 08
76. 97 07697 CARDI AC REHABI LI TATI ON	0	1		76. 97
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	149, 410	1 ' '		89. 00
90. 00 09000 CLI NI C	0	1		90.00
90. 01 09001 AMB SVC-0B & GYN	-28, 140			90. 01
90. 02 09002 I USCC HEM/ONC 90. 03 09003 AMB SVC-OPTHALMOLOGY	-762, 685 0			90. 02
90. 04 09004 AMB SVC-PSYCH ADULT		1		90.03
90. 05 09005 AMB SVC-DI ABETES ADULT	0	451, 655		90.05
90. 06 09006 0UTPATI ENT SURGERY	-40,000	2, 088, 859		90.06
90.07 09007 AMB SVC-RILEY CLINICS	-2, 997, 600			90. 07
90. 08 09008 MOTILITY LAB	-31, 999	102, 356		90. 08
90. 09 09009 AMB SVC - PSYCH CHILD	0	1		90. 09
90. 10 09010 CLI NI CAL GERI ATRI CS	-995			90. 10
90. 11 09023 SLEEP LAB	-949, 188			90. 11
90. 12 09024 OP CARE ADULTS 90. 13 09011 PEDIATRIC CLINIC	0	247, 252		90. 12
90. 14 09012 ARTHRITIS CLINIC	0	225, 845		90. 13
90. 15 09013 NEUROLOGY UH	0	223, 043		90. 15
90. 16 09014 ORTHOPEDI CS UH	0	l o		90. 16
90. 17 09015 PHYSI CAL MEDI CI NE	0	741, 155		90. 17
90. 18 09016 DERMATOLOGY CLINIC	-33, 368	508, 732		90. 18
90. 19 09017 I NFUSI ON/HEM/ONC	0	875, 440		90. 19
90. 20 09025 I UMG - MH	0			90. 20
90. 21 09019 OP REHAB CLINIC	0	170, 088		90. 21
90. 22 09020 EATING DISORDERS CLINIC	-291, 153			90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC 90. 24 09021 LIFE CARE CLINIC	-100, 000 -177, 125			90. 23
91. 00 09100 EMERGENCY	-6, 337, 168			91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0, 337, 100	17,407,277		92.00
OTHER REIMBURSABLE COST CENTERS		<u> </u>		72. 55
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	0.00.070	0.005.504		105.00
105. 00 10500 KI DNEY ACQUI SI TI ON	-369, 370			105.00
106. 00 10600 HEART ACQUI SI TI ON 107. 00 10700 LI VER ACQUI SI TI ON	-22, 917 -1, 481, 732			106. 00 107. 00
108. 00 10800 LUNG ACQUISITION	-1,401,732			108.00
109. 00 10900 PANCREAS ACQUISITION	0			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	-		113. 00
116. 00 11600 HOSPI CE	-282, 501			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	1 0	12 144		190. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			190.00
191. 01 19101 RESEARCH-GCRC				191. 00
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			192. 01
192. 02 19202 OTHER NONREI MBURSABLE - I UMC	0			192. 02
192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES	0			192. 03
192. 04 19204 MHH RADI OLOGY	0			192. 04
192. 06 19206 BELTWAY SURGERY 192. 07 19207 RHI	0 0	,		192. 06 192. 07
192. 07 1920 RHI 192. 08 19208 NON-ALLOWABLE ADVERTISING	-128, 998			192. 07
192. 09 19209 ARTHRITIS CLINIC - NR	-128, 448			192. 09
		1 11 1		1,

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TOTAL (SUM OF LINES 118-199)

192. 10 192. 11

200.00

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Provi der CCN: 150056

Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm

		Lnoroooo			5/26/2015 1:4	15 pm
	Cost Center	Increases Line #	Sal ary	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 11. 00		0. 00 0. 00		0		10. 00 11. 00
12. 00		0.00	0	0		12.00
13. 00		0.00	Ö	o		13. 00
14. 00		0.00	Ö	Ö		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	O	0		21. 00
22. 00		0.00	0	0		22. 00
23. 00 24. 00		0. 00 0. 00	0	0		23. 00 24. 00
25. 00		0.00	0	0		25. 00
26. 00		0.00	Ö	o		26. 00
27. 00		0.00	Ö	Ö		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 36. 00		0. 00 0. 00		0		35. 00 36. 00
37. 00		0.00	0	0		37. 00
38. 00		0.00	Ö	o		38. 00
39. 00		0.00	Ö	Ö		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 46. 00		0. 00 0. 00	0	0		45. 00 46. 00
47. 00		0.00	o	0		47. 00
48. 00		0.00	Ö	0		48. 00
49. 00		0.00	Ö	Ö		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 57. 00		0. 00 0. 00	0	0		56. 00 57. 00
58. 00		0.00	o	0		58. 00
59. 00		0.00	Ö	o		59. 00
60.00		0.00	Ö	Ö		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 68. 00		0.00	0	0		67.00
68. 00 69. 00		0. 00 0. 00	0	0		68. 00 69. 00
70. 00		0.00	0	0		70.00
71. 00		0.00	o	0		71.00
71.00		0.00	Ö	o		72.00
73. 00		0.00	Ö	Ö		73. 00
-	•			l.		

INDIANA UNIVERSITY HEALTH

In Lieu of Form CMS-2552-10
Worksheet A-6

Provi der CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm

					5/26/2015 1:	45 pm
		Increases				
	Cost Center	Li ne #	Sal ary	Other		
74.00	2. 00	3.00	4.00	5. 00		74.00
74. 00 75. 00		0. 00 0. 00	0			74. 00 75. 00
76. 00		0.00	0			76.00
77. 00		0.00	0			77. 00
78. 00		0.00	0			78. 00
79. 00		0.00	0			79. 00
80.00		0.00	O			80.00
81.00		0.00	0			81. 00
82.00		0.00	0			82. 00
83.00		0.00	0			83. 00
84. 00		0.00	0			84. 00
85. 00		0.00	0			85. 00
86. 00		0.00	0			86. 00
87. 00 88. 00		0. 00 0. 00	0			87. 00 88. 00
89. 00		0.00	0			89. 00
90. 00		0.00	0			90. 00
91. 00		0.00	Ö			91. 00
92. 00		0.00	0			92. 00
93.00		0.00	O			93. 00
94.00		0.00	0			94. 00
95.00		0.00	0			95. 00
96.00		0.00	0			96. 00
97.00		0.00	0			97. 00
98. 00		0.00	0			98. 00
99. 00		0.00	0			99. 00
100.00		0.00	0			100.00
101.00		0.00	0			101.00
102. 00 103. 00		0. 00 0. 00	-	_		102. 00 103. 00
103.00		0.00	0			103.00
	B - ADVERTISING			101, 557, 459		-
	NON-ALLOWABLE ADVERTISING	192. 08	C	114, 207		1. 00
2. 00	/\ /\	0.00	0			2. 00
3.00		0.00	O	1		3. 00
4.00		0.00	0	0		4. 00
5.00		0.00	0			5. 00
6.00		0.00	0			6. 00
7.00		0.00	0			7. 00
8. 00		0.00	0			8. 00
9.00		0.00	0			9. 00
10.00		0.00	0			10.00
11. 00		0. 00 0. 00	0			11. 00 12. 00
12. 00 13. 00		0.00	0			13. 00
14. 00		0.00	0			14. 00
15. 00		0.00	Ö			15. 00
		— — •	— — — <u> </u>			10.00
	C - DEPRECIATION	1		11.17207		1
1.00	NEW CAP REL COSTS-BLDG &	1.00	C	8, 731, 825		1. 00
	FIXT					
2.00	NEW CAP REL COSTS-MVBLE	2.00	0	42, 834, 960		2. 00
	EQUI P		_	_		
3.00		0.00	0			3. 00
4.00		0.00	0			4. 00
5.00		0.00	0			5. 00
6. 00 7. 00		0. 00 0. 00	0			6. 00 7. 00
8. 00		0.00	0			8. 00
9. 00		0.00	Ö			9. 00
10. 00		0.00	0			10. 00
11. 00		0.00	0			11. 00
12.00		0.00	0			12.00
13. 00		0.00	0			13. 00
14.00		0.00	0	0		14. 00
15. 00		0.00	0			15. 00
16. 00		0.00	0			16. 00
17. 00		0.00	0			17. 00
18. 00		0.00	0			18. 00
19. 00		0.00	0			19. 00
20. 00		0.00	0			20.00
21. 00 22. 00		0. 00 0. 00	0			21. 00 22. 00
22. 00		0.00	0			23. 00
_3. 50	İ	ı 0. 00 <u> </u>		<u>, </u>		

Health Financial Systems RECLASSIFICATIONS Provi der CCN: 150056

Peri od: From 01/01/2014 To 12/31/2014

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

					5/26/2015 1:4	45 pm
		Increases		0.11		
	Cost Center	Li ne #	Sal ary	0ther		
24. 00	2. 00	3.00	4.00	5.00		24.00
		0.00	0			24. 00
25. 00		0.00	0			25. 00
26. 00			0			26. 00
27. 00		0.00				27. 00
28. 00		0.00	0			28. 00
29. 00		0.00	0			29. 00
30.00		0.00	0			30.00
31. 00		0.00	0			31. 00
32.00		0.00	0			32. 00
33.00		0.00	0			33. 00
34.00		0. 00	0	이		34. 00
35.00		0.00	0	0		35. 00
36. 00		0.00	0			36. 00
37. 00		0. 00	0			37. 00
38. 00		0. 00	0			38. 00
39. 00		0.00	0			39. 00
40. 00		0. 00	0			40. 00
41. 00		0. 00	0			41. 00
42.00		0. 00	0			42. 00
43.00		0. 00	0	0		43. 00
44.00		0. 00	0			44. 00
45. 00		0. 00	0			45. 00
46. 00		0. 00	0			46. 00
47. 00		0. 00	0			47. 00
48. 00		0.00	0			48. 00
49. 00		0.00	0			49. 00
50.00		0. 00	0			50. 00
51. 00		0. 00	0			51. 00
52.00		0. 00	0	이		52. 00
53. 00		0.00	0			53. 00
54. 00		0.00	0			54. 00
55. 00		0.00	0			55. 00
56.00		0.00	0			56. 00
57. 00		0.00	0			57. 00
58. 00		0.00	0			58. 00
59. 00		0.00	0			59.00
60.00		0.00	0			60.00
61. 00		0.00	0			61.00
62. 00		0.00	0			62.00
63.00		0. 00 0. 00	0			63.00
64. 00			0			64.00
65. 00 66. 00	•	0. 00 0. 00	0			65. 00 66. 00
67. 00		0.00	0			67.00
68. 00	•	0.00	0			68. 00
69. 00	•	0.00	0			69.00
70. 00	•	0.00	0			70.00
71. 00		0.00	0			71.00
72. 00		0.00	0	1		72.00
73. 00		0.00	0	1		73.00
74. 00		0.00	0			74.00
75. 00		0.00	0			75. 00
76. 00		0.00	0	1		76. 00
77. 00		0.00	0	1		77. 00
78. 00		0.00	0	1		78. 00
79. 00		0.00	0	1		79. 00
80. 00		0.00	0	ő		80.00
81. 00		0.00	0			81. 00
82. 00		0.00	0	Ö		82.00
83. 00		0.00	0	-		83. 00
84. 00		0.00	0			84. 00
85. 00		0.00	0			85. 00
86. 00		0.00	0			86. 00
	<u> </u>		0			
	D - SUPPLIES & IMPLANTS					
1.00	CENTRAL SERVICES & SUPPLY	14. 00	C			1. 00
2.00	UH NS 31 C	34. 03	0	86		2. 00
3.00	RADI OI SOTOPE	56.00	0			3. 00
4.00	MEDICAL SUPPLIES CHARGED TO	71. 00	0			4. 00
	PATI ENTS					
5.00	IMPL. DEV. CHARGED TO	72. 00	0	61, 454, 932		5. 00
	PATI ENT					
6.00	I USCC HEM/ONC	90. 02	0			6.00
7. 00	1	0.00	0	0		7. 00

Health Financial Systems		INDIANA UNIVERSITY HE						In Lieu of Form CMS-2552-10		
RECLASSI FI CATI ONS					Provi der	CCN:	150056	Peri od: From 01/01/2014	Worksheet A-6	5
								To 12/31/2014	Date/Time Pro 5/26/2015 1:4	epared:
		Increases							372072013 1.2	+5 piii
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00		0ther 5.00					
8. 00	2. 00	0.00	4.00		5.00					8. 00
9.00		0.00	0		0					9. 00
10.00		0.00	0		0					10.00
11. 00 12. 00		0. 00 0. 00	0		0					11. 00 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 17. 00		0. 00 0. 00	0		0					16. 00 17. 00
18. 00		0.00	0		0					18. 00
19. 00		0.00	0		0					19. 00
20. 00 21. 00		0. 00 0. 00	0		0					20. 00 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 26. 00		0. 00 0. 00	0		0					25. 00 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 31. 00		0. 00 0. 00	0		0					30. 00 31. 00
32. 00		0.00	0		0					32. 00
33.00		0.00	0		0					33. 00
34. 00 35. 00		0. 00 0. 00	0		0					34. 00 35. 00
36. 00		0.00	0		0					36. 00
37. 00		0.00	0		0					37. 00
38. 00 39. 00		0. 00 0. 00	0		0					38. 00 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 44. 00		0. 00 0. 00	0		0					43. 00 44. 00
45. 00		0.00	0		0					45. 00
46. 00		0.00	0		0					46. 00
47. 00 48. 00		0. 00 0. 00	0		0					47. 00 48. 00
49. 00		0.00	0		0					49. 00
50.00		0.00	0		0					50. 00
51. 00 52. 00		0. 00 0. 00	0		0					51. 00 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 57. 00		0. 00 0. 00	0		0					56. 00 57. 00
58. 00		0.00	0		0					58. 00
59. 00		0.00	0		0					59. 00
60. 00 61. 00		0. 00 0. 00	0		0					60. 00 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 66. 00		0. 00 0. 00	0		0					65. 00 66. 00
67. 00		0.00	0		0					67. 00
68. 00		0.00	0		0					68. 00
69. 00 70. 00		0. 00 0. 00	0		0					69. 00 70. 00
70.00		0.00	0		0					71.00
72.00		0.00	0		0					72. 00
73.00		0.00	0		0					73.00
74. 00 75. 00		0. 00 0. 00	0		0					74. 00 75. 00
76.00		0.00	0		0					76. 00
77. 00		0.00	0		0					77. 00
78. 00 79. 00		0. 00 0. 00	0		0					78. 00 79. 00
80. 00		0.00	0		0					80. 00
	0			17	8, 315, 539					

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2014 To 12/31/2014 Provi der CCN: 150056 Date/Time Prepared: 5/26/2015 1:45 pm

					5/26/2015 1:	45 pm
	Cost Contor	Increases	Salary	Othor		
	Cost Center 2.00	Li ne # 3.00	Sal ary 4. 00	0ther 5.00		
	E - DRUGS	3.00	4.00	5.00		
1.00	PURCHASING, RECEIVING &	5. 03	0	166		1.00
1.00	STORES	3.03	O	100		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	o	0		4. 00
5.00		0.00	O	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			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 24. 00		0. 00 0. 00	0			23. 00 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	o		28. 00
29. 00		0.00	0	o		29. 00
30.00		0.00	Ö	o		30.00
31. 00		0.00	O			31.00
32. 00		0.00	0	Ō		32. 00
33.00		0.00	O	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			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. 00	0	0		48. 00 49. 00
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	Ö		53. 00
54. 00		0.00	0	0		54. 00
55. 00		0.00	0	0		55. 00
56. 00		0.00	0	Ö		56. 00
57. 00		0.00	o o	0		57. 00
58. 00		0.00	o	Ö		58. 00
59.00		0.00	O	0		59. 00
60.00		0.00	0	0		60.00
61.00		0.00	o	0		61.00
	0			127, 144, 828		
	F - BLOOD					
1.00	RADI OLOGY-DI AGNOSTI C	54. 00	0			1. 00
2.00	BLOOD STORING, PROCESSING &	63.00	0	12, 382, 789		2. 00
	TRANS.					
3.00		0.00	0	0		3. 00
	O ANUDOEDY O 122		0	12, 383, 189		4
1 00	G - NURSERY & L&D	40.00	1 407 000	200 200		1 00
1.00	NURSERY	43.00	1, 407, 920			1.00
2. 00	DELIVERY ROOM & LABOR ROOM	52.00				2. 00
	0		0, 120, 002	000, 007		<u> </u>

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: Provider CCN: 150056

					5/26/2015 1: 45 pm
		Increases			
	Cost Center	Li ne #	Sal ary	0ther	
	2.00	3.00	4. 00	5. 00	
1 00	H - SLEEP LAB	00 11	117.0//		1 00
1. 00 2. 00	SLEEP LAB	90. 11 0. 00	117, 966	0	1. 00 2. 00
2.00			117, 966	0	2.00
	I - OB SERVICES		117, 700	<u> </u>	
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 - RADI OLOGY PARAMED	20.00	==0 40 <i>i</i>		
1. 00	PARAMED RADI OLOGY-METHODI ST	23.02	57 <u>8, 1</u> 86	44, 231	1.00
	K - PHARMACIST PARAMED		578, 186	44, 231	
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	
1 00	L - PHARMACY TECH PARAMED PARAMED PHARMACY TECH	22 10	20.740	1 507	1 00
1. 00 2. 00	PARAMED PHARMACY TECH	23. 10 0. 00	20, 748	1, 587 0	1.00
3. 00		0.00	0	0	3.00
0.00		— — 		<u> </u>	0.00
	M - CLINICAL LAB PARAMED		.,	, , , ,	
1.00	PARAMED LAB SCIENCE PRO	23. 06	137, 310	10, 504	1.00
2.00		0.00	•	0	2. 00
	O DOMN		137, 310	10, 504	
1 00	N - ORGAN	107.00	0/ 40/	10.042	1 00
1. 00 2. 00	HEART ACQUISITION LIVER ACQUISITION	106. 00 107. 00	96, 496 334, 209	19, 043 34, 825	1.00
3. 00	LUNG ACQUISITION	107.00	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	
	0 - 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 4. 00		0. 00 0. 00	0	0	3. 00 4. 00
5. 00		0.00	0	0	5. 00
6. 00		0.00	Ö	Ö	6. 00
			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	1 <u>09.</u> 00	•	$ \frac{91}{4}$	2. 00
	Q - NON-TXPL EMPLOYEES		0	1, 415	
1.00	KIDNEY ACQUISITION	105.00	99, 983	0	1.00
2. 00	NI BNET NOZOTOT TON	0.00	0	Ö	2. 00
3.00		0.00	Ö	0	3. 00
4.00		0.00	0	0	4. 00
5.00		0.00	0	0	5. 00
	0		99, 983	0	
1 00	R - SURGI CAL TECH PARAMED	22.00	124 045	0 550	1 00
1. 00	PARAMED SURGERY TECHNOLOGY	23. 09	12 <u>4, 945</u> 124, 945	<u>9, 5</u> 58 9, 558	1. 00
	S - RENAL ADMIN		124, 740	7, 000	
1. 00	HOME PROGRAM DIALYSIS	94.00	47, 895	39, 699	1.00
	TOTALS		47, 895	39, 699	
	T - PHONE			<u> </u>	
1.00	NONPATIENT TELEPHONES	5. 01	0	112, 881	1. 00
2.00		0.00	0	0	2.00
3. 00 4. 00		0. 00 0. 00	0	0	3. 00 4. 00
4. 00 5. 00		0.00	0	0	5. 00
6. 00		0.00	o	Ö	6. 00
7. 00		0.00	Ö	O	7. 00
8.00		0.00	0	О	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 13. 00		0. 00 0. 00	0	0	12. 00 13. 00
14. 00		0.00	0	0	14. 00
15. 00		0.00	o	0	15. 00
	1	5. 50	9	<u> </u>	

MCRI F32 - 7. 2. 157. 2 37 | Page Period: Worksheet A-6 From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm

		Increases			
	Cost Center	Li ne #	Sal ary	0ther	
	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	GIFT, FLOWER, COFFEE SHOP &	190. 00	974	0	2.00
	CANTEEN				
	TOTALS		6, 120	0	
	V - RADIO PHARM RECLASS				
1.00	OTHER ADMINISTRATIVE AND	5. 06	0	885	1.00
	GENERAL				
2.00	PHARMACY	15. 00	0	154	2.00
3.00	IMPL. DEV. CHARGED TO	72. 00	0	4, 222, 829	3.00
	PATI ENT				
4.00	CARDI AC 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

MCRI F32 - 7. 2. 157. 2 38 | Page Health Financial Systems RECLASSIFICATIONS Period: Worksheet A-6 From 01/01/2014 To 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Provider CCN: 150056

COLI CITATION 1997 Solidary Other Pack A.7. Ref.							5/26/2015	1:45 pm
BUTTITY			Decreases	6.1	0.11			
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DEFINITION COLUMN			7.00	0.00	7. 00	10.00		
2 DO MAINTENINCE & REPAIRS	1.00	OTHER ADMINISTRATIVE AND	5. 06	0	2, 397, 900	0		1. 00
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In Lieu of Form CMS-2552-10

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2014 To 12/31/2014 Date/Ti me Prepared: 5/26/2015 1:45 pm Provider CCN: 150056

						5/26/2015 1:	45 pm
		Decreases					
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
68. 00	CLINICAL GERIATRICS	90. 10	0				68. 00
69. 00	SLEEP LAB	90. 11	0	374, 909			69. 00
70.00	OP CARE ADULTS	90. 12	0	35, 952			70. 00
71. 00	ARTHRITIS CLINIC	90. 14	0	20, 978			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	I NFUSI ON/HEM/ONC	90. 19	0	103, 929	0		74. 00
75.00	I UMG - MH	90. 20	0	75, 132	0		75. 00
76.00	OP REHAB CLINIC	90. 21	0	41, 157	o		76. 00
77. 00	EATING DISORDERS CLINIC	90. 22	0				77. 00
78. 00	GASTROENTEROLOGY CLINIC	90. 23	0				78. 00
79. 00	LIFE CARE CLINIC	90. 24	0				79. 00
80. 00	EMERGENCY	91.00	0				80.00
81. 00	HOME PROGRAM DIALYSIS	94.00	0	-,,			81. 00
82. 00	AMBULANCE SERVICES	95. 00	0		0		82. 00
83. 00	HOME HEALTH AGENCY	101.00	0				83. 00
84. 00	•	105.00	0				84. 00
	KI DNEY ACQUI SI TI ON		-				1
85. 00	HEART ACQUISITION	106.00	0	, . = -			85. 00
86.00	LIVER ACQUISITION	107.00	0	,			86.00
87. 00	LUNG ACQUISITION	108.00	0	112, 011	0		87. 00
88. 00	PANCREAS ACQUISITION	109.00	0	,			88. 00
89. 00	INTESTINE ACQUISITION	110. 00	0	39, 115			89. 00
90.00	OTHER ORGAN ACQUISITION	112. 00	0	,			90. 00
91. 00	HOSPI CE	116. 00	0				91. 00
92.00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	697	0		92. 00
	CANTEEN						
93. 00	RESEARCH	191. 00	0	481, 006			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
	NONREI MBURSABLE-METHODI ST						
97.00	OTHER NONREIMBURSABLE - IUMC	192. 02	0	178, 218	0		97. 00
98.00	MHH RADI OLOGY	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			100.00
101.00	NON-ALLOWABLE ADVERTISING	192. 08	0		o		101.00
	ARTHRITIS CLINIC - NR	192. 09	0				102. 00
	CARDIO PHYSICIANS	192. 10	0				103. 00
	0		— — <u> </u>				1.00.00
	B - ADVERTISING			, , , , , , , , , , , , , , , , , , , ,			1
1.00	OTHER ADMINISTRATIVE AND	5. 06	0	1, 651	0		1. 00
	GENERAL			,			
2.00	DI ETARY	10. 00	0	350	0		2. 00
3. 00	RADI OLOGY-DI AGNOSTI C	54.00	0				3. 00
4. 00	RESPIRATORY THERAPY	65. 00	0	1			4. 00
5. 00	OUTPATIENT RETAIL PHARMACY	73. 03	0	681	0		5. 00
6. 00	CARDI AC CATH	76. 03	0	16, 318	o		6. 00
7. 00	FEDERALLY QUALIFIED HEALTH	89. 00	0				7. 00
7.00	CENTER	07.00	0	30			7.00
8.00	AMB SVC-RILEY CLINICS	90. 07	0	140	0		8. 00
9. 00	SLEEP LAB	90. 07	0				9. 00
	•	90. 11	0				10.00
10.00	EATING DISORDERS CLINIC		0				1
11.00	EMERGENCY	91.00	0	11, 853			11. 00
12.00	AMBULANCE SERVICES	95.00	0				12.00
13. 00	HOME HEALTH AGENCY	101.00	0	12, 715			13. 00
14. 00	KI DNEY ACQUI SI TI ON	105. 00	0	· ·			14. 00
15. 00	HOSPICE	116.00	0	92			15. 00
	0		0	114, 207			_
	C - DEPRECIATION			455 744			4
1. 00	PURCHASING, RECEIVING &	5. 03	0	155, 741	9		1. 00
2.00	STORES		-	45 4/4 05:	_		1
2. 00	OTHER ADMINISTRATIVE AND	5. 06	0	15, 161, 974	9		2. 00
0.00	GENERAL	,	=		_		
3.00	MAINTENANCE & REPAIRS	6.00	0				3. 00
4.00	OPERATION OF PLANT	7. 00	0				4. 00
5.00	LAUNDRY & LINEN SERVICE	8. 00	0	.,			5. 00
6.00	DI ETARY	10. 00	0	110, 329			6. 00
7.00	NURSING ADMINISTRATION	13. 00	0	,			7. 00
8.00	CENTRAL SERVICES & SUPPLY	14. 00	0	629, 916			8. 00
9. 00	PHARMACY	15. 00	0	1, 157, 933			9. 00
10.00	SOCIAL SERVICE	17. 00	0	1, 854			10. 00
11. 00	PATIENT TRANSPORTATION	18. 00	0				11. 00
12.00	I&R SERVICES-OTHER PRGM	22. 00	0	12, 920			12. 00
	COSTS APPRVD						
				•	. '		•

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						5/26/2015 1:45	pm
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
12.00	6.00 PARAMED ED HEALTH SCIENCES	7. 00	8.00	9.00	10.00		12.00
13. 00 14. 00	PARAMED ED HEALTH SCIENCES PARAMED RESPIRATORY THERAPY	23. 01 23. 03	0	16, 153 16, 420			13. 00 14. 00
15. 00	PARAMED RESPIRATORY THERAPY	23. 03	0	2, 282		1	15. 00
16. 00	ADULTS & PEDIATRICS	30.00	0	2, 560, 448		1	16. 00
17. 00	INTENSIVE CARE UNIT	31.00	0	197, 560			17. 00
18. 00	CORONARY CARE UNIT	32.00	0	80, 372		1	18. 00
19. 00	NEONATAL INTENSIVE CARE UNIT	32.00	0	121, 630	_	1	19. 00
20. 00	BURN INTENSIVE CARE UNIT	33.00	0	25, 786		1	20. 00
21. 00	UH SURG 61 C	34. 02	0	68, 617	0	1	21. 00
22. 00	RH PED IC	34.04	0	72, 685	_	1	22. 00
23. 00	TRANSPLANT ICU	34. 05	0	1, 802		1	23. 00
24. 00	PEDS CANCER CARE	34.06	0	188, 113		1	24. 00
25. 00	SUBPROVI DER - I PF	40.00	0	9, 557	0		25. 00
26. 00	NURSERY	43. 00	0		0		26. 00
27. 00	OPERATING ROOM	50.00	0	8, 607, 486		1	27. 00
28. 00	ENDOSCOPY	50. 01	0	149, 727	0	1	28. 00
29. 00	RECOVERY ROOM	51.00	0	136, 257	0		29. 00
30. 00	ANESTHESI OLOGY	53.00	0	515, 188	0	1	30.00
31.00	PULMONARY FUNCTION TESTING	53. 01	0	177, 081	0		31. 00
32.00	RADI OLOGY-DI AGNOSTI C	54.00	0	4, 911, 570	0		32.00
33.00	RADI OLOGY-THERAPEUTI C	55. 00	0	1, 132, 254	0		33.00
34.00	RADI OI SOTOPE	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 &	63.00	0	42, 204	0		37.00
	TRANS.						
38. 00	RESPI RATORY THERAPY	65. 00	0	730, 067	0		38. 00
39. 00	PHYSI CAL THERAPY	66.00	0	131, 790			39. 00
40.00	OCCUPATI ONAL THERAPY	67. 00	0	16, 061	0		40.00
41. 00	SPEECH PATHOLOGY	68. 00	0	142, 345		1	41. 00
42. 00	ELECTROCARDI OLOGY	69. 00	0	181, 120		1	42. 00
43. 00	ELECTROENCEPHALOGRAPHY	70. 00	0	330, 459		1	43. 00
44. 00	OUTPATIENT RETAIL PHARMACY	73. 03	0	112, 640		1	44. 00
45. 00	RENAL DIALYSIS	74.00	0	166, 125		1	45. 00
46. 00	RH NBN ECMO IC	76.00	0	22, 672		1	46. 00
47. 00	CARDI OLOGY	76. 01	0	368, 759		1	47. 00
48. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 02	0	3, 692	0		48. 00
49. 00	SERVI CES	7/ 02	0	244 574	0		10 00
50. 00	CARDI AC CATH DAY SURGERY	76. 03 76. 04	0	244, 574	0	1	49. 00 50. 00
50.00	AMB SVC-OB & GYN	90. 01	0	62, 322	_	1	51. 00
52. 00	I USCC HEM/ONC	90.01	0	63, 763 2, 511, 084	_	1	52. 00
53. 00	AMB SVC-OPTHALMOLOGY	90.02	0	2, 511, 084	0	1	53. 00
54. 00	AMB SVC-PSYCH ADULT	90.03	0	2, 522	0	1	54. 00
55. 00	OUTPATIENT SURGERY	90.06	0	48, 079	_	1	55. 00
56. 00	AMB SVC-RILEY CLINICS	90.07	0	274, 855	_	1	56. 00
57. 00	MOTILITY LAB	90.08	0	14, 728		1	57. 00
58. 00	CLINICAL GERIATRICS	90. 10	0		_		58. 00
59. 00	SLEEP LAB	90. 11	0	202, 288		1	59. 00
60. 00	OP CARE ADULTS	90. 12	0	2, 202		1	60.00
61. 00	ARTHRITIS CLINIC	90. 14	0	1, 231	0		61.00
62. 00	PHYSICAL MEDICINE	90. 17	0	4, 120		1	62.00
63.00	DERMATOLOGY CLINIC	90. 18	0	41, 161	0		63.00
64.00	I NFUSI ON/HEM/ONC	90. 19	0	27, 817	0	1	64. 00
65.00	I UMG - 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			73.00
74. 00	LIVER ACQUISITION	107. 00	0	6, 230			74.00
75. 00	LUNG ACQUISITION	108. 00	0	5, 978		1	75. 00
76. 00	OTHER ORGAN ACQUISITION	112. 00	0	1, 647			76. 00
77. 00	HOSPI CE	116. 00	0	37, 997	0		77. 00
78. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	1, 384	0		78. 00
70.00	CANTEEN	404.5-	-	a	_		70.00
79. 00	RESEARCH	191.00	0	36, 429			79.00
80.00	OSA	191. 02	0	23, 620		1	80.00
81.00	PHYSICIANS' PRIVATE OFFICES OTHER	192.00	0	1, 745		1	81.00
82. 00	NONREI MBURSABLE-METHODI ST	192. 01	Ü	548, 642			82. 00
	PROTECT MIDDICONDEE-METHODI 31	ı l		l	1	I I	

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						To 12/31/2014 Date/Time Pi 5/26/2015 1	
		Decreases	0.1	011			
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
83. 00	OTHER NONREIMBURSABLE - IUMC	192. 02	0.00	496, 924			83. 00
84. 00	RHI	192. 07	0	934			84. 00
85. 00 86. 00	NON-ALLOWABLE ADVERTISING CARDIO PHYSICIANS	192. 08 192. 10	0	789, 555 23, 716			85. 00 86. 00
66.00	0	192. 10	— — — 0				86.00
	D - SUPPLIES & IMPLANTS			, ,			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0				1.00
2. 00 3. 00	DATA PROCESSING PURCHASING, RECEIVING &	5. 02 5. 03	0	27 175, 385	0		2.00
0.00	STORES RESERVING U	0.00	0	170,000			0.00
4.00	ADMITTING	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 9. 00	LAUNDRY & LINEN SERVICE HOUSEKEEPING - METHODIST	8. 00 9. 03	0	87, 406 1, 138			8. 00 9. 00
10.00	DI ETARY	10. 00	0	2, 014	-		10.00
11. 00	NURSING ADMINISTRATION	13.00	0	7, 823			11. 00
12.00	PHARMACY	15.00	0	1, 502, 625			12.00
13. 00 14. 00	SOCIAL SERVICE PATIENT TRANSPORTATION	17. 00 18. 00	0	46 6, 215	0		13.00
15. 00	I &R SERVICES-OTHER PRGM	22. 00	0	340	-		15. 00
	COSTS APPRVD						
16. 00 17. 00	PARAMED ED HEALTH SCIENCES PARAMED RESPIRATORY THERAPY	23. 01 23. 03	0	20 4, 915	0		16. 00
18. 00	PARAMED RESPIRATORY THERAPY PARAMED LAB SCIENCE PRO	23. 06	0	7, 900			18. 00
19. 00	PARAMED MEDICAL ASSIST	23. 08	0	16			19. 00
20.00	PARAMED SURGERY TECHNOLOGY	23. 09	0	76			20.00
21. 00 22. 00	PARAMED PHARMACY TECH ADULTS & PEDIATRICS	23. 10 30. 00	0	991 12, 758, 219	0		21. 00
23. 00	INTENSIVE CARE UNIT	31.00	0	1, 837, 613			23. 00
24.00	CORONARY CARE UNIT	32.00	0	1, 866, 884			24. 00
25. 00 26. 00	NEONATAL INTENSIVE CARE UNIT	32. 01	0	287, 410			25. 00 26. 00
27. 00	UH SURG 61 C	33. 00 34. 02	0	153, 309 598, 812	-		27. 00
28. 00	RH PED IC	34. 04	0	931, 644			28. 00
29. 00	TRANSPLANT I CU	34. 05	0	450, 480			29. 00
30. 00 31. 00	PEDS CANCER CARE SUBPROVI DER - I PF	34. 06 40. 00	0	107, 120 34, 588			30.00
32. 00	OPERATING ROOM	50.00	0	86, 597, 135	-		32. 00
33.00	ENDOSCOPY	50. 01	0	711, 409			33. 00
34. 00	RECOVERY ROOM ANESTHESIOLOGY	51.00	0	481, 371	0		34. 00
35. 00 36. 00	PULMONARY FUNCTION TESTING	53. 00 53. 01	0	2, 803, 006 214, 017	0		35. 00 36. 00
37. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	10, 292, 224	0		37. 00
38. 00	RADI OLOGY-THERAPEUTI C	55.00	0	198, 603			38. 00
39. 00 40. 00	CARDI AC CATHETERI ZATI ON LABORATORY	59. 00 60. 00	0	3, 309, 950 28, 132, 362			39. 00 40. 00
41. 00	TRANSPLANT IMMUNOLOGY	60. 01	0	1, 052, 094			41. 00
42.00	BLOOD STORING, PROCESSING &	63.00	0	891, 582			42. 00
43. 00	TRANS. RESPI RATORY THERAPY	65. 00	0	1, 345, 671			43. 00
44. 00	PHYSICAL THERAPY	66.00	0	564, 437	0		44. 00
45.00	OCCUPATI ONAL THERAPY	67. 00	0	82, 925	0		45. 00
46. 00	SPEECH PATHOLOGY	68.00	0	1, 108, 061	0		46. 00
47. 00 48. 00	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	69. 00 70. 00	0	75, 437 181, 636			47. 00 48. 00
49. 00	RENAL DI ALYSI S	74.00	0	1, 842, 598			49. 00
50.00	RH NBN ECMO IC	76.00	0	174, 370			50.00
51. 00 52. 00	CARDI OLOGY PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01 76. 02	0	5, 665, 229 27, 579			51. 00 52. 00
32.00	SERVICES	76. 02	Ü	21, 519	U		32.00
53.00	CARDI AC CATH	76. 03	0	5, 575, 047			53. 00
54.00	DAY SURGERY	76.04	0	545, 818			54. 00
55. 00 56. 00	CARDIAC REHABILITATION AMB SVC-OB & GYN	76. 97 90. 01	0	2, 569 43, 969			55. 00 56. 00
57. 00	AMB SVC-OPTHALMOLOGY	90. 03	0	5, 352			57. 00
58. 00	AMB SVC-PSYCH ADULT	90. 04	0	2, 478			58. 00
59. 00 60. 00	OUTPATIENT SURGERY AMB SVC-RILEY CLINICS	90. 06 90. 07	0	34, 741 188, 113	0		59. 00 60. 00
61. 00	MOTILITY LAB	90.07	0	58, 192			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

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Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2014 To 12/31/2014 Date/Ti me Prepared: 5/26/2015 1:45 pm Provider CCN: 150056

						5/26/2015 1:4	45 pm
		Decreases		1			
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
(1 00	6. 00	7. 00	8. 00	9.00	10.00		(1.00
64. 00	OP CARE ADULTS	90. 12	0	-,	0		64. 00
65. 00	ARTHRITIS CLINIC PHYSICAL MEDICINE	90. 14 90. 17	0				65. 00
66. 00 67. 00	DERMATOLOGY CLINIC	90. 17	0	12, 283 92, 689			66. 00 67. 00
68. 00	I NFUSI ON/HEM/ONC	90. 18	0	1	-		68.00
69. 00	I UMG - MH	90. 19	0	3, 807	0		69.00
70. 00	OP REHAB CLINIC	90. 21	0	1	-		70.00
71. 00	EATING DISORDERS CLINIC	90. 22	0	675			71.00
72. 00	GASTROENTEROLOGY CLINIC	90. 23	0	30, 592	-		72. 00
73. 00	LIFE CARE CLINIC	90. 24	0	1	O		73. 00
74. 00	EMERGENCY	91.00	0	1			74. 00
75. 00	HOME PROGRAM DIALYSIS	94.00	0	1	0		75. 00
76.00	AMBULANCE SERVICES	95.00	0	318, 506	0		76. 00
77.00	KIDNEY ACQUISITION	105.00	0	1	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	11200	0				80. 00
	0		0	178, 315, 539]
	E - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0		0		1. 00
2.00	OTHER ADMINISTRATIVE AND	5. 06	0	1, 443	0		2. 00
	GENERAL		_		_		
3.00	NURSING ADMINISTRATION	13. 00	0				3. 00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0		0		4. 00
5.00	PHARMACY	15. 00	0	,,			5. 00
6.00	PARAMED RESPIRATORY THERAPY	23. 03	0	1	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	781, 101	0		7.00
8. 00 9. 00	INTENSIVE CARE UNIT	31. 00 32. 00	0				8. 00 9. 00
10.00	NEONATAL INTENSIVE CARE UNIT	32. 00 32. 01	0	1			10.00
11. 00	BURN INTENSIVE CARE UNIT	33. 00	0	1			11. 00
12. 00	UH SURG 61 C	34. 02	0	1			12. 00
13. 00	RH PED IC	34. 04	0	1	o		13. 00
14. 00	TRANSPLANT I CU	34. 05	0	1			14. 00
15. 00	PEDS CANCER CARE	34. 06	0	1	0		15. 00
16. 00	SUBPROVI DER - I PF	40. 00	0	263			16. 00
17. 00	OPERATING ROOM	50.00	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	ANESTHESI OLOGY	53.00	0	1, 198, 576	0		20. 00
21.00	PULMONARY FUNCTION TESTING	53. 01	0	19, 431	0		21. 00
22. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 610, 455	0		22. 00
23. 00	RADI OLOGY-THERAPEUTI C	55. 00	0	4, 317	0		23. 00
24. 00	RADI OI SOTOPE	56. 00	0		1		24. 00
25. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	70, 312			25. 00
26. 00	LABORATORY	60.00	0		0		26. 00
27. 00	BLOOD STORING, PROCESSING &	63. 00	0	524	0		27. 00
28. 00	TRANS.	65.00	0	2, 130, 876	0		28. 00
29. 00	RESPIRATORY THERAPY PHYSICAL THERAPY	66.00	0	1			29. 00
30.00	SPEECH PATHOLOGY	68.00	0	1			30.00
31. 00	ELECTROCARDI OLOGY	69.00	0				31.00
32. 00	ELECTROENCEPHALOGRAPHY	70.00	0	1	0		32.00
33. 00	RENAL DI ALYSI S	74. 00	0	1			33. 00
34. 00	RH NBN ECMO IC	76. 00	0		0		34. 00
35. 00	CARDI OLOGY	76. 01	0	1	0		35. 00
36.00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 02	0	148	0		36. 00
	SERVI CES						
37.00	CARDI AC CATH	76. 03	0	171, 149			37. 00
38. 00	DAY SURGERY	76. 04	0		0		38. 00
39. 00	AMB SVC-OB & GYN	90. 01	0				39. 00
40. 00	I USCC HEM/ONC	90. 02	0				40. 00
41. 00	AMB SVC-OPTHALMOLOGY	90. 03	0	,	0		41. 00
42.00	OUTPATIENT SURGERY	90.06	0	12, 584			42.00
43. 00	AMB SVC-RILEY CLINICS	90.07	0				43. 00
44. 00	MOTILITY LAB	90.08	0	77			44.00
45. 00	CLINICAL GERIATRICS	90. 10	0				45. 00
46. 00	OP CARE ADULTS	90. 12	0				46.00
47.00	ARTHRITIS CLINIC	90. 14	0		0		47.00
48. 00 49. 00	PHYSICAL MEDICINE DERMATOLOGY CLINIC	90. 17 90. 18	0	138, 463 14, 169	-		48. 00 49. 00
50. 00	I NFUSI ON/HEM/ONC	90. 18	0	1	0		50.00
51.00	I UMG - MH	90. 19	0	1			51.00
52. 00	OP REHAB CLINIC	90. 21	0	1			52.00
	12. 11.2.2.2.3.2.111.0	70.21		1 370, 077	<u> </u>		52.50

MCRI F32 - 7. 2. 157. 2 43 | Page Health Financial Systems In Lieu of Form CMS-2552-10 Provider CCN: 150056 RECLASSI FI CATIONS Peri od: Worksheet A-6

From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 GASTROENTEROLOGY CLINIC 53.00 90.23 7,966 0 53.00 54.00 LIFE CARE CLINIC 90.24 187, 755 54.00 0 55.00 EMERGENCY 91.00 0 157, 115 55.00 HOME PROGRAM DIALYSIS 94.00 908.075 0 56,00 56,00 57.00 AMBULANCE SERVICES 95.00 70, 258 0 57.00 KIDNEY ACQUISITION 105.00 o 0 58.00 32, 693 58.00 o 59.00 HEART ACQUISITION 106.00 21, 895 0 59.00 3, 596 LIVER ACQUISITION 0 0 60.00 107.00 60.00 61.00 LUNG ACQUISITION 108.00 201, 911 0 61.00 0 127, 144, 828 - BLOOD 1.00 OPERATING ROOM 50.00 0 233 0 1.00 2.00 LABORATORY 60.00 o 12, 382, 220 0 2.00 3.00 CARDIAC CATH 76.03 0 3.00 736 ō 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 2.00 6, 125, 862 885, 857 SLEEP LAB OTHER ADMINISTRATIVE AND 1.00 5.06 526 0 1.00 GENERAL HOME HEALTH AGENCY 2.00 101.00 117.440 0 0 2.00 117, 966 OB SERVICES 1.00 ADULTS & PEDIATRICS 30.00 260, 082 1, 075, 177 0 1.00 2.00 0.00 0 2.00 260, 082 1, 075, 177 J - RADIOLOGY PARAMED 1.00 RADI OLOGY-DI AGNOSTI C 54. 00 44. 231 578, 186 0 1.00 578, 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 4.00 590<u>, 772</u> 45, 195 - PHARMACY TECH PARAMED 1.00 PHARMACY 15.00 9,098 696 0 1.00 OUTPATIENT RETAIL PHARMACY 2.00 73.03 8,724 667 0 2.00 3 00 HOME HEALTH AGENCY 101.00 2, 926 3 00 224 0 20, 748 1,587 M - CLINICAL LAB PARAMED 1.00 LABORATORY 60.00 124, 744 9, 543 0 1.00 BLOOD STORING, PROCESSING & 2.00 63.00 12, 566 961 0 2.00 TRANS 137, 310 10, 504 N - ORGAN 1.00 KIDNEY ACQUISITION 105.00 831, 260 148, 234 0 1.00 109.00 PANCREAS ACQUISITION 2.00 44, 509 0 0 2.00 3.00 0.00 0 3.00 0 0 4.00 0.00 0 4.00 5.00 0.00 0 5.00 875, 769 148, 234 0 - PRE-POST TRANSPLANT 1.00 KIDNEY ACQUISITION 105.00 1, 052, 593 191, 129 0 1.00 2.00 HEART ACOUISITION 106.00 276, 983 30, 356 0 2.00 3.00 LIVER ACQUISITION 107.00 644, 018 125, 453 0 3.00 LUNG ACQUISITION 437, 240 60, 116 0 4.00 108.00 4.00 PANCREAS ACQUISITION 109.00 50. 370 4.374 0 5.00 5.00 19<u>8, 4</u>97 2<u>0, 0</u>94 6.00 INTESTINE ACQUISTION 110.00 0 6.00 2, 659, 701 431, 522 P - ACQUISITION WORK-UP EXP 1 00 KLDNEY ACOULSETION 105.00 1, 415 0 1 00 2.00 0.00 0 2.00 ō 1, 415 Q - NON-TXPL EMPLOYEES 1 00 DI FTARY 10 00 29,500 0 1 00 0 2.00 SOCIAL SERVICE 17.00 6,649 0 0 2.00 3.00 OPERATING ROOM 50.00 42, 910 0 3.00 0 4.00 PHARMACY 15.00 8, 560 0 0 4.00 PHYSICIANS' PRIVATE OFFICES 5 00 192.00 12, 364 0 0 5.00 99, 983 ō

MCRI F32 - 7. 2. 157. 2 44 | Page Peri od: Worksheet A-6 From 01/01/2014 Date/Time Prepared: 5/24/2015 1.45 pm

						То	12/31/2014	Date/Time	
		Decreases				1		5/26/2015	1:45 piii
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref	-			
	6.00	7.00	8.00	9. 00	10, 00	Ť			
	R - SURGI CAL TECH PARAMED	71.00	0.00	71.00	10.00	_			
1.00	OPERATING ROOM	50.00	124, 945	9, 558		0			1.00
	0		124, 945	9, 558		7			
	S - RENAL ADMIN		.=.,	.,	1				
1.00	RENAL DI ALYSI S	74.00	47, 895	39, 699		0			1.00
	TOTALS		47, 895	39, 699		7			
	T - PHONE	'	· · ·	·					
1.00	OTHER ADMINISTRATIVE AND	5. 06	0	20, 154		0			1. 00
	GENERAL								
2.00	DI ETARY	10.00	0	10, 313		0			2. 00
3.00	PHARMACY	15. 00	0	571		0			3. 00
4.00	SOCI AL SERVI CE	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	i e	0			6. 00
7.00	LABORATORY	60.00	0	926	1	0			7. 00
8.00	ELECTROCARDI OLOGY	69. 00	0	1, 343		0			8. 00
9.00	CARDI AC CATH	76. 03	0	3, 563		0			9. 00
10.00	DAY SURGERY	76. 04	0	491		0			10.00
11. 00	I USCC 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
	NONREI MBURSABLE-METHODI ST								
18. 00	NON-ALLOWABLE ADVERTISING	1 <u>92.</u> 08	•			Q			18. 00
	TOTALS		0	112, 881					
	U - NEGATI VE SALARY RECLASS		_1		1				
1.00	OPERATION OF PLANT	7. 00	0	5, 146		0			1.00
2.00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	974		0			2. 00
	CANTEEN	+				+			
	TOTALS V - RADIO PHARM RECLASS		U	6, 120	1				
1. 00	RADI OLOGY-DI AGNOSTI C	54.00	O	459, 579		o			1.00
2.00	RADI OLOGY - DI AGNOSTI C	56.00	ĭ	3, 764, 450		0			2. 00
3.00	INADI OI SUTUPE	0.00	O	3, 704, 450 ^		0			3. 00
4. 00		0.00	o o	0					4. 00
4.00	TOTALS	— — - 0.00	뉴		 	4			4.00
500.00	Grand Total: Decreases		11, 639, 219	4, 224, 029		\dashv			500. 00
300.00	pi anu rutar. Decreases		11, 039, 219	4/0, 11/, 990	4	- 1			300.00

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Heal th	Financial Systems	INDIANA UNIVER	RSITY HEALTH	INDIANA UNIVERSITY HEALTH			In Lieu of Form CMS-2552		
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150056	Fr To	eriod: fom 01/01/2014 o 12/31/2014			
				Acqui si ti or	าร				
		Begi nni ng	Purchases	Donati on		Total	Di sposal s and		
		Bal ances					Retirements		
		1.00	2. 00	3. 00		4. 00	5. 00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE								
1.00	Land	139, 957, 000	0		0	0	847, 823	1. 00	
2.00	Land Improvements	39, 239, 000			0	39, 852		2. 00	
3.00	Buildings and Fixtures	1, 238, 445, 000			0	-152, 694, 089		3. 00	
4.00	Building Improvements	619, 462, 000			0	150, 435, 375		4. 00	
5.00	Fi xed Equi pment	43, 490, 000			0	0	587, 381	5. 00	
6.00	Movable Equipment	1, 380, 047, 000			0	80, 243, 501	0	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	8. 00	
9.00	Reconciling Items	0	0		0	0	0	9. 00	
10.00	Total (line 8 minus line 9)	3, 609, 004, 394			0	78, 024, 639	1, 435, 204	10. 00	
		Endi ng Bal ance							
			Depreci ated						
			Assets						
		6.00	7. 00						
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE			1					
1.00	Land	139, 109, 177						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	Fi xed 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	l				10. 00	

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0

3.00

3.00

Total (sum of lines 1-2)

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Health Financial Systems	INDIANA UNIVE	RSITY HEALTH		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150056	Peri od:	Worksheet A-7	
				From 01/01/2014 To 12/31/2014	Part III Date/Time Pre	nared:
					5/26/2015 1: 4	
	COM	PUTATION OF RA	TIOS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets	Ratio (see	Insurance	
		Leases	for Ratio	instructions)		
			(col . 1 - col			
			2)			
DADT III DECONCILIATION OF CADITAL COCTO	1.00	2. 00	3. 00	4. 00	5. 00	
PART III - RECONCILIATION OF CAPITAL COSTS (2 07/ 020 03	0 5(2520	0	1 00
1.00 NEW CAP REL COSTS-BLDG & FIXT 2.00 NEW CAP REL COSTS-MVBLE EQUIP	2, 076, 938, 934 1, 608, 654, 895		_, _, , ,			1.00
3.00 Total (sum of lines 1-2)	3, 685, 593, 829					2. 00 3. 00
5.00 Total (Suil Of Titles 1-2)		TION OF OTHER (F CAPITAL	3.00
	ALLOCA	TION OF OTHER V	CAFITAL	SUMMART	CAFITAL	
Cost Center Description	Taxes	0ther	Total (sum o	f Depreciation	Lease	
		Capi tal -Relate				
		d Costs	through 7)			
	6. 00	7. 00	8. 00	9. 00	10. 00	
PART III - RECONCILIATION OF CAPITAL COSTS (-			_	
1.00 NEW CAP REL COSTS-BLDG & FIXT	C)	0 57, 465, 632		1.00
2. 00 NEW CAP REL COSTS-MVBLE EQUIP	C)	0 69, 003, 770	-	2.00
3.00 Total (sum of lines 1-2)	C) 	0 126, 469, 402	0	3. 00
		SI	JMMARY OF CAPI	TAL		
Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
		instructions)	instructions) Capi tal -Relate	of cols. 9	
				d Costs (see	through 14)	
				instructions)		
	11. 00	12.00	13. 00	14.00	15. 00	
PART III - RECONCILIATION OF CAPITAL COSTS (
1.00 NEW CAP REL COSTS-BLDG & FLXT	C	1	1	0	57, 465, 632	1. 00
2. 00 NEW CAP REL COSTS-MVBLE EQUIP	C	1	1	0	,,	2. 00
3.00 Total (sum of lines 1-2)	C) C	Pl	0 0	126, 469, 402	3. 00

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Provider CCN: 150056

					To 12/31/2014	Date/Time Prep 5/26/2015 1:45	
				Expense Classification or	Worksheet A	3/20/2013 1.43	Э ріп
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
		1.00	2. 00	3. 00	4. 00	5. 00	
1.00	Investment income - NEW CAP		0	NEW CAP REL COSTS-BLDG &	1. 00	0	1. 00
	REL COSTS-BLDG & FIXT (chapter 2)			FIXT			
2.00	Investment income - NEW CAP		0	NEW CAP REL COSTS-MVBLE	2.00	ا	2. 00
2.00	REL COSTS-MVBLE EQUIP (chapter		· ·	EQUI P	2.00		2.00
	2)						
3.00	Investment income - other		0		0.00	0	3. 00
4. 00	(chapter 2)		0		0.00	o	4. 00
4.00	Trade, quantity, and time discounts (chapter 8)		U		0.00	١	4.00
5. 00	Refunds and rebates of		0		0.00	o	5. 00
	expenses (chapter 8)						
6.00	Rental of provider space by		0		0.00	0	6. 00
7. 00	suppliers (chapter 8)		0		0.00	0	7. 00
7.00	Tel ephone services (pay stations excluded) (chapter		U		0.00	١	7.00
	21)						
8.00	Television and radio service		0		0.00	o	8. 00
0.00	(chapter 21)				0.00		0.00
9. 00 10. 00	Parking Lot (chapter 21) Provider-based physician	A-8-2	-53, 353, 479		0.00	0	9. 00 10. 00
10.00	adjustment	A-0-2	-55, 555, 477			i	10.00
11. 00	Sale of scrap, waste, etc.		0		0.00	o	11. 00
	(chapter 23)						
12. 00	Related organization	A-8-1	229, 220, 642			0	12. 00
13. 00	transactions (chapter 10)		0		0.00	0	13. 00
14. 00	Laundry and linen service Cafeteria-employees and guests		0		0.00	i .	14. 00
15. 00	Rental of quarters to employee	1	Ö		0.00		15. 00
	and others						
16. 00	Sale of medical and surgical		0		0.00	0	16. 00
	supplies to other than patients						
17. 00	Sale of drugs to other than		0		0.00	l	17. 00
	pati ents						
18. 00	Sale of medical records and		0		0.00	0	18. 00
19. 00	abstracts		0		0.00	o	19. 00
19.00	Nursing school (tuition, fees, books, etc.)		U		0.00	١	19.00
20.00	Vendi ng machi nes		0		0.00	o	20.00
21. 00	Income from imposition of		0		0.00	o	21.00
	interest, finance or penalty						
22 00	charges (chapter 21) Interest expense on Medicare		0		0.00		22. 00
22.00	overpayments and borrowings to		0		0.00	i	22.00
	repay Medicare overpayments						
23. 00	Adjustment for respiratory	A-8-3	0	RESPIRATORY THERAPY	65.00		23. 00
	therapy costs in excess of						
24. 00	limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSICAL THERAPY	66.00		24. 00
24.00	therapy costs in excess of		0		00.00		2 7. 00
	limitation (chapter 14)						
25. 00	Utilization review -		0	*** Cost Center Deleted ***	114. 00		25. 00
	physicians' compensation						
26. 00	(chapter 21) Depreciation - NEW CAP REL		0	NEW CAP REL COSTS-BLDG &	1.00	ol	26. 00
20.00	COSTS-BLDG & FLXT		Ö	FIXT	1.00		20.00
27. 00	Depreciation - NEW CAP REL		0	NEW CAP REL COSTS-MVBLE	2. 00	o	27. 00
00.05	COSTS-MVBLE EQUIP		=	EQUI P	10		00.00
28. 00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19. 00 0. 00		28. 00 29. 00
29. 00 30. 00	Physicians' assistant Adjustment for occupational	A-8-3	0	OCCUPATIONAL THERAPY	67. 00		29. 00 30. 00
55. 60	therapy costs in excess of		O	The state of the s	37.00		55.50
	limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30. 00		30. 99
31. 00	instructions) Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
31.00	pathology costs in excess of	A-0-3	U	JOI LLOIT FAITHOLOGY	00.00		31.00
	limitation (chapter 14)						
32. 00	CAH HIT Adjustment for		0		0.00	0	32. 00
-	Depreciation and Interest	<u> </u>		1	1	<u> </u>	
	 			·			

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| Peri od: | Worksheet A-8 | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: Health Financial Systems
ADJUSTMENTS TO EXPENSES INDIANA UNIVERSITY HEALTH Provi der CCN: 150056

Departs Depa					To	12/31/2014	Date/Time Prep 5/26/2015 1:45	
Cost Center Description		,					3/20/2013 1.43	э рііі
1.00					To/From Which the Amount is	to be Adjusted		
1.00								
1.00								
23.00 CALEST RAT/FOOD REVENUE B		Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
33.00 CLICAS A LECTURE REVENUE B	22.00	CATERI NC (FOOD DEVENUE						22.00
13.00 CLASS & LECTURE REVENUE B		1	1		1			
1.00 CLASS & LECTURE REVENUE B -1.09 PARAMED RADIO GOVERNMENTON STATE 23.00 0.33.06 CLASS & LECTURE REVENUE B -1.20 PARAMED RESERVED PROPERTY 23.00 0.33.06 CLASS & LECTURE REVENUE B -1.20 PARAMED RESERVED PROPERTY 23.00 0.33.06 CLASS & LECTURE REVENUE B -1.20 PARAMED RESERVED PROPERTY 23.00 0.33.08 0.33.08 0.33.08 0.33.08 0.20 0.33.08 0.20 0.33.08 0.20 0.33.08 0.20 0.33.08 0.20 0.33.08 0.20 0.20 0.33.08 0.20 0.20 0.20 0.33.08 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20	33. 02	CLASS & LECTURE REVENUE	В	-99, 661	NURSING ADMINISTRATION	13. 00	0	33. 02
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33.00 CLASS & LECTURE REVENUE 8 -120/PARAMED EMERGENTY 23.00 0.33.07		1			1		Ĭ	
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		1			PHYSICAL THERAPY		_	
33. 03 INTERCOMPANT REVENUE B -091, 548 ELECTROCARDIOLOGY 69. 00 0 33. 63		1	1		1			
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ADJUSTMENTS TO EXPENSES Provi der CCN: 150056 Peri od: Worksheet A-8 From 01/01/2014
To 12/31/2014 Date/Time Prepared:

					12/31/2014	5/26/2015 1:4	
				Expense Classification on	Worksheet A		
				To/From Which the Amount is	to be Adjusted		
					•		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
	·	1.00	2.00	3.00	4. 00	5. 00	
33. 64	INTERCOMPANY REVENUE	В	-337, 455	ELECTROENCEPHALOGRAPHY	70.00	0	33. 64
33. 65	INTERCOMPANY REVENUE	В		OUTPATIENT RETAIL PHARMACY	73. 03	l o	33. 65
33. 66	INTERCOMPANY REVENUE	В		AMB SVC-OB & GYN	90. 01		33. 66
33. 67	INTERCOMPANY REVENUE	В		OUTPATIENT SURGERY	90.06		33. 67
33. 68	INTERCOMPANY REVENUE	В		OUTPATIENT SURGERY	90.06		33. 68
33. 69	INTERCOMPANY REVENUE	В	· ·	AMB SVC-RILEY CLINICS	90. 07		33. 69
33. 70	INTERCOMPANY REVENUE	В		MOTILITY LAB	90. 08		33. 70
33. 71	INTERCOMPANY REVENUE	В		SLEEP LAB	90. 11		33. 71
33. 72	INTERCOMPANY REVENUE	B		DERMATOLOGY CLINIC	90. 18		33. 72
33. 73	INTERCOMPANY REVENUE	B		EMERGENCY	91. 00		33. 73
33. 74	PARKING GARAGE	A		OTHER ADMINISTRATIVE AND	5. 06		33. 74
33.74	I AKKING GAKAGE	^	- /4, 23/	GENERAL	3.00	٥	33.74
33. 75	PARKING GARAGE	A	-24 144	OPERATION OF PLANT	7. 00	0	33. 75
33. 76	INTEREST EXPENSE	A		OTHER ADMINISTRATIVE AND	5. 06		33. 76
33.70	I INTEREST EXITENSE	^	-414, 431	GENERAL	3.00	٥	33.70
33. 77	INTEREST EXPENSE	A	0.070	PHARMACY	15. 00	0	33. 77
33. 77	PARKING GARAGE	A		NEW CAP REL COSTS-BLDG &	1.00		33. 77
33.70	PARKING GARAGE	A	-070, 213	FIXT	1.00	9	33.70
33. 79	PHARMACY RESEARCH	Α	102 040	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	33. 79
33. 80	PHARMACY RESEARCH	Ä		PHARMACY	15. 00		33. 80
33. 81	MALPRACTI CE	A		I USCC HEM/ONC	90. 02		33. 81
33. 82		1			1. 00		
33. 62	DEPRECIATION TO HOME OFFICE	A	-0, /31, 023	NEW CAP REL COSTS-BLDG &	1.00	9	33. 82
33. 83	DEPRECIATION TO HOME OFFICE	Α	2 750 444	FIXT NEW CAP REL COSTS-MVBLE	2.00	9	33. 83
JJ. 0J	DEPRECIATION TO HOME OFFICE	A	-2, 739, 400	EQUIP	2.00	9	33. 63
33. 84	PATIENT TELEPHONES	_	112 001	NONPATIENT TELEPHONES	5. 01	0	33. 84
33. 85		A A		PHARMACY	15. 00		
	CONTRI BUTIONS EXPENSE	A		1			33. 85
33. 86	CONTRI BUTIONS EXPENSE	A		CARDI AC CATH	76.03		33. 86
33. 87	CONTRI BUTI ONS EXPENSE	A	-32, 143	EMERGENCY	91.00		33. 87
33. 88	FRINGE BENEFIT TO HOME OFFICE	A		EMPLOYEE BENEFITS DEPARTMENT	4.00		33. 88
33. 89	FQHC ADMIN	A	1/5, 411	FEDERALLY QUALIFIED HEALTH	89. 00	0	33. 89
22.00	AD HIGT COCTS		11/ 5/0	CENTER	22.02		22.00
33. 90	ADJUST COSTS	A		PARAMED RESPIRATORY THERAPY	23. 03		
33. 91	FRINGE BENEFIT TO HOME OFFICE	A		OPERATION OF PLANT	7. 00		33. 91
33. 92	FRINGE BENEFIT TO HOME OFFICE	A		NURSI NG ADMI NI STRATI ON	13. 00		33. 92
33. 93	FRINGE BENEFIT TO HOME OFFICE	A	-6, 352, 311	I &R SERVICES-SALARY &	21. 00	0	33. 93
00.01	EDINOE DENEELT TO WORK OFFI TO		_	FRINGES APPRVD	00	_	
33. 94	FRINGE BENEFIT TO HOME OFFICE	A		PARAMED ED HEALTH SCIENCES	23. 01		33. 94
33. 95	FRINGE BENEFIT TO HOME OFFICE	A		CARDI AC CATH	76. 03		33. 95
33. 96	FRINGE BENEFIT TO HOME OFFICE	A		AMBULANCE SERVICES	95. 00		33. 96
33. 97	FRINGE BENEFIT TO HOME OFFICE	A		HOSPI CE	116. 00		33. 97
33. 98	FRINGE BENEFIT TO HOME OFFICE	A		OSA	191. 02		33. 98
33. 99	PTO TO HOME OFFICE	A		OTHER ADMINISTRATIVE AND	5. 06	0	33. 99
				GENERAL			
34.00	PTO TO HOME OFFICE	A		SPEECH PATHOLOGY	68. 00		1
34. 01	PTO TO HOME OFFICE	A	· ·	SLEEP LAB	90. 11	0	
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	HOSPI CE	116. 00	0	34. 04
34.05	PTO TO HOME OFFICE	A	93, 557	OTHER	192. 01	0	34. 05
				NONREI MBURSABLE-METHODI ST			
50.00	TOTAL (sum of lines 1 thru 49)		-70, 801, 572				50. 00
	(Transfer to Worksheet A,						
	column 6, line 200.)						
(1) Do	scription - all chapter referer	nces in this col	umn nertain to	CMS Pub 15_1			

⁽¹⁾ Description - all chapter references in this column pertain to CMS Pub. 15-1.(2) Basis for adjustment (see instructions).

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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 Provi der CCN: 150056 Peri od: Worksheet A-8-1 From 01/01/2014 OFFICE COSTS 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Li ne No. Cost Center Expense I tems Amount of Amount Allowable Cost Included in Wks. A, column 3.00 1.00 4.00 5.00 2.00 COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS 1.00 NEW CAP REL COSTS-BLDG & FIX HOME OFFICE- CAPITAL BLDG 1.00 58, 341, 847 1.00 2. OONEW CAP REL COSTS-MVBLE EQUI HOME OFFICE- CAPITAL EQUIP 28, 928, 276 2.00 0 2.00 4. 00 EMPLOYEE BENEFITS DEPARTMENT HOME OFFICE- EMPLOYEE BENEFI 5. 02 DATA PROCESSING HOME OFFICE- DATA PROCESSING 3.00 108, 451, 376 25, 439 3.00 4.00 66, 840, 979 0 4.00 4.01 5. 03 PURCHASING, RECEIVING & STOR HOME OFFICE- PURCHASING 10, 798, 839 0 4.01 5. 04 ADMITTING HOME OFFICE- ADMITTING HOME OFFICE- REVENUE CYCLE 13, 034, 905 0 4 02 4 02 5. 05 CASHI ERI NG/ACCOUNTS RECEI VAB 4.03 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 16, 264, 222 4.05 6. OOMAINTENANCE & REPAIRS HOME OFFICE- MAINTENANCE & R 4.05 Ω 7. 00 OPERATION OF PLANT HOME OFFICE- OPERATION OF PL 0 4.06 67, 379, 612 4.06 4.07 9. 01 HOUSEKEEPING - UNI VERSITY HOME OFFICE- HOUSEKEEPING 3,044,613 4.07 9. 02 HOUSEKEEPING - RILEY 9. 03 HOUSEKEEPING - METHODIST 0 4.08 HOME OFFICE- HOUSEKEEPING 3, 184, 697 4.08 HOME OFFICE- HOUSEKEEPING 0 4, 580, 921 4 09 4 09 HOME OFFICE- CAFETERIA 4.10 11. 00 CAFETERI A 2, 258, 344 0 4.10 13. 00 NURSING ADMINISTRATION HOME OFFICE- NURSING ADMIN 3, 859, 498 4.11 4.12 16.00 MEDICAL RECORDS & LIBRARY HOME OFFICE- MED RECORDS 12, 491, 179 0 4.12 3, 983 17. 00 SOCIAL SERVICE HOME OFFICE 4.13 4 13 4.14 30.00 ADULTS & PEDIATRICS HOME OFFICE 0 53, 750 4.14 50.00 OPERATING ROOM HOME OFFICE 5, 259 4.15 4.15 54. 00 RADI OLOGY-DI AGNOSTI C HOME OFFICE 0 27, 379 4.16 4. 16 66. 00 PHYSI CAL THERAPY HOME OFFICE 0 36, 957 4.17 4 17 4.18 70. 00 ELECTROENCEPHALOGRAPHY HOME OFFICE 7,087 4. 18 73. 03 OUTPATIENT RETAIL PHARMACY HOME OFFICE 0 4.19 20, 946 4.19 0 90. 11 SLEEP LAB HOME OFFICE 4.20 402.835 4. 20 101.00 HOME HEALTH AGENCY HOME OFFICE 4.21 1, 756, 937 4 21 4.22 116. 00 HOSPI CE HOME OFFICE 0 304, 428 192. 01 OTHER NONREI MBURSABLE-METHOD HOME OFFI CE 4.23 16, 500 4. 23 4.24 192. 08 NON-ALLOWABLE ADVERTISING HOME OFFICE 128, 998 C 4.24 71, 320, 407 4. 25 60. 00 LABORATORY RELATED PARTY LAB 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 NONPATI ENT TELEPHONES INTERCOMPANY TRANSACTIONS AT 42, 472 42, 472 4.27 5. 02 DATA PROCESSING INTERCOMPANY TRANSACTIONS AT 36, 881 4.28 36, 881 4.28 5. 03 PURCHASING, RECEIVING & STOR INTERCOMPANY TRANSACTIONS AT 4.30 53, 439 53, 439 4.30 5. 06 OTHER ADMINISTRATIVE AND GEN INTERCOMPANY TRANSACTIONS AT 4.31 12, 864, 002 12, 864, 002 4. 31 6. 00 MAINTENANCE & REPAIRS INTERCOMPANY TRANSACTIONS AT 19,864 19.864 4.32 4.32 INTERCOMPANY TRANSACTIONS AT 4.33 10. 00 DI ETARY 1, 223, 847 1, 223, 847 4.33 4.34 13.00 NURSING ADMINISTRATION NTERCOMPANY TRANSACTIONS AT 871, 966 871, 966 4.35 15. 00 PHARMACY INTERCOMPANY TRANSACTIONS AT -1, 337 4.35 -1.33722. 00 &R SERVICES-OTHER PRGM COST INTERCOMPANY TRANSACTIONS AT 1, 155, 203 1, 155, 203 4.36 4.36 23. 03 PARAMED RESPIRATORY THERAPY 4.37 NTERCOMPANY TRANSACTIONS AT 15,000 15,000 4.37 4.38 30. 00 ADULTS & PEDIATRICS NTERCOMPANY TRANSACTIONS AT 692, 188 692, 188 4.38 33.00 BURN INTENSIVE CARE UNIT INTERCOMPANY TRANSACTIONS AT 4.39 2,550 2.550 4.39 INTERCOMPANY TRANSACTIONS AT 34. 04 RH PED IC 4.40 283, 682 283, 682 4.40 4.41 34.06 PEDS CANCER CARE NTERCOMPANY TRANSACTIONS AT 2,520 2,520 4.41 40. 00 SUBPROVI DER - I PF NTERCOMPANY TRANSACTIONS AT 4.42 898, 486 898, 486 4.42 INTERCOMPANY TRANSACTIONS AT 50. OOOPERATING ROOM 1, 770, 854 1. 770. 854 4 43 4 43 INTERCOMPANY TRANSACTIONS AT 51.00 RECOVERY ROOM 4.44 28,064 28,064 4.44 4.45 53. 00 ANESTHESI OLOGY NTERCOMPANY TRANSACTIONS AT 7, 447, 522 7, 447, 522 4.45 INTERCOMPANY TRANSACTIONS AT 4.46 53. 01 PULMONARY FUNCTION TESTING 47,045 47,045 4.46 54. 00 RADI OLOGY-DI AGNOSTI C INTERCOMPANY TRANSACTIONS AT 925, 409 925, 409 4 47 4 47 55. 00 RADI OLOGY-THERAPEUTI C NTERCOMPANY TRANSACTIONS AT 4.48 472, 978 472, 978 4.48 4.49 59. 00 CARDI AC CATHETERI ZATI ON NTERCOMPANY TRANSACTIONS AT 166, 778 166, 778 4.49 4.50 60. 00 LABORATORY NTERCOMPANY TRANSACTIONS AT 105, 258 105, 258 4.50 INTERCOMPANY TRANSACTIONS AT 60. 01 TRANSPLANT IMMUNOLOGY 281, 155 4.51 281, 155 4.51 4.52 69. 00 ELECTROCARDI OLOGY NTERCOMPANY TRANSACTIONS AT 2, 107, 406 2, 107, 406 4.52 73. 03 OUTPATIENT RETAIL PHARMACY NTERCOMPANY TRANSACTIONS AT 59, 123 4.53 59, 123 4.53 INTERCOMPANY TRANSACTIONS AT 74.00 RENAL DIALYSIS 115, 857 115, 857 4.54 4.54 INTERCOMPANY TRANSACTIONS AT 303, 037 303, 037 76. 01 CARDI OLOGY 4.55 4.55 4.56 76. 02 PSYCHI ATRI C/PSYCHOLOGI CAL SE I NTERCOMPANY TRANSACTI ONS AT 1, 800, 229 1, 800, 229 4.56 NTERCOMPANY TRANSACTIONS AT 4.57 76. 03 CARDI AC CATH 1.455.731 1, 455, 731 4.57 90. 01 AMB SVC-0B & GYN NTERCOMPANY TRANSACTIONS AT 76, 144 4 58 4.58 76, 144 4.59 90. 02 I USCC HEM/ONC NTERCOMPANY TRANSACTIONS AT 11, 426, 728 11, 426, 728 4.59 90. 06 OUTPATIENT SURGERY NTERCOMPANY TRANSACTIONS AT 35, 833 4.60 35, 833 4.60 90. 07 AMB SVC-RILEY CLINICS INTERCOMPANY TRANSACTIONS AT 70, 785 70, 785 4.61 4.61 INTERCOMPANY TRANSACTIONS AT 4.62 90. 08 MOTILITY LAB 7,408 7.408 4.62 90. 10 CLINICAL GERIATRICS NTERCOMPANY TRANSACTIONS AT 995 995 4.63 4.63 4.64 90. 11 SLEEP LAB NTERCOMPANY TRANSACTIONS AT 19, 366 19, 366 4.64 90. 17 PHYSI CAL MEDICINE INTERCOMPANY TRANSACTIONS AT 4.65 49, 138 49, 138 4.65 INTERCOMPANY TRANSACTIONS AT 90. 19 I NFUSI ON/HEM/ONC 4.66 1, 268 1, 268 4.66 4.67 90. 22 EATING DISORDERS CLINIC INTERCOMPANY TRANSACTIONS AT 71, 252 71, 252

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

0.00

4.99

5.00

Provi der CCN: 150056

Peri od: Worksheet A-8-1 From 01/01/2014 To 12/31/2014 Date/Time Prepared:

4.99

5.00

436, 697, 044

665, 917, 686

5/26/2015 1:45 pm Li ne No. Cost Center Expense I tems Amount of Amount Allowable Cost Included in Wks. A, column 1.00 2.00 3.00 4.00 5.00 4.68 90. 23 GASTROENTEROLOGY CLINIC NTERCOMPANY TRANSACTIONS AT 100,000 100,000 4.68 91. 00 EMERGENCY NTERCOMPANY TRANSACTIONS AT 4.69 5, 690, 808 5, 690, 808 4.69 68, 883 94. 00 HOME PROGRAM DIALYSIS NTERCOMPANY TRANSACTIONS AT 68.883 4.70 4.70 INTERCOMPANY TRANSACTIONS AT 95. 00 AMBULANCE SERVICES 4.71 27.025 27.025 4 71 4.72 101.00 HOME HEALTH AGENCY NTERCOMPANY TRANSACTIONS AT 68, 217 68, 217 4.72 105.00 KIDNEY ACQUISITION NTERCOMPANY TRANSACTIONS AT 4.73 84, 390 84, 390 4.73 106. 00 HEART ACQUISITION INTERCOMPANY TRANSACTIONS AT 22, 917 22, 917 4.74 4.74 107.00 LIVER ACQUISITION INTERCOMPANY TRANSACTIONS AT 4.75 1,665,039 1, 665, 039 4.75 204, 670 4.76 116. 00 HOSPI CE NTERCOMPANY TRANSACTIONS AT 204, 670 4.76 4.77 192.00 PHYSICIANS' PRIVATE OFFICES INTERCOMPANY TRANSACTIONS AT 3, 330, 501 3, 330, 501 4.77 192. 01 OTHER NONREI MBURSABLE-METHOD INTERCOMPANY TRANSACTIONS AT 4, 511, 966 4.78 4, 511, 966 4.78 NTERCOMPANY TRANSACTIONS AT 4.79 192. 02 OTHER NONREIMBURSABLE - IUMC 22, 417, 299 22, 417, 299 4.79 4.80 192. 08 NON-ALLOWABLE ADVERTISING NTERCOMPANY TRANSACTIONS AT 254, 777 254, 777 4.80 4.81 192. 10 CARDIO PHYSICIANS INTERCOMPANY TRANSACTIONS AT 322, 796 322, 796 4.81 0.00 4.82 C 0 4.82 4.83 0.00 0 0 4.83 Ю 0 4.84 0.00 0 4.84 0 0 4 85 0 00 4 85 0 4.86 0.00 0 4.86 4.87 0.00 0 0 4.87 0 4.88 0.00 0 4.88 0 0 4 89 0 00 4 89 0 4.90 0.00 0 4.90 0 4. 91 4.91 0.00 0 0 4.92 0 00 4 92 0 0 4.93 0.00 4.93 0 4.94 0.00 4. 94 0 0 4.95 0.00 4.95 0 0 4 96 0 00 4 96 0 0 4.97 0.00 4.97 4.98 0.00 0 0 4.98

* 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					
Symbol (1)	Name	Percentage of	Name	Percentage of					
		Ownershi p		Ownershi p					
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	В	0.00 IU HEALTH 100.0	0 6.00
7.00		0.00	0 7.00
8.00		0.00	0 8.00
9.00		0.00	0 9.00
10.00		0.00	0 10.00
100.00	G. Other (financial or		100.00
	non-financial) specify:		

- (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.

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Health Financial Systems INDIANA UNIVERSITY HEALTH STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provide Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared: Provi der CCN: 150056 OFFICE COSTS

					5/26/2015 1:-	
		Wkst. A-7 Ref.				
	Adjustments					
	(col. 4 minus					
	col . 5)* 6.00	7. 00				
			NTS REQUIRED AS A RESULT OF TRANS	SACTIONS WITH RELATED O	RGANIZATIONS OR CLAIMED	
	HOME OFFICE COS	STS:				
1.00	58, 341, 847	9				1. 00
2.00	28, 928, 276					2. 00
3.00	108, 425, 937					3. 00
4. 00 4. 01	66, 840, 979 10, 798, 839	l l				4. 00 4. 01
4. 02	13, 034, 905					4. 02
4.03	56, 084, 796					4. 03
4.04	-223, 532, 964					4. 04
4. 05	16, 264, 222					4. 05
4.06	67, 379, 612					4. 06
4. 07 4. 08	3, 044, 613 3, 184, 697	1				4. 07 4. 08
4. 09	4, 580, 921					4. 09
4. 10	2, 258, 344	1				4. 10
4. 11	3, 859, 498					4. 11
4. 12	12, 491, 179					4. 12
4. 13 4. 14	-3, 983 -53, 750					4. 13 4. 14
4. 15	-5, 259	l l				4. 15
4. 16	-27, 379					4. 16
4. 17	-36, 957	o				4. 17
4. 18	-7, 087					4. 18
4. 19	-20, 946					4. 19
4. 20 4. 21	-402, 835 -1, 756, 937					4. 20 4. 21
4. 22	-304, 428					4. 22
4. 23	-16, 500	O				4. 23
4. 24	-128, 998					4. 24
4. 25 4. 26	0	l l				4. 25
4. 20						4. 26 4. 27
4. 28	Ö					4. 28
4.30	0	0				4. 30
4. 31	0					4. 31
4. 32	0					4. 32
4. 33 4. 34	0					4. 33 4. 34
4. 35	0					4. 35
4. 36	0	0				4. 36
4. 37	0					4. 37
4. 38	0					4. 38
4. 39 4. 40						4. 39 4. 40
4. 41	l ő					4. 41
4.42	0	O				4. 42
4. 43	0	0				4. 43
4. 44 4. 45	0	0				4. 44 4. 45
4. 46		0				4. 46
4. 47	0	Ö				4. 47
4.48	0	0				4. 48
4.49	0	0				4. 49
4. 50 4. 51	0	0				4. 50 4. 51
4. 52		0				4. 51
4. 53	l o	Ö				4. 53
4.54	0	0				4. 54
4. 55	0	0				4. 55
4.56	0	0				4. 56
4. 57 4. 58						4. 57 4. 58
4. 59						4. 59
4.60		0				4. 60
4.61	0	0				4. 61
4.62	0	0				4. 62
4. 63 4. 64	0	0				4. 63 4. 64
4. 64 4. 65		0				4. 64
4.66						4. 66
4. 67	0	o				4. 67
-						

MCRI F32 - 7. 2. 157. 2 54 | Page STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provider CCN: 150056 Peri od: Worksheet A-8-1 From 01/01/2014 To 12/31/2014 Date/Time Prepared: OFFICE COSTS

				To 12/31/2014	Date/lime Prepared: 5/26/2015 1:45 pm
	Net	Wkst. A-7 Ref.			072072010 1. 10 pm
	Adjustments				
	(col. 4 minus				
	col. 5)*				
	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.

	HOME OFFICE	6.0	. 00
7. 00 8. 00		7.0	7. 00
8.00		8.0	3. 00
9.00		9.0	·. 00
9. 00 10. 00		10.0). 00
100.00		100.0). 00

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider. B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related
- 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 provi der

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PROVIDER BASED PHYSICIAN ADJUSTMENT Provi der CCN: 150056

						To 12/31/2014		
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professi onal Component	Provider Component	RCE Amount	Physician/Provider Component	
	1. 00	2.00	3.00	4.00	5. 00	6. 00	7. 00	
1.00	5. 06	OTHER ADMINISTRATIVE AND	18, 508, 524	18, 508, 524		C	0	1. 00
2. 00	12.00	GENERAL NURSI NG ADMI NI STRATI ON	438, 000	438, 000) ()	0	2. 00
3.00		PHARMACY	-27, 500			1		1
4. 00		SOCI AL SERVI CE	-25, 000				o o	1
5.00	21. 00	I&R SERVICES-SALARY &	50, 000	50, 000	0) C	0	5. 00
6. 00	22. 00	FRI NGES APPRVD I &R SERVI CES-OTHER PRGM	2, 988, 548	2, 988, 548	3	C	0	6. 00
7. 00	23 01	COSTS APPRVD PARAMED ED HEALTH SCIENCES	35, 632	35, 632			0	7. 00
8. 00		PARAMED RESPIRATORY THERAPY	15, 000					i
9.00		ADULTS & PEDIATRICS	1, 845, 408			0	0	
10.00		NEONATAL INTENSIVE CARE UNIT	39, 438			1	0	
11. 00 12. 00		BURN INTENSIVE CARE UNIT RH PED IC	8, 750 1, 553, 249			1	0	
13. 00		PEDS CANCER CARE	12, 500			1		1
14. 00		SUBPROVI DER - I PF	675, 000				Ö	1
15. 00		OPERATING ROOM	537, 589) c	0	
16. 00		ANESTHESI OLOGY	8, 966, 212			1	0	
17. 00 18. 00		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	180, 234 447, 488			1	0	
19. 00		LABORATORY	2, 511, 379			1		1
20. 00		TRANSPLANT IMMUNOLOGY	281, 167	281, 167			Ö	1
21. 00		ELECTROCARDI OLOGY	1, 706, 350			1	0	
22. 00		CARDI OLOGY	280, 150			1	0	
23. 00	/6. 02	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 800, 229	1, 800, 229			0	23. 00
24. 00	76. 03	CARDI AC CATH	2, 110, 012	2, 110, 012	2	o	0	24. 00
25. 00		IUSCC HEM/ONC	709, 052			1	0	
26. 00		CLINICAL GERIATRICS	995			1	0	
27. 00 28. 00		EATING DISORDERS CLINIC GASTROENTEROLOGY CLINIC	291, 153 100, 000				0	
29. 00		LIFE CARE CLINIC	150, 000					1
30. 00		EMERGENCY	5, 645, 848				o o	1
31.00		AMBULANCE SERVICES	13, 423) C	0	
32.00		HEART ACQUISITION	22, 917			1	0	
33. 00 200. 00	107.00	LIVER ACQUISITION	1, 481, 732 53, 353, 479			1	0	
	Wkst. A Line #		Unadjusted RCE	5 Percent of	Cost of	Provi der	Physician Cost	
		l denti fi er	Limit		Memberships &		of Malpractice	
				Limit	Continuing Education	Share of col.	Insurance	
	1. 00	2. 00	8.00	9. 00	12. 00	13. 00	14. 00	
1.00	5. 06	OTHER ADMINISTRATIVE AND	0	C	0	0	0	1. 00
2. 00	13 00	GENERAL NURSI NG ADMI NI STRATI ON	0	,			0	2. 00
3.00		PHARMACY	0					
4.00		SOCIAL SERVICE	0	C	0	0	0	1
5.00	21. 00	I &R SERVI CES-SALARY &	0	C	0	0	0	5. 00
6. 00	22.00	FRINGES APPRVD I&R SERVICES-OTHER PRGM	0					6. 00
5.00	22.00	COSTS APPRVD	I					0.00
7.00		PARAMED ED HEALTH SCIENCES	0	C) () c	0	1
8.00		PARAMED RESPIRATORY THERAPY	0	<u> </u>			0	
9. 00 10. 00		ADULTS & PEDIATRICS NEONATAL INTENSIVE CARE UNIT	0				0	
11. 00		BURN INTENSIVE CARE UNIT	Ö					1
12.00		RH PED IC	0	C		0	0	1
13.00		PEDS CANCER CARE	0	C		0	0	
14. 00 15. 00		SUBPROVIDER - IPF OPERATING ROOM	0				0	
16. 00		ANESTHESI OLOGY						1
17. 00		RADI OLOGY-DI AGNOSTI C	Ö	C			Ö	1
18. 00		RADI OLOGY-THERAPEUTI C	0	C) () C	0	
19. 00		LABORATORY	0	C			0	
20. 00 21. 00		TRANSPLANT I MMUNOLOGY ELECTROCARDI OLOGY)		0	
22. 00		CARDI OLOGY	0				0	1
23. 00		PSYCHI ATRI C/PSYCHOLOGI CAL	0	C) c	0	1
24.00	7/ 00	SERVI CES			,	,	,	24.00
24. 00 25. 00		CARDI AC CATH I USCC HEM/ONC	0		, (0	1
26. 00		CLINICAL GERIATRICS	Ö					

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	Financiai syste		TINDI ANA UNI VI	EKSITY HEALTH			eu or Form CMS-	
PROVI DE	R BASED PHYSIC	IAN ADJUSTMENT		Provi de	er CCN: 150056	Peri od:	Worksheet A-8	3-2
						From 01/01/2014	1	
						To 12/31/2014	Date/Time Pre	epared:
				_			5/26/2015 1: 4	5 pm
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE			Provi der	Physician Cost	
		ldenti fi er	Limit		E Memberships &		of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	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	27. 00
28. 00	90. 23	GASTROENTEROLOGY CLINIC	l 0		0	ol o	0	28. 00
29. 00	90 24	LIFE CARE CLINIC	l o		0	ol o	0	29. 00
30. 00		EMERGENCY	0				o	30. 00
31. 00		AMBULANCE SERVICES	١		-		ő	31. 00
32. 00		HEART ACQUISITION			-		0	32. 00
					9	۳ ۳		
33.00	107.00	LIVER ACQUISITION	0			0 0	0	33. 00
200.00		0 1 0 1 (5)	0		9	<u> ۲</u>	0	200. 00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE		Adjustment		
		l denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
			14					
	1. 00	2. 00	15. 00	16. 00	17. 00	18. 00		
1.00	5. 06	OTHER ADMINISTRATIVE AND	0		0	0 18, 508, 524		1.00
		GENERAL						
2.00	13. 00	NURSING ADMINISTRATION	0		0	0 438, 000		2. 00
3.00	15. 00	PHARMACY	l o		0	-27,500		3. 00
4.00		SOCI AL SERVI CE	0			-25,000		4. 00
5. 00		I&R SERVICES-SALARY &	0			50, 000		5. 00
0.00	21.00	FRI NGES APPRVD	Ĭ			00,000		0.00
6. 00	22.00	I&R SERVICES-OTHER PRGM	0		0	0 2, 988, 548		6. 00
0.00	22.00	COSTS APPRVD				2, 700, 340		0.00
7. 00	22 01	PARAMED ED HEALTH SCIENCES	0		0	0 35, 632		7 00
8. 00					-			7. 00
		PARAMED RESPIRATORY THERAPY	1			0 15,000	1	8. 00
9.00		ADULTS & PEDIATRICS	0			0 1, 845, 408		9. 00
10.00		NEONATAL INTENSIVE CARE UNIT	0			0 39, 438		10. 00
11. 00		BURN INTENSIVE CARE UNIT	0			0 8, 750		11. 00
12. 00		RH PED IC	0			0 1, 553, 249		12. 00
13. 00		PEDS CANCER CARE	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	ANESTHESI OLOGY	0		0	0 8, 966, 212		16.00
17.00	54.00	RADI OLOGY-DI AGNOSTI C	0		0	0 180, 234		17. 00
18.00	55. 00	RADI OLOGY-THERAPEUTI C	0		0	0 447, 488		18. 00
19. 00		LABORATORY	l o		0	0 2, 511, 379		19. 00
20. 00		TRANSPLANT I MMUNOLOGY	l o			0 281, 167		20. 00
21. 00		ELECTROCARDI OLOGY	0			1, 706, 350		21. 00
22. 00		CARDI OLOGY				280, 150		22. 00
23. 00		PSYCHI ATRI C/PSYCHOLOGI CAL				- ,		23. 00
23.00	/6. 02		0		U '	0 1, 800, 229		23.00
	7, 00	SERVI CES						
24. 00		CARDI AC CATH	0			0 2, 110, 012		24. 00
25.00		IUSCC HEM/ONC	0			0 709, 052	1	25. 00
26. 00		CLINICAL GERIATRICS	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	5, 645, 848		30.00
31.00		AMBULANCE SERVICES	0		0	0 13, 423		31. 00
32. 00		HEART ACQUISITION	l o			0 22, 917		32. 00
33. 00		LIVER ACQUISITION	0			1, 481, 732		33. 00
200.00	107.00		0			53, 353, 479		200. 00
200.00		I	1	l	١	0, 000, 477	1	200.00

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	Financial Systems	INDIANA UNIVER				u of Form CMS-2	2552-10
COST A	ILLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Pre 5/26/2015 1:4	pared:
			CAPI TAL REI	LATED COSTS		5/26/2015 1: 4:	o pili
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATI ENT TELEPHONES	
		0	1. 00	2.00	4. 00	5. 01	
1. 00	GENERAL SERVICE COST CENTERS OO100 NEW CAP REL COSTS-BLDG & FIXT	57, 465, 632	57, 465, 632	Ι			1. 00
2. 00 4. 00 5. 01 5. 02 5. 03	00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES 00550 DATA PROCESSING 00590 PURCHASING, RECEIVING & STORES	69, 003, 770 104, 967, 681 64, 399 66, 841, 252 10, 952, 934	82, 954 0 26, 832 29, 098	69, 003, 77 1, 14 68 61, 78 220, 98	9 105, 051, 784 8 0 8 7, 035 7 10, 194	65, 087 0 68	2. 00 4. 00 5. 01 5. 02 5. 03
5. 04 5. 05 5. 06 6. 00 7. 00 8. 00	OO570 ADMITTING OO580 CASHIERING/ACCOUNTS RECEIVABLE OO560 OTHER ADMINISTRATIVE AND GENERAL OO600 MAINTENANCE & REPAIRS OO700 OPERATION OF PLANT OO800 LAUNDRY & LINEN SERVICE	13, 090, 056 56, 084, 796 82, 827, 778 18, 912, 432 68, 113, 656 1, 681	18, 295 0 2, 002, 376 333, 914 32, 548 398, 379	16, 355, 67 17, 00 9, 43	0 0 1 2, 495, 206 7 84, 339 2 0	85 0 3, 323 114 11 0	5. 04 5. 05 5. 06 6. 00 7. 00 8. 00
9. 00 9. 01 9. 02 9. 03 10. 00 11. 00 13. 00	00900 HOUSEKEEPING 00901 HOUSEKEEPING - UNI VERSITY 00902 HOUSEKEEPING - RI LEY 00903 HOUSEKEEPING - METHODIST 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION	0 3, 044, 613 3, 184, 697 5, 037, 818 9, 369, 896 2, 472, 089 20, 644, 101	0 0 23, 754 509, 594 72, 422 396, 306	8, 97 166, 59 3, 46	0 1, 087, 440 5 24, 444	0 0 0 734 6 762	9. 00 9. 01 9. 02 9. 03 10. 00 11. 00 13. 00
14. 00 15. 00 16. 00 17. 00 18. 00 21. 00 22. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01850 PATIENT TRANSPORTATION 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	92, 045, 287 35, 868, 787 13, 664, 440 4, 619, 427 1, 809, 205 36, 419, 441 1, 717, 182	662, 472 822, 637 12, 244 62, 727 11, 716 46, 118 610, 225	1, 435, 53 2, 57 74, 99	9 5, 032, 359 0 45, 749 6 602, 364 0 316, 790 0 5, 935, 714	324 1, 991 51 711 176 307 518	15. 00 16. 00 17. 00 18. 00 21. 00
23. 00 23. 01 23. 02 23. 03 23. 04 23. 05	02300 PARAMED ED PRGM 02301 PARAMED ED HEALTH SCIENCES 02302 PARAMED RADIOLOGY-METHODIST 02303 PARAMED RESPIRATORY THERAPY 02304 PARAMED EMERGENCY 02312 PARAMED PASTORAL EDUCATION	0 180, 982 810, 659 0 145, 523 693, 225	0 130, 167 49, 813 47, 831 46, 492 0	21, 24	0 0 30, 344 0 169, 436 0 68, 967 0 25, 632 0 117, 806	0 63 28 46 34 85	23. 00 23. 01 23. 02 23. 03 23. 04 23. 05
	02306 PARAMED LAB SCIENCE PRO 02307 PARAMED PHARMACY 02308 PARAMED MEDICAL ASSIST 02309 PARAMED SURGERY TECHNOLOGY 02310 PARAMED PHARMACY TECH 02311 PARAMED NEUROPHYSIOLOGY INPATIENT ROUTINE SERVICE COST CENTERS	298, 097 1, 304, 698 -10 212, 720 221, 214 0	0 0 29, 471 28, 814 0	3, 00	0 69, 521 1 224, 478 0 0 0 0 50, 722 0 40, 842 0 0	57 17 0 6 34 0	23. 08 23. 09
30. 00 31. 00 32. 00 32. 01 33. 00 34. 00 34. 02	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 03201 NEONATAL INTENSIVE CARE UNIT 03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT 03401 UH SURG 61C	121, 374, 140 13, 614, 673 11, 869, 306 4, 470, 317 1, 531, 478 0 2, 842, 688	639, 992 662, 600 106, 373 197, 014 0	244, 57 227, 24 155, 51 72, 46	2 2, 363, 082 9 2, 057, 915 2 789, 031 0 262, 029 0 0	12, 706 1, 422 728 444 97 0 740	31. 00 32. 00 32. 01 33. 00 34. 00
34. 03 34. 04 34. 05 34. 06 40. 00 43. 00	03402 UH NS 31 C 03403 RH PED I C 03404 TRANSPLANT I CU 03407 PEDS CANCER CARE 04000 SUBPROVI DER - I PF 04300 NURSERY	7, 298, 918 1, 989, 087 1, 494, 625 3, 284, 849 2, 113, 390	0 640, 687 174, 572 547, 729 275, 706	215, 14 3, 15 245, 75 12, 56	0 0 9 1, 247, 438 2 342, 970 8 246, 217 7 575, 514	0 415 0 57 512 461	34. 03
50. 00 50. 01 51. 00 52. 00 53. 00 53. 01 54. 00 55. 00 56. 00 59. 00 60. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 05001 ENDOSCOPY 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05301 PULMONARY FUNCTION TESTING 05400 RADI OLOGY-DI ACNOSTIC 05500 RADI OLOGY-THERAPEUTIC 05600 RADI OSOTOPE 05900 CARDI AC CATHETERIZATION 06000 LABORATORY	36, 926, 594 1, 248, 515 6, 610, 601 6, 233, 588 1, 331, 696 2, 619, 666 35, 548, 154 4, 819, 806 1, 033, 786 863, 936 26, 170, 729	3, 350, 120 86, 688 830, 207 341, 935 131, 119 270, 260 3, 105, 688 572, 334 250, 973 145, 681 2, 466, 739	247, 64 284, 90 169, 55 710, 46 245, 23 9, 456, 97 1, 322, 35 236, 72 385, 07	1 195, 186 1 1, 130, 078 6 938, 168 5 222, 177 2 457, 222 9 4, 900, 513 7 750, 842 1 164, 701 0 148, 757	3, 141 250 888 1, 098 165 347 4, 671 848 228 131	50. 01 51. 00 52. 00 53. 00 53. 01 54. 00 55. 00 56. 00 59. 00
60. 01 60. 02 63. 00	06001 TRANSPLANT IMMUNOLOGY 06002 BONE MARROW TRANSPLANT LAB 06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	2, 263, 288 32 13, 329, 129 18, 434, 315	57, 551 0 115, 631	31, 47 72, 82	5 165, 588 0 0 8 569, 131	46 0 68	60. 01 60. 02

MCRI F32 - 7. 2. 157. 2 58 | Page Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Cost Centur Description						To	12/31/2014	Date/Time Pre 5/26/2015 1:4	
FILE FOUND PRINCIPLE P					CAPI TAL REI	LATED COSTS		10, 20, 20.0	p.iii
FILE FOUND PRINCIPLE P			Cost Center Description	Net Eynenses	NEW BLDG &	NEW MVRLE	EMPLOYEE	NONPATI ENT	
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94. 00	92.00								92.00
101. 00				1, 039, 606	157, 243	77, 245	140, 990	102	94. 00
SPECIAL PURPOSE COST CENTERS 105.00 10500 KI DNEY ACQUI SI TI ON 9, 825, 584 128, 995 251, 687 502, 696 364 105.00 106.00 10600 HEART ACQUI SI TI ON 1, 705, 390 10, 789 21, 073 67, 110 23 106.00 107.00 10700 LI VER ACQUI SI TI ON 7, 521, 759 47, 174 92, 113 165, 018 137 107.00 108.00 10800 LUNG ACQUI SI TI ON 4, 204, 880 21, 282 41, 550 105, 501 57 108.00 109.00 109.00 109.00 109.00 109.00 109.00 109.00 107.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 110.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 107.00 1		1							
105. 00 10500 KI DNEY ACQUI SI TI ON 9, 825, 584 128, 995 251, 687 502, 696 364 105. 00 106. 00 10600 HEART ACQUI SI TI ON 1, 705, 390 10, 789 21, 073 67, 110 23 106. 00 107. 00 10700 LI VER ACQUI SI TI ON 7, 521, 759 47, 174 92, 113 165, 018 137 107. 00 108. 00 10800 LUNG ACQUI SI TI ON 4, 204, 880 21, 282 41, 550 105, 501 57 108. 00 109. 00 10900 PANCREAS ACQUI SI TI ON 3, 102, 184 5, 369 10, 471 42, 173 68 109. 00 110. 00 11000 INTESTI NE ACQUI SI TI ON 1, 318, 645 4, 996 9, 741 33, 661 11 110. 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	101. 00			34, 107, 451	304, 469	155, 861	3, 025, 143	432	101. 00
107. 00 10700 LI VER ACQUI SI TI ON 7, 521, 759 47, 174 92, 113 165, 018 137 107. 00 108. 00 10800 LUNG ACQUI SI TI ON 4, 204, 880 21, 282 41, 550 105, 501 57 108. 00 109. 00 10900 PANCREAS ACQUI SI TI ON 3, 102, 184 5, 369 10, 471 42, 173 68 109. 00 110. 00 11000 INTESTI NE ACQUI SI TI ON 1, 318, 645 4, 996 9, 741 33, 661 11 110. 00 112. 00 08600 0THER ORGAN ACQUI SI TI ON 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. 00 113. 00 113. 00 113. 00	105.00			9, 825, 584	128, 995	251, 687	502, 696	364	105. 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. 00 113. 00 INTEREST EXPENSE 113. 00 113. 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									
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									
112. 01 08601 POST TRANSPLANT EXPENSES 3, 091, 223 120, 832 236, 049 507, 370 472 112. 01 113. 00 11300 I NTEREST EXPENSE 113. 00	110.00	11000	INTESTINE ACQUISITION	1, 318, 645	4, 996	9, 741	33, 661	11	110. 00
113. 00 11300 I NTEREST EXPENSE 113. 00				1	_	-			
				3, 091, 223	120, 832	236, 049	507, 370	4/2	
	116. 00	11600	HOSPI CE	6, 009, 513	86, 456	48, 314	668, 937		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				1, 588, 056, 279	41, 825, 373	66, 746, 582	101, 652, 251	60, 307	118. 00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 13, 144 225, 982 1, 820 0 108 190. 00				13 144	225 982	1 820	n	108	190. 00
191. 00 19100 RESEARCH 3, 802, 939 345, 308 41, 026 585, 588 387 191. 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	191. 01	19101	RESEARCH-GCRC	83, 293	93, 164	0	0	154	191. 01

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COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

						5/26/2015 1:4	5 pm
			CAPI TAL REL	LATED COSTS			
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATI ENT TELEPHONES	
		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	O	0	37	23	192. 06
192. 07 19207	RHI	248, 156	O	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	o	0	6, 845	6	192. 09
192. 10 19212	CARDIO PHYSICIANS	1, 783, 997	o	31, 185	147, 746	279	192. 10
192. 11 19211	UNUSED SPACE	0	2, 550, 414	0	o	0	192. 11
200.00	Cross Foot Adjustments						200.00
201. 00	Negative Cost Centers		o	0	o	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

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COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

					Т	o 12/31/2014	Date/Time Pre 5/26/2015 1:4	
		Cost Center Description	DATA	PURCHASI NG,	ADMI TTI NG	CASHI ERI NG/ACC	Subtotal	у рии
			PROCESSI NG	RECEIVING &		OUNTS		
			5. 02	STORES 5. 03	5. 04	RECEI VABLE 5. 05	5A. 05	
		AL SERVICE COST CENTERS						
1.00	1	NEW CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00		NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 01	1	NONPATIENT TELEPHONES						5. 01
5. 02		DATA PROCESSING	66, 936, 907					5. 02
5.03		PURCHASING, RECEIVING & STORES	70, 214	11, 283, 495				5. 03
5.04	1	ADMITTI NG	87, 767	12				5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE	2 417 050				107 105 220	5. 05
5. 06 6. 00		OTHER ADMINISTRATIVE AND GENERAL MAINTENANCE & REPAIRS	3, 417, 059 117, 023			0	107, 105, 330 19, 466, 317	5. 06 6. 00
7. 00		OPERATION OF PLANT	11, 702	65		1	68, 167, 414	
8.00	00800	LAUNDRY & LINEN SERVICE	0	5, 006	0	0	406, 416	8. 00
9.00		HOUSEKEEPI NG	0	0	0		0	9. 00
9. 01 9. 02	1	HOUSEKEEPING - UNIVERSITY HOUSEKEEPING - RILEY	0	0	0 0		3, 044, 613 3, 184, 697	9. 01 9. 02
9. 02	1	HOUSEKEEPING - METHODIST	0	65	0	0	5, 128, 298	
10.00	1	DI ETARY	754, 796		Ō	o	11, 889, 181	
11. 00		CAFETERI A	5, 851	0			2, 578, 277	11. 00
13.00		NURSI NG ADMI NI STRATI ON	784, 051	443			24, 920, 701	13.00
14. 00 15. 00		CENTRAL SERVICES & SUPPLY PHARMACY	333, 514 2, 047, 895	92, 190 87, 638			94, 271, 953 45, 296, 846	
16. 00		MEDICAL RECORDS & LIBRARY	52, 660	07,030			13, 775, 144	
17. 00		SOCIAL SERVICE	731, 391	3	Ō		6, 019, 199	
18. 00	1	PATIENT TRANSPORTATION	181, 385	353	0		2, 394, 615	
21. 00		I &R SERVI CES-SALARY & FRINGES APPRVD	315, 961	0			42, 717, 541	
22. 00 23. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM	532, 453 0	19 0			2, 960, 377 0	22. 00 23. 00
23. 00		PARAMED ED HEALTH SCIENCES	64, 362	1	0		427, 159	
23. 02	1	PARAMED RADIOLOGY-METHODIST	29, 256	0			1, 059, 192	
23. 03		PARAMED RESPIRATORY THERAPY	46, 809	277	0		163, 930	
23. 04		PARAMED EMERGENCY	35, 107	0		0	252, 788	
23. 05 23. 06	1	PARAMED PASTORAL EDUCATION PARAMED LAB SCIENCE PRO	87, 767 58, 511	0 449	0	0	898, 883 426, 635	1
23. 07		PARAMED PHARMACY	17, 553	0		0	1, 549, 747	•
23. 08		PARAMED MEDICAL ASSIST	0	1	0	O	-9	
23. 09		PARAMED SURGERY TECHNOLOGY	5, 851	4	0	0	298, 774	
23. 10		PARAMED PHARMACY TECH	35, 107 0	56 0	0 0	0	326, 067	23. 10
23. 11		PARAMED NEUROPHYSTOLOGY ENT ROUTINE SERVICE COST CENTERS	U	U	0	l O	0	23. 11
30.00		ADULTS & PEDIATRICS	13, 065, 566	683, 062	2, 085, 562	5, 339, 629	177, 957, 914	30. 00
31. 00		INTENSIVE CARE UNIT	1, 462, 782				19, 351, 110	
32. 00		CORONARY CARE UNIT	748, 944		195, 128		16, 337, 590	
32. 01 33. 00		NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	456, 388 99, 469		95, 258 30, 600		6, 319, 874 2, 276, 024	
34. 00		SURGICAL INTENSIVE CARE UNIT	0				0	
34. 02		UH SURG 61 C	760, 647	33, 920	49, 174	119, 080	4, 396, 743	34. 02
34. 03		UH NS 31 C	0	0			0	
34. 04 34. 05		RH PED IC TRANSPLANT ICU	427, 132 0		123, 947 39, 592		10, 305, 661 2, 667, 431	
34. 06	1	PEDS CANCER CARE	58, 511	6, 048			2, 724, 419	
40. 00	1	SUBPROVI DER - I PF	526, 602				4, 832, 008	
43.00		NURSERY	473, 941	8, 465	367, 938	891, 012	4, 562, 333	43. 00
EO 00		LARY SERVICE COST CENTERS OPERATING ROOM	2 220 922	998, 974	1, 807, 445	4 477 522	71 401 007	E0 00
50. 00 50. 01		ENDOSCOPY	3, 229, 823 257, 450				71, 601, 987 2, 340, 726	50. 00 50. 01
51. 00		RECOVERY ROOM	912, 776				10, 798, 375	
52.00	1	DELIVERY ROOM & LABOR ROOM	1, 129, 268	14, 511			9, 345, 674	•
53. 00	1	ANESTHESI OLOGY	169, 683			481, 251	3, 303, 790	
53. 01 54. 00	1	PULMONARY FUNCTION TESTING	356, 919				4, 234, 342	
55.00		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	4, 803, 776 871, 818				63, 417, 471 9, 402, 938	
56. 00		RADI OI SOTOPE	234, 045				2, 181, 803	
59. 00		CARDI AC CATHETERI ZATI ON	134, 576				2, 127, 198	
60.00	1	LABORATORY	4, 113, 343				51, 400, 393	
60. 01 60. 02	1	TRANSPLANT IMMUNOLOGY BONE MARROW TRANSPLANT LAB	46, 809 0	60, 579 0			2, 773, 585 32	60. 01 60. 02
63. 00	1	BLOOD STORING, PROCESSING & TRANS.	70, 214	761, 080			15, 781, 657	63. 00
65.00	06500	RESPI RATORY THERAPY	1, 298, 950	75, 295	414, 375	1, 025, 619	26, 114, 525	65. 00
66.00		PHYSI CAL THERAPY	479, 793				17, 043, 862	
67. 00 68. 00		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	239, 896 590, 964				3, 597, 379 4, 989, 782	
69.00		ELECTROCARDI OLOGY	392, 026				5, 078, 839	
		•	,					

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				1	0 12/31/2014	Date/lime Prep 5/26/2015 1:49	
	Cost Center Description	DATA	PURCHASI NG,	ADMITTING	CASHI ERI NG/ACC	Subtotal	J Dill
		PROCESSI NG	RECEIVING &		OUNTS		
		F 02	STORES	F 04	RECEI VABLE	EA OF	
70. 00	07000 ELECTROENCEPHALOGRAPHY	5. 02 544, 155	5. 03 10, 038	5. 04 114, 596	5. 05 416, 398	5A. 05 6, 659, 559	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	23, 405	1, 849, 119			36, 379, 321	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3, 731, 776			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	ľ	506, 459	47, 923, 898	73. 03
74.00	07400 RENAL DI ALYSI S	743, 093	102, 746			9, 979, 147	74.00
76. 00	03020 RH NBN ECMO I C	29, 256	9, 895			1, 175, 738	76. 00
76. 01 76. 02	03140 CARDI OLOGY 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	187, 236 222, 343	23, 299 1, 370			3, 529, 659 574, 384	76. 01 76. 02
76. 02	03950 CARDI AC CATH	947, 883	68, 051	163, 390		10, 488, 521	76. 02
76. 04	03951 DAY SURGERY	690, 433	30, 124	1		4, 540, 911	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 CARDI OLOGY-RI LEY	0	0	0	0	0	76. 07
76. 08 76. 97	03954 ECMO-ADULT 07697 CARDI AC REHABI LI TATI ON	124 574	0			717, 700	76. 08
70. 97	OUTPATIENT SERVICE COST CENTERS	134, 576	146		9, 111	634, 144	76. 97
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	4, 942	0	31, 787	4, 245, 818	89. 00
90.00	09000 CLI NI C	0	0	0	0	0	90. 00
90. 01	09001 AMB SVC-0B & GYN	368, 621	2, 502	i e		3, 242, 547	90. 01
90. 02	09002 I USCC HEM/ONC	1, 597, 358	0	_,		41, 753, 235	90. 02
90. 03 90. 04	09003 AMB SVC-OPTHALMOLOGY 09004 AMB SVC-PSYCH ADULT	128, 725	280	20		811, 380	90. 03
90. 04	09005 AMB SVC-PSTCH ADULT	198, 938	141 0			1, 136, 328 0	90. 04 90. 05
90. 06	09006 OUTPATIENT SURGERY	485, 644	1, 617	· -	-	3, 421, 587	90.06
90. 07	09007 AMB SVC-RILEY CLINICS	1, 257, 993	9, 974		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	1		0	90. 09
90. 10	09010 CLINI CAL GERI ATRI CS	52, 660	8	·	0	140, 509	90. 10
90. 11 90. 12	09023 SLEEP LAB 09024 OP CARE ADULTS	497, 346 169, 683	5, 433 299		137, 171 2, 730	3, 861, 162 595, 401	90. 11 90. 12
90. 12	09011 PEDIATRIC CLINIC	109,003	0		2, 730	393, 401	90. 12
90. 14	09012 ARTHRITIS CLINIC	0	1, 758	·	45, 201	302, 017	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 PHYSI CAL MEDI CI NE	345, 217	697	24		1, 414, 421	90. 17
90. 18	09016 DERMATOLOGY CLINIC	29, 256	4, 140			835, 812	90. 18
90. 19 90. 20	09017 I NFUSI ON/HEM/ONC 09025 I UMG - MH	128, 725	1, 547 216			1, 039, 982 493, 647	90. 19 90. 20
90. 21	09019 OP REHAB CLINIC	76, 065	75			304, 695	90. 21
90. 22	09020 EATING DISORDERS CLINIC	0	38	0		1, 431, 490	90. 22
90. 23	09018 GASTROENTEROLOGY CLINIC	0	1, 447	25		964, 172	90. 23
90. 24	09021 LIFE CARE CLINIC	0	153		-	1, 384, 432	90. 24
91. 00 92. 00	O9100 EMERGENCY O9200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 837, 797	134, 847	444, 840	3, 732, 523	29, 748, 010 0	91. 00 92. 00
72.00	OTHER REIMBURSABLE COST CENTERS					0	92.00
94.00	09400 HOME PROGRAM DIALYSIS	105, 320	3, 915	0	143, 550	1, 667, 971	94.00
	09500 AMBULANCE SERVICES	339, 365	18, 669	405	862, 550	27, 746, 390	
101.00	10100 HOME HEALTH AGENCY	444, 686	12, 264	0	749, 423	38, 799, 729	101. 00
105 00	SPECIAL PURPOSE COST CENTERS 10500 KI DNEY ACQUI SI TI ON	374, 472	9, 163	123, 599	299, 312	11, 515, 872	105 00
	10600 HEART ACQUISITION	23, 405				1, 898, 690	
107.00	10700 LIVER ACQUISITION	140, 427	7, 048			8, 364, 152	
108.00	10800 LUNG ACQUISITION	58, 511	821	48, 970	118, 588	4, 600, 160	108. 00
	10900 PANCREAS ACQUISITION	70, 214				3, 362, 775	
	11000 I NTESTI NE ACQUI SI TI ON	11, 702				1, 427, 782	
	08600 OTHER ORGAN ACQUISITION 08601 POST TRANSPLANT EXPENSES	11, 702 485, 644	98 0		0	230, 689 4, 441, 590	
	11300 INTEREST EXPENSE	405, 044	U	0	U	4, 441, 570	113. 00
	11600 H0SPI CE	245, 747	3, 079	0	134, 070	7, 196, 355	
118.00	SUBTOTALS (SUM OF LINES 1-117)	62, 021, 959		13, 198, 876	56, 084, 796	1, 561, 806, 938	118. 00
	NONREI MBURSABLE COST CENTERS	1		_			
	1900 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	111, 171 397, 877	13, 833	0		352, 226 5, 186, 958	
	19101 RESEARCH-GCRC	157, 980				337, 603	
	19102 OSA	128, 725			o	8, 258, 973	
	19200 PHYSICIANS' PRIVATE OFFICES	35, 107	0		o	3, 876, 539	
	19201 OTHER NONREI MBURSABLE-METHODI ST	1, 843, 105			0	30, 475, 284	
	19202 OTHER NONREIMBURSABLE - IUMC	1, 217, 035			0	26, 436, 255	
	19203 PHYSI CLANS' PRI VATE OFFI CES	23, 405	0		0	10, 408, 187	
	19204 MHH RADIOLOGY 19206 BELTWAY SURGERY	23, 405	0		0	135, 342 31, 296	
	19207 RHI	23, 403				291, 060	
	1 1				-1		

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					5/20/2015 1:4:	o piii
Cost Center Description	DATA	PURCHASI NG,	ADMI TTI NG	CASHI ERI NG/ACC	Subtotal	
	PROCESSI NG	RECEIVING &		OUNTS		
		STORES		RECEI VABLE		
	5. 02	5. 03	5. 04	5. 05	5A. 05	
192. 08 19208 NON-ALLOWABLE ADVERTISING	684, 582	236	(0	23, 940, 093	192. 08
192.09 19209 ARTHRITIS CLINIC - NR	5, 851	254	(0	1, 541, 847	192. 09
192. 10 19212 CARDIO PHYSICIANS	286, 705	1, 011	(0	2, 250, 923	192. 10
192. 11 19211 UNUSED SPACE	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	201. 00
202.00 TOTAL (sum lines 118-201)	66, 936, 907	11, 283, 495	13, 198, 87 <i>6</i>	56, 084, 796	1, 677, 879, 938	202. 00

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| Peri od: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

				Т	o 12/31/2014	Date/Time Prep 5/26/2015 1:45	
	Cost Center Description	OTHER ADMI NI STRATI VE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	<u>,</u>
		5. 06	6. 00	7. 00	8. 00	9. 00	
	GENERAL SERVICE COST CENTERS		1				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUI P						2.00
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES						4. 00 5. 01
5. 02	00550 DATA PROCESSING						5. 01
5. 02	00590 PURCHASING, RECEIVING & STORES						5. 02
5. 04	00570 ADMITTING		•				5. 04
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5. 06	00560 OTHER ADMINISTRATIVE AND GENERAL	107, 105, 330					5. 06
6.00	00600 MAINTENANCE & REPAIRS	1, 327, 330					6. 00
7.00	00700 OPERATION OF PLANT	4, 648, 063		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 HOUSEKEEPI NG	0	0	0	0	0	9. 00
9. 01	00901 HOUSEKEEPING - UNI VERSITY	207, 600	l .	0	0	0	9. 01
9. 02	00902 HOUSEKEEPING - RILEY	217, 152	l .	0	0	0	9. 02
9. 03	00903 HOUSEKEEPING - METHODIST	349, 678	l ·		l	0	9. 03
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	810, 676	1		l	0	10. 00 11. 00
13. 00	01300 NURSING ADMINISTRATION	175, 802 1, 699, 243	1		l	0	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	6, 428, 027			l	0	14. 00
15. 00	01500 PHARMACY	3, 088, 611				0	15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	939, 272			o	0	16. 00
17. 00	01700 SOCIAL SERVICE	410, 425			1	0	17. 00
18.00	01850 PATIENT TRANSPORTATION	163, 279	4, 432	15, 531	o	0	18. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	2, 912, 738	17, 445	61, 134	267	0	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	201, 856				0	22. 00
23. 00	02300 PARAMED ED PRGM	0	_	0	-	0	23. 00
23. 01	02301 PARAMED ED HEALTH SCIENCES	29, 126			0	0	23. 01
23. 02	02302 PARAMED RADIOLOGY-METHODIST	72, 222			0	0	23. 02
23. 03 23. 04	02303 PARAMED RESPIRATORY THERAPY 02304 PARAMED EMERGENCY	11, 178 17, 237			l	0	23. 03 23. 04
23. 04	02312 PARAMED PASTORAL EDUCATION	61, 291	17, 360	01, 029	0	0	23. 04
23. 06	02306 PARAMED LAB SCIENCE PRO	29, 091	0	0	o o	0	23. 06
23. 07	02307 PARAMED PHARMACY	105, 671	Ö	Ö	o	0	23. 07
23. 08	02308 PARAMED MEDICAL ASSIST	0	0	0	o	0	23. 08
23. 09	02309 PARAMED SURGERY TECHNOLOGY	20, 372	11, 148	39, 067	o	0	23. 09
23. 10	02310 PARAMED PHARMACY TECH	22, 233			0	0	23. 10
23. 11	02311 PARAMED NEUROPHYSI OLOGY	0	0	0	0	0	23. 11
30. 00	O3000 ADULTS & PEDIATRICS	12, 134, 733	2 002 147	12 442 515	601, 399	0	30. 00
31. 00	03100 INTENSIVE CARE UNIT	1, 319, 475				0	31. 00
32. 00	03200 CORONARY CARE UNIT	1, 113, 995		1		0	32. 00
32. 01	03201 NEONATAL INTENSIVE CARE UNIT	430, 927	40, 237			0	32. 01
33. 00	03300 BURN INTENSIVE CARE UNIT	155, 193	1		5, 986	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0				0	34.00
	03401 UH SURG 6I C	299, 796	3, 166	11, 094	11, 114	0	34. 02
34. 03	03402 UH NS 31 C	0	0	-		0	34. 03
34. 04	03403 RH PED IC	702, 702		1		0	34. 04
34. 05 34. 06	03404 TRANSPLANT I CU 03407 PEDS CANCER CARE	181, 881 185, 767				0	34. 05 34. 06
40. 00	04000 SUBPROVI DER - I PF	329, 475					40. 00
43. 00	04300 NURSERY	311, 087				Ö	43. 00
	ANCILLARY SERVICE COST CENTERS		.==,	.=.,,	.=,,	_	
50.00	05000 OPERATING ROOM	4, 882, 253	1, 267, 209	4, 440, 910	80, 296	0	50. 00
50. 01	05001 ENDOSCOPY	159, 605			6, 084	0	50. 01
51. 00	05100 RECOVERY ROOM	736, 298				0	51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	637, 244			21, 870	0	52. 00
53. 00	05300 ANESTHESI OLOGY	225, 272	1		0	0	53.00
53. 01 54. 00	05301 PULMONARY FUNCTION TESTING 05400 RADI OLOGY-DI AGNOSTI C	288, 723				0	53. 01 54. 00
55. 00	05500 RADI OLOGY-DI AGNOSTI C	4, 324, 184 641, 149				0	54. 00 55. 00
56. 00	05600 RADI OI SOTOPE	148, 768	1			0	56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	145, 045	l ·			0	59. 00
60.00	06000 LABORATORY	3, 504, 787	l .		l .	0	60.00
60. 01	06001 TRANSPLANT IMMUNOLOGY	189, 120	21, 769			0	60. 01
60. 02	06002 BONE MARROW TRANSPLANT LAB	2	0	1	0	0	60. 02
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	1, 076, 088				0	63.00
65.00	06500 RESPIRATORY THERAPY	1, 780, 645	1		l	0	65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	1, 162, 153 245, 291	227, 739 66, 097			0	66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	340, 233			l	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	346, 306				0	69. 00
	· · · · · · · · · · · · · · · · · · ·						

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	Financial Systems	INDIANA UNIVE				u of Form CMS-2	2552-10
COST A	LLOCATION - GENERAL SERVICE COSTS		Provi der		eriod: rom 01/01/2014 o 12/31/2014	Worksheet B Part I Date/Time Pre 5/26/2015 1:4	
	Cost Center Description	OTHER ADMI NI STRATI VE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	5 piii
		5. 06	6. 00	7.00	8. 00	9. 00	
70.00	07000 ELECTROENCEPHALOGRAPHY	454, 089	l		210		
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	2, 480, 560 5, 034, 247	l		0	0	71. 00 72. 00
	07300 DRUGS CHARGED TO PATIENTS	9, 310, 918		1	0	0	73. 00
73. 03	07303 OUTPATIENT RETAIL PHARMACY	3, 267, 739	l	1	2	0	73. 03
74. 00	07400 RENAL DIALYSIS	680, 438	1			0	74. 00
76. 00	03020 RH NBN ECMO IC	80, 169	l	0	0	0	76. 00
76. 01	03140 CARDI OLOGY	240, 673	l			0	76. 01
76. 02 76. 03	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03950 CARDI AC CATH	39, 165 715, 170	l			0	76. 02 76. 03
76. 04	03951 DAY SURGERY	309, 627	113, 565			_	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 CARDI OLOGY-RI LEY	0	0	0	0	0	76. 07
	03954 ECMO-ADULT 07697 CARDI AC REHABI LI TATI ON	48, 937 43, 240	32, 591	114, 213	0	0	76. 08 76. 97
70. 77	OUTPATIENT SERVICE COST CENTERS	43, 240	J2, J71	114, 213	0	0	70. 77
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	289, 505	0	0			
90.00	09000 CLINIC	0	0	1	0	_	90.00
90. 01	09001 AMB SVC-0B & GYN	221, 096			· ·		90. 01
90. 02 90. 03	O9002 I USCC HEM/ONC O9003 AMB SVC-OPTHALMOLOGY	2, 846, 986 55, 325	l			0	90. 02
90. 04	09004 AMB SVC-PSYCH ADULT	77, 482	l	489, 792		Ö	90. 04
	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90. 05
90. 06	09006 OUTPATIENT SURGERY	233, 304	57, 063				90. 06
90. 07	09007 AMB SVC-RILEY CLINICS	290, 441	185, 901	651, 485			90. 07
90. 08 90. 09	09008 MOTILITY LAB 09009 AMB SVC - PSYCH CHILD	12, 765	2, 070	7, 254 0	0	0	90. 08
90. 09	09010 CLINI CAL GERIATRI CS	9, 581	22, 660	1	0	0	90. 09
90. 11	09023 SLEEP LAB	263, 277	81, 842		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 90. 16	09013 NEUROLOGY UH 09014 ORTHOPEDI CS UH	0	0	0	0	0	90. 15 90. 16
90. 17	09015 PHYSI CAL MEDI CI NE	96, 444	68, 205	239, 025	_		90. 17
90. 18	09016 DERMATOLOGY CLINIC	56, 991	41, 074		1, 075	0	90. 18
90. 19	09017 NFUSI ON/HEM/ONC	70, 912		0	0	0	90. 19
90. 20 90. 21	09025 I UMG - MH	33, 660 20, 776		0 35, 738	0	0 0	90. 20
90. 21	09020 EATING DISORDERS CLINIC	97, 608	1	35, 736	0	0	90. 21
90. 23	09018 GASTROENTEROLOGY CLINIC	65, 743	ł	205, 573	591	Ö	
	09021 LIFE CARE CLINIC	94, 399					90. 24
	09100 EMERGENCY	2, 028, 398	541, 937	1, 899, 209	87, 710	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92.00
94. 00	09400 HOME PROGRAM DIALYSIS	113, 732	59, 478	208, 440	0	0	94. 00
	09500 AMBULANCE SERVICES	1, 891, 915			_		95. 00
101.00	10100 HOME HEALTH AGENCY	2, 645, 598	115, 168	403, 603	0	0	101. 00
105.00	SPECIAL PURPOSE COST CENTERS 10500 KIDNEY ACQUISITION	785, 221	48, 793	170, 995	0	0	105. 00
	10600 HEART ACQUISITION	129, 464					106.00
107.00	10700 LIVER ACQUISITION	570, 318				0	107. 00
	10800 LUNG ACQUISITION	313, 667					108. 00
	10900 PANCREAS ACQUISITION	229, 294					109. 00
	11000 INTESTINE ACQUISITION 08600 OTHER ORGAN ACQUISITION	97, 355 15, 730					110. 00 112. 00
	08601 POST TRANSPLANT EXPENSES	302, 854		-	_		112.00
	11300 NTEREST EXPENSE	3327331	10,700	100,170			113. 00
	11600 HOSPI CE	490, 691					116. 00
118.00		99, 190, 777	14, 877, 598	52, 095, 105	1, 107, 040	0	118. 00
190 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24, 017	85, 480	299, 562	0	0	190. 00
	19100 RESEARCH	353, 678	l				191.00
	19101 RESEARCH-GCRC	23, 020				0	191. 01
191. 02	19102 OSA	563, 146	7, 466	26, 164	0	0	191. 02
192.00	19200 PHYSI CI ANS' PRI VATE OFFI CES	264, 326					192.00
	19201 OTHER NONRELMBURSABLE-METHODIST	2, 077, 988	l				192. 01 192. 02
	19202 OTHER NONREIMBURSABLE - IUMC 19203 PHYSICIANS' PRIVATE OFFICES	1, 802, 582 709, 693	l				192. 02
192. 04	19204 MHH RADI OLOGY	9, 228					192. 04
192.06	19206 BELTWAY SURGERY	2, 134	0		_	0	192. 06
	19207 RHI	19, 846	l o	l 0	0	1 0	192. 07

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						5/26/2015 1:4	
(Cost Center Description	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		ADMI NI STRATI VE	REPAI RS	PLANT	LINEN SERVICE		
		AND GENERAL					
		5. 06	6. 00	7. 00	8. 00	9. 00	
192. 08 19208 N	NON-ALLOWABLE ADVERTISING	1, 632, 379	75, 632	265, 052	0	0	192. 08
192. 09 19209 A	ARTHRITIS CLINIC - NR	105, 132	0	0	0	0	192. 09
192. 10 19212 (CARDIO PHYSICIANS	153, 481	0	0	0	0	192. 10
192. 11 19211 l	UNUSED SPACE	173, 903	964, 714	3, 380, 821	0	0	192. 11
200.00	Cross Foot Adjustments						200. 00
201. 00 N	Negative Cost Centers	0	0	0	0	0	201. 00
202. 00	TOTAL (sum lines 118-201)	107, 105, 330	20, 793, 647	72, 827, 789	1, 112, 908	0	202. 00

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In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2014	Part
To 12/31/2014	Date/Time Prepared:
5/26/2015 1:45 pm	Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

COST CORTER DESCRIPTION					10	12/31/2014	5/26/2015 1: 4	
SENERAL SERVICE COST CENTERS 9.01 9.02 9.03 10.00 11.00		Cost Center Description	HOUSEKEEPING - H	OUSEKEEPI NG -	HOUSEKEEPI NG -	DI ETARY		
GENERAL SERVICE COST CENTERS								
1.00		OFNEDAL CERVILOE COCT OFNEDO	9. 01	9. 02	9. 03	10.00	11. 00	
	1 00		T		I	T		1.00
0.0000 EMPLOYEE BENEFITS DEPARTMENT					•			2.00
10.00 0.0050 NONPATI ENT TELEPHONES								4.00
5.02 OOSSOD BATA PROCESSING					•			5. 01
5.03 0.0590 PURCHASH NG, RECEIVING & STORES								5. 02
5.06 GOSPO CASHI LERING ZACIOUNIS RECEIVABLE								5. 03
5.06 00560 CASHERIN NOFACCOUNTS RECEIVABLE								5. 04
5.00 005600 OTHER ADMINISTRATIVE AND GENERAL								5. 05
7. 0.0 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700 00700								5. 06
8. 00 00600 LAUNDRY & LINEN SERVICE 9.01 00901 HOUSEKEEPING - UNIVERSITY 3. 252, 213 00903 HOUSEKEEPING - NUIVERSITY 0 3. 401, 849 0 0 0 0 0 0 0 0 0	6.00							6. 00
9.00 00900 HOUSEKEEPING NO VERSITY 3, 252, 213 9.02 00902 HOUSEKEEPING - RI LEY 0 0 3, 401, 849 9.02 00902 HOUSEKEEPING - RI LEY 0 0 0 0 5, 518, 450 13, 694, 494 9.03 00903 HOUSEKEEPING - RI LEY 0 0 0 0 5, 518, 450 13, 694, 494 9.03 00903 HOUSEKEEPING - RI LEY 0 0 0 0 17, 690 0 2, 895, 465 13.00 01300 RIBERT 0 0 0 0 17, 690 0 2, 895, 465 13.00 01300 RIBERT 0 0 0 0 17, 690 0 2, 895, 465 13.00 01300 RIBERT 0 0 1000 RIBERT 0 0 1000 0 17, 897 15.00 01500 RIBERT 0 0 1600 RIBERT 0 16, 644 0 16, 646 0 1600 RIBERT 0 1600 RIBERT 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16, 646 0 16,	7.00	00700 OPERATION OF PLANT						7. 00
9. 01 00901 HOUSEKEEPI NG - 2 INI VERSITY 0 3, 401, 849 9, 02 00902 HOUSEKEEPI NG - 7 INI VERSITY 0 0 5, 518, 450 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990 0 17, 990	8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 02 00902 HOUSEKEEPING - RILEY	9.00	00900 HOUSEKEEPI NG						9. 00
9. 03 00903 HOUSEKEEPING - METHODIST	9. 01	00901 HOUSEKEEPING - UNIVERSITY	3, 252, 213					9. 01
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10. 00 01000 MEDI CAL RECORDS & LI BRARY 3,033 0 0 0 1,054 17. 00 01700 SOCIAL SERVICE 351 8,628 6,473 0 17,220 18. 00 01850 PATI ENT TRANSPORTATI ON 2,663 0 240 0 17,220 19. 00 02100 1&R SERVI CES-SALARY & FRI NGES APPRVD 1,084 10,216 0 0 195,046 22. 00 02300 RASRAWED (ES-SALARY & FRI NGES APPRVD 13,044 0 0 0 0 0 0 23. 00 02300 PARAMED ED PRCM 0 0 0 0 0 0 23. 01 02301 PARAMED ED HEALTH SCI ENCES 0 0 0 32,335 0 703 23. 02 02302 PARAMED ED HEALTH SCI ENCES 0 0 0 12,374 0 4,569 23. 03 02302 PARAMED RESPI RATORY THERAPY 0 0 0 11,882 0 1,757 23. 04 02304 PARAMED RESPI RATORY THERAPY 0 0 0 11,549 0 703 23. 05 02312 PARAMED RESPI RATORY THERAPY 0 0 0 0 11,549 0 703 23. 06 02304 PARAMED EMERGENCY 0 0 0 0 0 0 4,920 23. 06 02305 PARAMED LAB SCI ENCE PRO 0 0 0 0 0 0 0 23. 09 02309 PARAMED LAB SCI ENCE PRO 0 0 0 0 0 0 23. 09 02309 PARAMED LAB SCI ENCE PRO 0 0 0 0 0 0 23. 09 02309 PARAMED BADEI CAL ASSI ST 0 0 0 0 0 0 23. 09 02309 PARAMED BADEI CAL ASSI ST 0 0 0 0 0 0 23. 00 02309 PARAMED BADEI CAL ASSI ST 0 0 0 0 0 0 23. 00 02300 PARAMED BADEI CAL ASSI ST 0 0 0 0 0 0 23. 00 02300 PARAMED BADEI CAL ASSI ST 0 0 0 0 0 0 23. 00 02300 PARAMED BADEI CAL ASSI ST 0 0 0 0 0 0 23. 00 02300 PARAMED BADEI CAL ASSI ST 0 0 0 0 0 0 0 23. 00 02300 PARAMED BADEI CAL ASSI ST 0 0 0 0 0 0 0 23. 00 02300 DABAMED CAL ASSI ST 0 0 0 0 0 0 0 0 23. 00 02300 DABAMED CAL ASSI ST 0 0 0 0 0 0 0 0 0 23. 00 02300 02300 PARAMED CALCADA					1	0		14. 00
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23. 05 02312 PARAMED PASTORAL EDUCATION 0 0 0 0 0 4,920 23. 06 02306 PARAMED LAB SCIENCE PRO 0 0 0 0 0 0 0 23. 07 O2307 PARAMED PHARMACY 0 0 0 0 0 0 23. 08 02308 PARAMED BHI CAL ASSIST 0 0 0 0 0 0 23. 09 02309 PARAMED SURGERY TECHNOLOGY 0 0 0 7,321 0 1,757 23. 10 02310 PARAMED PHARMACY TECH 0 0 0 7,158 0 1,054 23. 11 02311 PARAMED PHARMACY TECH 0 0 0 0 0 0 1NPATI ENT ROUTINE SERVICE COST CENTERS 30. 00 03000 ADULTS & PEDIATRICS 706,276 907,634 927,213 11,296,635 628,013 31. 00 03000 ADULTS & PEDIATRICS 706,276 907,634 927,213 11,296,635 628,013 32. 00 03200 CORONARY CARE UNIT 54,539 38,664 70,663 276,816 56,229 32. 01 03201 NEONATAL INTENSIVE CARE UNIT 0 0 26,424 0 18,977 33. 00 03300 BURN INTENSIVE CARE UNIT 0 48,218 0 194,774 6,677 34. 00 03400 SURGI CAL INTENSIVE CARE UNIT 0 48,218 0 194,774 6,677 34. 02 03401 UH SURG 61C 2,073 0 0 26,555 14,057 34. 03 03402 UH NS 31C 0 0 0 0 0 0 34. 04 03403 RH PED IC 0 132,079 9,840 34. 05 03404 TRANSPLANT I CU 43,243 0 0 132,079 9,840 34. 06 03407 FEDS CANCER CARE 0 134,054 0 95,320 7,380 35. 00 04000 SUBPROVI DER - I PF 0 0 0 68,488 649,676 15,463 36. 00 04000 SUBPROVI DER - I PF 0 0 0 0 0 36. 00 04000 SUBPROVI DER - I PF 0 0 0 0 0 37. 27 27 27 27 38. 00 05000 DERATING ROOM 27,191 60,009 118,051 7,233 33,035 37. 00 05000 PARESTHESI OLOGY 584 27,298 4,279 0 7,380 38. 06 232,255 24,257 0 0 0 0 38. 08 27,298 4,279 0 7,380 39. 00 05300 ANESTHESI OLOGY 0 7,380 39. 00 05300 ANESTHESI OLOGY 0 7,380 39. 00 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300 05300				0	1	o		23. 04
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23. 08 02308 PARAMED MEDICAL ASSIST 0 0 0 7, 321 0 10 2 2 2 2 3 0 0 2 3 0 PARAMED SURGERY TECHNOLOGY 0 0 7, 321 0 1, 757 2 2 3 1 0 0 2 3 1 0 PARAMED PHARMACY TECH 0 0 0 7, 158 0 1, 054 2 2 3 1 1 0 0 2 3 1 0 PARAMED PHARMACY TECH 0 0 0 7, 158 0 1, 054 2 2 3 1 1 PARAMED NEUROPHYSI OLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			o	0	0	Ö		23. 07
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INPATI ENT ROUTI NE SERVI CE COST CENTERS 30 .00 03000 ADULTS & PEDI ATRI CS 706, 276 907, 634 927, 213 11, 296, 635 628, 013 32 .00 03200 CORONARY CARE UNI T 0 0 158, 980 399, 286 65, 718 32 .00 03200 CORONARY CARE UNI T 54, 539 38, 664 70, 663 276, 816 56, 229 32 .01 03201 NEONATAL INTENSI VE CARE UNI T 0 0 48, 218 0 194, 774 6, 677 33 .00 03300 BURN INTENSI VE CARE UNI T 0 0 48, 218 0 194, 774 6, 677 34 .00 03400 SURGI CAL INTENSI VE CARE UNI T 0 0 0 0 0 0 0 0 0	23. 10		O	0	1	o		23. 10
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34. 00			1	0	1	0		32. 01
34. 02			1	48, 218	0	194, 774		33. 00
34. 03			-1	0	0	0/ 555		34.00
34. 04				0		26, 555		34. 02
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40. 00			1	13/ 05/				34. 06
43. 00 04300 NURSERY 40, 321 0 39, 972 0 8, 083 4 ANCI LLARY SERVI CE COST CENTERS				134, 034				40.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM 285, 012 201, 279 342, 090 0 167, 985 50. 01 05001 ENDOSCOPY 0 0 21, 534 0 5, 272 51. 00 05100 RECOVERY ROOM 27, 191 60, 009 118, 051 7, 233 33, 035 52. 00 05200 DELI VERY ROOM & LABOR ROOM 16, 370 0 68, 523 219, 831 27, 412 53. 00 05300 ANESTHESI OLOGY 584 27, 298 4, 279 0 7, 380 53. 00 054 054 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055 055			40 321	0				43. 00
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50. 01 05001 ENDOSCOPY 0 0 21, 534 0 5, 272 5 51. 00 05100 RECOVERY ROOM 27, 191 60, 009 118, 051 7, 233 33, 035 5 52. 00 05200 DELI VERY ROOM & LABOR ROOM 16, 370 0 68, 523 219, 831 27, 412 5 53. 00 05300 ANESTHESI OLOGY 584 27, 298 4, 279 0 7, 380 5	50.00		285, 012	201, 279	342, 090	O	167, 985	50. 00
51. 00 05100 RECOVERY ROOM 27, 191 60, 009 118, 051 7, 233 33, 035 5 52. 00 05200 DELI VERY ROOM & LABOR ROOM 16, 370 0 68, 523 219, 831 27, 412 5 53. 00 05300 ANESTHESI OLOGY 584 27, 298 4, 279 0 7, 380 5					1	ol		50. 01
53. 00 05300 ANESTHESI OLOGY 584 27, 298 4, 279 0 7, 380 5	51.00	05100 RECOVERY ROOM	27, 191	60, 009	118, 051	7, 233		51. 00
	52.00	05200 DELIVERY ROOM & LABOR ROOM	16, 370	0	68, 523	219, 831	27, 412	52. 00
53. 01 05301 PULMONARY FUNCTION TESTING 13 446 43 041 9 966 0 13 003 1	53.00	05300 ANESTHESI OLOGY	584	27, 298	4, 279	O	7, 380	53. 00
10,000	53. 01	05301 PULMONARY FUNCTION TESTING	13, 446	43, 041	9, 966	O	13, 003	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C 236, 836 183, 863 329, 182 0 130, 382 5	54.00	05400 RADI OLOGY-DI AGNOSTI C	236, 836	183, 863	329, 182	o	130, 382	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 86, 518 0 55, 410 0 15, 463 5	55.00	05500 RADI OLOGY-THERAPEUTI C	86, 518	0	55, 410	0	15, 463	55. 00
56. 00 05600 RADI 0I SOTOPE 24, 340 6, 825 31, 007 0 3, 866 5	56.00	05600 RADI OI SOTOPE	24, 340	6, 825	31, 007	0	3, 866	56. 00
			-1	0	1	0	2, 460	59. 00
			62, 716	36, 619		o		60. 00
		1	0	0	1	o		60. 01
		1		0		0		60. 02
		1		0	1	0		63.00
		1 1			1	0		65. 00
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			1 1			0		68.00
			- I		1	0		69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY 0 17, 791 51, 780 0 18, 275 7	70.00	07000 ELECTROLINGEFHALOGRAPHT	<u>ı</u>	17, 791	1 31,780	·	10, 2/5	70. 00

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| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2014 | Part | | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Date/Tim Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

			lo	12/31/2014	Date/lime Pre 5/26/2015 1:4	
Cost Center Description	HOUSEKEEPI NG -	HOUSEKEEPING -	HOUSEKEEPI NG -	DI ETARY	CAFETERI A	, p
	UNI VERSI TY	RILEY	METHODI ST		11.00	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9. 01	9. 02 9, 655	9. 03	10.00	11.00	71. 00
72. 00 07200 MPL. DEV. CHARGED TO PATIENT	0	9, 655	32, 630	0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0		Ö	0	Ö	73.00
73. 03 07303 OUTPATIENT RETAIL PHARMACY	0	Ö	10, 442	0	27, 763	73. 03
74. 00 07400 RENAL DI ALYSI S	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 CARDI OLOGY	4, 264	29, 516		0	3, 514	76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	9, 121	0	703	76. 02
76. 03 03950 CARDI AC CATH	820	1		0	20, 032	76. 03
76. 04 03951 DAY SURGERY 76. 05 03480 ONCOLOGY	71, 372	0	3, 006	0	15, 815 0	76. 04 76. 05
76. 06 03952 DAY SURGERY-RI LEY	0		0	0		76.05
76. 07 03953 CARDI OLOGY-RI LEY	0		0	0	0	76.00
76. 08 03954 ECMO-ADULT	0		Ö	0	2, 460	76. 08
76. 97 O7697 CARDI AC REHABI LI TATI ON	0	0	21, 400	0		76. 97
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	18, 275	89. 00
90. 00 09000 CLI NI C	0	0	0	0	0	90.00
90. 01 09001 AMB SVC-0B & GYN	64, 981	0	0	0	13, 003	90. 01
90. 02 09002 I USCC HEM/ONC	358, 231	0	61, 420	0	72, 747	90. 02
90. 03 09003 AMB SVC-0PTHALMOLOGY 90. 04 09004 AMB SVC-PSYCH ADULT	1, 072		90, 374	0	2, 109 2, 109	90. 03 90. 04
90. 05 09005 AMB SVC-PSTCH ADULT	1, 406		90, 374	0	2, 109	90.04
90. 06 09006 OUTPATIENT SURGERY	37, 368	1	Ö	0	11, 246	90.06
90. 07 09007 AMB SVC-RILEY CLINICS	0		Ö	3, 048	1	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 CLINI CAL GERI ATRI CS	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 PEDI ATRI C CLINI C 90. 14 09012 ARTHRI TIS CLINI C	0	0	0	0	0 703	90. 13 90. 14
90. 15 09013 NEUROLOGY UH	0		0	0	0	90. 14
90. 16 09014 ORTHOPEDICS UH	0		0	0	Ö	90. 16
90. 17 09015 PHYSI CAL MEDI CI NE	44, 665	Ö	o	0	5, 974	90. 17
90. 18 09016 DERMATOLOGY CLINIC	26, 898		0	0	4, 217	90. 18
90. 19 09017 I NFUSI ON/HEM/ONC	0	0	0	0	3, 514	90. 19
90. 20 09025 I UMG - 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 EATLING DI SORDERS 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 LI FE CARE CLI NI C	21 122	05 702	14, 642 233, 007	210 724	5, 974	90. 24
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	21, 132	85, 792	233, 007	310, 734	89, 264	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS						72.00
94. 00 09400 HOME PROGRAM DIALYSIS	38, 950	0	0	0	3, 866	94. 00
95. 00 09500 AMBULANCE SERVICES	0		Ō	0	50, 607	
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			0	,	
106. 00 10600 HEART ACQUISITION	1, 403			0		106.00
107. 00 10700 LI VER ACQUI SI TI ON	6, 133			0		107. 00
108.00 10800 LUNG ACQUISITION 109.00 10900 PANCREAS ACQUISITION	2, 768 698			0		108. 00 109. 00
110.00 11000 INTESTINE ACQUISITION	647			0		110.00
112. 00 08600 OTHER ORGAN ACQUISITION	0		0	0		112.00
112.01 08601 POST TRANSPLANT EXPENSES	15, 710	1, 888	12, 345	0	13, 003	
113.00 11300 INTEREST EXPENSE						113. 00
116. 00 11600 H0SPI CE	1, 751		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
NONREI MBURSABLE COST CENTERS						
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13, 175	1		0		190. 00
191. 00 19100 RESEARCH	1, 467		84, 310	0 (25	13, 003	
191. 01 19101 RESEARCH-GCRC 191. 02 19102 OSA	12, 314 1, 349		10, 794	9, 635	0 10, 543	191. 01
191. 02 19102 05A 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	3, 971			0		191.02
192. 00 19200 PHYSICIANS PRIVATE OFFICES 192. 01 19201 OTHER NONREI MBURSABLE-METHODIST	22, 261			0	40, 415	
192. 02 19202 OTHER NONREIMBURSABLE - I UMC	22, 201		16, 785	0		192. 02
192. 03 19203 PHYSI CI ANS' PRI VATE OFFI CES	457, 499	1		0		192. 03
192. 04 19204 MHH RADI OLOGY	0	0	0	0		192. 04
192.06 19206 BELTWAY SURGERY	0	0	0	0		192. 06
192. 07 19207 RHI	0	•	0	0		192. 07
192. 08 19208 NON-ALLOWABLE ADVERTISING	0			0	17, 923	
192. 09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	J 351	192. 09

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3, 401, 849

5, 518, 450

13, 694, 494

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2, 895, 465 202. 00

202.00

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| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2014 | Part | | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Date/Tim Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

Desir Current Present pill from					10	12/31/2014	Date/lime Pre 5/26/2015 1:4	
SUPPLY S		Cost Center Description			PHARMACY			
			ADMI NI STRATI ON					
CERRIAL SERVICE COST CENTERS			13. 00		15. 00		17. 00	
2.00 00000 INCREDITED REPORTED		GENERAL SERVICE COST CENTERS						
4.00 DOUGNET DEPART SERVICE								•
5 00 000000 MORPATIENT TELEPHONES 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00								
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In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2014	Part
To 12/31/2014	Date/Time Prepared:
5/26/2015 1:45 pm	Provider CCN: 150056

				10) 12/31/2014	5/26/2015 1:4	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY		
		13. 00	14. 00	15. 00	16. 00	17. 00	
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	91, 597	0	109, 418		70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16, 873, 142	0	351, 362	0	71. 00
	07200 IMPL. DEV. CHARGED TO PATIENT	0	34, 051, 499	0	888, 542		72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	36, 913, 570	2, 052, 081	0	73.00
73. 03 74. 00	07303 OUTPATIENT RETAIL PHARMACY 07400 RENAL DIALYSIS	407, 501	0 937, 550	11, 511, 550 22, 507	133, 083 81, 115		73. 03 74. 00
	03020 RH NBN ECMO IC	54, 333	90, 290	935	6, 566		76. 00
76. 01	03140 CARDI OLOGY	36, 222	212, 605	2, 799	75, 642		76. 01
76. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	18, 111	12, 504	42	7, 207		76. 02
76. 03	03950 CARDI AC CATH	208, 278	620, 959	9, 575	289, 411	0	76. 03
76. 04 76. 05	03951 DAY SURGERY 03480 ONCOLOGY	280, 723	274, 879	11, 869	8, 796	0	76. 04 76. 05
76. 05 76. 06	03952 DAY SURGERY-RI LEY	0	0	0	0	0	76. 05 76. 06
	03953 CARDI OLOGY-RI LEY	ő	0	0	0	0	76. 07
76. 08	03954 ECMO-ADULT	27, 167	0	0	7, 471	0	76. 08
76. 97	07697 CARDI AC REHABI LI TATI ON	27, 167	1, 332	0	2, 394	0	76. 97
00.00	OUTPATIENT SERVICE COST CENTERS	00.554	45 000	4 000	0.252		00.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	90, 556	45, 098	4, 909 0	8, 353 0	0	89. 00 90. 00
90. 00	09001 AMB SVC-OB & GYN	99, 611	22, 835	450	21, 143		90. 01
	09002 I USCC HEM/ONC	416, 556	0	176, 640	194, 253		90. 02
90. 03	09003 AMB SVC-OPTHALMOLOGY	0	2, 554	22	7, 780		90. 03
	09004 AMB SVC-PSYCH ADULT	27, 167	1, 285	0	9, 866		90. 04
	09005 AMB SVC-DI ABETES ADULT	72 445	14 751	0	() F2 070	0	90. 05
90. 06 90. 07	09006 OUTPATIENT SURGERY 09007 AMB SVC-RILEY CLINICS	72, 445 280, 723	14, 751 91, 012	75 12, 844	52, 879 23, 880		90. 06 90. 07
90.07	09008 MOTILITY LAB	9, 056	30, 532	21	1, 321		90. 08
	09009 AMB SVC - PSYCH CHILD	0	0	0	0	Ō	90. 09
90. 10	09010 CLINICAL GERIATRICS	0	69	0	0	0	90. 10
	09023 SLEEP LAB	0	49, 579	0	36, 045		90. 11
90. 12	09024 OP CARE ADULTS	18, 111	2, 730	0	717		90. 12
	09011 PEDIATRIC CLINIC 09012 ARTHRITIS CLINIC	18, 111	16, 043	456	11, 878	0	90. 13 90. 14
	09013 NEUROLOGY UH	0	0	0	11, 070	٥	90. 15
	09014 ORTHOPEDI CS UH	0	0	Ō	0	O	90. 16
90. 17	09015 PHYSI CAL MEDICINE	27, 167	6, 356	24	3, 212	0	90. 17
	09016 DERMATOLOGY CLINIC	45, 278	37, 781	3	8, 010		90. 18
90. 19	09017 I NFUSI ON/HEM/ONC 09025 I UMG - MH	36, 222	14, 116	6, 820	16, 271 209	0	90. 19 90. 20
90. 20	09019 OP REHAB CLINIC	18, 111 18, 111	1, 974 687	15	920		90. 20
	09020 EATING DISORDERS CLINIC	9, 056	350	0	6, 076		90. 22
	09018 GASTROENTEROLOGY CLINIC	36, 222	13, 208	7	2, 157	0	90. 23
	09021 LIFE CARE CLINIC	54, 333	1, 400	27	0	0	90. 24
	09100 EMERGENCY	1, 666, 225	1, 230, 478	43, 346	980, 803	0	91.00
92.00	09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS						92. 00
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		
101.00	10100 HOME HEALTH AGENCY	561, 445	111, 911	0	196, 927	0	101. 00
105.00	SPECIAL PURPOSE COST CENTERS	0.05/	02 (45	0	70 / 51		105 00
	10500 KIDNEY ACQUISITION 10600 HEART ACQUISITION	9, 056	83, 615 57	0	78, 651 13, 185		105. 00 106. 00
	10700 LIVER ACQUISITION		64, 308	0	72, 619		100.00
	10800 LUNG ACQUISITION	0	7, 495	Ō	31, 161		108. 00
	10900 PANCREAS ACQUISITION	0	16, 816	0	24, 261		109. 00
	11000 INTESTINE ACQUISITION	0	8, 967	0	8, 935		110. 00
	08600 OTHER ORGAN ACQUISITION	0	897	0	0		112.00
	08601 POST TRANSPLANT EXPENSES 11300 INTEREST EXPENSE	9, 056	0	U	U		112. 01 113. 00
	11600 HOSPI CE	217, 334	28, 092	190, 491	35, 230		116. 00
118.00		27, 121, 433	101, 720, 137	49, 648, 903	14, 739, 365		118. 00
	NONREI MBURSABLE COST CENTERS						
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	00 (11	11	1 547	0		190. 00 191. 00
	19100 RESEARCH 19101 RESEARCH-GCRC	99, 611	126, 224 27, 485	1, 567 989	0		191.00
	2 19101 RESEARCH-GURC	54, 333	56, 376	909	0		191. 01
	19200 PHYSICIANS' PRIVATE OFFICES	18, 111	0	Ö	0	0	192. 00
192. 01	19201 OTHER NONREI MBURSABLE-METHODI ST	117, 722	41, 442	804, 378	0	0	192. 01
	19202 OTHER NONREIMBURSABLE - IUMC	9, 056	6, 926	999	0		192. 02
	19203 PHYSICIANS' PRIVATE OFFICES 19204 MHH RADIOLOGY	0	0	0	0		192. 03 192. 04
	19204 MHH RADIOLOGY 19206 BELTWAY SURGERY		0	0	0		192. 04 192. 06
	19207 RHI		25, 618	489	0		192. 07
	•	· '					

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					5/26/2015 1:4	5 pm
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
	ADMI NI STRATI ON	SERVICES &		RECORDS &		
		SUPPLY		LI BRARY		
	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

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| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 01/01/2014 Part | | To 12/31/2014 Date/Time Prepared: | 5/26/2015 1:45 pm Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

					5/26/2015 1: 4	5 pm
	OTHER GENERAL	INTERNS &	RESI DENTS			
	SERVI CE					
Cost Center Description	PATI ENT S	ERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	
	TRANSPORTATI ON	Y & FRINGES	PRGM COSTS	PRGM	HEALTH	
					SCI ENCES	
	18. 00	21.00	22.00	23. 00	23. 01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 OO200 NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 00540 NONPATI ENT TELEPHONES						5. 01
5. 02 00550 DATA PROCESSING					· '	5. 02
5. 03 00590 PURCHASING, RECEIVING & STORES						5. 03
5. 04 00570 ADMI TTI NG						5. 04
5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5. 06 00560 OTHER ADMINISTRATIVE AND GENERAL						5. 06
6. 00 00600 MAI NTENANCE & REPAIRS						6.00
7. 00 00700 OPERATION OF PLANT						7. 00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9. 00 00900 HOUSEKEEPI NG						9. 00
9. 01 00900 HOUSEKEEPI NG - UNI VERSI TY						9. 00
						ı
9. 02 00902 HOUSEKEEPING - RILEY						9. 02
9. 03 00903 HOUSEKEEPI NG - METHODI ST						9. 03
10. 00 01000 DI ETARY						10.00
11. 00 01100 CAFETERI A						11.00
13. 00 01300 NURSING ADMINISTRATION						13. 00
14.00 O1400 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 PATI ENT TRANSPORTATI ON	2, 601, 202					18. 00
21.00 02100 1 &R SERVICES-SALARY & FRINGES APPRVD	0	45, 915, 471				21. 00
22.00 02200 Lar Services-Other Prgm Costs Apprvd	0	0	4, 357, 211			22. 00
23.00 02300 PARAMED ED PRGM	0	0	0	0		23. 00
23. 01 02301 PARAMED ED HEALTH SCIENCES	O	o	0	o	711, 117	23. 01
23. 02 02302 PARAMED RADI OLOGY-METHODI ST	o	0	0	0	151, 967	23. 02
23. 03 02303 PARAMED RESPIRATORY THERAPY	o	o	0	o	71, 316	ı
23. 04 02304 PARAMED EMERGENCY	o	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. 07 02307 PARAMED PHARMACY	0	0	0	0	206, 564	23. 07
23. 08 02308 PARAMED MEDI CAL ASSI ST		0	0	0	0	23. 08
23. 09 02309 PARAMED SURGERY TECHNOLOGY	0	0	Ö	Ö	46, 045	ł
23. 10 02310 PARAMED PHARMACY TECH		0	0	Ö		
23. 11 02311 PARAMED NEUROPHYSI OLOGY		0	0	0		23. 10
INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	<u> </u>	<u> </u>	<u> </u>		25. 11
30. 00 03000 ADULTS & PEDIATRICS	247 715	12 157 510	1 249 507	0		20 00
	247, 715	13, 157, 510		0		30.00
31. 00 03100 INTENSI VE CARE UNI T	30, 370	1, 702, 414	161, 553	U	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	-	33. 00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34. 00
34. 02 03401 UH SURG 6I C	5, 524	128, 239	12, 169	0	0	34. 02
34. 03 03402 UH NS 31 C	0	0	0	0	0	34. 03
34. 04 03403 RH PED I C	13, 925	28, 818	2, 735	0	0	34. 04
34. 05 03404 TRANSPLANT I CU	4, 448	3, 602	342	0	0	34. 05
34. 06 03407 PEDS CANCER CARE	4, 120	0	0	0	0	34. 06
40. 00 04000 SUBPROVI DER - 1 PF	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		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	o	0	52. 00
53. 00 05300 ANESTHESI OLOGY	22, 326	4, 033, 778		ol	0	53. 00
53. 01 05301 PULMONARY FUNCTION TESTING	11, 986	91, 497	8, 683	ol	0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	215, 497	2, 926, 452	277, 710	o	Ō	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	47, 946	105, 185	9, 982	0	Ō	55. 00
56. 00 05600 RADI OI SOTOPE	10, 862	Ω	0	n	Ö	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	17, 929	67, 001	6, 358	n	0	59.00
60. 00 06000 LABORATORY	279, 181	1, 291, 039	122, 515	n	Ö	60.00
60. 01 06001 TRANSPLANT MMUNOLOGY	6, 465	8, 645	820	٥	0	60.00
60. 02 06002 BONE MARROW TRANSPLANT LAB	0, 465	0, 045 A	020	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	29, 379	0		٥	0	63.00
65. 00 06500 RESPIRATORY THERAPY	47, 580	0		o o	0	65. 00
66. 00 06600 PHYSI CAL THERAPY		0		O O	0	66.00
1 1	26, 980	0	0	0		•
67. 00 06700 0CCUPATI ONAL THERAPY	5, 608	0	0	0		67. 00

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COST ALLOCATION - GENERAL SERVICE COSTS

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2014	Part
To 12/31/2014	Date/Time Prepared:
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) 12/31/2014	5/26/2015 1:4	
			OTHER GENERAL	INTERNS &	RESI DENTS			
		Cost Contan Decemintion	SERVI CE	CEDVICES SALAD	CEDVI CEC OTHER	DADAMED ED	DADAMED ED	
		Cost Center Description	PATI ENT TRANSPORTATI ON		SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMED ED HEALTH	
				I W TRIMOLO	1 10m 00010	1 ICOM	SCI ENCES	
			18. 00	21.00	22. 00	23. 00	23. 01	
68. 00		SPEECH PATHOLOGY	7, 711	59, 077		0	0	
69. 00	1	ELECTROCARDI OLOGY	35, 787	341, 491	32, 406	0	0	69. 00
70. 00 71. 00	1	ELECTROENCEPHALOGRAPHY	19, 317	ł		0	0	70. 00 71. 00
71.00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT	62, 032 156, 870	l e		0	0	1
73. 00		DRUGS CHARGED TO PATIENTS	361, 292	ĺ		0	0	
73. 03	1	OUTPATIENT RETAIL PHARMACY	23, 496	Ö	Ö	ō	0	1
74.00	07400	RENAL DIALYSIS	14, 321	121, 035	11, 486	o	0	74. 00
76. 00		RH NBN ECMO IC	1, 159	l e	0	0	0	76. 00
76. 01	1	CARDI OLOGY	13, 354	832, 836	79, 033	0	0	76. 01
76. 02	1	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 272	0		0	0	76. 02
76. 03 76. 04	1	CARDI AC CATH DAY SURGERY	51, 095 1, 553	l		0	0	76. 03 76. 04
76. 05	1	ONCOLOGY	0	77,000	1	ő	0	1
76.06	1	DAY SURGERY-RI LEY	0	O	0	o	0	1
76. 07	03953	CARDI OLOGY-RI LEY	0	o	0	o	0	76. 07
76. 08		ECMO-ADULT	1, 319			0	0	1
76. 97		CARDI AC REHABI LI TATI ON	423	0	0	0	0	76. 97
89. 00		TIENT SERVICE COST CENTERS FEDERALLY QUALIFIED HEALTH CENTER	1, 475	41, 786	3, 965	ol	0	89. 00
90.00	1	CLINIC	1,475	1 41, 780		0	0	90.00
90. 01	1	AMB SVC-OB & GYN	3, 733	1	1	o	0	1
90. 02		IUSCC HEM/ONC	34, 295	1		o	0	
90. 03	1	AMB SVC-OPTHALMOLOGY	1, 374	139, 046		0	0	90. 03
90. 04		AMB SVC-PSYCH ADULT	1, 742	1	1	0	0	90. 04
90. 05		AMB SVC-DI ABETES ADULT	0	0	I I	0	0	90.05
90. 06 90. 07	1	OUTPATIENT SURGERY AMB SVC-RILEY CLINICS	9, 336 4, 216	ł		0	0	90. 06 90. 07
90. 07	1	MOTILITY LAB	233			0	0	90.07
90. 09		AMB SVC - PSYCH CHILD	0	0		o	0	90. 09
90. 10	09010	CLI NI CAL GERI ATRI CS	0	113, 830	10, 802	o	0	90. 10
90. 11		SLEEP LAB	6, 364	0	0	0	0	90. 11
90. 12	1	OP CARE ADULTS	127	524, 485	49, 772	0	0	90. 12
90. 13 90. 14		PEDIATRIC CLINIC ARTHRITIS CLINIC	2, 097	257, 199	24, 407	0	0	90. 13 90. 14
90. 14	1	NEUROLOGY UH	2,097	237, 199	24, 407	0	0	90. 14
90. 16	1	ORTHOPEDI CS UH	0		o o	o	0	90. 16
90. 17	1	PHYSI CAL MEDI CI NE	567	o	o	О	0	90. 17
90. 18	1	DERMATOLOGY CLINIC	1, 414	1		0	0	90. 18
90. 19		I NFUSI ON/HEM/ONC	2, 873	1		0	0	
90. 20		I UMG - MH	37	346, 535 171, 466		0	0	90. 20
90. 21 90. 22		OP REHAB CLINIC EATING DISORDERS CLINIC	162 1, 073	1, 441		0	0	90. 21 90. 22
90. 23		GASTROENTEROLOGY CLINIC	381	522, 323		ő	0	90. 23
90. 24		LIFE CARE CLINIC	0	1		О	0	90. 24
	1	EMERGENCY	173, 158	2, 953, 829	280, 308	0	0	
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
94. 00		REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS	6, 660	C	0	ol	0	94. 00
95. 00		AMBULANCE SERVICES	40, 015			o	0	
101.00		HOME HEALTH AGENCY	34, 767			o		101.00
		AL PURPOSE COST CENTERS	1		,			
		KIDNEY ACQUISITION	13, 886			0		105.00
		HEART ACQUISITION LIVER ACQUISITION	2, 328 12, 821	0	0	0		106. 00 107. 00
		LUNG ACQUISITION	5, 501	1 0		0		107.00
		PANCREAS ACQUISITION	4, 283	Ö		o		109. 00
		INTESTINE ACQUISITION	1, 577	0	o	o		110. 00
		OTHER ORGAN ACQUISITION	0	0	0	0		112. 00
		POST TRANSPLANT EXPENSES	0	0	0	0	0	112. 01
		I NTEREST EXPENSE HOSPI CE	6, 220	_		0	0	113. 00 116. 00
118.00	1	SUBTOTALS (SUM OF LINES 1-117)	2, 601, 202	l e	3, 782, 443	0	711, 117	
		IMBURSABLE COST CENTERS			5,,32,110		, , , , , , , , ,]
		GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			0		190. 00
		RESEARCH	0	5, 091, 393	483, 155	O		191. 00
		RESEARCH-GCRC	0			0		191. 01
191. 02		USA PHYSICIANS' PRIVATE OFFICES		927, 935	88, 058	0		191. 02 192. 00
		OTHER NONREIMBURSABLE-METHODIST	0	727, 730	00,030	0		192. 00
		OTHER NONREIMBURSABLE - IUMC	0	8, 645	820	Ö		192. 02
					· ·	<u>'</u>		

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	OTHER GENERAL	INTERNS &	RESI DENTS			
	SERVI CE					
Cost Center Description	PATI ENT	SERVI CES-SALAR		PARAMED ED	PARAMED ED	
	TRANSPORTATI ON	Y & FRINGES	PRGM COSTS	PRGM	HEALTH	
					SCI ENCES	
	18. 00	21.00	22. 00	23. 00	23. 01	
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 CARDI O PHYSI CI ANS	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

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| Peri od: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

Cost Center Description					Т	o 12/31/2014	Date/Time Pre 5/26/2015 1:4	
December Septiment Cost		Cost Center Description	RADI OLOGY-METH	RESPI RATORY		PASTORAL PASTORAL	PARAMED LAB	
DEFENDED, SERVICE QUEST CENTERS 1.0 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.00					23 04		23.06	
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07. 00 00 700 ELECTROCATION 0 0 0 0 0 0 0 0 0				0		0		
	37.00	100,001 EEE011100011010E001	1 9		1	<u>, </u>	0	1 57.00

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Provider CCN: 150056

				To	12/31/2014	Date/Time Pre 5/26/2015 1:4	
Cost Center Descripti	on	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED LAB	
		RADI OLOGY-METH ODI ST	RESPI RATORY THERAPY	EMERGENCY	PASTORAL EDUCATION	SCI ENCE PRO	
		23. 02	23. 03	23. 04	23. 05	23. 06	
70. 00 07000 ELECTROENCEPHALOGRAPH 71. 00 07100 MEDICAL SUPPLIES CHAR		0	0	0	0	0	
72. 00 07100 MEDICAL SUPPLIES CHAR			0	0	0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATI		o	o	0	Ö	0	73.00
73. 03 07303 OUTPATIENT RETAIL PHA	ARMACY	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 CARDI OLOGY 76. 02 03550 PSYCHI ATRI C/PSYCHOLOG	CICAL SERVICES		0	0	0	0	76. 01 76. 02
76. 03 03950 CARDI AC CATH	STORE SERVICES		o	0	Ö	0	76. 02
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-RI LEY		0	0	0	0	0	76.06
76. 07 03953 CARDI OLOGY-RI LEY 76. 08 03954 ECMO-ADULT			0	0	0	0	76. 07 76. 08
76. 97 07697 CARDI AC REHABI LI TATI C	ON		o	0	ő	0	76. 97
OUTPATIENT SERVICE COST CEN			1	,			
89. 00 08900 FEDERALLY QUALIFIED F	HEALTH CENTER	0	0	0	0	0	
90. 00 09000 CLI NI C		0	0	0	0	0	90.00
90. 01 09001 AMB SVC-0B & GYN 90. 02 09002 USCC HEM/ONC			0	0	0	0	90. 01 90. 02
90. 03 09003 AMB SVC-0PTHALMOLOGY			0	0	ő	0	90. 03
90.04 09004 AMB SVC-PSYCH ADULT		0	0	0	0	0	90. 04
90. 05 09005 AMB SVC-DIABETES ADUL	_T	0	0	0	0	0	90. 05
90. 06 09006 0UTPATI ENT SURGERY		0	0	0	0	0	90.06
90. 07 09007 AMB SVC-RILEY CLINICS 90. 08 09008 MOTILITY LAB		0	0	0	0	0	90. 07 90. 08
90. 09 09009 AMB SVC - PSYCH CHILE)		0	0	0	0	90.09
90. 10 09010 CLINICAL GERIATRICS		0	0	0	0	0	90. 10
90. 11 09023 SLEEP LAB		O	0	0	0	0	90. 11
90. 12 09024 OP CARE ADULTS		0	0	0	0	0	90. 12
90. 13 09011 PEDIATRI C CLINI C 90. 14 09012 ARTHRI TI S CLINI C		0	0	0	0	0	90. 13 90. 14
90. 15 09013 NEUROLOGY UH			0	0	0	0	90. 14
90. 16 09014 ORTHOPEDICS UH		l o	o	Ö	Ö	0	90. 16
90. 17 09015 PHYSI CAL MEDICINE		0	0	0	0	0	90. 17
90. 18 09016 DERMATOLOGY CLI NI C		0	0	0	0	0	90. 18
90. 19 09017 I NFUSI ON/HEM/ONC 90. 20 09025 I UMG - MH		0	0	0	0	0	90. 19 90. 20
90. 21 09019 OP REHAB CLINIC			0	0	0	0	90. 20
90. 22 09020 EATING DISORDERS CLIM	II C	o	Ö	0	Ö	0	90. 22
90. 23 09018 GASTROENTEROLOGY CLIN	II C	0	0	0	0	0	90. 23
90. 24 09021 LI FE CARE CLI NI C		0	0	0	0	0	90. 24
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATI ON BEDS (NON	I DISTINCT DADT)	O	O	384, 551	0	0	91. 00 92. 00
OTHER REIMBURSABLE COST CEN							72.00
94.00 09400 HOME PROGRAM DIALYSIS	3	0	0	0	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES		0	0	0	0		95. 00
101.00 10100 HOME HEALTH AGENCY	nc .] 0	0	0	0	0	101. 00
SPECIAL PURPOSE COST CENTER 105.00 10500 KIDNEY ACQUISITION	13	0	O	0	0	0	105. 00
106. 00 10600 HEART ACQUI SI TI ON		o	o	0	Ö		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 110.00 11000 INTESTINE ACQUISITION	1	0	0	0	0		109. 00 110. 00
112. 00 08600 OTHER ORGAN ACQUISITION			0	0	0		112.00
112. 01 08601 POST TRANSPLANT EXPEN			0	0	ő		112. 01
113.00 11300 INTEREST EXPENSE							113. 00
116. 00 11600 HOSPI CE		0	0	0	0		116. 00
118.00 SUBTOTALS (SUM OF LIN		1, 385, 199	344, 105	384, 551	1, 077, 294	524, 252	1118. 00
NONREI MBURSABLE COST CENTER 190. 00 19000 GIFT, FLOWER, COFFEE		nl	n	0	n	n	190. 00
191. 00 19100 RESEARCH	23. Q 3.1111EEN		o	0	ő		191. 00
191. 01 19101 RESEARCH-GCRC		0	О	0	o		191. 01
191. 02 19102 OSA) FEL 050	0	O	0	0		191. 02
192.00 19200 PHYSICIANS' PRIVATE (192.01 19201 OTHER NONREIMBURSABLE		0	0	0	0		192. 00 192. 01
192. 01 19201 OTHER NONRET MBURSABLE			0	0	0	0	192. 01
192. 03 19203 PHYSICIANS' PRIVATE 0			o	Ö	ő	0	192. 03
192.04 19204 MHH RADI OLOGY		0	O	0	o		192. 04
192. 06 19206 BELTWAY SURGERY		0	O	0	0		192.06
192. 07 19207 RHI		1 0	O	0	0	0	192. 07

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					From 01/01/2014	Part I	
					To 12/31/2014	Date/Time Pre	pared:
						5/26/2015 1:4	5 pm
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED LAB	
		RADI OLOGY-METH	RESPI RATORY	EMERGENCY	PASTORAL	SCI ENCE PRO	
		ODI ST	THERAPY		EDUCATI ON		
		23. 02	23. 03	23. 04	23. 05	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

1, 385, 199

202.00

TOTAL (sum lines 118-201)

384, 551

1, 077, 294

344, 105

524, 252 202. 00

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| Peri od: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part Provider CCN: 150056

Cost Center Description
CENERAL SERVICE COST CENTERS 23.07 23.08 23.10 23.11
GENERAL SERVICE COST CENTERS
1.00
2. 00 0200 NEW CAP REL COSTS-MYBLE EQUIP
4. 0. 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 0.1 00540 NONPATI ENT TELEPHONES 5. 0.2 00550 DATA PROCESSING 5. 0.3 00590 PURCHASING, RECEI VING & STORES 5. 0.4 00570 ADMITTIN G 5. 0.5 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5. 0.6 00560 OTHER ADMINISTRATI VE AND GENERAL 6. 0. 00600 MAINTENANCE & REPAIRS 6. 0. 00600 MAINTENANCE & REPAIRS 7. 0. 00700 OPERATI ON 0F PLANT 7. 000700 OPERATI ON 0F PLANT 8. 0. 00800 LAUNDRY & LINEN SERVI CE 8. 0. 00 00900 HOUSEKEEPING UNI VERSITY 9. 0.1 00901 HOUSEKEEPING - UNI VERSITY 9. 0.2 00902 HOUSEKEEPING - WEITHODIST 9. 0.0 00000 DIETARY 10. 00 1000 DIETARY 11. 00 01100 CAFETERIA 13. 00 10300 NURSIN GADMINI STRATI ON 11. 00 10100 OI
5. 02 00550 DATA PROCESSI NG 5. 03 00590 PURCHASI NG, RECEIVING & STORES 5. 04 00570 ADMITTING 5. 05 00580 CASHI ERI NG-ACCOUNTS RECEI VABLE 5. 06 00560 OTHER ADMINI STRATI VE AND GENERAL 6. 00560 OTHER ADMINI STRATI VE AND GENERAL 7. 00 00700 OPERATI ON 0F PLANT 7. 00 00700 OPERATI ON 0F PLANT 8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 01 00901 HOUSEKEEPI NG 9. 01 00901 HOUSEKEEPI NG 9. 01 00901 HOUSEKEEPI NG 9. 02 00902 HOUSEKEEPI NG - RI LEY 9. 02 00902 HOUSEKEEPI NG - RI LEY 9. 03 00903 HOUSEKEEPI NG - RI LEY 9. 01 01000 DI ETARY 11. 00 01100 CAFETERI A 11. 00 01100 CAFETERI A 11. 00 01400 CENTRAL SERVI CES & SUPPLY 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01500 PHARMACY 18. 00 01500 PHARMACY 19. 01500 PHARMACY 10. 01500 PHARMACY 10. 01500 PHARMACY 11. 0100 02100 I RE SERVI CES-SALARY & FRI NGES APPRVD 10. 00 01000 MEDI CAL RECORDS & LI BRARY 10. 01500 O1500 PARAMED ED PRGM 22. 00 02200 I RE SERVI CES-SALARY & FRI NGES APPRVD 22. 00 02200 I RE SERVI CES-SALARY & FRI NGES APPRVD 22. 00 02300 PARAMED ED PRGM 23. 01 02301 PARAMED ED PRGM 23. 02 02302 PARAMED RADI OLOGY-METHODI ST 23. 03 02303 PARAMED RADI OLOGY-METHODI ST 23. 04 02304 PARAMED ERSPI RATORY THERAPY 23. 04 02304 PARAMED EMBERGENCY 23. 05 02312 PARAMED PASTORAL EDUCATI ON
5. 03 00590 PURCHASING, RECEIVING & STORES 5. 04 00570 AMMITTING 5. 5. 05 00580 CASHIERING/ACCOUNTS RECEIVABLE 5. 06 00560 OTHER ADMINISTRATIVE AND GENERAL 6. 00 00600 MAINTENANCE & REPAIRS 6. 00 00600 MAINTENANCE & REPAIRS 7. 00 00700 OPERATION OF PLANT 8. 00 00800 LAUNDRY & LINEN SERVICE 9. 00 00900 HOUSEKEEPING 9. 01 00901 HOUSEKEEPING - UNIVERSITY 9. 02 00902 HOUSEKEEPING - UNIVERSITY 9. 03 00903 HOUSEKEEPING - RILEY 9. 03 00903 HOUSEKEEPING - RILEY 9. 03 00903 HOUSEKEEPING - METHODIST 10. 00 10000 DIETARY 11. 00 011000 CAFETERIA 13. 00 10100 CAFETERIA 14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY 16. 00 01600 MEDICAL RECORDS & LI BRARY 17. 00 01700 SOCIAL SERVICES 18. 00 01850 PATIENT TRANSPORTATION 18. 00 01850 PATIENT TRANSPORTATION 18. 10 02100 I &R SERVICES-SALARY & FRINGES APPRVD 22. 00 02200 I &R SERVICES-SALARY & FRINGES APPRVD 22. 00 02200 I &R SERVICES-CHIER PROM COSTS APPRVD 22. 00 02200 PARAMED ED PROM 23. 01 02301 PARAMED ED HEALTH SCIENCES 23. 02 02302 PARAMED ED HEALTH SCIENCES 23. 02 02302 PARAMED ED HEALTH SCIENCES 23. 04 02304 PARAMED ED HEALTH SCIENCES 23. 05 02312 PARAMED EMERGENCY 23. 05 02312 PARAMED PASTORAL EDUCATION
5.04 00570 ADMITTING 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.06 00560 OTHER ADMI NI STRATI VE AND GENERAL 6.00 00600 MAI NTENANCE & REPAI RS 7.00 00700 OPERATI ON OF PLANT 7.00 00700 OPERATI ON OF PLANT 7.00 00900 HOUSEKEEPI NG 9.00 00900 HOUSEKEEPI NG 9.01 00901 HOUSEKEEPI NG 9.01 00901 HOUSEKEEPI NG - RI LEY 9.03 00902 HOUSEKEEPI NG - RI LEY 9.01 00902 HOUSEKEEPI NG - RI LEY 9.01 01000 DI ETARY 10.00 01000 DI ETARY 11.00 01100 CAFETERI A 11.00 01300 NURSI NG ADMINI STRATI ON 13.01 01300 NURSI NG ADMINI STRATI ON 13.01 01300 PHARMACY 15.00 01500 PHARMACY 15.00 PHARMACY 15.00 01500 PHARMACY 15.00 PHARMAC
5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5. 06 00560 OTHER ADMINI STRATI VE AND GENERAL 6. 00 00600 MAIN TENANCE & REPAI RS 7. 00 00700 OPERATI ON OF PLANT 8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG 9 9. 01 00901 HOUSEKEEPI NG 9 9. 01 00901 HOUSEKEEPI NG - RI LEY 9. 02 00902 HOUSEKEEPI NG - RI LEY 9. 03 00903 HOUSEKEEPI NG - RI LEY 9. 01 00100 DI ETARY 11. 00 01100 CAFETERI A 11. 00 01100 CAFETERI A 11. 00 01100 CAFETERI A 11. 00 01400 CENTRAL SERVI CES & SUPPLY 15. 00 01500 PHARMACY 16. 00 01500 PHARMACY 17. 00 01700 SOCI AL SERVI CES 18. 00 01850 PATI ENT TRANSPORTATI ON 19. 0100 01700 SOCI AL SERVI CES ALARY & FRI NGES APPRVD 22. 00 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD 22. 00 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD 22. 33. 00 02300 PARAMED ED PRGM 23. 01 02301 PARAMED ED HEALTH SCI ENCES 23. 02 02302 PARAMED ED HEALTH SCI ENCES 23. 04 02304 PARAMED RADIOLOGY-METHODI ST 23. 05 02312 PARAMED RADIOLOGY-METHODI ST 23. 04 02304 PARAMED ED HEALTH SCI ENCES 23. 05 02312 PARAMED RADIOLOGY-METHODI ST 23. 05 02312 PARAMED PASTORAL EDUCATI ON
5. 06 00560 OTHER ADMINISTRATI VE AND GENERAL 6. 00 00600 MAI NTENANCE & REPAI RS 7. 00 00700 OPERATI ON OF PLANT 8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG 9. 01 00901 HOUSEKEEPI NG - UNI VERSI TY 9. 02 00902 HOUSEKEEPI NG - RI LEY 9. 03 00903 HOUSEKEEPI NG - METHODI ST 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A 12. 00 01500 PHARMACY 14. 00 01400 CENTRAL SERVI CES & SUPPLY 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01700 SOCI AL SERVI CE 18. 00 01850 PATI ENT TRANSPORTATI ON 17. 01 0100 CAFETERI A 18. 00 01850 PATI ENT TRANSPORTATI ON 19. 01 0100 CAFETERI A 19. 01 02000 Lar SERVI CES - SALARY & FRI NGES APPRVD 22. 00 02200 Lar SERVI CES - OTHER PRGM COSTS APPRVD 23. 01 02301 PARAMED ED PRGM 23. 01 02301 PARAMED ED PRGM 23. 02 02302 PARAMED RADI OLOGY-METHODI ST 23. 04 02304 PARAMED RESPI RATORY THERAPY 23. 04 02304 PARAMED ERSPI RATORY THERAPY 23. 05 02312 PARAMED EMERGENCY 23. 05 02312 PARAMED PASTORAL EDUCATI ON
6. 00 00600 MAINTENANCE & REPAIRS 7. 00 00700 OPERATI ON OF PLANT 8. 00 00800 LAUNDRY & LINEN SERVICE 9. 00 00900 HOUSEKEEPING - UNIVERSITY 9. 01 00901 HOUSEKEEPING - UNIVERSITY 9. 02 00902 HOUSEKEEPING - RILEY 9. 03 00903 HOUSEKEEPING - RILEY 9. 00 01000 DI ETARY 10. 00 1000 DI ETARY 11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADMINISTRATI ON 11. 11. 12. 13. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01700 SOCI AL SERVICE 18. 00 01800 PATIENT TRANSPORTATI ON 19. 01100 CATO SOCI AL SERVICES - SALARY & FRINGES APPRVD 21. 00 02100 I &R SERVICES-OTHER PRGM COSTS APPRVD 22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 23. 00 02300 PARAMED ED PRGM 23. 01 02301 PARAMED ED PRGM 23. 02302 PARAMED RADIOLOGY-METHODIST 23. 04 02304 PARAMED EMERGENCY 23. 05 02312 PARAMED EMERGENCY 23. 05 02312 PARAMED PASTORAL EDUCATION 25. 06 02312 PARAMED PASTORAL EDUCATION 26. 07 02302 PARAMED PASTORAL EDUCATION 27. 07 02302 PARAMED PASTORAL EDUCATION 28. 07 02312 PARAMED PASTORAL EDUCATION 29. 07 02302 PARAMED PASTORAL EDUCATION
8. 00 00800 LAUNDRY & LINEN SERVICE 9. 00 00900 HOUSEKEEPI NG 9. 01 00901 HOUSEKEEPI NG - UNI VERSI TY 9. 00 00902 HOUSEKEEPI NG - RI LEY 9. 00 00902 HOUSEKEEPI NG - RI LEY 9. 00 00903 HOUSEKEEPI NG - METHODI ST 9. 10. 00 01000 DI ETARY 10. 00 1100 CAFETERI A 11. 00 01100 CAFETERI A 11. 00 01100 CAFETERI A 11. 00 01100 CENTRAL SERVI CES & SUPPLY 11. 00 01500 PHARMACY 11. 15. 00 01500 PHARMACY 15. 00 01500 PHARMACY 15. 00 01500 PHARMACY 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY 16. 00 01700 SOCI AL SERVI CE 17. 18. 00 01850 PATI ENT TRANSPORTATI ON 18. 01850 PARAMED ED PRGM COSTS APPRVD 12. 00 02200 Li &R SERVI CES-SALARY & FRI NGES APPRVD 12. 00 02300 PARAMED ED PRGM COSTS APPRVD 12. 02. 00 02300 PARAMED ED PRGM COSTS APPRVD 12. 02. 00 02300 PARAMED ED REMO 10. 0230 PARAMED ED RESPIRATORY THERAPY 12. 02. 0230 PARAMED RESPIRATORY THERAPY 12. 02. 0230 PARAMED RESPIRATORY THERAPY 12. 02. 0230 PARAMED PARAMED PARAMED EMERGENCY 12. 023. 05 02312 PARAMED PASTORAL EDUCATI ON 12. 0230.
9. 00 00900 HOUSEKEEPING 9. 01 00901 HOUSEKEEPING - UNI VERSITY 9. 02 00902 HOUSEKEEPING - RILEY 9. 03 00903 HOUSEKEEPING - METHODIST 9. 10. 00 01000 DI ETARY 10. 11. 00 01100 CAFETERIA 10. 11. 00 01300 NURSING ADMINISTRATION 11. 13. 00 01300 NURSING ADMINISTRATION 11. 14. 00 01400 CENTRAL SERVICES & SUPPLY 14. 15. 00 01500 PHARMACY 15. 00 01600 MEDICAL RECORDS & LI BRARY 16. 00 01600 MEDICAL RECORDS & LI BRARY 16. 00 01700 SOCIAL SERVICE 16. 16. 17. 00 01700 SOCIAL SERVICE 17. 00 01700 SOCIAL SERVICE 18. 00 01830 PATIENT TRANSPORTATION 18. 21. 00 02100 L&R SERVICES-SALARY & FRINGES APPRVD 22. 00 02200 ARRAMED ED PRGM 22. 00 02200 PARAMED ED PRGM 22. 00 02300 PARAMED ED HEALTH SCIENCES 23. 01 02301 PARAMED RADIOLOGY-METHODIST 23. 02 02302 PARAMED RADIOLOGY-METHODIST 23. 03 02303 PARAMED RESPIRATORY THERAPY 23. 04 02304 PARAMED RESPIRATORY THERAPY 23. 05 02312 PARAMED EMERGENCY 23. 02. 02304 PARAMED EMERGENCY 23. 02. 02304 PARAMED EMERGENCY 23. 02. 02312 PARAMED PASTORAL EDUCATION 23. 02. 02312 PARAMED PASTORAL EDUCATION 23. 02. 02312 PARAMED PASTORAL EDUCATION 23. 02304 PARAMED PASTORAL EDUCATION 23. 02305 PARAMED PASTORAL EDUCATION
9. 01 00901 HOUSEKEEPING - UNIVERSITY 9. 02 00902 HOUSEKEEPING - RI LEY 9. 03 00903 HOUSEKEEPING - RI LEY 9. 0. 01 0000 DI ETARY 10. 00 01000 DI ETARY 11. 00 01100 CAFETERIA 13. 00 01300 NURSING ADMINISTRATION 14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY 16. 00 01600 MEDICAL RECORDS & LI BRARY 17. 00 01700 SOCIAL SERVICE 18. 00 01850 PATIENT TRANSPORTATION 18. 00 01850 PATIENT TRANSPORTATION 18. 01 02300 PARAMED ED PRGM 22. 00 02200 L&R SERVICES-OTHER PRGM COSTS APPRVD 22. 00 02300 PARAMED ED HEALTH SCIENCES 23. 01 02301 PARAMED ED HEALTH SCIENCES 23. 02 02302 PARAMED RESPIRATORY THERAPY 23. 04 02304 PARAMED RESPIRATORY THERAPY 23. 05 02312 PARAMED PASTORAL EDUCATION 25 09 02302 PARAMED PASTORAL EDUCATION 26 09 02302 PARAMED PASTORAL EDUCATION 27 09 02302 PARAMED PASTORAL EDUCATION 28 09 02302 PARAMED PASTORAL EDUCATION 29 09 09 09 09 09 09 09 09 09 09 09 09 09
9. 02 00902 HOUSEKEEPING - RILEY 9. 03 00903 HOUSEKEEPING - METHODIST 10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADMINISTRATI ON 14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01700 SOCI AL SERVICE 18. 00 01850 PATI ENT TRANSPORTATI ON 18. 00 01850 PATI ENT TRANSPORTATI ON 18. 01850 PATI ENT TRANSPORTATI ON 18. 021. 00 02200 I &R SERVICES-SALARY & FRI NGES APPRVD 22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 22. 3. 00 02300 PARAMED ED PRGM 23. 01 02301 PARAMED ED HEALTH SCI ENCES 23. 02 02302 PARAMED RADI OLOGY-METHODI ST 23. 04 02304 PARAMED RADI OLOGY-METHODI ST 23. 05 02312 PARAMED PASTORAL EDUCATI ON 29. 00 02302 PARAMED PASTORAL EDUCATI ON
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18. 00 01850 PATI ENT TRANSPORTATI ON 18. 21. 00 02100 I&R SERVI CES-SALARY & FRI NGES APPRVD 21. 22. 00 02200 I&R SERVI CES-OTHER PRGM COSTS APPRVD 22. 23. 00 02300 PARAMED ED PRGM 23. 23. 01 02301 PARAMED ED HEALTH SCI ENCES 23. 23. 02 02302 PARAMED RADI OLOGY-METHODI ST 23. 23. 03 02303 PARAMED RESPI RATORY THERAPY 23. 24. 02304 PARAMED EMERGENCY 23. 23. 05 02312 PARAMED PASTORAL EDUCATI ON 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 2
21. 00 02100 1&R SERVI CES-SALARY & FRINGES APPRVD 22. 00 02200 1&R SERVI CES-OTHER PRGM COSTS APPRVD 22.
22. 00 02200 1&R SERVICES-OTHER PRGM COSTS APPRVD 22. 23. 00 02300 PARAMED ED PRGM 23. 23. 01 02301 PARAMED ED HEALTH SCIENCES 23. 23. 02 02302 PARAMED RADIOLOGY-METHODIST 23. 23. 03 02303 PARAMED RESPIRATORY THERAPY 23. 23. 04 02304 PARAMED EMERGENCY 23. 23. 05 02312 PARAMED PASTORAL EDUCATION 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23. 23
23. 00 02300 PARAMED ED PRGM 23.
23. 01 02301 PARAMED ED HEALTH SCIENCES 23. 02 02302 PARAMED RADI OLOGY-METHODI ST 23. 03 02303 PARAMED RESPIRATORY THERAPY 23. 04 02304 PARAMED EMERGENCY 23. 05 02312 PARAMED PASTORAL EDUCATION
23. 03 02303 PARAMED RESPIRATORY THERAPY 23.
23. 04 02304 PARAMED EMERGENCY 23. 05 02312 PARAMED PASTORAL EDUCATION 23.
23. 05 02312 PARAMED PASTORAL EDUCATION 23.
23. 06 02306 PARAMED LAB SCIENCE PRO 23.
23. 07 02307 PARAMED PHARMACY 1,868,308 23.
23. 08 02308 PARAMED MEDI CAL ASSI ST 0 -1 23.
23. 09 02309 PARAMED SURGERY TECHNOLOGY 0 424, 523 23.
23. 10 02310 PARAMED PHARMACY TECH
I NPATI ENT ROUTI NE SERVI CE COST CENTERS
30. 00 03000 ADULTS & PEDI ATRI CS 8, 046 0 0 0 0 30.
31. 00 03100 INTENSI VE CARE UNIT 1, 344 0 0 0 0 0 31.
32. 00 03200 CORONARY CARE UNIT 2, 197 0 0 0 32.
32. 01 03201 NEONATAL NTENSIVE CARE UNIT 129 0 0 0 0 32. 33. 00 03300 BURN INTENSIVE CARE UNIT 88 0 0 0 33.
34. 00 03400 SURGI CAL INTENSIVE CARE UNIT 0 0 0 34.
34. 02 03401 UH SURG 61C 362 0 0 0 0 34.
34. 03 03402 UH NS 31 C 0 0 0 0 0 34.
34. 04 03403 RH PED I C 1, 230 0 0 0 34. 34. 05 03404 TRANSPLANT I CU 193 0 0 0 34.
34. 05 03404 TRANSPLANT CU
40. 00 04000 SUBPROVI DER - I PF 3 0 0 0 0 40.
43. 00 04300 NURSERY 39 0 0 0 43.
ANCILLARY SERVICE COST CENTERS
50. 00 05000 0PERATI NG ROOM 2, 755 0 424, 523 0 0 50. 50. 01 05001 ENDOSCOPY 114 0 0 0 50.
51. 00 05100 RECOVERY ROOM 531 0 0 0 51.
52. 00 05200 DELI VERY ROOM & LABOR ROOM 67 0 0 52.
53. 00 05300 ANESTHESI OLOGY 4, 365 0 0 0 53.
53. 01 05301 PULMONARY FUNCTION TESTING 2 0 0 0 53.
54. 00 05400 RADI OLOGY-DI AGNOSTI C 3, 991 0 0 0 54. 55. 00 05500 RADI OLOGY-THERAPEUTI C 5 0 0 0 55.
56. 00 05600 RADI 0LOGI - THE RAPEUTI C
59. 00 05900 CARDI AC CATHETERI ZATI ON
60. 00 06000 LABORATORY 892 0 0 0 60.
60. 01 06001 TRANSPLANT IMMUNOLOGY
60. 02 06002 BONE MARROW TRANSPLANT LAB
65. 00 06500 RESPIRATORY THERAPY 32 0 0 0 65.
66. 00 06600 PHYSI CAL THERAPY 4 0 0 66.
67. 00 06700 OCCUPATI ONAL THERAPY 0 0 0 67.
68. 00 06800 SPEECH PATHOLOGY 50 0 0 0 68.
69. 00 06900 ELECTROCARDI OLOGY 41 0 0 0 69.

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Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED	
	PHARMACY	MEDICAL ASSIST	SURGERY TECHNOLOGY	PHARMACY TECH	NEUROPHYSI OLOG Y	
	23. 07	23. 08	23. 09	23. 10	23. 11	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	1, 354, 779	o	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. 01 03140 CARDI OLOGY 76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	103	0	0	0	0	76. 01 76. 02
76. 03 03950 CARDI AC CATH	351	o o	0	0	0	1
76. 04 03951 DAY SURGERY	436	0	0	0	0	76. 04
76. 05 03480 0NCOLOGY	0	0	0	0	0	76. 05
76. 06 03952 DAY SURGERY-RI LEY 76. 07 03953 CARDI OLOGY-RI LEY	0	0	0	0	0	76. 06 76. 07
76. 08 03954 ECMO-ADULT	0	0	0	0	0	76. 08
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	0	0	0	ı
OUTPATIENT SERVICE COST CENTERS	1		_	_		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90.00 09000 CLINIC	180	0	0	0	0	
90. 00 09000 CLI NI C 90. 01 09001 AMB SVC-0B & GYN	0	0	0	0	0	90.00
90. 02 09002 I USCC HEM/ONC	6, 483	ő	0	Ö	ő	ı
90. 03 09003 AMB SVC-OPTHALMOLOGY	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-DI ABETES ADULT 90. 06 09006 OUTPATI ENT SURGERY	0	0	0	0	0	90. 05 90. 06
90. 07 09007 AMB SVC-RILEY CLINICS	471	0	0	0	0	90.08
90. 08 09008 MOTI LI TY LAB	1	Ö	0	0	Ō	90. 08
90. 09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90. 09
90. 10 09010 CLI NI CAL GERI ATRI CS	0	0	0	0	0	90. 10
90. 11 09023 SLEEP LAB 90. 12 09024 OP CARE ADULTS	0	0	0	0	0	90. 11 90. 12
90. 13 09011 PEDI ATRI C CLI NI C	0	o	0	0	0	90. 12
90. 14 09012 ARTHRITIS CLINIC	17	o	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. 17 09015 PHYSI CAL MEDI CI NE 90. 18 09016 DERMATOLOGY CLI NI C	1	0	0	0	0	90. 17 90. 18
90. 19 09017 NFUSI ON/HEM/ONC	250	o o	0	0	0	90. 19
90. 20 09025 I UMG - 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 90. 23 09018 GASTROENTEROLOGY CLINIC	0	0	0	0	0	90. 22 90. 23
90. 24 09021 LI FE CARE CLI NI C	1	o	0	0	0	
91. 00 09100 EMERGENCY	1, 591	0	0	0	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
94.00 09400 HOME PROGRAM DI ALYSI S	199	O	0	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES	144	1	0	0		95. 00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101. 00
SPECIAL PURPOSE COST CENTERS		ا				
105. 00 10500 KI DNEY ACQUI SI TI ON 106. 00 10600 HEART ACQUI SI TI ON	0	0	0	0		105. 00 106. 00
107. 00 10700 LI VER ACQUI SI TI ON	0	o	0	0		107. 00
108.00 10800 LUNG ACQUISITION	0	o	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 112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0		112. 00 112. 01
113. 00 11300 NTEREST EXPENSE			0	O		113. 00
116. 00 11600 HOSPI CE	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	O	0	0	0	190. 00
191. 00 19100 RESEARCH	58		0	0		191. 00
191. 01 19101 RESEARCH-GCRC	36		0	0		191. 01
191. 02 19102 OSA	0	0	0	0		191. 02
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST	29, 523	0	0	0		192. 00 192. 01
192. 01 1920 OTHER NONRELMBURSABLE - LUMC	29, 523		0	0		192. 01
192. 03 19203 PHYSI CI ANS' PRI VATE OFFI CES	0	0	Ō	Ō	0	192. 03
192. 04 19204 MHH RADI OLOGY	0	0	0	0		192. 04
192. 06 19206 BELTWAY SURGERY 192. 07 19207 RHI	0	0	0	0		192. 06 192. 07
172. 07 17207 1011	1 10	ı V	U	U	1 0	1172.07

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						5/26/2015 1:4	5 pm
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED	
		PHARMACY	MEDICAL ASSIST	SURGERY	PHARMACY TECH	NEUROPHYSI OLOG	
				TECHNOLOGY		Υ	
		23. 07	23. 08	23. 09	23. 10	23. 11	
192. 08 19208	NON-ALLOWABLE ADVERTISING	9	0	C	0	0	192. 08
192. 09 19209	ARTHRITIS CLINIC - NR	15, 600	0	C	0	0	192. 09
192. 10 19212	CARDIO PHYSICIANS	819	0	C	0	0	192. 10
192. 11 19211	UNUSED SPACE	0	0	C	0	0	192. 11
200. 00	Cross Foot Adjustments	0	O	C	0	0	200.00
201. 00	Negative Cost Centers	0	-1	C	0	0	201.00
202. 00	TOTAL (sum lines 118-201)	1, 868, 308	-1	424, 523	443, 414	0	202. 00

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In Lieu of Form CMS-2552-10

Period:	Worksheet B
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To 12/31/2014	Date/Time Prepared:
5/26/2015 1:45 pm	Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 150056

					'	5/26/2015 1:4	
		Cost Center Description	Subtotal	Intern &	Total		
				Residents Cost			
				& Post Stepdown			
				Adjustments			
			24. 00	25. 00	26. 00		
		AL SERVICE COST CENTERS		ı			4
1.00	1	NEW CAP REL COSTS MARIE FOLLD					1.00
2. 00 4. 00	1	NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT					2. 00 4. 00
5. 01	1	NONPATI ENT TELEPHONES					5. 01
5. 02	1	DATA PROCESSING					5. 02
5.03	00590	PURCHASING, RECEIVING & STORES					5. 03
5.04	00570	ADMITTING					5. 04
5.05	1	CASHI ERI NG/ACCOUNTS RECEI VABLE					5. 05
5.06	1	OTHER ADMINISTRATIVE AND GENERAL					5. 06
6. 00 7. 00	1	MAINTENANCE & REPAIRS OPERATION OF PLANT					6. 00 7. 00
8. 00	1	LAUNDRY & LINEN SERVICE					8. 00
9. 00	1	HOUSEKEEPI NG					9. 00
9. 01	00901	HOUSEKEEPING - UNIVERSITY					9. 01
9. 02		HOUSEKEEPING - RILEY					9. 02
9. 03		HOUSEKEEPING - METHODIST					9. 03
10. 00 11. 00		DI ETARY CAFETERI A					10. 00 11. 00
13. 00	1	NURSING ADMINISTRATION					13. 00
14. 00		CENTRAL SERVICES & SUPPLY					14. 00
15.00		PHARMACY					15. 00
16. 00		MEDICAL RECORDS & LIBRARY					16. 00
17. 00	1	SOCIAL SERVICE					17. 00
18. 00	1	PATIENT TRANSPORTATION					18.00
21. 00 22. 00		I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD					21. 00 22. 00
23. 00	1	PARAMED ED PRGM					23. 00
23. 01	1	PARAMED ED HEALTH SCIENCES					23. 01
23. 02	02302	PARAMED RADIOLOGY-METHODIST					23. 02
23. 03		PARAMED RESPIRATORY THERAPY					23. 03
23. 04		PARAMED EMERGENCY					23. 04
23. 05 23. 06	1	PARAMED PASTORAL EDUCATION PARAMED LAB SCIENCE PRO					23. 05 23. 06
23. 07		PARAMED PHARMACY					23. 07
23. 08	1	PARAMED MEDICAL ASSIST					23. 08
23. 09	1	PARAMED SURGERY TECHNOLOGY					23. 09
23. 10 23. 11	1	PARAMED PHARMACY TECH PARAMED NEUROPHYSIOLOGY					23. 10
23. 11		I ENT ROUTI NE SERVI CE COST CENTERS					23.11
30.00		ADULTS & PEDIATRICS	263, 266, 467	-14, 406, 107	248, 860, 360		30.00
31.00	03100	INTENSIVE CARE UNIT	27, 400, 418	-1, 863, 967	25, 536, 451		31.00
32. 00		CORONARY CARE UNIT	21, 975, 136		21, 908, 876		32. 00
32. 01 33. 00		NEONATAL INTENSIVE CARE UNIT	8, 247, 522				32. 01
34. 00		BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	3, 346, 098 0	-29, 187 0	3, 316, 911 0		33. 00 34. 00
34. 02		UH SURG 61 C	5, 689, 848	_	5, 549, 440		34. 02
34. 03		UH NS 31C	0	0	0		34. 03
34. 04		RH PED IC	13, 974, 920		13, 943, 367		34. 04
34. 05 34. 06	1	TRANSPLANT ICU PEDS CANCER CARE	3, 891, 966 4, 379, 787		3, 888, 022 4, 379, 787		34. 05 34. 06
40. 00	1	SUBPROVIDER - I PF	6, 846, 468		6, 780, 208		40.00
43.00		NURSERY	6, 231, 572		6, 231, 572		43. 00
		LARY SERVICE COST CENTERS					
50.00		OPERATING ROOM	100, 939, 880		97, 099, 146		50.00
50. 01 51. 00		ENDOSCOPY RECOVERY ROOM	3, 235, 595 14, 607, 951	-120, 688 -162, 496	3, 114, 907 14, 445, 455		50. 01 51. 00
52. 00		DELIVERY ROOM & LABOR ROOM	12, 113, 801	-237, 433	11, 876, 368		52. 00
53. 00	1	ANESTHESI OLOGY	9, 670, 799		5, 254, 230		53. 00
53. 01	1	PULMONARY FUNCTION TESTING	5, 403, 408		5, 303, 228		53. 01
54. 00	1	RADI OLOGY THE PARELLE C	82, 243, 909		79, 039, 747		54.00
55.00	1	RADI OLOGY-THERAPEUTI C	11, 755, 415		11, 640, 248		55. 00
56. 00 59. 00	1	RADI OI SOTOPE CARDI AC CATHETERI ZATI ON	2, 926, 489 2, 909, 449		2, 926, 489 2, 836, 090		56. 00 59. 00
60.00	1	LABORATORY	78, 187, 350		76, 773, 796		60.00
60. 01		TRANSPLANT IMMUNOLOGY	3, 684, 965	-9, 465	3, 675, 500		60. 01
60. 02	1	BONE MARROW TRANSPLANT LAB	34		34		60. 02
63. 00 65. 00		BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY	24, 221, 536 29, 919, 607		24, 221, 536 29, 919, 607		63. 00 65. 00
66.00		PHYSICAL THERAPY	19, 897, 684		29, 919, 607 19, 897, 684		66.00
67. 00		OCCUPATI ONAL THERAPY	4, 274, 757				67. 00
			<u> </u>	'			

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COST ALLOCATION - GENERAL SERVICE COSTS

| Peri od: | Worksheet B | From 01/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part | Prepared: | Part | Prepared: | Part | Part | Prepared: | Part | Part | Prepared: | Part Provider CCN: 150056

						То	12/31/2014 Date/Time Pre 5/26/2015 1:4	
		Cost Center Description	Subtotal	Intern &	Total		372072013 1.4	J piii
				Residents Cost				
				& Post Stepdown				
				Adjustments				
	0,000	CDEFOUL DATUM COV	24.00	25.00	26.00	05.7		(0.00
68. 00 69. 00		SPEECH PATHOLOGY ELECTROCARDIOLOGY	6, 204, 740 6, 356, 319	l				68. 00 69. 00
70. 00		ELECTROENCEPHALOGRAPHY	7, 901, 056	l ·				70.00
71. 00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS	56, 482, 207	l e				71. 00
72. 00 73. 00	1	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS	113, 962, 259	i e				72. 00 73. 00
73.00		OUTPATIENT RETAIL PHARMACY	186, 987, 814 63, 445, 661					73.00
74. 00	07400	RENAL DIALYSIS	13, 144, 603	-132, 521				74. 00
76.00		RH NBN ECMO IC	1, 411, 684	l	.,,			76. 00
76. 01 76. 02		CARDI OLOGY PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	5, 295, 035 725, 075	1				76. 01 76. 02
76. 02	1	CARDI AC CATH	13, 300, 154	l	1			76. 03
76. 04	1	DAY SURGERY	6, 126, 773	-84, 403	6, 042,	370		76. 04
76. 05 76. 06		ONCOLOGY DAY SURGERY-RILEY	0	0		0		76. 05 76. 06
76. 07	1	CARDI OLOGY-RI LEY	0	0		0		76.00
76. 08		ECMO-ADULT	805, 054	Ö	805,	054		76. 08
76. 97		CARDI AC REHABI LI TATI ON	877, 958	0	877,	958		76. 97
89. 00		TIENT SERVICE COST CENTERS FEDERALLY QUALIFIED HEALTH CENTER	4, 749, 920	-45, 751	4, 704,	160		89. 00
90.00		CLINIC	0	0		0		90.00
90. 01	1	AMB SVC-OB & GYN	4, 367, 128	1				90. 01
90. 02 90. 03		I USCC HEM/ONC	49, 937, 042	1				90. 02
90. 03		AMB SVC-OPTHALMOLOGY AMB SVC-PSYCH ADULT	1, 041, 229 2, 698, 288					90. 03 90. 04
90. 05	1	AMB SVC-DIABETES ADULT	0		ı	0		90. 05
90.06	1	OUTPATIENT SURGERY	4, 111, 318		., ,			90.06
90. 07 90. 08	1	AMB SVC-RILEY CLINICS MOTILITY LAB	8, 094, 939 1, 122, 217	-2, 139, 263 -870, 062				90. 07 90. 08
90. 09		AMB SVC - PSYCH CHILD	0	0	ı	0		90.09
90. 10	1	CLINICAL GERIATRICS	391, 746	1				90. 10
90. 11		SLEEP LAB	4, 650, 429	l e	.,,			90. 11
90. 12 90. 13		OP CARE ADULTS PEDIATRIC CLINIC	1, 487, 593 0	-574, 257 0	913,	336		90. 12 90. 13
90. 14	09012	ARTHRITIS CLINIC	653, 521	-281, 606	371,	915		90. 14
90. 15	1	NEUROLOGY UH	0	0		0		90. 15
90. 16 90. 17	1	ORTHOPEDICS UH PHYSICAL MEDICINE	1, 906, 605	0	1, 906,	605		90. 16 90. 17
90. 18	1	DERMATOLOGY CLINIC	1, 488, 047	l .				90. 18
90. 19		I NFUSI ON/HEM/ONC	1, 616, 130	1				90. 19
90. 20 90. 21		IUMG - MH OP REHAB CLINIC	928, 816 586, 342					90. 20 90. 21
90. 22	1	EATING DISORDERS CLINIC	1, 551, 800	· ·				90. 21
90. 23	09018	GASTROENTEROLOGY CLINIC	1, 961, 587	-571, 890	1, 389,	697		90. 23
90. 24		LIFE CARE CLINIC EMERGENCY	1, 655, 636 42, 759, 482					90. 24
91. 00 92. 00	1	OBSERVATION BEDS (NON-DISTINCT PART)	42, 759, 482	-3, 234, 137 0	1	345		91. 00 92. 00
		REIMBURSABLE COST CENTERS						1
		HOME PROGRAM DIALYSIS AMBULANCE SERVICES	2, 241, 565	ł				94. 00
		HOME HEALTH AGENCY	30, 347, 324 42, 959, 724					95. 00 101. 00
		AL PURPOSE COST CENTERS	12/ 707/ 72 1]
		KIDNEY ACQUISITION	12, 750, 349	l e	,			105. 00
	1	HEART ACQUISITION LIVER ACQUISITION	2, 066, 540 9, 180, 503	l e				106. 00 107. 00
		LUNG ACQUISITION	5, 002, 334	l e				108. 00
109.00	10900	PANCREAS ACQUISITION	3, 648, 961	0	3, 648,	961		109. 00
	1	INTESTINE ACQUISITION	1, 555, 066	l e	.,,			110.00
		OTHER ORGAN ACQUISITION POST TRANSPLANT EXPENSES	247, 316 5, 002, 327		247, 5, 002,			112. 00 112. 01
		INTEREST EXPENSE	.,,	_	3, 332,			113. 00
		HOSPI CE	8, 360, 921	0				116. 00
118.00		SUBTOTALS (SUM OF LINES 1-117) IMBURSABLE COST CENTERS	1, 515, 391, 968	-43, 641, 124	1, 4/1, 750,	ช44		118. 00
190.00		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
	1	RESEARCH-GCRC	583, 363	l	,			191. 01 191. 02
191. 02 192. 00		USA PHYSICIANS' PRIVATE OFFICES	8, 981, 848 5, 244, 309	l				191. 02
192. 01	19201	OTHER NONREIMBURSABLE-METHODIST	37, 349, 562	0	37, 349,	562		192. 01
192. 02	2 19202	OTHER NONREIMBURSABLE - IUMC	28, 404, 260	-9, 465	28, 394,	795		192. 02

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				5/26/2015 1:4	5 pm
Cost Center Description	Subtotal	Intern &	Total		
		Residents Cost			
		& Post			
		Stepdown			
		Adjustments			
	24. 00	25. 00	26.00		
192. 03 19203 PHYSICIANS' PRIVATE OFFI	CES 30, 324, 50	0 0	30, 324, 503		192. 03
192. 04 19204 MHH RADI OLOGY	161, 48	-16, 565	144, 921		192. 04
192.06 19206 BELTWAY SURGERY	33, 43	0 0	33, 430		192. 06
192. 07 19207 RHI	338, 08	5 0	338, 085		192. 07
192.08 19208 NON-ALLOWABLE ADVERTISING	G 25, 957, 80	-14, 987	25, 942, 819		192. 08
192.09 19209 ARTHRITIS CLINIC - NR	2, 090, 27	0	2, 090, 270		192. 09
192. 10 19212 CARDIO PHYSICIANS	2, 486, 61	2 0	2, 486, 612		192. 10
192. 11 19211 UNUSED SPACE	7, 680, 58	66 0	7, 680, 586		192. 11
200.00 Cross Foot Adjustments		0	0		200. 00
201.00 Negative Cost Centers	-	1 0	-1		201. 00
202.00 TOTAL (sum lines 118-201)	1, 677, 879, 93	8 -50, 272, 682	1, 627, 607, 256		202. 00

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In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 01/01/2014 | Part II |
| To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

					12/31/2014	5/26/2015 1:4	
			CAPI TAL REL	ATED COSTS			
	0 1 0 1 0 1 1	D: 11	NEW DLDO A	NEW MADE		EMBL OVEE	
	Cost Center Description	Directly	NEW BLDG &	NEW MVBLE	Subtotal	EMPLOYEE	
		Assigned New Capital	FLXT	EQUI P		BENEFITS DEPARTMENT	
		Related Costs				DELAKTIMENT	
		0	1. 00	2.00	2A	4. 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		02.054	1 140	04 100	04 102	2.00
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES	0 0	82, 954 0	1, 149 688	84, 103 688	84, 103 0	4. 00 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		250, 085	8	5. 03
5.04	00570 ADMITTING	0	18, 295		20, 956	0	5. 04
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0	0	0	0	5. 05
5. 06	00560 OTHER ADMINISTRATIVE AND GENERAL	0	2, 002, 376		18, 358, 047	2, 001	5. 06
6.00	00600 MAINTENANCE & REPAIRS	0	333, 914		350, 921	68	6. 00
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	0	32, 548 398, 379		41, 980 399, 729	0	7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG	0	370, 377	1, 330	377, 727	0	9. 00
9. 01	00901 HOUSEKEEPING - UNI VERSITY	0	Ö	Ö	o	0	9. 01
9. 02	00902 HOUSEKEEPING - RILEY	0	0	0	o	0	9. 02
9. 03	00903 HOUSEKEEPING - METHODIST	0	23, 754	8, 972	32, 726	46	9. 03
10.00	01000 DI ETARY	0	509, 594	166, 590	676, 184	872	10.00
11. 00 13. 00	01100 CAFETERI A	0	72, 422	3, 465	75, 887	20	11. 00 13. 00
14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	0	396, 306 662, 472		612, 853 1, 326, 844	2, 309 380	14. 00
15. 00	01500 PHARMACY	0	822, 637	· ·	2, 258, 176	4. 036	15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	12, 244		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		86, 706	254	18. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	0	46, 118		46, 118	4, 761	21. 00
22. 00 23. 00	02200 1 &R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	0	610, 225	16, 199	626, 424	67 0	22. 00 23. 00
23. 00	02301 PARAMED ED HEALTH SCIENCES	0	130, 167	21, 240	151, 407	24	23. 00
23. 02	02302 PARAMED RADI OLOGY-METHODI ST	0	49, 813		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 23. 07	02306 PARAMED LAB SCIENCE PRO 02307 PARAMED PHARMACY	0	0	3, 001	3, 001	56 180	23. 06 23. 07
23. 08	02308 PARAMED MEDICAL ASSIST	0	0	3,001	0,001	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 NEUROPHYSI OLOGY	0	0	0	0	0	23. 11
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 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		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		· ·	261, 885	633	
33. 00	03300 BURN INTENSIVE CARE UNIT	0	197, 014	72, 460	269, 474	210	
34. 00 34. 02	03400 SURGICAL INTENSIVE CARE UNIT 03401 UH SURG 61C	0	0 8, 369	00 224	98, 595	0 395	34. 00 34. 02
34. 02	03402 UH NS 31 C	0	0, 309 0	90, 226	90, 393	0	34. 02
34. 04	03403 RH PED IC	0	640, 687	215, 149	855, 836	1, 001	34. 04
34. 05	03404 TRANSPLANT I CU	0	174, 572	3, 152	177, 724	275	34.05
34. 06	03407 PEDS CANCER CARE	0	547, 729		793, 487	197	34.06
40. 00	04000 SUBPROVI DER - I PF	0	275, 706		288, 273	462	40. 00
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	323, 691	103, 408	427, 099	225	43. 00
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		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 ANESTHESI OLOGY	0	131, 119		841, 584	178	53. 00
53. 01	05301 PULMONARY FUNCTION TESTING	0 0	270, 260	245, 232	515, 492	367	53. 01
54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	0	3, 105, 688 572, 334		12, 562, 667 1, 894, 691	3, 930 602	54. 00 55. 00
56. 00	05600 RADI OLOGI - MERAPEUTI C	0	250, 973		487, 694	132	56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	145, 681	385, 070	530, 751	119	59. 00
60.00	06000 LABORATORY	0	2, 466, 739		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	115 (21	72,020	100 450	0	60. 02
63. 00 65. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	0 0	115, 631 295, 855	72, 828 1, 315, 689	188, 459 1, 611, 544	456 2, 609	63. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	0			823, 721		66. 00
	1	1	332,370	1 22.,010	323, 721	., .00	

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In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2014 Part II Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150056

						rom 01/01/2014 o 12/31/2014	Date/Time Pre	pared:
				CAPI TAL REI	LATED COSTS		5/26/2015 1:4	5 pm
	Cost Contar Decerintian					Subtatal	EMDL OVEE	
		Cost Center Description	Directly Assigned New	NEW BLDG & FLXT	NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			Capi tal				DEPARTMENT	
			Related Costs 0	1. 00	2. 00	2A	4. 00	
67. 00		OCCUPATI ONAL THERAPY	0	174, 740			361	67. 00
68. 00 69. 00		SPEECH PATHOLOGY ELECTROCARDI OLOGY	0	347, 162 115, 643			433 456	68. 00 69. 00
70. 00		ELECTROENCEPHALOGRAPHY	0	281, 139	1		537	70.00
71.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	171, 714	1	,	19	
72. 00 73. 00		IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS	0	0	C	0	0	72. 00 73. 00
73. 03	1	OUTPATIENT RETAIL PHARMACY	0	73, 465	195, 546	269, 011	950	
74.00		RENAL DIALYSIS	0	433, 618			850	
76. 00 76. 01	1	RH NBN ECMO IC CARDIOLOGY	0	0 137, 814			129 90	76. 00 76. 01
76. 02	1	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	36, 720	1		28	76. 02
76. 03		CARDI AC CATH	0	453, 729	1		693	
76. 04 76. 05		DAY SURGERY ONCOLOGY	0	300, 233 0	65, 737	365, 970 0	402 0	76. 04 76. 05
76. 06	03952	DAY SURGERY-RI LEY	0	0	C	O	0	76. 06
76. 07 76. 08	1	CARDI OLOGY-RI LEY	0	0	C	0	0 82	76. 07 76. 08
76. 06 76. 97	1	ECMO-ADULT CARDIAC REHABILITATION	0	86, 160	1	86, 735	29	76. 06
	OUTPA	TIENT SERVICE COST CENTERS			1 -			
89. 00 90. 00		FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	-		449 0	89. 00 90. 00
90. 01		AMB SVC-OB & GYN	0	262, 329	1		282	90.00
90. 02	1	I USCC HEM/ONC	0	1, 693, 439	1		3, 416	
90. 03 90. 04	1	AMB SVC-OPTHALMOLOGY AMB SVC-PSYCH ADULT	0	4, 326 369, 487			35 60	90. 03 90. 04
90. 05	1	AMB SVC-DIABETES ADULT	o o	0			0	90. 05
90.06		OUTPATI ENT SURGERY	0	150, 857	1		298	90.06
90. 07 90. 08		AMB SVC-RILEY CLINICS MOTILITY LAB	0	491, 465 5, 472	1		637 19	90. 07 90. 08
90. 09	1	AMB SVC - PSYCH CHILD	0	0, 1,72	1		0	90. 09
90. 10	1	CLI NI CAL GERI ATRI CS	0	59, 907	1		1	90. 10
90. 11 90. 12	1	SLEEP LAB OP CARE ADULTS	0	216, 365 130, 231	1		353 34	90. 11 90. 12
90. 13	1	PEDIATRIC CLINIC	0	0			0	90. 13
90. 14		ARTHRITIS CLINIC	0	0			22	90. 14
90. 15 90. 16		NEUROLOGY UH ORTHOPEDI CS UH	0	0		0	0	90. 15 90. 16
90. 17	09015	PHYSI CAL MEDI CI NE	0	180, 315	1	1	103	90. 17
90. 18 90. 19		DERMATOLOGY CLINIC INFUSION/HEM/ONC	0	108, 588 0	1		73 76	90. 18 90. 19
90. 19	1	I UMG - MH	0	0	1 0,0.0		42	90. 19
90. 21	09019	OP REHAB CLINIC	0	26, 960	1, 863	28, 823	21	90. 21
90. 22 90. 23	1	EATING DISORDERS CLINIC GASTROENTEROLOGY CLINIC	0	0 155, 080	1		134 96	
90. 24		LIFE CARE CLINIC	0	58, 942			162	90. 24
91.00		EMERGENCY	0	1, 432, 720	803, 695		2, 367	91.00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART) REIMBURSABLE COST CENTERS				0		92. 00
94. 00	09400	HOME PROGRAM DIALYSIS	0	157, 243	77, 245	234, 488	113	
		AMBULANCE SERVICES	0	0			1, 360	
101.00		HOME HEALTH AGENCY AL PURPOSE COST CENTERS	0	304, 469	155, 861	460, 330	2, 426	101. 00
	10500	KIDNEY ACQUISITION	0	128, 995				105. 00
		HEART ACQUISITION	0	10, 789				106. 00
	1	LIVER ACQUISITION LUNG ACQUISITION	0	47, 174 21, 282				107. 00 108. 00
109.00	10900	PANCREAS ACQUISITION	0	5, 369	10, 471	15, 840	34	109. 00
		INTESTINE ACQUISITION	0	4, 996	1			110.00
		OTHER ORGAN ACQUISITION POST TRANSPLANT EXPENSES		0 120, 832	1			112. 00 112. 01
113.00	11300	INTEREST EXPENSE						113. 00
116. 00 118. 00		HOSPICE SUBTOTALS (SUM OF LINES 1-117)	0	86, 456 41, 825, 373	1		537 81, 375	116.00
110.00		SUBTUTALS (SUM OF LINES 1-117) IMBURSABLE COST CENTERS	ı O	41, 825, 373	66, 746, 582	100, 371, 935	01, 3/5	1110.00
	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	225, 982	1			190. 00
		RESEARCH RESEARCH-GCRC	0	345, 308 93, 164	1			191. 00 191. 01
191. 02				19, 737				191. 01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	35, 020	2, 295	37, 315	42	192. 00

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					3/20/2013 1.4	J PIII
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Directly	NEW BLDG &	NEW MVBLE	Subtotal	EMPLOYEE	
	Assigned New	FLXT	EQUI P		BENEFITS	
	Capi tal				DEPARTMENT	
	Related Costs					
	0	1.00	2.00	2A	4. 00	
192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST	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 RADI OLOGY	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

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In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 01/01/2014 | Part II |
| To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150056

						12/31/2014	5/26/2015 1:4	
		Cost Center Description	NONPATI ENT	DATA	PURCHASI NG,	ADMI TTI NG	CASHI ERI NG/ACC	
			TELEPHONES	PROCESSI NG	RECEIVING &		OUNTS	
			5. 01	5. 02	STORES 5. 03	5. 04	RECEI VABLE 5. 05	
	GENER	AL SERVICE COST CENTERS	3.01	3.02	3.03	3.04	3.03	
1.00		NEW CAP REL COSTS-BLDG & FIXT						1. 00
2.00	1	NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	1	NONPATI ENT TELEPHONES	688					5. 01
5. 02		DATA PROCESSING	0	88, 626				5. 02
5. 03 5. 04	1	PURCHASING, RECEIVING & STORES ADMITTING	 	93 116	· ·	21, 073		5. 03 5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0		21,073	0	5. 04
5. 06	1	OTHER ADMINISTRATIVE AND GENERAL	35	4, 524	-	0	ő	5. 06
6. 00	1	MAINTENANCE & REPAIRS	1	155		0	0	6. 00
7.00	00700	OPERATION OF PLANT	0	15	1	0	0	7. 00
8.00	1	LAUNDRY & LINEN SERVICE	0	0	111	0	0	8. 00
9.00	1	HOUSEKEEPI NG	0	0	0	0	0	9. 00
9. 01	1	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9. 01
9. 02 9. 03	1	HOUSEKEEPING - RILEY HOUSEKEEPING - METHODIST	0	0	1	0	0	9. 02 9. 03
10.00	1	DI ETARY	8	999	1	0	0	10.00
11. 00	1	CAFETERI A	0	8		0	Ö	11.00
13. 00	1	NURSING ADMINISTRATION	8	1, 038		0	0	13. 00
14.00	01400	CENTRAL SERVICES & SUPPLY	3	442	2, 044	0	0	14. 00
15. 00		PHARMACY	21	2, 711	1, 944	0	0	15. 00
16. 00	1	MEDICAL RECORDS & LIBRARY	1	70		0	0	16. 00
17. 00	1	SOCIAL SERVICE	8	968		0	0	17. 00
18.00	1	PATIENT TRANSPORTATION	2	240		0	0	18. 00
21. 00 22. 00	1	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD	3 5	418 705		0	0	21. 00 22. 00
23. 00		PARAMED ED PRGM	0	703		0	0	23. 00
23. 01	1	PARAMED ED HEALTH SCIENCES	1	85		0	Ö	23. 01
23. 02	1	PARAMED RADIOLOGY-METHODIST	0	39		0	0	23. 02
23. 03	02303	PARAMED RESPIRATORY THERAPY	0	62	6	0	0	23. 03
23. 04	02304	PARAMED EMERGENCY	0	46	0	0	0	23. 04
23. 05	1	PARAMED PASTORAL EDUCATION	1	116		0	0	23. 05
23. 06		PARAMED LAB SCIENCE PRO	1	77		0	0	23. 06
23. 07		PARAMED PHARMACY	0	23 0		0	0	23. 07
23. 08 23. 09		PARAMED MEDICAL ASSIST PARAMED SURGERY TECHNOLOGY	0	8		0	0	23. 08 23. 09
23. 10	1	PARAMED SORGERT TECHNOLOGY	0	46		0	0	23. 10
23. 11	1	PARAMED NEUROPHYSI OLOGY	o	0		0	ő	23. 11
	I NPAT	IENT ROUTINE SERVICE COST CENTERS						
30. 00	1	ADULTS & PEDI ATRI CS	137	17, 306		2, 577	0	30. 00
31.00		INTENSIVE CARE UNIT	15	1, 937		450	0	31.00
32. 00 32. 01	1	CORONARY CARE UNIT	8	992 604		325	0 0	32. 00 32. 01
33. 00	1	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	1	132		159 51	0	33. 00
34. 00		SURGICAL INTENSIVE CARE UNIT	Ó	0		0	0	34. 00
		UH SURG 61C	8	1, 007		82	Ö	
34. 03		UH NS 31C	0	0		0	0	34. 03
34. 04	03403	RH PED IC	4	566	1, 149	206	0	34. 04
34. 05		TRANSPLANT ICU	0	0		66	0	34. 05
34. 06	1	PEDS CANCER CARE	1	77		61	0	34. 06
40. 00 43. 00	1	SUBPROVIDER - IPF NURSERY	5	697 628		75 612	0	40. 00 43. 00
43.00		LARY SERVICE COST CENTERS	၁	020	100	012	0	43.00
50. 00		OPERATING ROOM	33	4, 276	22, 154	3, 008	0	50.00
50. 01		ENDOSCOPY	3	341		94	0	50. 01
51.00	05100	RECOVERY ROOM	9	1, 209	606	266	0	51. 00
52.00	1	DELIVERY ROOM & LABOR ROOM	12	1, 495		236	0	52. 00
53. 00	1	ANESTHESI OLOGY	2	225		234	0	53. 00
53. 01	1	PULMONARY FUNCTION TESTING	4	473		23	0	53. 01
54. 00 55. 00	1	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	49	6, 360 1, 154		1, 288 37	0	54. 00 55. 00
56.00	1	RADI OI SOTOPE	7	310		41	0	56.00
59. 00	1	CARDI AC CATHETERI ZATI ON	1	178		82	ő	59. 00
60.00	1	LABORATORY	42	5, 446		2, 259	0	60.00
60. 01	06001	TRANSPLANT IMMUNOLOGY	0	62	1, 343	15	0	60. 01
60. 02	1	BONE MARROW TRANSPLANT LAB	0	0		0	0	60. 02
63.00	1	BLOOD STORING, PROCESSING & TRANS.	1	93		383	0	63.00
65. 00 66. 00	1	RESPI RATORY THERAPY PHYSI CAL THERAPY	13	1, 720		690 292	0	65. 00 66. 00
67.00	1	OCCUPATIONAL THERAPY	2	635 318		68	0	67.00
68. 00		SPEECH PATHOLOGY	6	782		41	0	68. 00
69. 00		ELECTROCARDI OLOGY	4	519		329	0	69. 00
			'				-	

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ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056 Peri od: Worksheet B From 01/01/2014 Part II Date/Time Prepared: 12/31/2014 5/26/2015 1:45 pm Cost Center Description NONPATI ENT DATA PURCHASI NG, ADMI TTI NG CASHI ERI NG/ACC TELEPHONES RECEIVING & OUNTS PROCESSI NG **STORES** RECEI VABLE 5. 01 5. 02 5. 04 5.05 5.03 70. 00 07000 ELECTROENCEPHALOGRAPHY 70 00 6 720 223 191 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 31 41,007 544 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 72.00 82, 721 1,731 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS C 73.00 C 2, 671 0 07303 OUTPATIENT RETAIL PHARMACY 73.03 1,023 0 0 73.03 8 07400 RENAL DIALYSIS 2, 279 93 74.00 984 74.00 03020 RH NBN ECMO IC 76.00 0 2 2 39 219 17 0 76, 00 03140 CARDI OLOGY 76.01 248 517 76 0 76.01 76.02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 294 30 0 76.02 76 03 03950 CARDI AC CATH 10 1, 255 1,509 272 76.03 03951 DAY SURGERY 76.04 914 668 0 76.04 0 0 03480 ONCOLOGY 76.05 r C Λ 76.05 0 76.06 03952 DAY SURGERY-RILEY 0 0 0 0 76.06 76. 07 03953 CARDI OLOGY-RI LEY 0 0 0 76.07 0 03954 ECMO-ADULT 76.08 C 0 20 0 76.08 07697 CARDIAC REHABILITATION 76. 97 178 Ω 76.97 OUTPATIENT SERVICE COST CENTERS 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 n 110 0 0 89.00 0 90 00 09000 CLINIC 0 90 00 C 0 0 09001 AMB SVC-0B & GYN 90. 01 4 488 55 1 0 90.01 09002 LUSCC HEM/ONC 90.02 90.02 16 2, 115 0 0 5 0 0 09003 AMB SVC-OPTHALMOLOGY 90.03 90.03 170 0 6 09004 AMB SVC-PSYCH ADULT 2 90.04 263 3 0 90.04 90.05 09005 AMB SVC-DIABETES ADULT 0 0 90.05 09006 OUTPATIENT SURGERY 5 54 90.06 643 36 0 90.06 90 07 09007 AMB SVC-RILEY CLINICS 13 221 3 0 0 0 0 0 0 0 0 0 0 0 0 90.07 1,666 0 09008 MOTILITY LAB 0 90.08 74 0 90.08 8 90.09 09009 AMB SVC - PSYCH CHILD 0 0 90.09 09010 CLINICAL GERIATRICS 90.10 $\begin{matrix} 1 \\ 5 \\ 2 \\ 0 \\ 0 \\ 0 \\ 0 \\ 4 \\ 0 \\ 0 \\ 0 \\ \end{matrix}$ 70 0 0 90.10 09023 SLEEP LAB 90.11 90.11 658 120 0 09024 OP CARE ADULTS 90.12 225 0 90.12 09011 PEDIATRIC CLINIC 90.13 C 0 0 90.13 90 14 09012 ARTHRITIS CLINIC 39 0 90.14 Ω 09013 NEUROLOGY UH 90.15 C 0 0 90.15 90.16 09014 ORTHOPEDICS UH 0 90.16 C 0 09015 PHYSICAL MEDICINE 90.17 457 15 0 90.17 09016 DERMATOLOGY CLINIC 90 18 90 18 92 0 39 90.19 09017 I NFUSI ON/HEM/ONC C 34 0 90.19 09025 I UMG - MH 170 90.20 90.20 0 0 90. 21 09019 OP REHAB CLINIC 101 2 0 90. 21 09020 EATING DISORDERS CLINIC 0 90 22 90 22 C 0 0 0 90. 23 09018 GASTROENTEROLOGY CLINIC 32 0 90.23 90.24 09021 LIFE CARE CLINIC 90. 24 09100 EMERGENCY 29 2, 990 91.00 91.00 3, 757 740 0 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 94 00 09400 HOME PROGRAM DIALYSIS 139 87 94.00 09500 AMBULANCE SERVICES 95.00 95.00 3 449 0 414 101.00 10100 HOME HEALTH AGENCY 589 272 0 101.00 SPECIAL PURPOSE COST CENTERS 105. 00 10500 KIDNEY ACQUISITION 496 203 206 0 105. 00 106.00 10600 HEART ACQUISITION 0 106.00 0 31 C 34 107.00 10700 LIVER ACQUISITION 186 156 190 0 107, 00 108.00 10800 LUNG ACQUISITION 77 18 82 0 108.00 109. 00 10900 PANCREAS ACQUISITION 0 109.00 93 41 63 110.00 11000 INTESTINE ACQUISITION 0 15 22 23 01110.00 0 5 112.00 08600 OTHER ORGAN ACQUISITION 0 112.00 15 0 112.01 08601 POST TRANSPLANT EXPENSES 0 0 0 112.01 643 113.00 11300 INTEREST EXPENSE 113.00 116. 00 11600 HOSPI CE 3 325 68 0 0 116.00 249, 463 SUBTOTALS (SUM OF LINES 1-117) 638 82, 120 21,073 0 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190. 00 147 0 191.00 191. 00 19100 RESEARCH 4 527 307 0 191. 01 19101 RESEARCH-GCRC 2 0 191. 01 209 67 0 191. 02 19102 OSA 170 137 0 191.02 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 0 192.00 0 46 \cap

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192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST

192. 02 19202 OTHER NONREIMBURSABLE - IUMC

192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES

192. 04 19204 MHH RADI OLOGY

192. 07 19207 RHI

192.06 19206 BELTWAY SURGERY

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm

					3/20/2013 1.4	o piii
Cost Center Description	NONPATI ENT	DATA	PURCHASI NG,	ADMITTING	CASHI ERI NG/ACC	
	TELEPHONES	PROCESSI NG	RECEIVING &		OUNTS	
			STORES		RECEI VABLE	
	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

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Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

				Ť	o 12/31/2014	Date/Time Pre 5/26/2015 1:4	
	Cost Center Description	OTHER ADMI NI STRATI VE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	5 piii
		5.06	6.00	7. 00	8. 00	9. 00	
1. 00 2. 00 4. 00 5. 01 5. 02	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES 00550 DATA PROCESSING 00590 PURCHASING, RECEIVING & STORES						1. 00 2. 00 4. 00 5. 01 5. 02
5. 03 5. 04 5. 05 5. 06 6. 00 7. 00 8. 00 9. 00	00570 ADMITTING, RECEIVING & STORES 00570 ADMITTING 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00560 OTHER ADMINI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVI CE 00900 HOUSEKEEPI NG	18, 364, 694 227, 581 796, 945 4, 751	578, 759 343 4, 194	839, 284	414, 871	0	5. 03 5. 04 5. 05 5. 06 6. 00 7. 00 8. 00 9. 00
9. 01 9. 02 9. 03 10. 00	00901 HOUSEKEEPING - UNIVERSITY 00902 HOUSEKEEPING - RILEY 00903 HOUSEKEEPING - METHODIST 01000 DIETARY	35, 595 37, 232 59, 955 138, 996	0 250		0	0 0 0 0	9. 02
11. 00 13. 00 14. 00 15. 00	01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	30, 143 291, 348 1, 102, 133 529, 565	4, 172 6, 975	6, 054	0 1, 455	0 0 0 0	11. 00 13. 00 14. 00 15. 00
16. 00 17. 00 18. 00 21. 00 22. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01850 PATIENT TRANSPORTATION 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	161, 045 70, 370 27, 995 499, 411 34, 610	660 123 486	958 179	0 0 100	0 0 0 0	16. 00 17. 00 18. 00 21. 00 22. 00
23. 00 23. 01 23. 02 23. 03	02300 PARAMED ED PRGM 02301 PARAMED ED HEALTH SCIENCES 02302 PARAMED RADIOLOGY-METHODIST 02303 PARAMED RESPIRATORY THERAPY	0 4, 994 12, 383 1, 917	0 1, 370 524 504	761 761 731	0 0 0 0	0 0 0 0	23. 00 23. 01 23. 02 23. 03
23. 04 23. 05 23. 06 23. 07 23. 08	O2304 PARAMED EMERGENCY O2312 PARAMED PASTORAL EDUCATION O2306 PARAMED LAB SCIENCE PRO O2307 PARAMED PHARMACY O2308 PARAMED MEDICAL ASSIST	2, 955 10, 509 4, 988 18, 118	0	C C	0 0	0 0 0 0	23. 04 23. 05 23. 06 23. 07 23. 08
23. 09 23. 10 23. 11	02309 PARAMED SURGERY TECHNOLOGY 02310 PARAMED PHARMACY TECH 02311 PARAMED NEUROPHYSI OLOGY I NPATI ENT ROUTI NE SERVI CE COST CENTERS	3, 493 3, 812 0	303		0	0 0	23. 09 23. 10
30. 00	03000 ADULTS & PEDIATRICS	2, 081, 271	108, 360		•	0	30. 00
31.00	03100 I NTENSI VE CARE UNI T	226, 234				0	31.00
32. 00 32. 01	03200 CORONARY CARE UNIT	191, 003 73, 886				0	32. 00 32. 01
33. 00	03300 BURN INTENSIVE CARE UNIT	26, 609		3, 010		0	33. 00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	C		0	34. 00
34. 02	03401 UH SURG 61 C	51, 402	88	128		0	
34. 03 34. 04	03402 UH NS 31 C 03403 RH PED I C	120, 483	1			0	34. 03 34. 04
34. 05	03404 TRANSPLANT I CU	31, 185				0	34. 05
34.06	03407 PEDS CANCER CARE	31, 851	5, 767	8, 367	2, 522	0	34. 06
40.00	04000 SUBPROVI DER - I PF	56, 491				0	40.00
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	53, 338	3, 408	4, 945	4, 756	0	43. 00
50. 00	05000 OPERATI NG ROOM	837, 099	35, 271	51, 178	29, 933	0	50.00
50. 01	05001 ENDOSCOPY	27, 365				0	
51. 00	05100 RECOVERY ROOM	126, 244		12, 683		0	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	109, 260				0	52.00
53. 00 53. 01	05300 ANESTHESI OLOGY 05301 PULMONARY FUNCTI ON TESTI NG	38, 625 49, 504				0	53. 00 53. 01
54. 00	05400 RADI OLOGY-DI AGNOSTI C	741, 414		47, 444		0	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	109, 930				0	55. 00
56.00	05600 RADI OI SOTOPE	25, 507	2, 642	3, 834	658	0	56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	24, 869				0	1
60. 00 60. 01	06000 LABORATORY 06001 TRANSPLANT IMMUNOLOGY	600, 922 32, 426				0	60. 00 60. 01
60. 01	06001 TRANSPLANT TAMMUNOLOGY 06002 BONE MARROW TRANSPLANT LAB	32, 420		879 0		0	60.01
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	184, 503			_	0	63.00
65. 00	06500 RESPI RATORY THERAPY	305, 305	3, 115	4, 520	131	0	65. 00
66.00	06600 PHYSI CAL THERAPY	199, 260				0	66.00
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	42, 057 58, 336				0	
69. 00	06900 ELECTROCARDI OLOGY	59, 377				0	
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| Period: | Worksheet B | From 01/01/2014 | Part II | To | 12/31/2014 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

				o 12/31/2014		
Cost Center Description	OTHER ADMI NI STRATI VE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	5 pili
	AND GENERAL 5.06	6. 00	7.00	8. 00	9. 00	
70. 00 07000 ELECTROENCEPHALOGRAPHY	77, 857	2, 960			0	70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	425, 311	1, 808	1	0	0	71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	863, 159	0	1	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS 73.03 07303 OUTPATIENT RETAIL PHARMACY	1, 596, 427 560, 278	773	1	1		73. 00 73. 03
74. 00 07400 RENAL DIALYSIS	116, 666	4, 565		3, 280		74.00
76.00 03020 RH NBN ECMO IC	13, 746	0	0	0	0	76. 00
76. 01 03140 CARDI OLOGY	41, 265	1, 451		0	0	76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	6, 715	387		0	0	76. 02
76. 03 03950 CARDI AC CATH 76. 04 03951 DAY SURGERY	122, 621 53, 088	4, 777 3, 161	1		0	76. 03 76. 04
76. 05 03480 0NCOLOGY	0 0	3, 101	4, 380	4,410		76. 04
76. 06 03952 DAY SURGERY-RI LEY	0	0	0	0	Ō	76. 06
76. 07 03953 CARDI OLOGY-RI LEY	0	0	0	0	0	76. 07
76. 08 03954 ECMO-ADULT	8, 391	0	0	0	0	76. 08
76. 97 O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	7, 414	907	1, 316	0	0	76. 97
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	49, 638	0) 0	0	0	89. 00
90. 00 09000 CLI NI C	0	0	0	0	Ō	90.00
90. 01 09001 AMB SVC-OB & GYN	37, 909	2, 762		1, 034	0	90. 01
90. 02 09002 I USCC HEM/ONC	488, 137	17, 829			0	90. 02
90. 03 09003 AMB SVC-OPTHALMOLOGY 90. 04 09004 AMB SVC-PSYCH ADULT	9, 486 13, 285	46 3, 890	1		0	90. 03 90. 04
90. 05 09005 AMB SVC-DI ABETES ADULT	13, 203	3, 670	0, 044	0		90. 05
90. 06 09006 0UTPATI ENT SURGERY	40, 002	1, 588	2, 305	479	Ō	90.06
90.07 09007 AMB SVC-RILEY CLINICS	49, 798	5, 174			0	90. 07
90. 08 09008 MOTILITY LAB	2, 189	58		0	0	90. 08
90. 09 09009 AMB SVC - PSYCH CHILD 90. 10 09010 CLINI CAL GERI ATRICS	0 1, 643	0 631	٦ -	0	0	90. 09 90. 10
90. 11 09023 SLEEP LAB	45, 141	2, 278	1	0		90. 10
90. 12 09024 OP CARE ADULTS	6, 961	1, 371			Ö	90. 12
90. 13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90. 13
90. 14 09012 ARTHRI TI S CLI NI C	3, 531	0	0	0	0	90. 14
90. 15 09013 NEUROLOGY UH 90. 16 09014 ORTHOPEDI CS UH	0	0		0	0	90. 15 90. 16
90. 16 09014 0RTHOPEDI CS UH 90. 17 09015 PHYSI CAL MEDI CI NE	16, 536	1, 898	2, 755	203		90. 16
90. 18 09016 DERMATOLOGY CLINIC	9, 771	1, 143			Ö	90. 18
90. 19 09017 I NFUSI ON/HEM/ONC	12, 158	0	0	0	0	90. 19
90. 20 09025 I UMG - MH	5, 771	0	0	0	0	90. 20
90. 21 09019 OP REHAB CLINIC 90. 22 09020 EATING DISORDERS CLINIC	3, 562	284	412	0	0	90. 21 90. 22
90. 22 09020 EATLING DI SORDERS CLINI C 90. 23 09018 GASTROENTEROLOGY CLINI C	16, 736 11, 272	1, 633	1	220		90. 22
90. 24 09021 LI FE CARE CLI NI C	16, 185	621		0	Ö	90. 24
91. 00 09100 EMERGENCY	347, 784	15, 084	21, 887	32, 697	0	91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSIS	19, 500	1, 655	2, 402	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES	324, 383	1, 055				95.00
101.00 10100 HOME HEALTH AGENCY	453, 608	3, 206	4, 651	0		101. 00
SPECIAL PURPOSE COST CENTERS						
105. 00 10500 KI DNEY ACQUI SI TI ON 106. 00 10600 HEART ACQUI SI TI ON	134, 632	1, 358 114				105. 00 106. 00
107. 00 10700 LI VER ACQUI SI TI ON	22, 198 97, 785	497				106.00
108. 00 10800 LUNG ACQUISITION	53, 780	224				108. 00
109.00 10900 PANCREAS ACQUISITION	39, 314	57				109. 00
110.00 11000 INTESTINE ACQUISITION	16, 692	53	1			110. 00
112. 00 08600 OTHER ORGAN ACQUISITION	2, 697	0	1	_		112.00
112. 01 08601 POST TRANSPLANT EXPENSES 113. 00 11300 I NTEREST EXPENSE	51, 927	1, 272	1, 846	0		112. 01 113. 00
116. 00 11600 HOSPI CE	84, 133	910	1, 321	0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	17, 007, 682	414, 096				118. 00
NONRE MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4, 118	2, 379				190.00
191. 00 19100 RESEARCH 191. 01 19101 RESEARCH-GCRC	60, 641 3, 947	3, 635 981				191. 00 191. 01
191. 02 19102 OSA	96, 556	208				191. 01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	45, 321	369	1			192. 00
192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST	356, 287	20, 531		944		192. 01
192. 02 19202 OTHER NONREI MBURSABLE - I UMC	309, 066	711				192. 02
192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES 192. 04 19204 MHH RADI OLOGY	121, 682 1, 582	106, 893	155, 102			192. 03 192. 04
192. 06 19206 BELTWAY SURGERY	366	0	1			192. 04
192. 07 19207 RHI	3, 403	0				192. 07
	'				'	

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26, 851

578, 759

38, 961

839, 284

414, 871

0 192. 09

0 192. 10 0 192. 11

200. 00

0 201. 00

0 202. 00

18, 026

26, 316

29, 817

18, 364, 694

192. 10 19212 CARDIO PHYSICIANS

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118-201)

192. 11 19211 UNUSED SPACE

200.00

201.00

202.00

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In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 01/01/2014 | Part II |
| To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

				10) 12/31/2014	5/26/2015 1: 4	
	Cost Center Description	HOUSEKEEPI NG -	HOUSEKEEPI NG -	HOUSEKEEPI NG -	DI ETARY	CAFETERI A	
		UNI VERSI TY	RI LEY	METHODI ST	10.00	44.00	
	CENEDAL CEDALCE COCT CENTEDS	9. 01	9. 02	9. 03	10. 00	11.00	
1. 00	GENERAL SERVICE COST CENTERS O0100 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 NONPATI ENT 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 CASHI ERI NG/ACCOUNTS RECEI VABLE						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 HOUSEKEEPI NG						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 DI ETARY	445	96	1, 300	832, 062		10. 00
11. 00	01100 CAFETERI A	0	0		0	108, 230	11. 00
13. 00	01300 NURSING ADMINISTRATION	182	54		0	2, 851	1
14. 00	01400 CENTRAL SERVICES & SUPPLY	494	691	934	0	814	1
15.00	01500 PHARMACY	738	437		0	4, 007	1
16.00	01600 MEDI CAL RECORDS & LI BRARY	33	0		0	39	1
17. 00	01700 SOCIAL SERVICE	4	94		0	736	1
18. 00	01850 PATIENT TRANSPORTATION	29	0	1	0	644	1
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	12	112	1	0	7, 291	1
22. 00 23. 00	02200 L&R SERVICES-OTHER PRGM COSTS APPRVD 02300 PARAMED ED PRGM	143	0	2, 343	0	53 0	
23. 00	02301 PARAMED ED HEALTH SCIENCES		0	_	0	26	
23. 01	02302 PARAMED RADIOLOGY-METHODIST		0	209	0	171	1
23. 02	02303 PARAMED RESPIRATORY THERAPY	0	0	201	0	66	1
23. 04	02304 PARAMED EMERGENCY	0	0	195	0	26	1
23. 05	02312 PARAMED PASTORAL EDUCATION		0	173	0	184	1
23. 06	02306 PARAMED LAB SCIENCE PRO	0	0		0	66	1
23. 07	02307 PARAMED PHARMACY	0	0	o o	0	236	1
23. 08	02308 PARAMED MEDICAL ASSIST	o	0	ol ol	0	0	1
23. 09	02309 PARAMED SURGERY TECHNOLOGY	0	0	124	0	66	
23. 10	02310 PARAMED PHARMACY TECH	o	0		0	39	1
23. 11	02311 PARAMED NEUROPHYSI OLOGY	0	0	o	0	0	23. 11
	INPATIENT ROUTINE SERVICE COST CENTERS						1
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	1	0	709	32. 01
33. 00	03300 BURN INTENSIVE CARE UNIT	0	528	0	11, 834	250	1
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	1	0	0	
34. 02	03401 UH SURG 61 C	23	0	- 1	1, 613	525	1
34. 03		0	0	_	0	0	
34. 04	03403 RH PED IC	0	1, 716	0	4, 428		
34. 05	03404 TRANSPLANT I CU	473	0	0	8, 025	368	1
34. 06	03407 PEDS CANCER CARE	0	1, 467	1	5, 792	276	1
40.00	04000 SUBPROVI DER - I PF	0 441	0	1, 158	39, 474		1
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	441		676	U	302	43. 00
50. 00	05000 OPERATING ROOM	3, 119	2, 203	5, 786	0	6, 279	50.00
50. 00	05001 PERATTING ROOM	3, 119	∠, ∠∪ა	364	0	197	1
51. 00	05100 RECOVERY ROOM	298	657		439	l	1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	179	037		13, 357	1, 235	
53. 00	05300 ANESTHESI OLOGY	6	299		13, 337 N	276	
53. 01	05301 PULMONARY FUNCTION TESTING	147	471		0	486	1
54. 00	05400 RADI OLOGY-DI AGNOSTI C	2, 592	2, 012		0	4, 874	1
55. 00	05500 RADI OLOGY-THERAPEUTI C	947	_,		0	578	1
56. 00	05600 RADI OI SOTOPE	266	75		0	144	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	612	0	92	1
60.00	06000 LABORATORY	686	401	1	0	8, 696	1
60. 01	06001 TRANSPLANT IMMUNOLOGY	0	0	242	0	171	1
60. 02	06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	43	0	106	0	591	63. 00
65.00	06500 RESPI RATORY THERAPY	133	243	1	0	3, 652	1
66.00	06600 PHYSI CAL THERAPY	124	211	1, 823	0	2, 089	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	117	177		0	473	1
68. 00	06800 SPEECH PATHOLOGY	184	503	1	0	565	1
69. 00	06900 ELECTROCARDI OLOGY	0	45		0	696	
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	195	876	0	683	70. 00

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ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

			10	12/31/2014	5/26/2015 1: 4	
Cost Center Description	HOUSEKEEPI NG -	HOUSEKEEPI NG -	HOUSEKEEPI NG -	DI ETARY	CAFETERI A	
	UNI VERSI TY	RI LEY	METHODI ST			
	9. 01	9. 02	9. 03	10. 00	11. 00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106		0	26	1
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	1
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
73. 03 07303 OUTPATIENT RETAIL PHARMACY	0	0	177	0	1, 038	1
74. 00 07400 RENAL DI ALYSI S	725	153		0	1, 261	1
76. 00 03020 RH NBN ECMO IC	0	0	-	0	92	1
76. 01 03140 CARDI OLOGY	47	323		0	131	1
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	154	0	26	1
76. 03 03950 CARDI AC CATH	9	155		0	749	1
76. 04 03951 DAY SURGERY	781	0	51	0	591	1
76. 05 03480 0NCOLOGY	0	0	0	0	0	1
76. 06 03952 DAY SURGERY-RI LEY	0	0	0	0	0	
76. 07 03953 CARDI OLOGY-RI LEY	0	0	0	0	0	
76. 08 03954 ECMO-ADULT	0	0	0	0	92	1
76. 97 O7697 CARDI AC REHABI LI TATI ON	0	0	362	0	39	76. 97
OUTPATIENT SERVICE COST CENTERS					/00	00.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	683	1
90. 00 09000 CLI NI C	0	0	0	0	0	
90. 01 09001 AMB SVC-0B & GYN	711	0	1 020	0	486	1
90. 02 09002 I USCC HEM/ONC	3, 921	0	1, 039	0	2, 719	1
90. 03 09003 AMB SVC-0PTHALMOLOGY	12	0	1 520	0	79	1
90. 04 09004 AMB SVC-PSYCH ADULT	15	0	1, 529	0	79	1
90. 05 09005 AMB SVC-DI ABETES ADULT	1	0	0	0	0	
90. 06 09006 OUTPATI ENT SURGERY	409	1 21/	0	105	420	1
90. 07 09007 AMB SVC-RILEY CLINICS	0	1, 316		185	1, 064	1
90. 08 09008 MOTILITY LAB	0	15	0	0	13	1
90. 09 09009 AMB SVC - PSYCH CHILD 90. 10 09010 CLINICAL GERIATRICS	0	0	252	0	0	1
90. 10 09010 CETNI CAL GERTATRICS 90. 11 09023 SLEEP LAB	0	0	909	0	433	
90. 11 09023 SLEEP LAB 90. 12 09024 OP CARE ADULTS	0	0	547	0	53	1
90. 12 09024 OP CARE ADDETS 90. 13 09011 PEDIATRIC CLINIC	0	0	347	0	0	1
90. 13 09011 PEDIATRIC CLINIC 90. 14 09012 ARTHRITIS CLINIC	0	0		0	26	
90. 15 09013 NEUROLOGY UH	0	0	0	0	0	1
90. 16 09014 ORTHOPEDI CS UH	0	0		0	0	
90. 17 09015 PHYSI CAL MEDI CI NE	489	0		0	223	1
90. 17 09013 PHTST CAL MEDIT CINE 90. 18 09016 DERMATOLOGY CLINIC	294	0	0	0	158	1
90. 19 09017 NFUSI ON/HEM/ONC	0	0	0	0		1
90. 19 09017 TNF0310N7 HEM7 ONC 90. 20 09025 LUMG - MH	0	0		0	131 66	1
90. 21 09019 OP REHAB CLINIC	0	72	0	0	26	1
90. 22 09019 OP REHAB CLINIC 90. 22 09020 EATING DI SORDERS CLINIC	0	/2	0	0	171	1
90. 23 09018 GASTROENTEROLOGY CLINIC	420	0		0	171	1
90. 24 09021 LIFE CARE CLINIC	0	0	248	0	223	1
91. 00 09100 EMERGENCY	231	939		18, 880		1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	231	737	3, 741	10, 000	3, 337	92.00
OTHER REIMBURSABLE COST CENTERS						72.00
94. 00 09400 HOME PROGRAM DI ALYSI S	426	0	0	0	144	94. 00
95. 00 09500 AMBULANCE SERVI CES	0	0	- 1	0		
101. 00 10100 HOME HEALTH AGENCY	9	0	44	0		101.00
SPECIAL PURPOSE COST CENTERS	7	0	44	<u>U</u>	3, 250	1101.00
105. 00 10500 KIDNEY ACQUISITION	184	22	223	0	460	105. 00
106. 00 10600 HEART ACQUISITION	15	22	19	0		106.00
107. 00 10700 LIVER ACQUISITION	67	2	82	0		107. 00
108. 00 10800 LUNG ACQUISITION	30	δ 1	37	0		108. 00
109. 00 10900 PANCREAS ACQUISITION	8	1	9	0		109.00
110. 00 11000 INTESTINE ACQUISITION	7	1	ý	0		110. 00
112. 00 08600 OTHER ORGAN ACQUISITION	Ó		ó	0		112. 00
112. 01 08601 POST TRANSPLANT EXPENSES	172	21	209	0		112. 01
113. 00 11300 INTEREST EXPENSE	172	21	207	O	100	113. 00
116. 00 11600 HOSPI CE	19	0	334	0	775	116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	29, 189	26, 180		831, 477	104, 460	
NONREI MBURSABLE COST CENTERS	27, 107	20, 100	00,070	001, 177	101, 100	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	144	350	177	0	171	190. 00
191. 00 19100 RESEARCH	16	0		0		191. 00
191. 01 19101 RESEARCH-GCRC	135	0	183	585		191. 01
191. 02 19102 OSA	155	38		000 0		191. 02
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	43	51		0		191. 02
192. 00 19200 PHTSI CLANS PRIVATE OFFICES 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST	244	95	6, 878	0		192. 00
192. 02 19202 OTHER NONREI MBURSABLE - I UMC	0	73	284	0		192. 01
192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES	5, 007	7, 138		0		192. 02
192. 04 19204 MHH RADI OLOGY	3,007	7, 130 A	13, 492	0		192. 03
192.06 19206 BELTWAY SURGERY	0	0	0	0		192. 04
192.00 19200 BELTWAY SURGERY 192.07 19207 RHI	0	0	0	0		192. 06
192.08 19207 RHI 192.08 19208 NON-ALLOWABLE ADVERTISING		٥	144	0		192. 07
192.09 19209 ARTHRITIS CLINIC - NR		9	0	0		192. 08
7.2.3./1723//MITHALITO OLIMIO MA	<u> </u>	0	1 9	0	13	1.72.07

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37, 232

93, 341

832, 062

108, 230 202. 00

202.00

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| From 01/01/2014 | Part II |
| To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

					12/31/2014	5/26/2015 1:4	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES &		RECORDS &		
		13.00	SUPPLY 14. 00	15. 00	16. 00	17. 00	
	GENERAL SERVICE COST CENTERS	10.00	11.00	10.00	10.00	17.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	1					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 TTI NG						5. 04
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5. 06	00560 OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00	00600 MAI NTENANCE & REPAI RS						6. 00
7.00	00700 OPERATION OF PLANT						7.00
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE						8. 00 9. 00
9.00	00900 HOUSEKEEPI NG 00901 HOUSEKEEPI NG UNI VERSI TY	1					9.00
9. 02	00902 HOUSEKEEPING - RILEY						9. 02
9. 03	00903 HOUSEKEEPING - METHODIST						9. 03
10. 00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A						11.00
13. 00	01300 NURSI NG ADMI NI STRATI ON	922, 106					13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	2, 453, 329				14. 00
15. 00	01500 PHARMACY	304	19, 231	2, 844, 001			15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	173, 785		16. 00
17. 00	01700 SOCIAL SERVICE	0	1	0	0	139, 694	17. 00
18.00	01850 PATIENT TRANSPORTATION	0	77	0	0	0	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	0	4	0	0	0	22. 00
23. 00	02300 PARAMED ED PRGM	0	0	0	0	0	23. 00
23. 01	02301 PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23. 01
23. 02	02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23. 02
23. 03	02303 PARAMED RESPIRATORY THERAPY	0	61	1	0	0	23. 03
23. 04	02304 PARAMED EMERGENCY	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	0	98	1	0	0	23. 06
23. 07	02307 PARAMED PHARMACY	0	0	0	0	0	23. 07
23. 08 23. 09	02308 PARAMED MEDICAL ASSIST 02309 PARAMED SURGERY TECHNOLOGY	0	1	0	0	0	23. 08 23. 09
23. 10	02310 PARAMED PHARMACY TECH	0	12	0	0		23. 10
23. 10	02311 PARAMED NEUROPHYSI OLOGY		0	0	0	0	23. 10
20	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	<u> </u>	<u> </u>			20
30.00	03000 ADULTS & PEDIATRICS	408, 611	149, 892	12, 247	16, 514	107, 426	30.00
31.00	03100 INTENSIVE CARE UNIT	50, 468	21, 861	2, 046	2, 025	8, 301	31.00
32.00	03200 CORONARY CARE UNIT	43, 780	22, 644	3, 344	1, 461	6, 239	32. 00
32. 01	03201 NEONATAL INTENSIVE CARE UNIT	13, 681	3, 483	196	713	3, 935	32. 01
33. 00	03300 BURN INTENSIVE CARE UNIT	4, 560	1, 926	134	229	969	33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	_	0	0	34.00
34. 02	03401 UH SURG 61 C	11, 249	7, 443		368		
34. 03	03402 UH NS 31 C	0	0	0	0	0	34. 03
34. 04	03403 RH PED IC	26, 146	11, 371	1, 872	928	l	34. 04
34. 05 34. 06	03404 TRANSPLANT I CU 03407 PEDS CANCER CARE	7, 905	4, 868		297 275	1, 319	34. 05 34. 06
40. 00	04000 SUBPROVI DER - I PF	4, 864 6, 689	1, 327 435		338		40.00
43. 00	04300 NURSERY	6, 993	1, 857	60	2, 756	l	43. 00
.5. 55	ANCI LLARY SERVI CE COST CENTERS	3, 773	1, 337	1 30	2, 730	2,317	1 .5. 55
50. 00	05000 OPERATI NG ROOM	74, 182	219, 216	4, 194	20, 034	0	50.00
50. 01	05001 ENDOSCOPY	3, 344	6, 331	174	679		50. 01
51.00	05100 RECOVERY ROOM	24, 018	5, 997	808	2, 604	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	23, 714	3, 184	103	1, 162	0	52. 00
53.00	05300 ANESTHESI OLOGY	4, 256	25, 572	6, 645	1, 488		53. 00
53. 01	05301 PULMONARY FUNCTION TESTING	1, 520	2, 693		799		53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	17, 025	39, 143		14, 366	0	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	1, 824	1, 963		3, 196		55. 00
56. 00	05600 RADI OI SOTOPE	0	621	122	724	0	56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 216	2, 907		1, 195	0	59. 00
60.00	06000 LABORATORY	1, 520	356, 332		18, 612	0	60.00
60. 01	06001 TRANSPLANT I MMUNOLOGY	0	13, 294	0	431	0	60. 01
60. 02	06002 BONE MARROW TRANSPLANT LAB	0	147.013	0	1 050	0	60.02
63. 00 65. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	0	167, 012 16, 523	49	1, 959 3, 172		63. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	0	16, 523 6, 798		3, 172 1, 799		66.00
67. 00	06700 OCCUPATI ONAL THERAPY	0	6, 796 991	0	374	0	67.00
68. 00	06800 SPEECH PATHOLOGY	1, 216	693	77	514	0	68.00
69. 00	06900 ELECTROCARDI OLOGY	912	1, 009		2, 386		69. 00
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MCRI F32 - 7. 2. 157. 2 97 | Page

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

Cost Genter Pescription					To	12/31/2014	Date/Time Pre 5/26/2015 1:4	
13.00 14.00 15.00 16.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.0		Cost Center Description		SERVICES &	PHARMACY	RECORDS &		
17.00 17.00 MENICAL SUPPLIES CHANGED 10 MILEMIS 0 40.5,77 0 4,125 0 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00			13. 00		15. 00		17. 00	
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3. 03 07300 DIFFALE IN THE FIRST PHARMACY 0	72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	0	818, 843		10, 458	1	72. 00
74. 00 07400 REVALLED ALYSIS 13. 6HT 22, 547 1, 257 95 0 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 7			0	ŭ,			l e	1
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76.02 0.0550 PSYCHATRIC CPSYCHOLOGIC CAL SERVICES 6.08 301 2 85 3.466 0.76.02			1				0	•
76.0 0.0990 DAY SURGERY 9.425	76. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	608	301	2	85	0	76. 02
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MCRI F32 - 7. 2. 157. 2 98 | Page

						1 5/26/2015 1:4	o piii
Cost Cente	r Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES &		RECORDS &		
			SUPPLY		LI BRARY		
		13. 00	14.00	15. 00	16.00	17. 00	
192. 08 19208 NON-ALLOWA	BLE ADVERTISING	0	52	14	0	0	192. 08
192. 09 19209 ARTHRI TI S	CLINIC - NR	0	56	23, 745	0	0	192. 09
192. 10 19212 CARDIO PHY	SICIANS	1, 520	222	1, 247	0	0	192. 10
192. 11 19211 UNUSED SPA	CE	0	0	0	0	0	192. 11
200.00 Cross Foot	Adjustments						200. 00
201.00 Negative C	ost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum	lines 118-201)	922, 106	2, 453, 329	2, 844, 001	173, 785	139, 694	202. 00

MCRI F32 - 7. 2. 157. 2 99 | Page

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | To 12/31/2014 | Date/Ti Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

Cost Center Description					10	12/31/2014	Date/lime Pre 5/26/2015 1:4	
Control Cont				INTERNS &	RESI DENTS			
		Cost Contor Description		CEDVICES SALAD	SEDVICES OTHER	DADAMED ED	DADAMED ED	
CEMBRAL SERVICE DOT CENTERS 18 00 21 00 22 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00 23 00		cost center bescription						
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In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 01/01/2014 | Part II |
| To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150056

					''	0 12/31/2014	5/26/2015 1:4	
			OTHER GENERAL	INTERNS &	RESI DENTS			
		Cost Center Description	SERVI CE PATI ENT	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	
		oost conten bescription	TRANSPORTATI ON		PRGM COSTS	PRGM	HEALTH	
			-				SCI ENCES	
68. 00	06900	SPEECH PATHOLOGY	18.00	21. 00	22.00	23. 00	23. 01	68. 00
69. 00	1	ELECTROCARDI OLOGY	1, 591					69. 00
70. 00	1	ELECTROENCEPHALOGRAPHY	859					70. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	2, 757					71. 00
72. 00 73. 00	1	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS	6, 972 16, 705					72. 00 73. 00
73. 03		OUTPATIENT RETAIL PHARMACY	1, 044					73. 03
74. 00	1	RENAL DIALYSIS	636					74. 00
76.00		RH NBN ECMO IC	52					76.00
76. 01 76. 02	1	CARDI OLOGY PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	594 57					76. 01 76. 02
76. 02	1	CARDI AC CATH	2, 271					76. 02
76. 04	1	DAY SURGERY	69					76. 04
76. 05	1	ONCOLOGY	0					76. 05
76. 06 76. 07	1	DAY SURGERY-RI LEY CARDI OLOGY-RI LEY	0					76. 06 76. 07
76. 08		ECMO-ADULT	59					76. 08
76. 97		CARDI AC REHABI LI TATI ON	19					76. 97
00.00		TIENT SERVICE COST CENTERS						00.00
89. 00 90. 00	1	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	66					89. 00 90. 00
90. 01	1	AMB SVC-OB & GYN	166					90. 01
90. 02	1	IUSCC HEM/ONC	1, 524					90. 02
90. 03	1	AMB SVC-OPTHALMOLOGY	61					90. 03
90. 04 90. 05	1	AMB SVC-PSYCH ADULT AMB SVC-DIABETES ADULT	77					90. 04 90. 05
90. 06		OUTPATIENT SURGERY	415					90.06
90. 07	09007	AMB SVC-RILEY CLINICS	187					90. 07
90.08	1	MOTILITY LAB	10					90. 08
90. 09 90. 10	1	AMB SVC - PSYCH CHILD CLINICAL GERIATRICS	0					90. 09
90. 10	1	SLEEP LAB	283					90. 11
90. 12	1	OP CARE ADULTS	6					90. 12
90. 13	1	PEDIATRIC CLINIC	0					90. 13
90. 14 90. 15	1	ARTHRITIS CLINIC NEUROLOGY UH	93					90. 14 90. 15
90. 16	1	ORTHOPEDI CS UH	0					90. 16
90. 17	09015	PHYSI CAL MEDI CI NE	25					90. 17
90. 18	1	DERMATOLOGY CLINIC	63					90. 18
90. 19 90. 20	1	INFUSION/HEM/ONC IUMG - MH	128 2					90. 19
90. 21	1	OP REHAB CLINIC	7					90. 21
90. 22	1	EATING DISORDERS CLINIC	48					90. 22
		GASTROENTEROLOGY CLINIC	17					90. 23
		LIFE CARE CLINIC EMERGENCY	0 7, 696					90. 24 91. 00
92. 00	1	OBSERVATION BEDS (NON-DISTINCT PART)	7,070					92. 00
		REIMBURSABLE COST CENTERS						
94.00		HOME PROGRAM DIALYSIS AMBULANCE SERVICES	296					94.00
	1	HOME HEALTH AGENCY	1, 778 1, 545					95. 00 101. 00
	SPECI	AL PURPOSE COST CENTERS						
		KIDNEY ACQUISITION	617					105.00
		HEART ACQUISITION LIVER ACQUISITION	103 570					106. 00 107. 00
		LUNG ACQUISITION	245					107.00
		PANCREAS ACQUISITION	190					109. 00
		INTESTINE ACQUISITION	70					110.00
		OTHER ORGAN ACQUISITION POST TRANSPLANT EXPENSES	0					112. 00 112. 01
	1	INTEREST EXPENSE						113. 00
	1	HOSPI CE	276					116. 00
118.00		SUBTOTALS (SUM OF LINES 1-117)	116, 261	0	0	0	(118. 00
100 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190. 00
	1	RESEARCH	0					191. 00
191. 01	19101	RESEARCH-GCRC	Ö					191. 01
191. 02			0					191. 02
		PHYSICIANS' PRIVATE OFFICES OTHER NONREIMBURSABLE-METHODIST	0					192. 00 192. 01
		OTHER NONREIMBURSABLE - IUMC	0					192. 01
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		·	1	·	I	

MCRI F32 - 7. 2. 157. 2 101 | Page | Peri od: | Worksheet B | From 01/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm

						5/26/2015 1:4	5 pm
		OTHER GENERAL	INTERNS &	RESI DENTS			
		SERVI CE					
Cost Center Des	cri pti on	PATI ENT	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	
		TRANSPORTATI ON	Y & FRINGES	PRGM COSTS	PRGM	HEALTH	
						SCI ENCES	
		18. 00	21. 00	22. 00	23. 00	23. 01	
192. 03 19203 PHYSI CLANS' PRI	VATE OFFICES	0					192. 03
192. 04 19204 MHH RADI OLOGY		0					192. 04
192.06 19206 BELTWAY SURGERY		0					192. 06
192. 07 19207 RHI		0					192. 07
192. 08 19208 NON-ALLOWABLE A	DVERTI SI NG	0					192. 08
192.09 19209 ARTHRITIS CLINI	C - NR	0					192. 09
192. 10 19212 CARDIO PHYSICIA	NS	0					192. 10
192.11 19211 UNUSED SPACE		0					192. 11
200.00 Cross Foot Adju	stments		559, 417	680, 889	0	160, 442	200. 00
201.00 Negative Cost C	enters	0	0	0	0	0	201. 00
202.00 TOTAL (sum line	s 118-201)	116, 261	559, 417	680, 889	0	160, 442	202. 00

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| Period: | Worksheet B |
| From 01/01/2014 | Part II |
| To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 150056

				''	3 12/31/2014	5/26/2015 1:4	
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED LAB	
		RADI OLOGY-METH	RESPI RATORY	EMERGENCY	PASTORAL	SCI ENCE PRO	
		0DI ST 23. 02	<u>THERAPY</u> 23. 03	22.04	EDUCATION	22.06	
	GENERAL SERVICE COST CENTERS	23.02	23.03	23.04	23. 05	23. 06	
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 NONPATI ENT TELEPHONES						5. 01
5.02	00550 DATA PROCESSING						5. 02
5.03	00590 PURCHASING, RECEIVING & STORES						5. 03
5.04	00570 ADMI TTI NG						5. 04
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						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 HOUSEKEEPI NG						9. 00
9. 01	00901 HOUSEKEEPING - UNI VERSITY						9. 01
9. 02	00902 HOUSEKEEPING - RILEY						9. 02
9. 03	00903 HOUSEKEEPING - METHODIST						9. 03
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A						11.00
13. 00 14. 00	01300 NURSI NG ADMINI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY						13. 00 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 SERVI CES-SALARY & FRI NGES APPRVD			•			21. 00
22. 00	02200 I &R SERVI CES-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 RADI OLOGY-METHODI ST	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. 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 NEUROPHYSI OLOGY						23. 11
	INPATIENT ROUTINE SERVICE COST CENTERS	T		ı			
30.00	03000 ADULTS & PEDI ATRI CS						30.00
31.00	03100 NTENSI VE CARE UNI T						31.00
32. 00	03200 CORONARY CARE UNIT						32.00
32. 01	03201 NEONATAL INTENSIVE CARE UNIT						32. 01
33. 00 34. 00	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT						33.00
	03400 SURGI CAL TINTENSI VE CARE UNIT						34. 00 34. 02
34. 02	03402 UH NS 31 C						34. 02
34. 04	03402 01 N3 31 C			•			34. 04
34. 05	03404 TRANSPLANT ICU			•			34. 05
34. 06	03407 PEDS CANCER CARE			•			34. 06
40. 00	04000 SUBPROVIDER - I PF						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 ANESTHESI OLOGY						53. 00
53. 01	05301 PULMONARY FUNCTION TESTING						53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C						54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C						55. 00
56. 00	O5600 RADI OI SOTOPE						56.00
59.00	05900 CARDI AC CATHETERI ZATI ON						59.00
60.00	06000 LABORATORY						60.00
60. 01	06001 TRANSPLANT I MMUNOLOGY						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 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY						66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY						68.00
69. 00	06900 ELECTROCARDI OLOGY						69.00
37.00	1	I .		I .		I	

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| Period: | Worksheet B |
| From 01/01/2014 | Part II |
| To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150056

						0 12/31/2014	5/26/2015 1: 4	
		Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED LAB	
			RADI OLOGY-METH		EMERGENCY	PASTORAL	SCI ENCE PRO	
			0DI ST 23. 02	THERAPY 23.03	23. 04	EDUCATION 23. 05	23. 06	
70. 00	07000	ELECTROENCEPHALOGRAPHY						70.00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71. 00
72. 00	1	IMPL. DEV. CHARGED TO PATIENT						72. 00
73.00	1	DRUGS CHARGED TO PATIENTS						73.00
73. 03 74. 00	1	OUTPATIENT RETAIL PHARMACY RENAL DIALYSIS						73. 03 74. 00
76. 00	1	RH NBN ECMO IC						76.00
76. 01		CARDI OLOGY						76. 01
76. 02		PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES						76. 02
76. 03	1	CARDI AC CATH						76. 03
76. 04	1	DAY SURGERY						76. 04
76. 05 76. 06	1	ONCOLOGY DAY SURGERY-RI LEY						76. 05 76. 06
76. 07	1	CARDI OLOGY-RI LEY			•			76. 07
76. 08	1	ECMO-ADULT						76. 08
76. 97	07697	CARDIAC REHABILITATION						76. 97
		TIENT SERVICE COST CENTERS	Г	Г	T	T		
89.00		FEDERALLY QUALIFIED HEALTH CENTER						89. 00
90. 00 90. 01		CLINIC AMB SVC-OB & GYN						90. 00 90. 01
90. 01	1	I USCC HEM/ONC						90. 02
90. 03	1	AMB SVC-OPTHALMOLOGY						90. 03
90. 04		AMB SVC-PSYCH ADULT						90. 04
90. 05	1	AMB SVC-DI ABETES ADULT						90. 05
90.06		OUTPATIENT SURGERY						90.06
90. 07 90. 08	1	AMB SVC-RILEY CLINICS MOTILITY LAB						90. 07 90. 08
90.00	1	AMB SVC - PSYCH CHILD			•			90.09
90. 10	1	CLI NI CAL GERI ATRI CS						90. 10
90. 11		SLEEP LAB						90. 11
90. 12	1	OP CARE ADULTS						90. 12
90. 13	1	PEDIATRIC CLINIC						90. 13
90. 14 90. 15		ARTHRITIS CLINIC NEUROLOGY UH						90. 14 90. 15
90. 15	1	ORTHOPEDI CS UH			•			90. 15
90. 17	1	PHYSI CAL MEDI CI NE						90. 17
90. 18	1	DERMATOLOGY CLINIC						90. 18
90. 19	1	I NFUSI ON/HEM/ONC						90. 19
90. 20	1	I UMG - MH						90. 20
90. 21 90. 22		OP REHAB CLINIC EATING DISORDERS CLINIC						90. 21 90. 22
90. 22	1	GASTROENTEROLOGY CLINIC			•			90. 22
90. 24	1	LIFE CARE CLINIC						90. 24
91.00	1	EMERGENCY						91.00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
04.00		REI MBURSABLE COST CENTERS		I	T	T		04.00
		HOME PROGRAM DIALYSIS AMBULANCE SERVICES						94. 00 95. 00
		HOME HEALTH AGENCY						101.00
		AL PURPOSE COST CENTERS	1					1
	1	KIDNEY ACQUISITION						105. 00
		HEART ACQUISITION						106. 00
	1	LIVER ACQUISITION						107. 00
		LUNG ACQUISITION PANCREAS ACQUISITION						108. 00 109. 00
	1	INTESTINE ACQUISITION						110.00
		OTHER ORGAN ACQUISITION						112. 00
112. 01	08601	POST TRANSPLANT EXPENSES						112. 01
	1	INTEREST EXPENSE						113. 00
		HOSPI CE						116. 00
118. 00		SUBTOTALS (SUM OF LINES 1-117) IMBURSABLE COST CENTERS	0	0	0	0	0	118. 00
190.00		GIFT, FLOWER, COFFEE SHOP & CANTEEN			1			190. 00
		RESEARCH						191. 00
	1	RESEARCH-GCRC						191. 01
191. 02	1							191. 02
		PHYSICIANS' PRIVATE OFFICES						192. 00
	1	OTHER NONREIMBURSABLE-METHODIST OTHER NONREIMBURSABLE - IUMC						192. 01 192. 02
		PHYSICIANS' PRIVATE OFFICES						192. 02
		MHH RADI OLOGY						192. 04
192.06	19206	BELTWAY SURGERY						192. 06
192. 07	19207	RHI						192. 07

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						3/20/2013 1.4	J PIII
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED LAB	
		RADI OLOGY-METH	RESPI RATORY	EMERGENCY	PASTORAL	SCI ENCE PRO	
		ODI ST	THERAPY		EDUCATI ON		
		23. 02	23. 03	23. 04	23. 05	23. 06	
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	64, 036	51, 435	50, 934	10, 904	5, 296	200. 00
201. 00	Negative Cost Centers	0	0	0	0	0	201. 00
202. 00	TOTAL (sum lines 118-201)	64, 036	51, 435	50, 934	10, 904	5, 296	202. 00

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In Lieu of Form CMS-2552-10

| Period: | Worksheet B |
| From 01/01/2014 | Part II |
| To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150056

					'	0 12/31/2014	5/26/2015 1: 4	
		Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED	
			PHARMACY	MEDICAL ASSIST		PHARMACY TECH	NEUROPHYSI OLOG	
			23. 07	23. 08	TECHNOLOGY 23.09	23. 10	Y 23. 11	
	GENER	AL SERVICE COST CENTERS						
1.00	1	NEW CAP REL COSTS-BLDG & FLXT						1. 00
2.00	1	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 5. 01	1	EMPLOYEE BENEFITS DEPARTMENT NONPATIENT TELEPHONES						4. 00 5. 01
5. 02	1	DATA PROCESSING						5. 02
5. 03	1	PURCHASING, RECEIVING & STORES						5. 03
5.04	00570	ADMITTI NG						5. 04
5. 05	1	CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5.06		OTHER ADMINISTRATIVE AND GENERAL MAINTENANCE & REPAIRS						5. 06
6. 00 7. 00	1	OPERATION OF PLANT						6. 00 7. 00
8. 00	1	LAUNDRY & LINEN SERVICE						8. 00
9.00	00900	HOUSEKEEPI NG						9. 00
9. 01	1	HOUSEKEEPING - UNIVERSITY						9. 01
9. 02	1	HOUSEKEEPING - RILEY						9. 02
9. 03 10. 00	1	HOUSEKEEPING - METHODIST DIETARY						9. 03 10. 00
11. 00	1	CAFETERI A						11. 00
13.00		NURSING ADMINISTRATION						13.00
14. 00	1	CENTRAL SERVICES & SUPPLY						14.00
15.00	1	PHARMACY						15. 00
16. 00 17. 00	1	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE						16. 00 17. 00
18. 00	1	PATIENT TRANSPORTATION						18. 00
21. 00	1	I&R SERVICES-SALARY & FRINGES APPRVD						21. 00
22. 00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22. 00
23. 00	1	PARAMED ED PRGM						23. 00
23. 01	1	PARAMED ED HEALTH SCIENCES						23. 01
23. 02 23. 03	1	PARAMED RADIOLOGY-METHODIST PARAMED RESPIRATORY THERAPY						23. 02 23. 03
23. 04	1	PARAMED EMERGENCY						23. 04
23. 05	1	PARAMED PASTORAL EDUCATION						23. 05
23. 06		PARAMED LAB SCIENCE PRO						23. 06
23. 07	1	PARAMED PHARMACY	21, 558					23. 07
23. 08 23. 09		PARAMED MEDICAL ASSIST PARAMED SURGERY TECHNOLOGY		0	33, 964			23. 08 23. 09
23. 10	1	PARAMED PHARMACY TECH			00, 701	33, 621		23. 10
23. 11	02311	PARAMED NEUROPHYSIOLOGY					0	23. 11
00.00		ENT ROUTINE SERVICE COST CENTERS		T				00.00
30. 00 31. 00	1	ADULTS & PEDIATRICS INTENSIVE CARE UNIT						30. 00 31. 00
32. 00	1	CORONARY CARE UNIT						32. 00
32. 01	1	NEONATAL INTENSIVE CARE UNIT						32. 01
33. 00	1	BURN INTENSIVE CARE UNIT						33.00
34.00		SURGICAL INTENSIVE CARE UNIT						34. 00
34. 02 34. 03		UH SURG 61C UH NS 31C						34. 02 34. 03
34. 03		RH PED IC						34. 03
34. 05		TRANSPLANT I CU						34. 05
34. 06	1	PEDS CANCER CARE						34. 06
40.00	1	SUBPROVI DER - I PF						40.00
43. 00		NURSERY LARY SERVICE COST CENTERS						43. 00
50. 00		OPERATING ROOM						50. 00
50. 01		ENDOSCOPY						50. 01
51.00	1	RECOVERY ROOM						51.00
52.00	1	DELIVERY ROOM & LABOR ROOM						52. 00
53.00		ANESTHESI OLOGY						53.00
53. 01 54. 00	1	PULMONARY FUNCTION TESTING RADIOLOGY-DIAGNOSTIC						53. 01 54. 00
55. 00	1	RADI OLOGY-THERAPEUTI C						55. 00
56.00	1	RADI OI SOTOPE						56.00
59. 00	1	CARDI AC CATHETERI ZATI ON						59. 00
60.00	1	LABORATORY						60.00
60. 01 60. 02	1	TRANSPLANT IMMUNOLOGY BONE MARROW TRANSPLANT LAB						60. 01 60. 02
63. 00	1	BLOOD STORING, PROCESSING & TRANS.						63. 00
65. 00	1	RESPI RATORY THERAPY						65. 00
66. 00	1	PHYSI CAL THERAPY						66. 00
67. 00		OCCUPATIONAL THERAPY						67.00
68. 00 69. 00		SPEECH PATHOLOGY ELECTROCARDI OLOGY						68. 00 69. 00
07.00	130 700	LEEST TOO MIND OLO OT		l .	<u> </u>	<u> </u>		37.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 150056

| Peri od: | Worksheet B | From 01/01/2014 | Part | I | To 12/31/2014 | Date/Time Prepared: | Part | To 12/31/2014 | Part | To 12/31/2014 | Part | To 12/31/2014 | Part |

			1	To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED	<u>Б</u>
	PHARMACY	MEDICAL ASSIST	SURGERY TECHNOLOGY	PHARMACY TECH	NEUROPHYSI OLOG Y	
	23. 07	23. 08	23. 09	23. 10	23. 11	
70. 00 07000 ELECTROENCEPHALOGRAPHY						70. 00
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS						71. 00
72.00 O7200 IMPL. DEV. CHARGED TO PATIENT 73.00 O7300 DRUGS CHARGED TO PATIENTS						72. 00 73. 00
73. 00 07300 DRUGS CHARGED TO PATTENTS 73. 03 07303 OUTPATIENT RETAIL PHARMACY						73.00
74. 00 07400 RENAL DI ALYSI S						74. 00
76.00 03020 RH NBN ECMO IC						76. 00
76. 01 03140 CARDI OLOGY						76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES						76. 02
76. 03 03950 CARDI AC CATH 76. 04 03951 DAY SURGERY						76. 03 76. 04
76. 05 03480 0NCOLOGY						76. 05
76. 06 03952 DAY SURGERY-RI LEY						76. 06
76. 07 03953 CARDI OLOGY-RI LEY						76. 07
76. 08 03954 ECMO-ADULT						76. 08
76. 97 O7697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS						76. 97
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER			1			89. 00
90. 00 09000 CLINIC						90.00
90. 01 09001 AMB SVC-OB & GYN						90. 01
90. 02 09002 I USCC HEM/ONC						90. 02
90. 03 09003 AMB SVC-OPTHALMOLOGY 90. 04 09004 AMB SVC-PSYCH ADULT						90. 03 90. 04
90. 04 09004 AMB SVC-PSYCH ADULT 90. 05 09005 AMB SVC-DI ABETES ADULT						90.04
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 CLINI CAL GERI ATRI CS 90. 11 09023 SLEEP LAB						90. 10 90. 11
90. 12 09024 OP CARE ADULTS						90. 11
90. 13 09011 PEDI ATRI C CLI NI C						90. 13
90. 14 09012 ARTHRITIS CLINIC						90. 14
90. 15 09013 NEUROLOGY UH						90. 15
90. 16 09014 ORTHOPEDI CS UH						90. 16
90. 17 09015 PHYSI CAL MEDI CI NE 90. 18 09016 DERMATOLOGY CLI NI C						90. 17 90. 18
90. 19 09017 NFUSI ON/HEM/ONC						90. 19
90. 20 09025 I UMG - MH						90. 20
90. 21 09019 OP REHAB CLINIC						90. 21
90. 22 09020 EATING DI SORDERS CLINIC						90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC 90. 24 09021 LIFE CARE CLINIC						90. 23 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 DI ALYSI S						94.00
95. 00 09500 AMBULANCE SERVI CES 101. 00 10100 HOME HEALTH AGENCY						95. 00 101. 00
SPECIAL PURPOSE COST CENTERS		1	l			1101.00
105. 00 10500 KI DNEY ACQUI SI TI ON						105. 00
106. 00 10600 HEART ACQUI SI TI ON						106. 00
107. 00 10700 LI VER ACQUI SI TI ON						107. 00
108.00 10800 LUNG ACQUISITION 109.00 10900 PANCREAS ACQUISITION						108. 00 109. 00
110.00 11000 INTESTINE ACQUISITION						1109.00
112. 00 08600 OTHER ORGAN ACQUISITION						112. 00
112.01 08601 POST TRANSPLANT EXPENSES						112. 01
113. 00 11300 I NTEREST EXPENSE						113. 00
116.00 11600 HOSPICE 118.00 SUBTOTALS (SUM OF LINES 1-117)						116. 00
118. 00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS		0 0	(0	0	118. 00
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 192.01 19201 OTHER NONREIMBURSABLE-METHODIST						192. 00 192. 01
192.01 19201 0THER NONRETMBURSABLE - METHODIST						192. 01
192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES						192. 02
192. 04 19204 MHH RADI OLOGY						192. 04
192. 06 19206 BELTWAY SURGERY						192. 06
192. 07 19207 RHI			l			192. 07

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						<u> 5/26/2015 1:4</u>	5 pm
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED	
		PHARMACY	MEDICAL ASSIST	SURGERY	PHARMACY TECH	NEUROPHYSI OLOG	
				TECHNOLOGY		Υ	
		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

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INDIANA UNIVERSITY HEALTH

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150056

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

Cost Center Description

Subtotal

Residents Cost
& Post
Stepdown

Residents Cost September		Cost Center Description	Subtotal	Intern &	Total	, 5, 5, 5, 1	ļ
Stephbom							
BABUSTON SERVICE COST CAMPLES 1.00 26.00 26.00							
CREATION SERVICE COST SERVICES 24.00 25.00 26.00				'			
1.00			24. 00	•	26.00		
2.00 00000 NEW CAP REL COSTS-MYBLE BOUP			ı	T			
4.00							
5.01 000-004 PARCHASH THE PRIORES 0.2 000500 PARCHASH NR, RECEIVING & STORES 0.3 000500 PARCHASH NR, RECEIVING & STORES 0.5 000-00500 PARCHASH NR, RECEIVING & STORES 0.7 000-00500 PARCHASH NR, RECEIVING & STORES 0.7 000-00500 PARCHASH NR, RECEIVING & STORES 0.9 000-00500 PARCHASH NR, RECEIVING & STORES 0.0 000-00500 PARCHASH NR, RECEIVING & S		1			•		1
5.02 00050 DIATA PROCESSING 5.02 5.03 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.					•		
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0.000 0.000 DAM NETAMANCE & REPAIRS							1
7.00 00700 OPERATION OF PLANT							1
8.00 0.0800 LAUNDRY & LINEN SERVICE 9.00 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000000					•		•
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9.03 00903 HOUSEKEEPING - METHODIST							•
10.00 1000 DICTARY							1
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13.00 01300 NURSING ADMINISTRATION 13.00 14.00 01400 (CENTRAL SERVICES & SUPPLY							1
15.00 01500 PHARMACY	13.00						1
16. 00 10.600 MEDICAL RECORDS & LIBRARY							1
17.00 17.00 SOCI AL SERVI CE							1
18. 00 01850 PATIENT TRANSPORTATION					•		1
21.00 02100 RR SERVICES-SALARY & FRINCES APPRVD 22.00 22.00 02200 RR SERVICES-OTHER PROK COSTS APPRVD 22.00 23.00 23.00 RR SERVICES-OTHER PROK COSTS APPRVD 22.00 23.00 23.00 23.00 PARAMED ED PROM 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00					•		1
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Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

						'0	5/26/2015 1: 4	
		Cost Center Description	Subtotal	Intern &	Total			
		·		Residents Cost				
				& Post				
				Stepdown				
				Adjustments				
	101000	ODEESU DATUM ON	24.00	25. 00	26.00	0.0		10.00
68. 00	1	SPEECH PATHOLOGY	673, 488	0			l l	68. 00
69. 00 70. 00	1	ELECTROCARDI OLOGY	587, 119	0			l l	69. 00 70. 00
70.00	1	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	865, 404 1, 056, 410				ļ	71.00
71.00	1	IMPL. DEV. CHARGED TO PATIENT	1, 783, 884	0			ļ	72.00
73. 00		DRUGS CHARGED TO PATIENTS	3, 702, 596	_			· ·	73. 00
73. 03	1	OUTPATIENT RETAIL PHARMACY	1, 480, 119				ļ.	73. 03
74. 00		RENAL DIALYSIS	1, 066, 357	Ö			· ·	74. 00
76. 00		RH NBN ECMO IC	48, 230				l	76. 00
76. 01		CARDI OLOGY	785, 083	0	785, C		l	76. 01
76. 02	03550	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	82, 418	0	82, 4	18	· ·	76. 02
76. 03	03950	CARDI AC CATH	1, 326, 575	0	1, 326, 5	75	· ·	76. 03
76. 04	03951	DAY SURGERY	451, 502	0	451, 5	02	ļ	76. 04
76. 05	4	ONCOLOGY	0	0		0	ļ	76. 05
76. 06	1	DAY SURGERY-RI LEY	0	0	•	0	ļ	76. 06
76. 07		CARDI OLOGY-RI LEY	0	0	•	0	l l	76. 07
76. 08	1	ECMO-ADULT	9, 644				l l	76. 08
76. 97		CARDI AC REHABI LI TATI ON	97, 975	0	97, 9	1/5		76. 97
00 00		TIENT SERVICE COST CENTERS	EE 442	0		42		00 00
89. 00 90. 00		FEDERALLY QUALIFIED HEALTH CENTER CLINIC	55, 443 0	0	1	0	ļ	89. 00 90. 00
90. 00	1	AMB SVC-OB & GYN	523, 534	0	1	-	l l	90.00
90. 01		IUSCC HEM/ONC	4, 815, 587	0	•		l l	90. 02
90. 03	1	AMB SVC-OPTHALMOLOGY	286, 621	Ö				90. 03
90. 04		AMB SVC-PSYCH ADULT	419, 052	Ö			· ·	90. 04
90. 05	1	AMB SVC-DIABETES ADULT	0	0		0	l l	90. 05
90.06	09006	OUTPATI ENT SURGERY	290, 565	0	290, 5	65	ļ	90.06
90. 07	09007	AMB SVC-RILEY CLINICS	945, 979	0	945, 9	79	· ·	90. 07
90. 08		MOTILITY LAB	50, 129	0	50, 1	29	ļ	90. 08
90. 09	09009	AMB SVC - PSYCH CHILD	0	0		0	ļ	90. 09
90. 10		CLINICAL GERIATRICS	66, 623	0			ļ	90. 10
90. 11		SLEEP LAB	366, 381	0			ļ	90. 11
90. 12	1	OP CARE ADULTS	145, 003	0			ļ	90. 12
90. 13		PEDIATRIC CLINIC	(400	0		0	ļ	90. 13
90. 14 90. 15	1	ARTHRITIS CLINIC NEUROLOGY UH	6, 489	0		0	ļ	90. 14 90. 15
90. 15	1	ORTHOPEDI CS UH	0		•	0	ļ	90. 15
90. 17		PHYSI CAL MEDI CI NE	209, 544	0	•	_	ļ	90. 17
90. 18		DERMATOLOGY CLINIC	188, 879				ļ.	90. 18
90. 19		I NFUSI ON/HEM/ONC	21, 273	Ö			· ·	90. 19
90. 20	09025	IUMG - MH	9, 151	О			ļ	90. 20
90. 21	09019	OP REHAB CLINIC	33, 948	0	33, 9	48	ļ	90. 21
90. 22	09020	EATING DISORDERS CLINIC	45, 456	0	45, 4	56	ļ	90. 22
90. 23		GASTROENTEROLOGY CLINIC	172, 869				ļ	90. 23
		LIFE CARE CLINIC	82, 483				l l	90. 24
	1	EMERGENCY	2, 798, 271	0		71	ļ	91.00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)		0				92. 00
94. 00		REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS	262, 986	0	262, 9	06		94. 00
		AMBULANCE SERVICES	3, 344, 070				ļ	95. 00
		HOME HEALTH AGENCY	953, 802					101. 00
		AL PURPOSE COST CENTERS	7007002		70070			
105.00		KIDNEY ACQUISITION	524, 702	0	524, 7	02		105. 00
106.00	10600	HEART ACQUISITION	54, 819	0	54, 8	19	ļ	106. 00
107.00	10700	LIVER ACQUISITION	242, 242	0	242, 2	42	ļ	107. 00
		LUNG ACQUISITION	118, 392	0	118, 3	92	ļ	108. 00
		PANCREAS ACQUISITION	56, 462	0	,			109. 00
		INTESTINE ACQUISITION	32, 079					110. 00
		OTHER ORGAN ACQUISITION	2, 762	0	_, .			112.00
		POST TRANSPLANT EXPENSES	414, 173	0	414, 1	/3		112. 01
		I NTEREST EXPENSE	242 501		242.5	01		113.00
	1	HOSPICE	242, 501	0			ļ	116. 00
118. 00		SUBTOTALS (SUM OF LINES 1-117) IMBURSABLE COST CENTERS	104, 989, 496	0	104, 989, 4	70		118. 00
190 00		GIFT, FLOWER, COFFEE SHOP & CANTEEN	238, 741	0	238, 7	41		190. 00
		RESEARCH	465, 807	0				191. 00
		RESEARCH-GCRC	102, 437	Ö				191. 01
191. 02			152, 119	Ö				191. 02
		PHYSICIANS' PRIVATE OFFICES	84, 369	0				192. 00
192. 01	19201	OTHER NONREIMBURSABLE-METHODIST	3, 059, 447	0				192. 01
192. 02	19202	OTHER NONREIMBURSABLE - IUMC	1, 055, 328	0	1, 055, 3	28	· ·	192. 02

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Provider CCN: 150056

				5/26/2015 1:4	5 pm
Cost Center Description	Subtotal	Intern &	Total		
		Residents Cost			
		& Post			
		Stepdown			
		Adjustments			
	24. 00	25. 00	26. 00		
192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES	10, 562, 359	0	10, 562, 359		192. 03
192. 04 19204 MHH RADI OLOGY	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 ARTHRITIS 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

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			F	rom 01/01/2014 o 12/31/2014	Date/Time Prep 5/26/2015 1:4	
	CAPITAL REL	ATED COSTS				
Cost Center Description	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATI ENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	
	1.00	2. 00	4. 00	5. 01	5. 02	
1. 00 GENERAL SERVICE COST CENTERS 1. 00 00100 NEW CAP REL COSTS-BLDG & FIXT	4, 463, 341					1. 00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		52, 477, 401				2. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00540 NONPATIENT TELEPHONES	6, 443	874 523	550, 696, 273	11, 440		4. 00 5. 01
5. 02 00550 DATA PROCESSING	2, 084	46, 990	36, 881	0	11, 440	5. 02
5.03 O0590 PURCHASING, RECEIVING & STORES 5.04 O0570 ADMITTING	2, 260 1, 421	168, 061 2, 024	53, 439 0	12 15	12 15	5. 03 5. 04
5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	2, 024	ő	_	0	5. 05
5. 06 00560 OTHER ADMINISTRATIVE AND GENERAL 6. 00 00600 MAINTENANCE & REPAIRS	155, 524 25, 935	12, 438, 510 12, 934	13, 080, 207 442, 117	584 20	584 20	5. 06 6. 00
7. 00 O0700 OPERATION OF PLANT	2, 528	7, 173	442, 117	20	20	7. 00
8. 00 00800 LAUNDRY & LINEN SERVICE 9. 00 00900 HOUSEKEEPING	30, 942	1, 027	0	0	0	8. 00 9. 00
9. 01 00901 HOUSEKEEPING - UNI VERSI TY	0	0	0	0	0	9. 01
9. 02 00902 HOUSEKEEPI NG - RI LEY 9. 03 00903 HOUSEKEEPI NG - METHODI ST	0 1, 845	0 6, 823	0 302, 412	0	0	9. 02 9. 03
10. 00 01000 DI ETARY	39, 580	126, 692		129	129	10. 00
11. 00 01100 CAFETERI A	5, 625	2, 635	128, 139		1	11.00
13. 00 O1300 NURSI NG ADMINI STRATI ON 14. 00 O1400 CENTRAL SERVI CES & SUPPLY	30, 781 51, 454	164, 684 505, 255	15, 089, 435 2, 483, 692		134 57	13. 00 14. 00
15. 00 01500 PHARMACY	63, 894	1, 091, 728		350 9	350	15.00
16. 00 01600 MEDI CAL RECORDS & LI BRARY 17. 00 01700 SOCI AL SERVI CE	951 4, 872	1, 959	239, 821 3, 157, 675	/	9 125	16. 00 17. 00
18. 00 01850 PATIENT TRANSPORTATION	910	57, 030			31	18.00
21.00 02100 I&R SERVI CES-SALARY & FRI NGES APPRVD 22.00 02200 I&R SERVI CES-OTHER PRGM COSTS APPRVD	3, 582 47, 396	0 12, 319	31, 115, 807 439, 192	54 91	54 91	21. 00 22. 00
23. 00 02300 PARAMED ED PRGM	O	0	0	0	0	23. 00
23. 01 02301 PARAMED ED HEALTH SCIENCES 23. 02 02302 PARAMED RADIOLOGY-METHODIST	10, 110 3, 869	16, 153 0	159, 068 888, 205	11	11 5	23. 01 23. 02
23. 03 02303 PARAMED RESPIRATORY THERAPY	3, 715	0	361, 532		8	23. 03
23. 04 02304 PARAMED EMERGENCY 23. 05 02312 PARAMED PASTORAL EDUCATION	3, 611	0	134, 367 617, 557	6	6 15	23. 04 23. 05
23. 06 02306 PARAMED LAB SCIENCE PRO	0	0	364, 438	10	10	23. 06
23. 07 02307 PARAMED PHARMACY 23. 08 02308 PARAMED MEDI CAL ASSI ST	0 0	2, 282 0	1, 176, 744 0		3	23. 07 23. 08
23. 09 02309 PARAMED SURGERY TECHNOLOGY	2, 289	0	265, 889	1	1	23. 09
23. 10 O2310 PARAMED PHARMACY TECH 23. 11 O2311 PARAMED NEUROPHYSI OLOGY	2, 238	0	214, 097 0	6	6	23. 10 23. 11
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	700 405	2.077./2/	110 200 022	2 222	2 222	20.00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT	799, 405 49, 708	3, 077, 626 185, 997			2, 233 250	30. 00 31. 00
32. 00 03200 CORONARY CARE UNIT	51, 464	172, 823	10, 787, 865		128 78	32.00
32. 01 03201 NEONATAL INTENSIVE CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT	8, 262 15, 302	118, 267 55, 106	4, 136, 208 1, 373, 592		17	32. 01 33. 00
34. 00 03400 SURGICAL INTENSIVE CARE UNIT	0	0 68, 617	0	0	0	34.00
34. 02 03401 UH SURG 61 C 34. 03 03402 UH NS 31 C	650	08, 617	2, 578, 601 0	130	130 0	34. 02 34. 03
34. 04 03403 RH PED I C	49, 762	163, 621	6, 539, 235		73	34.04
34. 05 03404 TRANSPLANT CU 34. 06 03407 PEDS CANCER CARE	13, 559 42, 542	2, 397 186, 899	1, 797, 897 1, 290, 700	0	0 10	34. 05 34. 06
40. 00 04000 SUBPROVI DER - I PF	21, 414	9, 557			90	40.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	25, 141	78, 642	1, 467, 939	81	81	43. 00
50. 00 05000 OPERATING ROOM	260, 203	9, 883, 132		552	552	50.00
50. 01 05001 ENDOSCOPY 51. 00 05100 RECOVERY ROOM	6, 733 64, 482	188, 331 216, 667	1, 023, 191 5, 924, 021	44 156	44 156	50. 01 51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	26, 558	128, 947	4, 918, 005	193	193	52.00
53. 00 05300 ANESTHESI OLOGY 53. 01 05301 PULMONARY FUNCTI ON TESTING	10, 184 20, 991	540, 309 186, 499		29 61	29 61	53. 00 53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	241, 218	7, 192, 035	25, 689, 147	821	821	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	44, 453 19, 493	1, 005, 653 180, 026			149 40	55. 00 56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	11, 315	292, 846	779, 802	23	23	59. 00
60. 00 06000 LABORATORY 60. 01 06001 TRANSPLANT IMMUNOLOGY	191, 591 4, 470	1, 969, 861 23, 937		703 8	703 8	60. 00 60. 01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60. 02
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 65. 00 06500 RESPIRATORY THERAPY	8, 981 22, 979	55, 386 1, 000, 582			12 222	63. 00 65. 00
	<u>'</u>			<u>'</u>		

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Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Provi der CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014 Date/Time Prepared:

			''	0 12/31/2014	5/26/2015 1:4	
	CAPITAL REL	ATED COSTS	<u> </u>			
Coat Conton Decement on	NEW BLDG &	NEW MVDLE	EMDL OVEE	NONDATI ENT	DATA	
Cost Center Description	FLXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATI ENT TELEPHONES	DATA PROCESSING	
	(SQUARE	(DOLLAR	DEPARTMENT	(PHONE LINES)	(PHONE LINES)	
	FEET)	VALUE)	(GROSS	, ,	Ì	
	1.00		SALARI ES)	5.01	5.00	
66. 00 06600 PHYSI CAL THERAPY	1.00	2.00	4.00	5. 01 82	5. 02 82	66. 00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	46, 763 13, 572	168, 562 15, 998	11, 133, 608 2, 358, 775		41	67.00
68. 00 06800 SPEECH PATHOLOGY	26, 964	192, 553	2, 831, 927	101	101	68. 00
69. 00 06900 ELECTROCARDI OLOGY	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 MEDI CAL SUPPLIES CHARGED TO PATIENTS	13, 337	0	127, 386	4	4	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72. 00 73. 00
73. 03 07300 DRUGS CHARGED TO PATTENTS 73. 03 07303 OUTPATLENT RETAIL PHARMACY	5, 706	148, 713	6, 206, 611	132	132	73.00
74. 00 07400 RENAL DI ALYSI S	33, 679	346, 573	5, 556, 048		127	74.00
76.00 03020 RH NBN ECMO IC	0	22, 672	845, 232		5	76. 00
76. 01 03140 CARDI OLOGY	10, 704	451, 011	588, 281	32	32	76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 852	27, 716	180, 299		38	76. 02
76. 03 03950 CARDI AC CATH 76. 04 03951 DAY SURGERY	35, 241	532, 282	4, 528, 033		162	76. 03
76. 04 03951 DAY SURGERY 76. 05 03480 ONCOLOGY	23, 319	49, 993	2, 630, 172	118	118 0	76. 04 76. 05
76. 06 03952 DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76. 07 03953 CARDI OLOGY-RI LEY	O	Ō	0	0	0	76. 07
76. 08 03954 ECMO-ADULT	0	0	535, 898		0	76. 08
76. 97 O7697 CARDI AC REHABI LI TATI ON	6, 692	437	190, 687	23	23	76. 97
OUTPATIENT SERVICE COST CENTERS		ما	2 021 5/7	0	0	00.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90.00 09000 CLINIC	0	0	2, 931, 567 0	0	0	89. 00 90. 00
90. 01 09001 AMB SVC-0B & GYN	20, 375	159, 046	1, 844, 734		63	90. 01
90. 02 09002 I USCC HEM/ONC	131, 529	1, 937, 363	22, 325, 303		273	90. 02
90. 03 09003 AMB SVC-OPTHALMOLOGY	336	206, 992	230, 779		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-DI ABETES ADULT	0	(0.172	1 045 074	0	0	90.05
90. 06 09006 OUTPATI ENT SURGERY 90. 07 09007 AMB SVC-RI LEY CLINICS	11, 717 38, 172	68, 172 283, 569	1, 945, 064 4, 164, 170		83 215	90. 06 90. 07
90. 08 09008 MOTI LI TY LAB	425	31, 281	125, 475		1	90.08
90. 09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90. 09
90. 10 09010 CLI NI CAL GERI ATRI CS	4, 653	2, 434	4, 616	9	9	90. 10
90. 11 09023 SLEEP LAB	16, 805	72, 183	2, 310, 350		85	90. 11
90. 12 09024 OP CARE ADULTS	10, 115	2, 202	220, 898		29	90. 12
90. 13 09011 PEDI ATRI C CLINI C 90. 14 09012 ARTHRI TIS CLINI C	0	1, 231	144, 653	0	0	90. 13 90. 14
90. 15 09013 NEUROLOGY UH	0	1, 231	144, 033	0	0	90. 15
90. 16 09014 ORTHOPEDI CS UH	O	Ō	0	0	0	90. 16
90. 17 09015 PHYSI CAL MEDI CI NE	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 I NFUSI ON/HEM/ONC	0	5, 033	494, 558		0 22	90. 19 90. 20
90. 20 09025 IUMG - MH 90. 21 09019 OP REHAB CLINIC	2, 094	1, 853 1, 417	273, 751 136, 622		13	1
90. 22 09020 EATING DISORDERS CLINIC	2,074	21, 280	876, 141		0	90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC	12, 045	0	625, 910		0	90. 23
90. 24 09021 LI FE CARE CLI NI C	4, 578	2, 539	1, 057, 934		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 DI ALYSI S	12, 213	58, 745	739, 089	18	18	94. 00
95. 00 09500 AMBULANCE SERVICES	12, 213	2, 281, 128	8, 887, 409	-		95. 00
101.00 10100 HOME HEALTH AGENCY	23, 648	118, 532	15, 858, 206			101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	10, 019	191, 408	2, 635, 202			105. 00
106. 00 10600 HEART ACQUISITION	838	16, 026	351, 800			106.00
107. 00 10700 LIVER ACQUISITION 108. 00 10800 LUNG ACQUISITION	3, 664 1, 653	70, 052 31, 599	865, 048 553, 050			107. 00 108. 00
109. 00 10900 PANCREAS ACQUISITION	417	7, 963	221, 079			108.00
110. 00 11000 NTESTI NE ACQUI SI TI ON	388	7, 408	176, 454			110.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	170, 876			112. 00
112.01 08601 POST TRANSPLANT EXPENSES	9, 385	179, 515	2, 659, 701	83	83	112. 01
113. 00 11300 NTEREST EXPENSE		a . =	6 -6:			113.00
116. 00 11600 HOSPI CE	6, 715	36, 743	3, 506, 658			116.00
118. 00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	3, 248, 566	50, 760, 811	532, 875, 460	10, 600	10, 600	J 18.00
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	o	0		27	191. 01

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In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150056 Peri od: Worksheet B-1 From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm CAPITAL RELATED COSTS NEW BLDG & **EMPLOYEE** NONPATI ENT Cost Center Description NEW MVBLE DATA **BENEFITS** TELEPHONES PROCESSI NG FIXT **FOULP** (DOLLAR (SQUARE DEPARTMENT (PHONE LINES) (PHONE LINES) FEET) VALUE) (GROSS SALARI ES) 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 PHYSI CLANS' PRI VATE OFFI CES 2, 720 1, 745 6 192.00 271, 432 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 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 4 192. 03 Ω 4 192. 04 19204 MHH RADI OLOGY 0 192. 04 0 C 103, 776 0 192.06 19206 BELTWAY SURGERY 0 195 4 4 192. 06 192. 07 19207 RHI 0 192. 07 8, 198 153, 686 0 117 192. 08 192. 08 19208 NON-ALLOWABLE ADVERTISING 4, 297, 787 15, 530 627, 599 117 192. 09 19209 ARTHRITIS CLINIC - NR 35, 882 1 192. 09 192. 10 19212 CARDIO PHYSICIANS 23, 716 774, 505 49 49 192. 10 192. 11 19211 UNUSED SPACE 198, 090 0 192. 11 200. 00 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 201. 00 202.00 Cost to be allocated (per Wkst. B, 57, 465, 632 69, 003, 770 105, 051, 784 65, 087 66, 936, 907 202. 00 Part I) Unit cost multiplier (Wkst. B, Part I) 5, 851. 128234 203. 00 203.00 12.875026 1. 314924 0.190762 5. 689423 204.00 Cost to be allocated (per Wkst. B, 84, 103 688 88, 626 204. 00 Part II) 205.00 Unit cost multiplier (Wkst. B, Part 0.000153 0.060140 7. 747028 205. 00 II)

MCRI F32 - 7. 2. 157. 2 114 | Page COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150056 Peri od: Worksheet B-1 From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Cost Center Description PURCHASI NG, ADMI TTI NG CASHIERING/ACC Reconciliation **OTHER** RECEIVING & OUNTS ADMI NI STRATI VE (INPATIENT STORES CHARGES) RECEI VABLE AND GENERAL (COSTED REO) (GROSS (ACCUM. CHARGES) 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 00200 NEW CAP REL COSTS-MVBLE FOULP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00540 NONPATIENT TELEPHONES 5.01 5.01 00550 DATA PROCESSING 5.02 5.02 5.03 00590 PURCHASING, RECEIVING & STORES 5.03 198, 592, 045 5.04 00570 ADMITTING 212 3, 661, 677, 997 5.04 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 6, 424, 252, 392 5.05 00560 OTHER ADMINISTRATIVE AND GENERAL -107, 105, 330 1, 570, 774, 617 5 06 68 940 C 5 06 00600 MAINTENANCE & REPAIRS 6.00 26, 190 0 0 19, 466, 317 6.00 7.00 00700 OPERATION OF PLANT 1, 151 0 68, 167, 414 7.00 0 8.00 00800 LAUNDRY & LINEN SERVICE 88, 108 0 0 406, 416 8.00 0 00900 HOUSEKEEPI NG 9 00 Ω 9 00 0 0 9.01 00901 HOUSEKEEPING - UNIVERSITY 0 0 3, 044, 613 9.01 00902 HOUSEKEEPING - RILEY 0 9.02 0 0 0 0 0 0 0 0 0 0 0 3, 184, 697 9.02 00903 HOUSEKEEPING - METHODIST 9.03 0 1 138 0 5, 128, 298 9 03 10.00 01000 DI ETARY 2, 301 0 0 11, 889, 181 10.00 01100 CAFETERI A 0 0 2, 578, 277 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 7, 799 24, 920, 701 13.00 01400 CENTRAL SERVICES & SUPPLY 0 1 622 585 0 94, 271, 953 14 00 14 00 15.00 01500 PHARMACY 1, 542, 463 0 0 45, 296, 846 15.00 01600 MEDICAL RECORDS & LIBRARY 13, 775, 144 16.00 16.00 17.00 01700 SOCIAL SERVICE 46 0 0 6, 019, 199 17.00 01850 PATIENT TRANSPORTATION Ω 0 2, 394, 615 18 00 6, 215 18 00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21.00 0 42, 717, 541 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 0 22.00 340 2, 960, 377 22.00 0 02300 PARAMED ED PRGM 23.00 0 0 23.00 0 0 02301 PARAMED ED HEALTH SCIENCES 0 427, 159 0 23.01 20 23.01 23.02 02302 PARAMED RADIOLOGY-METHODIST 0 0 0 0 0 1, 059, 192 23.02 02303 PARAMED RESPIRATORY THERAPY 23 03 4,881 163, 930 23 03 23.04 02304 PARAMED EMERGENCY 0 0 252, 788 23.04 0 02312 PARAMED PASTORAL EDUCATION 0 23 05 Λ 0 898.883 23 05 02306 PARAMED LAB SCIENCE PRO 7,900 23.06 426, 635 23.06 0 02307 PARAMED PHARMACY 23. 07 0 0 0 1, 549, 747 23.07 02308 PARAMED MEDICAL ASSIST 0 0 23.08 23.08 16 0 o 02309 PARAMED SURGERY TECHNOLOGY 298, 774 23.09 76 0 23.09 23. 10 02310 PARAMED PHARMACY TECH 991 0 326, 067 23.10 02311 PARAMED NEUROPHYSIOLOGY 23. 11 23.11 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 12, 022, 149 578, 928, 171 611, 641, 352 177, 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 0 03200 CORONARY CARE UNIT 1, 816, 201 54, 127, 028 54, 127, 028 16, 337, 590 32.00 32.00 03201 NEONATAL INTENSIVE CARE UNIT 0 32.01 279, 339 26, 423, 848 26, 423, 848 6, 319, 874 32.01 33.00 03300 BURN INTENSIVE CARE UNIT 154, 442 8, 488, 185 8, 488, 185 2, 276, 024 33.00 0 0 0 03400 SURGICAL INTENSIVE CARE UNIT 34.00 C Ω 34.00 03401 UH SURG 6LC 597,000 13, 640, 364 34.02 13, 640, 364 4, 396, 743 34 02 34.03 03402 UH NS 31 C 0 34.03 03403 RH PED IC 912, 049 34.04 34, 382, 014 34, 382, 014 0 10, 305, 661 34.04 03404 TRANSPLANT I CU 10, 982, 410 2, 667, 431 34.05 390, 416 10, 982, 410 34.05 03407 PEDS CANCER CARE 10, 172, 216 34.06 106, 450 10, 172, 216 2, 724, 419 34.06 40.00 04000 SUBPROVIDER - IPF 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 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 05200 DELIVERY ROOM & LABOR ROOM 255 394 39, 315, 413 43 049 054 9, 345, 674 52 00 52 00 53.00 05300 ANESTHESI OLOGY 2, 051, 015 39, 029, 528 55, 126, 095 3, 303, 790 53.00 05301 PULMONARY FUNCTION TESTING 3, 901, 658 29, 594, 421 0 4, 234, 342 53.01 215, 983 53.01 05400 RADI OLOGY-DI AGNOSTI C 54.00 3, 139, 476 214, 743, 265 532, 092, 189 0 0 0 63, 417, 471 54.00 05500 RADI OLOGY-THERAPEUTI C 118, 385, 266 6, 236, 955 9, 402, 938 55 00 157, 453 55 00 56.00 05600 RADI OI SOTOPE 49,840 6, 761, 304 26, 820, 429 2, 181, 803 56.00 05900 CARDIAC CATHETERIZATION 59.00 233, 163 13, 684, 249 44, 268, 802 2, 127, 198 59.00 689, 335, 767 60.00 06000 LABORATORY 28, 579, 756 376, 418, 048 0 51, 400, 393 60.00 06001 TRANSPLANT IMMUNOLOGY 60.01 1, 066, 221 2, 463, 993 15, 964, 014 2, 773, 585 60.01 06002 BONE MARROW TRANSPLANT LAB 60.02 32 60.02 0 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 13, 395, 291 63, 882, 779 72, 540, 570 15, 781, 657 63.00 06500 RESPIRATORY THERAPY 26, 114, 525 1, 325, 227 117, 482, 129 65.00 114, 944, 566 65.00 66.00 06600 PHYSI CAL THERAPY 545, 246 48, 679, 646 66, 618, 489 17, 043, 862 66.00 06700 OCCUPATIONAL THERAPY 79.457 11, 350, 582 13, 846, 899 3, 597, 379 67.00

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Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150056

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113. 00		1	0	0	0	230, 689	112. 00
116. 00		0	0	0	0	4, 441, 590	
18. 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 NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, 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 19101 COMPANDE CONTENT 191. 01 19101 COMPAND CONTENT 191. 02 19102 OSA 108, 738 0 0 0 8, 258, 973 191. 02 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 79, 934 0 0 0 30, 475, 284 192. 01 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 198, 017, 680 3, 661, 677, 997 6, 424, 252, 392 -107, 105, 321 1, 454, 701, 617 118. 00 182. 01 190. 00 0 352, 226 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00 190. 00		54, 185	0	15, 357, 440	0	7, 196, 355	
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 21 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 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 30, 475, 284 192. 00 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 79, 934 0 0 30, 475, 284 192. 01	118.00 SUBTOTALS (SUM OF LINES 1-117)		3, 661, 677, 997				
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 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 3, 876, 539 192. 00 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 79, 934 0 0 0 30, 475, 284 192. 01		21	0	0	0	352 226	190 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 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 3, 876, 539 192. 00 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 79, 934 0 0 0 30, 475, 284 192. 01		1	0	0	0		
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 0 3, 876, 539 192. 00 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 79, 934 0 0 0 30, 475, 284 192. 01	191. 01 19101 RESEARCH-GCRC	53, 013	0	0	0	337, 603	191. 01
192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 79, 934 0 0 0 30, 475, 284 192. 01		1 1	0	0	0		
		1 1	0	0	0		
			0	0	0		

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COST ALLOCATION - STATISTICAL BASIS | Peri od: | Worksheet B-1 | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: Provider CCN: 150056

				'	0 12/31/2014	5/26/2015 1:4	
Cost Cen	ter Description	PURCHASI NG,	ADMI TTI NG	CASHI ERI NG/ACC	Reconciliation	OTHER	
		RECEIVING &	(I NPATI ENT	OUNTS		ADMI NI STRATI VE	
		STORES	CHARGES)	RECEI VABLE		AND GENERAL	
		(COSTED REQ)		(GROSS		(ACCUM.	
				CHARGES)		COST)	
		5. 03	5. 04	5. 05	5A. 06	5. 06	
192. 03 19203 PHYSI CI A		0	0	0	0	10, 408, 187	1
192. 04 19204 MHH RADI	OLOGY	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-ALLO	NABLE ADVERTISING	4, 161	0	0	0	23, 940, 093	192. 08
192. 09 19209 ARTHRI TI	S CLINIC - NR	4, 475	0	0	0	1, 541, 847	192. 09
192. 10 19212 CARDIO P	HYSI CI ANS	17, 789	0	0	0	2, 250, 923	192. 10
192. 11 19211 UNUSED S	PACE	0	0	0	0	2, 550, 414	192. 11
200.00 Cross Fo	ot Adjustments						200. 00
201.00 Negative	Cost Centers						201. 00
202.00 Cost to	oe allocated (per Wkst. B,	11, 283, 495	13, 198, 876	56, 084, 796		107, 105, 330	202. 00
Part I)							
203.00 Unit cos	t multiplier (Wkst. B, Part I)	0. 056817	0. 003605	0.008730		0. 068186	203. 00
204.00 Cost to	oe allocated (per Wkst. B,	250, 187	21, 073	0		18, 364, 694	204. 00
Part II)							
205.00 Unit cos	t multiplier (Wkst. B, Part	0. 001260	0. 000006	0. 000000		0. 011691	205. 00
1)							

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COST ALLOCATION - STATISTICAL BASIS INDIANA UNIVERSITY HEALTH In Lieu of Form CMS-2552-10 Provider CCN: 150056

				10	12/31/2014	Date/lime Pre 5/26/2015 1:4	
	Cost Center Description	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (HOURS OF SERVI CE)	HOUSEKEEPING - UNI VERSITY (UH SQUARE FEET)	
		6.00	7. 00	8. 00	9. 00	9. 01	
	GENERAL SERVICE COST CENTERS						
1. 00 2. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-MVBLE EQUIP	+					1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	00540 NONPATI ENT TELEPHONES						5. 01
5. 02	00550 DATA PROCESSING						5. 02
5.03	00590 PURCHASING, RECEIVING & STORES						5. 03 5. 04
5. 04 5. 05	00570 ADMI TTI NG 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 04
5. 06	00560 OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00	00600 MAINTENANCE & REPAIRS	4, 269, 674					6. 00
7.00	00700 OPERATION OF PLANT	2, 528	4, 267, 146				7. 00
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	30, 942	30, 942	6, 288, 303 0	0		8. 00 9. 00
9. 01	00901 HOUSEKEEPING - UNI VERSI TY	0	0	0	0	1, 019, 747	9. 01
9. 02	00902 HOUSEKEEPING - RILEY	0	0	0	0	0	9. 02
9. 03	00903 HOUSEKEEPING - METHODIST	1, 845	1, 845	0	0	0	9. 03
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	39, 580 5, 625	39, 580 5, 625	129 0	0	12, 748 0	10. 00 11. 00
13. 00	01300 NURSING ADMINISTRATION	30, 781	30, 781	0	0	5, 225	13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	51, 454	51, 454	22, 055	0	14, 165	14. 00
15. 00	01500 PHARMACY	63, 894	63, 894	42	0	21, 132	15. 00
16. 00 17. 00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	951	951	0	0	951	16.00
17.00	01850 PATIENT TRANSPORTATION	4, 872 910	4, 872 910	0	0	110 835	17. 00 18. 00
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	3, 582	3, 582	1, 509	0	340	21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	47, 396	47, 396	11, 944	0	4, 090	22. 00
23. 00 23. 01	O2300 PARAMED ED PRGM O2301 PARAMED ED HEALTH SCIENCES	10 110	10 110	0	0	0	23. 00 23. 01
23. 01	02302 PARAMED ED HEALTH SCIENCES	10, 110 3, 869	10, 110 3, 869	0	0	0	23. 01
23. 03	02303 PARAMED RESPIRATORY THERAPY	3, 715	3, 715	0	0	0	23. 03
23. 04	02304 PARAMED EMERGENCY	3, 611	3, 611	0	0	0	23. 04
23. 05 23. 06	02312 PARAMED PASTORAL EDUCATION 02306 PARAMED LAB SCI ENCE PRO	0	0	0	0	0	23. 05 23. 06
23. 00	02307 PARAMED PHARMACY	0	0	0	0	0	23. 00
23. 08	02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23. 08
23. 09	02309 PARAMED SURGERY TECHNOLOGY	2, 289	2, 289	0	0	0	23. 09
23. 10 23. 11	02310 PARAMED PHARMACY TECH 02311 PARAMED NEUROPHYSI OLOGY	2, 238	2, 238 0	0	0	0	23. 10 23. 11
20	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	<u> </u>		<u> </u>	<u> </u>		20
30.00	03000 ADULTS & PEDIATRICS	799, 405	799, 405	3, 398, 108	0	221, 456	30.00
31. 00 32. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	49, 708 51, 464	49, 708 51, 464	250, 200 203, 598	0	0 17, 101	31. 00 32. 00
32. 00	03201 NEONATAL INTENSIVE CARE UNIT	8, 262	8, 262	16, 822	0	0	32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	15, 302	15, 302	33, 823	0	0	33. 00
	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34. 02 34. 03	03401 UH SURG 61 C 03402 UH NS 31 C	650	650	62, 799 0	0	650 0	34. 02 34. 03
34. 04	03403 RH PED IC	49, 762	49, 762	111, 062	0	0	34. 04
34. 05	03404 TRANSPLANT I CU	13, 559	13, 559	61, 957	0	13, 559	34. 05
34. 06	03407 PEDS CANCER CARE	42, 542	42, 542	38, 223	0	0	34. 06
40. 00 43. 00	04000 SUBPROVI DER - I PF 04300 NURSERY	21, 414 25, 141	21, 414 25, 141	56, 664 72, 083	0	_	40. 00 43. 00
10.00	ANCILLARY SERVICE COST CENTERS	207111	207 111		3	127010	10.00
50.00	05000 OPERATING ROOM	260, 203	260, 203	453, 701	0		50. 00
50. 01	05001 ENDOSCOPY 05100 RECOVERY ROOM	6, 733	6, 733	34, 375	0	_	50. 01
51. 00 52. 00	05200 DELIVERY ROOM & LABOR ROOM	64, 482 26, 558	64, 482 26, 558	60, 195 123, 571	0	8, 526 5, 133	51. 00 52. 00
53. 00	05300 ANESTHESI OLOGY	10, 184	10, 184	0	0	183	53.00
53. 01	05301 PULMONARY FUNCTION TESTING	20, 991	20, 991	17, 102	0	4, 216	
54.00	05400 RADI OLOGY - DI AGNOSTI C	241, 218	241, 218	324, 056	0	74, 261	
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	44, 453 19, 493	44, 453 19, 493	44, 974 9, 980	0	27, 128 7, 632	55. 00 56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	11, 315	11, 315	0	0	0	59. 00
60.00	06000 LABORATORY	191, 591	191, 591	9, 334	0	19, 665	60. 00
60. 01	06001 TRANSPLANT I MMUNOLOGY	4, 470	4, 470	0	0	0	60. 01
60. 02 63. 00	06002 BONE MARROW TRANSPLANT LAB 06300 BLOOD STORING, PROCESSING & TRANS.	0 8, 981	0 8, 981	0 126	0	0 1, 218	60. 02 63. 00
65. 00	06500 RESPIRATORY THERAPY	22, 979	22, 979		0	3, 803	
66. 00	06600 PHYSI CAL THERAPY	46, 763	46, 763	50, 512	0	3, 557	66. 00
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	13, 572 26, 964	13, 572 26, 964	0 423	0		67. 00 68. 00
	Joseph Charles Titllocool	20, 704	20, 704	423	U	3,270	00.00

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COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150056

			To	12/31/2014	Date/Time Pre 5/26/2015 1:4	
Cost Center Description	MAI NTENANCE & REPAI RS (SQUARE	(SQUARE	LAUNDRY & LINEN SERVICE (POUNDS OF	HOUSEKEEPI NG (HOURS OF SERVI CE)	HOUSEKEEPING - UNI VERSI TY (UH SQUARE	<u>у</u>
	FEET) 6.00	FEET) 7. 00	LAUNDRY) 8.00	9. 00	FEET) 9. 01	
69. 00 06900 ELECTROCARDI OLOGY	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 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 O7200 IMPL. DEV. CHARGED TO PATIENT	13, 337	13, 337	0	0	0	71. 00 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 DI ALYSI S	33, 679	33, 679	49, 718	0	20, 774	74.00
76. 00 03020 RH NBN ECMO I C 76. 01 03140 CARDI OLOGY	10, 704	0 10, 704	0	0	0 1, 337	76. 00 76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 852	2, 852	0	0	0	76. 02
76. 03 03950 CARDI AC 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 0NC0L0GY 76. 06 03952 DAY SURGERY-RI LEY	0	0	0	0	0	76. 05 76. 06
76. 07 03953 CARDI OLOGY-RI LEY	0	Ō	0	0	0	76. 07
76. 08 03954 ECMO-ADULT	0	0	0	0	0	76. 08
76. 97 O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	6, 692	6, 692	0	0	0	76. 97
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00 09000 CLI NI C	0	O	0	0	0	90. 00
90. 01 09001 AMB SVC-0B & GYN	20, 375	20, 375	15, 680	0	20, 375	90. 01
90. 02 09002 I USCC HEM/ONC 90. 03 09003 AMB SVC-OPTHALMOLOGY	131, 529 336	131, 529 336	29, 291 0	0	112, 325 336	90. 02 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 90. 07 09007 AMB SVC-RILEY CLINICS	11, 717 38, 172	11, 717 38, 172	7, 267 19, 054	0	11, 717 0	90. 06 90. 07
90. 07 09007 AMB SVC-RILET CLINICS 90. 08 09008 MOTILITY LAB	425	425	19, 054	0	0	90.07
90. 09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90. 09
90. 10 09010 CLI NI CAL GERI ATRI CS	4, 653	4, 653	0	0	0	90. 10
90. 11 09023 SLEEP LAB 90. 12 09024 OP CARE ADULTS	16, 805 10, 115	16, 805 10, 115	0	0	0	90. 11 90. 12
90. 13 09011 PEDIATRIC CLINIC	0,113	10, 113	0	0	o o	90. 12
90. 14 09012 ARTHRITIS CLINIC	0	o	0	0	0	90. 14
90. 15 09013 NEUROLOGY UH	0	0	0	0	0	90. 15
90. 16 09014 ORTHOPEDI CS UH 90. 17 09015 PHYSI CAL MEDI CI NE	14, 005	14, 005	3, 075	0	14, 005	90. 16 90. 17
90. 18 09016 DERMATOLOGY CLINIC	8, 434	8, 434	6, 073	0	8, 434	90. 18
90. 19 09017 I NFUSI ON/HEM/ONC	0	0	0	0	0	90. 19
90. 20 09025 IUMG - MH 90. 21 09019 OP REHAB CLINIC	2, 094	0 2, 094	0	0	0	90. 20 90. 21
90. 22 09020 EATING DISORDERS CLINIC	2,074	2,074	0	0	0	90. 21
90. 23 09018 GASTROENTEROLOGY CLINIC	12, 045	12, 045	3, 341	0	12, 045	90. 23
90. 24 09021 LI FE CARE CLI NI C	4, 578	4, 578	0 495, 591	0	0	90. 24
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	111, 279	111, 279	490, 591	U	6, 626	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS						
94. 00 09400 HOME PROGRAM DI ALYSI S	12, 213	12, 213	0	0		
95. 00 09500 AMBULANCE SERVI CES 101. 00 10100 HOME HEALTH AGENCY	23, 648	0 23, 648	0	0		95. 00 101. 00
SPECIAL PURPOSE COST CENTERS	20,010	20,010			207	101.00
105. 00 10500 KIDNEY ACQUISITION	10, 019	10, 019	0	0		105. 00
106. 00 10600 HEART ACQUISITION 107. 00 10700 LIVER ACQUISITION	838 3, 664	838 3, 664	0	0		106. 00 107. 00
108. 00 10800 LUNG ACQUISITION	1, 653	1, 653	0	0		107.00
109.00 10900 PANCREAS ACQUISITION	417	417	0	0	219	109. 00
110. 00 11000 I NTESTI NE ACQUI SI TI ON	388	388	0	0	l .	110.00
112.00 08600 0THER ORGAN ACQUISITION 112.01 08601 POST TRANSPLANT EXPENSES	9, 385	9, 385	0	0	l .	112. 00 112. 01
113. 00 11300 NTEREST EXPENSE	7, 303	7, 303	0	O	4, 720	113. 00
116. 00 11600 HOSPI CE	6, 715	6, 715	0	0	l .	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		191. 00
191. 01 19101 RESEARCH-GCRC	7, 236	7, 236	15, 532	0		191. 01
191. 02 19102 OSA 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	1, 533 2, 720	1, 533 2, 720	0	0		191. 02 192. 00
192. 00 19200 PHTSICIANS PRIVATE OFFICES 192. 01 19201 OTHER NONREIMBURSABLE-METHODIST	151, 464	2, 720 151, 464	14, 304	0		192. 00
192.02 19202 OTHER NONREIMBURSABLE - IUMC	5, 248	5, 248	0	0	0	192. 02
192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES	788, 582	788, 582	0	0	143, 451	192. 03 192. 04
192. 04 19204 MHH RADI OLOGY	0	0	0	0	<u> </u>	172. 04

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| Peri od: | Worksheet B-1 | From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: Provi der CCN: 150056

MAINTENANCE & REPAIRS OPERATION OF PLANT (SQUARE FEET) SCHURE SERVICE (SQUARE FEET) FEET) COUNDS OF SERVICE SUNIVERSITY (UH SQUARE FEET) FEET) SERVICE (HOURS OF SERVICE) OPERATION OF SERVICE) OPERATION OF SERVICE (HOURS OF SERVICE) OPERATION OF SERVICE (HOURS OF SERVICE) OPERATION OF SERVICE) OP							5/26/2015 1:4	5 pm
CSQUARE CSQU		Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	HOUSEKEEPING -	
FEET FEET LAUNDRY FEET			REPAI RS	PLANT	LINEN SERVICE	(HOURS OF	UNI VERSI TY	
192.06 19206 BELTWAY SURGERY 0 0 0 0 0 0 192.06			(SQUARE	(SQUARE	(POUNDS OF	SERVICE)	(UH SQUARE	
192. 06 19206 BELTWAY SURGERY 0 0 0 0 0 192. 06 192. 07 19207 RHI 0 0 0 0 0 0 192. 07 19207 RHI 0 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 0 192. 10 192. 11 19211 UNUSED SPACE 198, 090 198, 090 0 0 22, 977 192. 11			FEET)	FEET)	LAUNDRY)	·	FEET)	
192. 07 19207 RHI 0 0 0 0 0 0 192. 07 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			6.00	7. 00	8. 00	9. 00	9. 01	
192. 08 19208 NON-ALLOWABLE ADVERTISING 15, 530 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 0 192. 10 192. 11 19211 UNUSED SPACE 198, 090 198, 090 0 0 0 22, 977 192. 11	192. 06 19206	BELTWAY SURGERY	0	0	0	0	0	192. 06
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 198, 090 198, 090 0 0 22, 977 192. 11	192. 07 19207	7 RHI	0	0	0	0	0	192. 07
192. 10 19212 CARDI O PHYSI CI ANS 0 0 0 0 192. 10 192. 11 19211 UNUSED SPACE 198, 090 198, 090 0 0 22, 977 192. 11	192. 08 19208	NON-ALLOWABLE ADVERTISING	15, 530	15, 530	0	0	0	192. 08
192. 11 19211 UNUSED SPACE 198, 090 198, 090 0 22, 977 192. 11	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
200.00 Cross Foot Adjustments 200.00	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	201. 00	Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B, 20,793,647 72,827,789 1,112,908 0 3,252,213 202.00	202.00	Cost to be allocated (per Wkst. B,	20, 793, 647	72, 827, 789	1, 112, 908	0	3, 252, 213	202. 00
Part I)		Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I) 4.870078 17.067096 0.176981 0.000000 3.189235 203.00	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, 578, 759 839, 284 414, 871 0 35, 595 204.00	204. 00	Cost to be allocated (per Wkst. B,	578, 759	839, 284	414, 871	0	35, 595	204. 00
Part II)		Part II)						
205.00 Unit cost multiplier (Wkst. B, Part 0.135551 0.196685 0.065975 0.000000 0.034906 205.00	205. 00	Unit cost multiplier (Wkst. B, Part	0. 135551	0. 196685	0. 065975	0.000000	0. 034906	205. 00
		[11]						

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	Financial Systems	INDIANA UNIVER		CCN: 150056 D		u of Form CMS-2 Worksheet B-1	2552-10
COST	ALLOCATION - STATISTICAL BASIS		Provi der		eriod: rom 01/01/2014 o 12/31/2014	Date/Time Pre 5/26/2015 1:4	pared: 5 pm
	Cost Center Description	HOUSEKEEPI NG - RI LEY (RI LEY	HOUSEKEEPING - METHODIST (MH SQUARE	DI ETARY (MEALS SERVED)	CAFETERI A (FTE' S)	NURSI NG ADMI NI STRATI ON	Ş
		SQUAREFEET)	FEET)			(DI RECT NRSI NG HRS)	
		9. 02	9. 03	10.00	11. 00	13. 00	
1 00	GENERAL SERVICE COST CENTERS						1 00
1. 00 2. 00 4. 00 5. 01 5. 02 5. 03 5. 04 5. 05 5. 06 6. 00 7. 00 8. 00 9. 01 9. 02 9. 03 10. 00 11. 00 14. 00 15. 00 16. 00 22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06 23. 07 23. 08 23. 09 23. 10	00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-MYBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES 00550 DATA PROCESSI NG 00590 PURCHASI NG, RECEI VING & STORES 00570 ADMITTI NG 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00560 OTHER ADMINI STRATI VE AND GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVI CE 00900 HOUSEKEEPI NG 00901 HOUSEKEEPI NG - UNI VERSI TY 00902 HOUSEKEEPI NG - RI LEY 00903 HOUSEKEEPI NG - METHODI ST 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMINI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01700 SOCI AL SERVI CE 01850 PATIENT TRANSPORTATI ON 02100 I &R SERVI CES-SALARY & FRI NGES APPRVD 02200 I &R SERVI CES-SALARY & FRI NGES APPRVD 02301 PARAMED ED HEALTH SCI ENCES 02302 PARAMED ED PRGM 02301 PARAMED ED HEALTH SCI ENCES 02303 PARAMED ED HEALTH SCI ENCES 02304 PARAMED ED HEALTH SCI ENCES 02305 PARAMED ED HEALTH SCI ENCES 02307 PARAMED ED HEALTH SCI ENCES 02308 PARAMED ED HEALTH SCI ENCES 02309 PARAMED ED HEALTH SCI ENCES 02301 PARAMED ED HEALTH SCI ENCES 02302 PARAMED ED HEALTH SCI ENCES 02303 PARAMED ED HEALTH SCI ENCES 02304 PARAMED ED HEALTH SCI ENCES 02305 PARAMED ED HEALTH SCI ENCES 02307 PARAMED ED HEALTH SCI ENCES 02308 PARAMED PHARMACY 02308 PARAMED PHARMACY 02308 PARAMED PHARMACY 02308 PARAMED PHARMACY 02309 PARAMED PHARMACY 02310 PARAMED PHARMACY 02311 PARAMED PHARMACY 02311 PARAMED PHARMACY 02311 PARAMED PHARMACY TECH	1, 079, 576 0 2, 796 0 1, 557 20, 032 12, 658 0 2, 738 0 3, 242 0 0 0 0 0	1, 725, 448 24, 036 5, 625 22, 675 17, 257 29, 570 0 2, 024 75 0 43, 306 0 10, 110 3, 869 3, 715 3, 611 0 0 0 0 2, 289 2, 238	530, 136 0 0 0 0 0 0 0 0 0 0 0 0 0	8, 239 217 62 305 3 56 49 555 4 0 2 13 5 18 0 5 3	3, 033 0 1 0 0 0 0 0 0 0 0 0	1. 00 2. 00 4. 00 5. 01 5. 02 5. 03 5. 04 5. 05 5. 06 6. 00 7. 00 9. 00 9. 01 9. 03 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 22. 00 23. 00 23. 01 23. 02 23. 03 23. 04 23. 07 23. 07 23. 08 23. 09 23. 10
23. 11	02311 PARAMED NEUROPHYSI OLOGY INPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	23. 11
	03000 ADULTS & PEDIATRICS	288, 038	289, 912		1, 787	1, 344	
31. 00 32. 00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	0 12, 270	49, 708 22, 094	15, 457 10, 716	187 160	166 144	31.00
32. 00	03201 NEONATAL INTENSIVE CARE UNIT	12, 270	8, 262	10, 710	54	45	32. 00 32. 01
33. 00	03300 BURN INTENSIVE CARE UNIT	15, 302	0	7, 540	19	15	33. 00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34. 02	03401 UH SURG 61 C	0	0	1, 028	40	37	34. 02
34. 03	03402 UH NS 31 C	40.743	0	0	0	0	34. 03
34. 04 34. 05	03403 RH PED I C 03404 TRANSPLANT I CU	49, 762	0	2, 821 5, 113	98 28	86 26	34. 04 34. 05
34. 06	03407 PEDS CANCER CARE	42, 542	0	3, 690	21	16	34. 06
40. 00	04000 SUBPROVI DER - I PF	0	21, 414	25, 150	44	22	40.00
43.00	04300 NURSERY	0	12, 498	0	23	23	43. 00
	ANCILLARY SERVICE COST CENTERS	T					
50.00	05000 OPERATING ROOM	63, 876	106, 961	0	478	244	50.00
50. 01 51. 00	05001 ENDOSCOPY	10.044	6, 733	0	15	11	50. 01
51.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	19, 044	36, 911	280 8, 510	94 78	79 78	51. 00 52. 00
53. 00	05300 ANESTHESI OLOGY	8, 663	21, 425 1, 338	0, 510	21	14	53.00
53. 01	05301 PULMONARY FUNCTION TESTING	13, 659	3, 116	_	37	5	53. 01
54. 00	05400 RADI OLOGY-DI AGNOSTI C	58, 349	102, 925	0	371	56	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	17, 325	ا	44	6	55. 00
56. 00	05600 RADI OI SOTOPE	2, 166	9, 695	Ö	11	0	56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	11, 315	O	7	4	59. 00
60.00	06000 LABORATORY	11, 621	18, 610	0	662	5	60. 00
60. 01	06001 TRANSPLANT I MMUNOLOGY	0	4, 470	0	13	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	1, 963	0	45	0	63.00
65. 00	06500 RESPI RATORY THERAPY	7, 041	12, 135	0	278	0	65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	6, 114 5, 129	33, 702 5, 105	0	159 36	0	66. 00 67. 00
07.00	100700 00001 ATTOWAL THENAFT	J, 129	ე, 105	ı U	30	0	07.00

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Health Financial Systems INDIANA UNIVERSITY HEALTH In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056 | Period: From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: 5/26/2015 1: 45 pm

			To	12/31/2014	Date/Time Pre 5/26/2015 1:4	
Cost Center Description	HOUSEKEEPI NG - RI LEY	HOUSEKEEPING - METHODIST	DI ETARY (MEALS	CAFETERI A (FTE' S)	NURSI NG ADMI NI STRATI ON	
	(RI LEY	(MH SQUARE	SERVED)	(FIE 3)	ADMINISTRATION	
	SQUAREFEET)	FEET)			(DI RECT	
	9. 02	9. 03	10.00	11.00	NRSING HRS) 13.00	
68. 00 06800 SPEECH PATHOLOGY	14, 591	7, 095	1	43	4	68.00
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 316 5, 646	7, 666 16, 190	1 1	53 52	3 0	69. 00 70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3, 064	10, 273	1 1	2	0	71. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS 73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0 3, 265		0 79	0	73. 00 73. 03
74. 00 07400 RENAL DI ALYSI S	4, 439	8, 466	1 1	96		74. 00
76. 00 03020 RH NBN ECMO IC	0	0		. 7	6	76. 00
76. 01 03140 CARDI OLOGY 76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	9, 367	0 2, 852		10 2	4	76. 01 76. 02
76. 03 03950 CARDI AC CATH	4, 491	30, 493		57	23	76. 03
76. 04 03951 DAY SURGERY	0	940	0	45	31	76. 04
76. 05 03480 0NCOLOGY 76. 06 03952 DAY SURGERY-RI LEY	0	0	0	0	0 0	76. 05 76. 06
76. 07 03953 CARDI OLOGY-RI LEY	o	0	0	0	0	76. 07
76. 08 03954 ECMO-ADULT	O	0	0	7	3	76. 08
76. 97 O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	0	6, 691	0	3	3	76. 97
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	52	10	89. 00
90. 00 09000 CLI NI C	0	0	1	0		90.00
90. 01 09001 AMB SVC-0B & GYN 90. 02 09002 I USCC HEM/ONC	0	0 19, 204		37 207	11 46	90. 01 90. 02
90. 03 09003 AMB SVC-OPTHALMOLOGY	o	0	1	6	0	90. 03
90. 04 09004 AMB SVC-PSYCH ADULT	0	28, 257		6	3	90. 04
90. 05 09005 AMB SVC-DI ABETES ADULT 90. 06 09006 OUTPATI ENT SURGERY	0	0	0	0 32	0 8	90. 05 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 90. 10 09010 CLINI CAL GERI ATRICS	0	0 4, 653		0	0	90. 09 90. 10
90. 11 09023 SLEEP LAB	0	16, 806	1 1	33	0	90. 10
90. 12 09024 OP CARE ADULTS	O	10, 115	1	4	2	90. 12
90. 13 09011 PEDI ATRI C CLI NI C 90. 14 09012 ARTHRI TI S CLI NI C	0	0	0	0	0	90. 13 90. 14
90. 15 09013 NEUROLOGY UH	o	0	0	0	0	90. 15
90. 16 09014 ORTHOPEDI CS UH	O	0	0	0	0	90. 16
90. 17 09015 PHYSI CAL MEDI CI NE 90. 18 09016 DERMATOLOGY CLI NI C	0	0	0	17 12	3 5	90. 17 90. 18
90. 19 09017 NFUSI ON/HEM/ONC	o	0	Ö	10	4	90. 19
90. 20 09025 I UMG - MH	0	0	0	5	2	90. 20
90. 21 09019 OP REHAB CLINIC 90. 22 09020 EATING DISORDERS CLINIC	2, 094	0	0	2 13	2	90. 21 90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC	Ö	0		13	4	90. 23
90. 24 09021 LI FE CARE CLI NI C	0	4, 578		17		
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	27, 226	72, 854	12, 029	254	184	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS						
94. 00 09400 HOME PROGRAM DI ALYSI S 95. 00 09500 AMBULANCE SERVI CES	0	0	1	11	7	94. 00 95. 00
101. 00 10100 HOME HEALTH AGENCY	0	0 811	1	144 248		101.00
SPECIAL PURPOSE COST CENTERS					_	
105.00 10500 KIDNEY ACQUISITION 106.00 10600 HEART ACQUISITION	639 54	4, 120 345	1 1	35 5		105. 00 106. 00
107. 00 10700 LIVER ACQUISITION	234	1, 507	1 1	12	0	107. 00
108. 00 10800 LUNG ACQUISITION	106	680	1 1	8		108.00
109.00 10900 PANCREAS ACQUISITION 110.00 11000 INTESTINE ACQUISITION	27 25	171 159	1	3		109. 00 110. 00
112. 00 08600 OTHER ORGAN ACQUISITION	0	0	0	0		112. 00
112. 01 08601 POST TRANSPLANT EXPENSES	599	3, 860	0	37		112. 01 113. 00
113. 00 11300 I NTEREST EXPENSE 116. 00 11600 HOSPI CE	0	6, 166	0	59		116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	759, 114	1, 236, 234		7, 952		118. 00
NONREI MBURSABLE COST CENTERS 190. 00 1900 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10, 158	3, 263	0	13	0	190. 00
191. 00 19100 RESEARCH	0, 136	26, 361	1 1	37		190.00
191. 01 19101 RESEARCH-GCRC	0	3, 375	373	0		191. 01
191.02 19102 OSA 192.00 19200 PHYSICIANS' PRIVATE OFFICES	1, 110 1, 474	0	0	30 3		191. 02 192. 00
192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST	2, 759	127, 141		115	13	192. 01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	5, 248	0	20	1	192. 02

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COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150056 Peri od: Worksheet B-1 From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm HOUSEKEEPI NG - HOUSEKEEPI NG Cost Center Description DI ETARY CAFETERI A NURSI NG RI LEY METHODI ST (MEALS (FTE'S) ADMI NI STRATI ON (RI LEY (MH SQUARE SERVED) SQUAREFEET) (DI RECT FEET) NRSING HRS) 9. 02 10.00 9. 03 11.00 13.00 192.03 19203 PHYSICIANS' PRIVATE OFFICES 206, 972 249, 408 0 192. 03 192. 04 19204 MHH RADI OLOGY 0 0 192. 04 0 0 192.06 19206 BELTWAY SURGERY 0 192. 06 0 0 192. 07 19207 RHI 3 0 192. 07 0 192. 08 19208 NON-ALLOWABLE ADVERTISING 259 0 51 0 192. 08 2, 661 192. 09 19209 ARTHRITIS CLINIC - NR 0 0 192. 09 0 192. 10 19212 CARDIO PHYSICIANS 5 192. 10 13 192. 11 19211 UNUSED SPACE 97, 730 71, 757 0 0 192. 11 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201. 00 Cost to be allocated (per Wkst. B, 3, 401, 849 13, 694, 494 2, 895, 465 27, 465, 544 202. 00 202.00 5, 518, 450 Part I) 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, 37, 232 832, 062 108, 230 922, 106 204. 00 93, 341 Part II)

0.034488

0.054097

1.569526

13. 136303

205.00

11)

Unit cost multiplier (Wkst. B, Part

304. 024398 205. 00

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		ncial Systems TION - STATISTICAL BASIS	INDIANA UNIVERS		CCN: 150056	In Lie	eu of Form CMS-2 Worksheet B-1	2552-10
						From 01/01/2014 To 12/31/2014	Date/Time Pre	nared:
						10 12/31/2014	5/26/2015 1:4	
							OTHER GENERAL SERVI CE	
		Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		
		·	SERVICES &	(COSTED	RECORDS &		TRANSPORTATI ON	
			SUPPLY (COSTED REQ)	REQUIS.)	LI BRARY (GROSS	(TOTAL PATIENT DAYS)	(GROSS	
			(COSTED REQ)		CHARGES)	DATS)	CHARGES)	
	CENED	AL CEDILLOS COCT CENTEDO	14. 00	15. 00	16. 00	17. 00	18. 00	
1. 00		AL SERVICE COST CENTERS NEW CAP REL COSTS-BLDG & FIXT						1. 00
2.00		NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 5. 02	1	NONPATI ENT TELEPHONES DATA PROCESSI NG						5. 01 5. 02
5. 03		PURCHASING, RECEIVING & STORES						5. 03
5. 04	1	ADMITTING						5. 04
5. 05 5. 06		CASHIERING/ACCOUNTS RECEIVABLE OTHER ADMINISTRATIVE AND GENERAL						5. 05 5. 06
6. 00	1	MAINTENANCE & REPAIRS						6. 00
7.00	1	OPERATION OF PLANT						7. 00
8. 00 9. 00	1	LAUNDRY & LINEN SERVICE HOUSEKEEPING						8. 00 9. 00
9. 01		HOUSEKEEPING - UNIVERSITY						9. 01
9. 02	1	HOUSEKEEPING - RILEY						9. 02
9. 03 10. 00	1	HOUSEKEEPI NG - METHODI ST DI ETARY						9. 03 10. 00
11. 00		CAFETERI A						11. 00
13.00	1	NURSING ADMINISTRATION	404 770 404					13.00
14. 00 15. 00		CENTRAL SERVICES & SUPPLY PHARMACY	196, 773, 621 1, 542, 463	175, 336, 333				14. 00 15. 00
16. 00		MEDICAL RECORDS & LIBRARY	1, 342, 403	175, 550, 555	1	2		16. 00
17. 00		SOCIAL SERVICE	46	0		0 321, 638		17. 00
18. 00 21. 00		PATIENT TRANSPORTATION I&R SERVICES-SALARY & FRINGES APPRVD	6, 215	0		0 0	6, 424, 252, 392	18. 00 21. 00
22. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD	340	0		0 0	0	22. 00
23. 00		PARAMED ED PRGM	0	0	•	0 0	0	23. 00
23. 01 23. 02		PARAMED ED HEALTH SCIENCES PARAMED RADIOLOGY-METHODIST	20	0	•	0 0	0	23. 01 23. 02
23. 02		PARAMED RADIOLOGI-METHODISI	4, 881	51		0 0	0	23. 02
23. 04		PARAMED EMERGENCY	O	0		0 0	0	23. 04
23. 05 23. 06		PARAMED PASTORAL EDUCATION PARAMED LAB SCIENCE PRO	0 7, 900	0		0 0	0 0	23. 05 23. 06
23. 07	1	PARAMED PHARMACY	7, 900	0		0 0	0	23. 00
23. 08		PARAMED MEDICAL ASSIST	16	0		0 0	0	23. 08
23. 09 23. 10		PARAMED SURGERY TECHNOLOGY PARAMED PHARMACY TECH	76 991	0	•	0 0	0 0	23. 09 23. 10
23. 10	1	PARAMED NEUROPHYSIOLOGY	0	0	•	0 0		23. 10
		IENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00	1	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	12, 022, 149 1, 753, 406	755, 076 126, 143			611, 641, 352 74, 986, 902	30. 00 31. 00
32. 00	1	CORONARY CARE UNIT	1, 816, 201	206, 155			54, 127, 028	
32. 01		NEONATAL INTENSIVE CARE UNIT	279, 339	12, 091				32. 01
33. 00 34. 00		BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	154, 442	8, 256 0	1	2, 231 0 0	8, 488, 185 0	33. 00 34. 00
34. 02		UH SURG 61 C	597, 000	33, 995		-	13, 640, 364	34. 02
34. 03		UH NS 31C	0	0		0 0	0	34. 03
34. 04 34. 05	1	RH PED IC TRANSPLANT ICU	912, 049 390, 416	115, 397 18, 066			34, 382, 014 10, 982, 410	34. 04 34. 05
34. 06		PEDS CANCER CARE	106, 450	21, 715			10, 172, 216	
40. 00		SUBPROVI DER - I PF	34, 910	263			12, 507, 080	40. 00
43. 00		NURSERY LARY SERVICE COST CENTERS	148, 980	3, 687	102, 063, 19	2 6, 030	102, 063, 192	43. 00
50. 00		OPERATING ROOM	17, 582, 306	258, 580	741, 984, 30	0	741, 984, 304	50. 00
50. 01		ENDOSCOPY	507, 772	10, 714			25, 154, 274	50. 01
51. 00 52. 00	1	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	481, 010 255, 394	49, 840 6, 321			96, 438, 172 43, 049, 054	51. 00 52. 00
53. 00		ANESTHESI OLOGY	2, 051, 015	409, 663			55, 126, 095	53. 00
53. 01	1	PULMONARY FUNCTION TESTING	215, 983	220			29, 594, 421	53. 01
54. 00 55. 00		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	3, 139, 476 157, 453	374, 568 496			532, 092, 189 118, 385, 266	54. 00 55. 00
56. 00	1	RADI OLOGY - THERAPEUTI C	49, 840	7, 527			26, 820, 429	56.00
59. 00	05900	CARDI AC CATHETERI ZATI ON	233, 163	1, 302	44, 268, 80	0	44, 268, 802	59. 00
60. 00 60. 01		LABORATORY TRANSPLANT IMMUNOLOGY	28, 579, 756 1, 066, 221	83, 684 0			689, 335, 767 15, 964, 014	60. 00 60. 01
60. 01	1	BONE MARROW TRANSPLANT LAB	1,000,221	0		0 0	15, 964, 014	60. 01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13, 395, 291	524			72, 540, 570	63. 00
65. 00	_[U6500	RESPI RATORY THERAPY	1, 325, 227	3, 014	117, 482, 12	9 0	117, 482, 129	65. 00

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COST ALLOCATION - STATISTICAL BASIS

COST ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
				From 01/01/2014 To 12/31/2014		pared:
					5/26/2015 1: 4 OTHER GENERAL	5 pm
					SERVI CE	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		
	SERVICES & SUPPLY	(COSTED REQUIS.)	RECORDS & LI BRARY	(TOTAL PATIENT	TRANSPORTATI ON	
	(COSTED REQ)	KLQUI 3.)	(GROSS	DAYS)	(GROSS	
			CHARGES)		CHARGES)	
66. 00 06600 PHYSI CAL THERAPY	14. 00 545, 246	15. 00 393	16. 00 66, 618, 48 ⁹	17. 00	18. 00 66, 618, 489	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	79, 457	0			13, 846, 899	67. 00
68. 00 06800 SPEECH PATHOLOGY	55, 560	4, 729			19, 039, 567	68. 00
69. 00 06900 ELECTROCARDI OLOGY	80, 934	3, 870			88, 364, 039	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	176, 673 32, 545, 172	0	47, 697, 348 153, 165, 516		47, 697, 348 153, 165, 516	70. 00 71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	65, 678, 961	0			387, 332, 952	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	127, 144, 662			893, 613, 948	73.00
73. 03 07303 OUTPATIENT RETAIL PHARMACY 74. 00 07400 RENAL DIALYSIS	0 1, 808, 361	39, 650, 291 77, 524			58, 013, 674 35, 359, 677	73. 03 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 CARDI OLOGY	410, 075	9, 642			32, 973, 969	76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76. 03 03950 CARDI AC CATH	24, 117 1, 197, 715	144 32, 979			3, 141, 847 126, 159, 900	76. 02 76. 03
76. 04 03951 DAY SURGERY	530, 191	40, 881			3, 834, 424	
76. 05 03480 ONCOLOGY	O	0		0	0	76. 05
76. 06 03952 DAY SURGERY-RI LEY	0	0	(0	0	76.06
76. 07 03953 CARDI OLOGY-RI LEY 76. 08 03954 ECMO-ADULT		0	3, 256, 588	3 0	3, 256, 588	76. 07 76. 08
76. 97 07697 CARDI AC REHABI LI TATI ON	2, 569	0	1, 043, 638		1, 043, 638	76. 97
OUTPATIENT SERVICE COST CENTERS						
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINIC	86, 986	16, 907	3, 641, 12	0	3, 641, 127 0	89. 00 90. 00
90. 01 09001 AMB SVC-0B & GYN	44, 044	1, 550	9, 216, 65		9, 216, 654	90. 01
90. 02 09002 I USCC HEM/ONC	0	608, 419	84, 678, 869	0	84, 678, 869	90. 02
90. 03 09003 AMB SVC-0PTHALMOLOGY	4, 927	76			3, 391, 507	90. 03
90. 04 09004 AMB SVC-PSYCH ADULT 90. 05 09005 AMB SVC-DI ABETES ADULT	2, 478	0	.,,		4, 300, 990 0	90. 04 90. 05
90. 06 09006 OUTPATI ENT SURGERY	28, 452	259		o o	23, 051, 000	90. 06
90. 07 09007 AMB SVC-RILEY CLINICS	175, 546	44, 239			10, 409, 638	90. 07
90. 08 09008 MOTILITY LAB 90. 09 09009 AMB SVC - PSYCH CHILD	58, 891	74 0		0	575, 826 0	90. 08 90. 09
90. 10 09010 CLI NI CAL GERI ATRI CS	133	0			0	90. 10
90. 11 09023 SLEEP LAB	95, 628	0	15, 712, 630		15, 712, 630	90. 11
90. 12 09024 OP CARE ADULTS 90. 13 09011 PEDIATRIC CLINIC	5, 266	0	312, 714	0	312, 714	90. 12 90. 13
90. 14 09012 ARTHRITIS CLINIC	30, 944	1, 572	5, 177, 638	3 0	5, 177, 638	
90. 15 09013 NEUROLOGY UH	0	0	(0	0	90. 15
90. 16 09014 ORTHOPEDI CS UH	0	0	1 400 40	0	0	90. 16
90. 17 09015 PHYSI CAL MEDI CI NE 90. 18 09016 DERMATOLOGY CLI NI C	12, 259 72, 872	82 10			1, 400, 181 3, 491, 709	•
90. 19 09017 NFUSI ON/HEM/ONC	27, 227	23, 491			7, 092, 960	
90. 20 09025 I UMG - MH	3, 807	5	91, 218	0	91, 218	
90. 21 09019 OP REHAB CLINIC 90. 22 09020 EATING DISORDERS CLINIC	1, 325 675	51 0			401, 134 2, 648, 648	•
90. 23 09018 GASTROENTEROLOGY CLINIC	25, 476	24			940, 121	•
90. 24 09021 LIFE CARE CLINIC	2, 701	94		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) OTHER REIMBURSABLE COST CENTERS						92. 00
94. 00 09400 HOME PROGRAM DI ALYSI S	68, 908	18, 713	16, 443, 32	7 0	16, 443, 327	94. 00
95. 00 09500 AMBULANCE SERVICES	328, 582	13, 470			98, 802, 991	
101. 00 10100 HOME HEALTH AGENCY	215, 856	0	85, 844, 51	1 0	85, 844, 514	101. 00
SPECIAL PURPOSE COST CENTERS 105. 00 10500 KI DNEY ACQUI SI TI ON	161, 278	0	34, 285, 48	0	34, 285, 481	105. 00
106. 00 10600 HEART ACQUI SI TI ON	109	0	5, 747, 40		5, 747, 401	
107. 00 10700 LIVER ACQUISITION	124, 039	0	31, 655, 89		31, 655, 897	•
108.00 10800 LUNG ACQUISITION 109.00 10900 PANCREAS ACQUISITION	14, 457 32, 435	0	13, 583, 91° 10, 575, 780		13, 583, 911 10, 575, 780	•
110. 00 11000 NTESTINE ACQUISITION	17, 295	0	3, 894, 883		3, 894, 883	
112.00 08600 OTHER ORGAN ACQUISITION	1, 730	0		0	0	112. 00
112. 01 08601 POST TRANSPLANT EXPENSES	0	0		0		112. 01
113. 00 11300 I NTEREST EXPENSE 116. 00 11600 HOSPI CE	54, 185	656, 125	15, 357, 440	0	15, 357, 440	113. 00 116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	196, 199, 256		6, 424, 252, 392		6, 424, 252, 392	
NONREI MBURSABLE COST CENTERS			I			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	21 243, 463	0 5, 398				190. 00 191. 00
191. 00 19100 RESEARCH 191. 01 19101 RESEARCH-GCRC	53, 013	3, 408				191. 00
		-,			•	

MCRI F32 - 7. 2. 157. 2 125 | Page COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150056 Peri od: Worksheet B-1 From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm OTHER GENERAL SERVI CE CENTRAL PHARMACY MEDI CAL Cost Center Description SOCIAL SERVICE PATI ENT SERVICES & (COSTED RECORDS & TRANSPORTATION SUPPLY REQUIS.) LI BRARY (TOTAL PATIENT (COSTED REQ) (GROSS (GROSS DAYS) CHARGES) CHARGES) 17. 00 14.00 15. 00 16.00 18. 00 191. 02 19102 OSA 108, 738 0 0 191. 02 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192.00 192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 79, 934 2, 770, 593 0 0 0 192. 01 192. 02 19202 OTHER NONREIMBURSABLE - IUMC 13, 359 3, 441 0 0 0 0 0 0 0 0 192. 02 192.03 19203 PHYSICIANS' PRIVATE OFFICES 0 0 192. 03 0 C 0 192. 04 19204 MHH RADI OLOGY 0 192. 04 0 C 192.06 19206 BELTWAY SURGERY 0 192. 06 192. 07 19207 RHI 0 0 192. 07 49, 412 1,684 0 192. 08 19208 NON-ALLOWABLE ADVERTISING 0 192. 08 4, 161 851 192. 09 19209 ARTHRITIS CLINIC - NR 4, 475 1, 463, 937 0 192. 09 192. 10 19212 CARDIO PHYSICIANS 17, 789 76, 874 0 0 0 192. 10 192. 11 19211 UNUSED SPACE 0 0 192. 11 0 200. 00 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 201. 00 202.00 Cost to be allocated (per Wkst. B, 102, 017, 919 50, 904, 911 14, 739, 365 6, 571, 659 2, 601, 202 202. 00 Part I) 0. 000405 203. 00 Unit cost multiplier (Wkst. B, Part I) 203.00 0.518453 0. 290327 0.002294 20. 431849 204.00 Cost to be allocated (per Wkst. B, 2, 453, 329 2, 844, 001 173, 785 139, 694 116, 261 204. 00 Part II)

0.012468

0.016220

0.000027

0.434321

0.000018 205.00

205.00

II)

Unit cost multiplier (Wkst. B, Part

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	Financial Systems	INDIANA UNIVER		001 450057		eu of Form CMS-2	2552-10
COST	ALLOCATION - STATISTICAL BASIS		Provi der	F	Period: From 01/01/2014 Fo 12/31/2014	Date/Time Pre	
		INTERNS &	RESI DENTS			5/26/2015 1: 4	o piii
	Cost Center Description	SERVI CES-SALAR			PARAMED ED	PARAMED	
		Y & FRINGES	PRGM COSTS	PRGM	HEALTH	RADI OLOGY-METH	
		(ASSI GNED TI ME)	(ASSI GNED TIME)	(ASSIGNED TIME)	SCIENCES (PROGRAM COST)	ODI ST (ASSI GNED	
		I I WE	II WL)	1111112)	(TROGRAM COST)	TIME)	
		21.00	22. 00	23. 00	23. 01	23. 02	
	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 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES						4. 00 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 CASHI ERI NG/ACCOUNTS RECEI VABLE						5. 05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5. 06
6.00	00600 MAINTENANCE & REPAIRS						6.00
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE						7. 00 8. 00
9.00	00900 HOUSEKEEPI NG						9. 00
9. 01	00901 HOUSEKEEPING - UNI VERSITY						9. 01
9.02	00902 HOUSEKEEPING - RILEY						9. 02
9.03	00903 HOUSEKEEPING - METHODIST						9. 03
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A						11.00
13. 00 14. 00	01300 NURSI NG ADMINI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY						13. 00 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 SERVI CES-SALARY & FRINGES APPRVD	63, 732	/0.700				21.00
22. 00 23. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		63, 732	l			22. 00
23. 00	02300 PARAMED ED PRGM 02301 PARAMED ED HEALTH SCIENCES						23. 00 23. 01
23. 02	02302 PARAMED RADIOLOGY-METHODIST						23. 02
23. 03	02303 PARAMED RESPIRATORY THERAPY						23. 03
23. 04	02304 PARAMED EMERGENCY			(145, 643		23. 04
23. 05	02312 PARAMED PASTORAL EDUCATION			(23. 05
23. 06 23. 07	02306 PARAMED LAB SCIENCE PRO					0	23. 06 23. 07
23. 07	O2307 PARAMED PHARMACY O2308 PARAMED MEDI CAL ASSI ST				.,, .,	0	23. 07
23. 09	02309 PARAMED SURGERY TECHNOLOGY				-	Ö	23. 09
23. 10	02310 PARAMED PHARMACY TECH				1		23. 10
23. 11	02311 PARAMED NEUROPHYSI OLOGY			(0	0	23. 11
	INPATIENT ROUTINE SERVICE COST CENTERS	10000	10.040	Ι	J .	1	
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	18, 263 2, 363	18, 263 2, 363	1	-	0	30. 00 31. 00
32. 00	03200 CORONARY CARE UNIT	2, 303	2, 303			0	32.00
32. 01	03201 NEONATAL INTENSIVE CARE UNIT	538	538			0	32. 01
33.00	03300 BURN INTENSIVE CARE UNIT	37	37	(0	0	33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	(0	0	34. 00
34. 02	03401 UH SURG 61 C	178	178		0	0	34. 02
34. 03	03402 UH NS 31 C	0	0	(0	34. 03 34. 04
34. 04 34. 05	03403 RH PED I C 03404 TRANSPLANT I CU	40	40 5			0	34. 04
34. 06	03407 PEDS CANCER CARE		0			Ö	34. 06
40.00	04000 SUBPROVI DER - I PF	84	84	(0	0	40. 00
43.00	04300 NURSERY	0	0	(0	0	43. 00
	ANCILLARY SERVICE COST CENTERS			· · · · · · · · · · · · · · · · · · ·	-1 -		
50. 00 50. 01	05000 OPERATING ROOM 05001 ENDOSCOPY	4, 869 153	4, 869 153		-	1	50. 00 50. 01
50.01	O5100 ENDOSCOPY O5100 RECOVERY ROOM	206	206		-	0	50.01
52. 00	05200 DELIVERY ROOM & LABOR ROOM	301	301		1	Ö	52. 00
53. 00	05300 ANESTHESI OLOGY	5, 599	5, 599			ő	53. 00
53. 01	05301 PULMONARY FUNCTION TESTING	127	127	(0	0	53. 01
54. 00	05400 RADI OLOGY-DI AGNOSTI C	4, 062	4, 062	(0	100	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	146	146	(0	0	55.00
56. 00 59. 00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	93	0 93			0	56. 00 59. 00
60.00	06000 LABORATORY	1, 792	93 1, 792			0	60.00
60. 01	06001 TRANSPLANT IMMUNOLOGY	12	1, 7,72			0	60. 01
60. 02	06002 BONE MARROW TRANSPLANT LAB	0	0			0	60. 02
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	o	0		0	0	63. 00
65. 00	06500 RESPI RATORY THERAPY	0	0	(0	0	65. 00
							_

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Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Period: From 01/01/2014 To 12/31/2014 Worksheet B-1 Date/Time Prepared: 5/26/2015 1:45 pm Provi der CCN: 150056

					0 12/31/2014	5/26/2015 1:4	
		INTERNS &	RESI DENTS				
	Cost Center Description	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	PARAMED	
	oost conton boost per on	Y & FRINGES	PRGM COSTS	PRGM		RADI OLOGY-METH	
		(ASSI GNED	(ASSI GNED	(ASSI GNED	SCI ENCES	ODI ST	
		TIME)	TIME)	TIME)	(PROGRAM COST)	(ASSIGNED TIME)	
		21.00	22. 00	23. 00	23. 01	23. 02	
66. 00	06600 PHYSI CAL THERAPY	0	0		0	0	
67. 00	06700 OCCUPATI ONAL THERAPY	0	0		0	0	
68. 00 69. 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	82 474	82 474		0	0	68. 00 69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0		0	Ö	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73. 00 73. 03	07300 DRUGS CHARGED TO PATIENTS 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73. 00 73. 03
74. 00	07400 RENAL DIALYSIS	168	168		0	Ö	74. 00
76. 00	03020 RH NBN ECMO IC	0	0	0	0	0	76. 00
76. 01	03140 CARDI OLOGY	1, 156			0	0	76. 01
76. 02 76. 03	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03950 CARDI AC CATH	0) 0		0	0	76. 02 76. 03
76. 04	03951 DAY SURGERY	107	107	Ö	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 76. 08	03953 CARDI OLOGY-RI LEY 03954 ECMO-ADULT	0	0 0	_	0	0	76. 07 76. 08
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0		0	0	76. 97
	OUTPATIENT SERVICE COST CENTERS			_	_		
89. 00 90. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	58	58 0		0	0	89. 00 90. 00
90. 00	09001 AMB SVC-OB & GYN	289	289		0	0	90.00
90. 02	09002 I USCC HEM/ONC	1, 427	1, 427		0	0	90. 02
90. 03	09003 AMB SVC-OPTHALMOLOGY	193	193		0	0	90. 03
90. 04 90. 05	09004 AMB SVC-PSYCH ADULT 09005 AMB SVC-DIABETES ADULT	914	914 0		0	0	90. 04 90. 05
90.05	09006 OUTPATIENT SURGERY	0	0		0	0	90.03
90. 07	09007 AMB SVC-RILEY CLINICS	2, 712	2, 712		0	0	90. 07
90. 08	09008 MOTILITY LAB	1, 103	1, 103		0	0	90. 08
90. 09 90. 10	09009 AMB SVC - PSYCH CHILD 09010 CLINICAL GERIATRICS	158	0 158		0	0	90. 09 90. 10
90. 10	09023 SLEEP LAB	0	0		0	0	90. 10
90. 12	09024 OP CARE ADULTS	728	728	0	0	0	90. 12
90. 13	09011 PEDI ATRI C CLI NI C	0	0	0	0	0	90. 13
90. 14 90. 15	09012 ARTHRITIS CLINIC 09013 NEUROLOGY UH	357	357 0	0	0	0	90. 14 90. 15
90. 16	09014 ORTHOPEDI CS UH	0	0		0	Ö	90. 16
90. 17	09015 PHYSI CAL MEDICINE	0	0		0	0	90. 17
90. 18	09016 DERMATOLOGY CLINIC	362	362		0	0	90. 18
90. 19 90. 20	09017	539 481	539 481		0	0	90. 19 90. 20
90. 21	09019 OP REHAB CLINIC	238			0	0	
90. 22	09020 EATING DISORDERS CLINIC	2	2		0	0	90. 22
90. 23 90. 24	O9018 GASTROENTEROLOGY CLINIC O9021 LIFE CARE CLINIC	725	725 0		0	0	90. 23 90. 24
91. 00	09100 EMERGENCY	4, 100	_	_	0	0	90. 24
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
04.00	OTHER REIMBURSABLE COST CENTERS						04.00
94.00	09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES	0	0		0	0	
	10100 HOME HEALTH AGENCY	0	0				101. 00
	SPECIAL PURPOSE COST CENTERS						
	10500 KI DNEY ACQUI SI TI ON	0	0		0		105.00
	10600 HEART ACQUISITION 10700 LIVER ACQUISITION	0	0	0	0		106. 00 107. 00
	10800 LUNG ACQUISITION	0	0	0	0		107.00
	10900 PANCREAS ACQUISITION	0	0	0	0		109. 00
	11000 I NTESTI NE ACQUI SI TI ON	0	0	0	0		110.00
	08600 OTHER ORGAN ACQUISITION 08601 POST TRANSPLANT EXPENSES	0	0	0	0		112. 00 112. 01
	11300 NTEREST EXPENSE				0	O	113. 00
116.00	11600 HOSPI CE	0	0	0	0		116. 00
118.00	,	55, 325	55, 325	0	4, 491, 552	100	118. 00
190 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	n	0	0	0	n	190. 00
191.00	19100 RESEARCH	7, 067	7, 067		0	0	191. 00
191. 01	19101 RESEARCH-GCRC	0	0	0	0	0	191. 01

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45, 915, 471

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0 192. 08

0 192. 09

0 192. 10

0 192. 11

1, 385, 199 202. 00

640. 360000 205. 00

64, 036 204. 00

0. 158323 13, 851. 990000 203. 00

200.00

201. 00

192.06 19206 BELTWAY SURGERY

192. 08 19208 NON-ALLOWABLE ADVERTISING

Cross Foot Adjustments

Negative Cost Centers

Cost to be allocated (per Wkst. B,

Cost to be allocated (per Wkst. B,

Unit cost multiplier (Wkst. B, Part

Unit cost multiplier (Wkst. B, Part I)

192. 09 19209 ARTHRITIS CLINIC - NR

192. 10 19212 CARDIO PHYSICIANS

Part I)

Part II)

II)

192. 11 19211 UNUSED SPACE

192. 07 19207 RHI

200.00

201.00

202.00

203.00

204.00

205.00

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1.00 0	Cost Center Description	PARAMED	PARAMED	Fi To	rom 01/01/2014 o 12/31/2014	Date/Time Prep 5/26/2015 1:45	
1.00 0	Cost Center Description		DADAMED			1 3/20/2013 1.4	5 pm
1.00 0		RESPI RATORY THERAPY (ASSI GNED TI ME)	EMERGENCY (ASSI GNED TI ME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	
1.00 0		23. 03	23. 04	23. 05	23. 06	23. 07	
4. 00	SENERAL SERVICE COST CENTERS 100100 NEW CAP REL COSTS-BLDG & FIXT 100200 NEW CAP REL COSTS-BLDG & FIXT 100200 NEW CAP REL COSTS-MVBLE EQUIP 100400 EMPLOYEE BENEFITS DEPARTMENT 100540 NONPATIENT TELEPHONES 100550 DATA PROCESSING 100570 ADMITTING 100580 CASHIERING/ACCOUNTS RECEIVABLE 100560 OTHER ADMINISTRATIVE AND GENERAL 100600 MAINTENANCE & REPAIRS 100700 OPERATION OF PLANT 100800 LAUNDRY & LINEN SERVICE 100900 HOUSEKEEPING - UNIVERSITY 100901 HOUSEKEEPING - METHODIST 10100 DIETARY 101100 CAFETERIA 101300 NURSING ADMINISTRATION 101400 CENTRAL SERVICES & SUPPLY 101500 PHARMACY 101600 MEDICAL RECORDS & LIBRARY 101700 SOCIAL SERVICE 102301 PARAMED PARAMED ED PERM 102301 PARAMED ED PERM 102302 PARAMED ED PERM 102303 PARAMED EMERGENCY 102304 PARAMED PASTORAL EDUCATION 102306 PARAMED PASTORAL EDUCATION 102307 PARAMED PASTORAL EDUCATION 102308 PARAMED PASTORAL EDUCATION 102307 PARAMED PASTORAL EDUCATION 102308 PARAMED PASTORAL EDUCATION 102307 PARAMED PASTORAL EDUCATION 102308 PARAMED PASTORAL EDUCATION 102309 PARAMED PASTORAL EDUCATION 102300 PARAMED PASTORAL EDUCATION 102301 PARAMED PASTORAL EDUCATION 102302 PARAMED PASTORAL EDUCATION 102303 PARAMED PASTORAL EDUCATION 102304 PARAMED PASTORAL EDUCATION 102307 PARAMED MEDICAL ASSIST	100 0 0 0	100 0 0	321, 638 0 0	100	175, 336, 282 0	1. 00 2. 00 4. 00 5. 01 5. 02 5. 03 5. 04 6. 00 7. 00 8. 00 9. 00 9. 00 9. 01 9. 02 9. 03 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 21. 00 22. 00 23. 01 23. 02 23. 04 23. 05 23. 06 23. 07 23. 08
23. 10 0	D2309 PARAMED SURGERY TECHNOLOGY D2310 PARAMED PHARMACY TECH	0	0	0	0	0	23. 09 23. 10
_	D2311 PARAMED NEUROPHYSI OLOGY NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	0	23. 11
_	03000 ADULTS & PEDIATRICS	0	0	247, 345	0	755, 076	30. 00
	03100 I NTENSI VE CARE UNI T	0	0		0	.=-,	
	03200 CORONARY CARE UNIT 03201 NEONATAL INTENSIVE CARE UNIT	0	0	14, 365 9, 059	0	206, 155 12, 091	
	03300 BURN INTENSIVE CARE UNIT		0	2, 231	0	8, 256	33. 00
	03400 SURGICAL INTENSIVE CARE UNIT	o	0	0	o	0	34. 00
	03401 UH SURG 61 C	0	0	3, 920	0	33, 995	34. 02
	03402 UH NS 31 C	0	0	0	0	0	34. 03
1	03403 RH PED IC	0	0	7, 587	0	115, 397	34. 04
1	03404 TRANSPLANT I CU	0	0	3, 036	0	18, 066	34. 05
1	03407 PEDS CANCER CARE	0	0	2, 471	0	21, 715	
1	04000 SUBPROVI DER - I PF 04300 NURSERY	0	0		0	263 3, 687	40. 00 43. 00
-	NCI LLARY SERVI CE COST CENTERS	<u> </u>	0	0,030	- O	3,007	43.00
	05000 OPERATING ROOM	O	0	0	0	258, 580	50.00
	05001 ENDOSCOPY	l ol	0	Ö	o	10, 714	50. 01
1	05100 RECOVERY ROOM	O	0	0	0	49, 840	51.00
52.00 0	D5200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6, 321	52. 00
53.00 0	05300 ANESTHESI OLOGY	0	0	0	0	409, 663	53. 00
	05301 PULMONARY FUNCTION TESTING	0	0	0	0	220	53. 01
	D5400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	374, 568	54. 00
	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	496	55.00
	05600 RADI OI SOTOPE	0	0	0	0	7, 527 1, 202	56.00
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY		0		100	1, 302 83, 684	59. 00 60. 00
1	06001 TRANSPLANT IMMUNOLOGY		0		100	03, 004	60. 00
1	06002 BONE MARROW TRANSPLANT LAB		0	0	0	0	60. 02
	06300 BLOOD STORING, PROCESSING & TRANS.	Ö	0	Ö	ol	524	63.00
	06500 RESPI RATORY THERAPY	100	Ö	o	Ö	3, 014	65. 00
	06600 PHYSI CAL THERAPY	0	0	0	О	393	66. 00
	06700 OCCUPATI ONAL THERAPY	ol	0	0	n	n	67.00

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		TION - STATISTICAL BASIS	INDIANA UNIVER		CCN: 150056		Workshoot R 1	
CUST A	LLUCA	TUN - STATISTICAL BASIS		Provi der		Period: From 01/01/2014 To 12/31/2014		pared:
		Cost Center Description	PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME)	PARAMED EMERGENCY (ASSI GNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIEN DAYS)	PARAMED LAB SCI ENCE PRO (ASSI GNED T TI ME)	PARAMED PHARMACY (COSTED REQUIS.)	
			23. 03	23. 04	23. 05	23.06	23. 07	
68. 00 69. 00	1	SPEECH PATHOLOGY ELECTROCARDI OLOGY	0	0	1	0 0	4, 729 3, 870	1
70. 00		ELECTROENCEPHALOGRAPHY		0	Ó	0 0	0 3, 670	1
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	
72. 00 73. 00		IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS	0	0		0 0 0	0 127, 144, 662	
73. 00		OUTPATIENT RETAIL PHARMACY	0	0			39, 650, 291	1
74. 00		RENAL DIALYSIS	0	0		0	77, 524	1
76. 00 76. 01	1	RH NBN ECMO IC CARDIOLOGY	0	0		0	3, 222 9, 642	1
76. 01	1	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	O	0		0 0	144	1
76. 03	1	CARDI AC CATH	0	0		0	32, 979	1
76. 04 76. 05		DAY SURGERY ONCOLOGY	0	0		0 0	40, 881 0	1
76. 05		DAY SURGERY-RI LEY	0	0			0	
76. 07	1	CARDI OLOGY-RI LEY	O	0		0 0	0	
76. 08 76. 97	1	CARDIAC REHABILITATION	0	0	l	0 0 0	0 0	
70. 97		CARDIAC REHABILITATION TIENT SERVICE COST CENTERS	<u> </u>		/	0 0	0	76. 97
89. 00	1	FEDERALLY QUALIFIED HEALTH CENTER	0	C	•	0 0	16, 907	
90. 00 90. 01		CLINIC AMB SVC-OB & GYN	0	0	1	0 0	0 1, 550	
90. 01	1	I USCC HEM/ONC	0	0			608, 419	1
90. 03	1	AMB SVC-OPTHALMOLOGY	O	0		0	76	1
90. 04 90. 05	1	AMB SVC-PSYCH ADULT AMB SVC-DIABETES ADULT	0	0		0	0	
90.06	1	OUTPATIENT SURGERY	0	0			259	1
90. 07	1	AMB SVC-RILEY CLINICS	0	0		0	44, 239	1
90. 08 90. 09		MOTILITY LAB AMB SVC - PSYCH CHILD	0	0		0	74 0	1
90. 10		CLINICAL GERIATRICS	0	0			0	
90. 11	09023	SLEEP LAB	0	0		0 0	0	
90. 12 90. 13		OP CARE ADULTS PEDIATRIC CLINIC	0	0		0	0	90. 12 90. 13
90. 13		ARTHRITIS CLINIC	0	0			1, 572	1
90. 15	09013	NEUROLOGY UH	0	0		0 0	0	90. 15
90. 16 90. 17		ORTHOPEDI CS UH PHYSI CAL MEDI CI NE	0	0		0 0	0 82	
90. 17		DERMATOLOGY CLINIC	0	0			10	1
90. 19	1	I NFUSI ON/HEM/ONC	0	0		0	23, 491	1
90. 20 90. 21		IUMG - MH OP REHAB CLINIC	0	0		0 0 0	5 51	1
		EATING DISORDERS CLINIC	0	0			0	1
		GASTROENTEROLOGY CLINIC	0	0	1	0 0	24	1
90. 24 91. 00		LIFE CARE CLINIC EMERGENCY	0	100	1	0 0	94 149, 301	1
	1	OBSERVATION BEDS (NON-DISTINCT PART)		100			147, 301	92. 00
04.00		REI MBURSABLE COST CENTERS			J		40.740	04.00
94. 00 95. 00		HOME PROGRAM DIALYSIS AMBULANCE SERVICES	0	0	1	0 0 0	18, 713 13, 470	94. 00 95. 00
		HOME HEALTH AGENCY	O	0	1	0 0		101. 00
105.00		AL PURPOSE COST CENTERS			J		Ι ο	105.00
	1	KIDNEY ACQUISITION HEART ACQUISITION		0	1	0 0		105. 00 106. 00
107.00	10700	LIVER ACQUISITION	0	O		0	0	107. 00
		LUNG ACQUISITION PANCREAS ACQUISITION	0	0		0 0		108. 00 109. 00
		INTESTINE ACQUISITION		0				1109.00
112.00	08600	OTHER ORGAN ACQUISITION	0	O		0 0	0	112. 00
	1	POST TRANSPLANT EXPENSES	0	0		0	0	112. 01
	1	I NTEREST EXPENSE HOSPI CE	o	0		o	656, 125	113. 00 116. 00
118. 00		SUBTOTALS (SUM OF LINES 1-117)	100	100	•			1
100 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	1	0 0	1 0	190. 00
	1	RESEARCH		0	1	o o		190.00
191. 01	19101	RESEARCH-GCRC	0	O		0	3, 408	191. 01
191.02		OSA PHYSICIANS' PRIVATE OFFICES	0	0		0		191. 02 192. 00
		OTHER NONREIMBURSABLE-METHODIST		0		0 0	2, 770, 593	
		OTHER NONREIMBURSABLE - IUMC	0	C) 	0 0		192. 02
			<u> </u>					

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COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150056 Peri od: Worksheet B-1 From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm PARAMED Cost Center Description PARAMED PARAMED PARAMED LAB PARAMED RESPI RATORY **EMERGENCY** PASTORAL SCI ENCE PRO PHARMACY THERAPY (ASSI GNED **EDUCATION** (ASSI GNED (COSTED (ASSI GNED TIME) (TOTAL PATIENT TIME) REQUIS.) TIME) DAYS) 23. 04 23. 07 23.06 23.03 23.05 192.03 19203 PHYSICIANS' PRIVATE OFFICES 0 192. 03 192. 04 19204 MHH RADI OLOGY 0 0 192. 04 0 0 0 0 0 0 0 192.06 19206 BELTWAY SURGERY 0 0 192. 06 192. 07 19207 RHI 1, 684 192. 07 192. 08 19208 NON-ALLOWABLE ADVERTISING 0 0 851 192. 08 0 192. 09 19209 ARTHRITIS CLINIC - NR 0 0 1, 463, 937 192. 09 192. 10 19212 CARDIO PHYSICIANS 76, 874 192. 10 0 0 192. 11 19211 UNUSED SPACE 0 C 0 0 0 192. 11 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201. 00 Cost to be allocated (per Wkst. B, 344, 105 384, 551 1, 077, 294 524, 252 1, 868, 308 202. 00 202.00 Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 3, 441. 050000 3, 845. 510000 3. 349399 5, 242. 520000 0. 010656 203. 00 5, 296 204.00 Cost to be allocated (per Wkst. B, 50, 934 10, 904 21, 558 204. 00 51, 435 Part II) 0.000123 205.00 205.00 Unit cost multiplier (Wkst. B, Part 514. 350000 509. 340000 0.033901 52. 960000

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COST ALLOCATION - STATISTICAL BASIS Provider CCN: 150056 Peri od: Worksheet B-1 From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Cost Center Description PARAMED PARAMED PARAMED PARAMED SURGERY PHARMACY TECH NEUROPHYSIOLOG MEDICAL ASSIST TECHNOLOGY (ASSI GNED (ASSI GNED (ASSI GNED (ASSLGNED TIME) TIME) TIME) TIME) 23. 10 23.08 23.09 23.11 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00540 NONPATIENT TELEPHONES 5.01 5.01 00550 DATA PROCESSING 5.02 5.02 5.03 00590 PURCHASING, RECEIVING & STORES 5.03 5.04 00570 ADMITTING 5.04 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.05 00560 OTHER ADMINISTRATIVE AND GENERAL 5 06 5 06 00600 MAINTENANCE & REPAIRS 6.00 6.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 00900 HOUSEKEEPI NG 9 00 9 00 00901 HOUSEKEEPING - UNIVERSITY 9.01 9.01 00902 HOUSEKEEPING - RILEY 9.02 9.02 00903 HOUSEKEEPING - METHODIST 9.03 9 03 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 13.00 01400 CENTRAL SERVICES & SUPPLY 14 00 14 00 01500 PHARMACY 15.00 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 01850 PATIENT TRANSPORTATION 18.00 18 00 02100 I &R SERVI CES-SALARY & FRI NGES APPRVD 21.00 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 22.00 02300 PARAMED ED PRGM 23.00 23.00 02301 PARAMED ED HEALTH SCIENCES 23.01 23.01 23. 02 02302 PARAMED RADIOLOGY-METHODIST 23.02 02303 PARAMED RESPIRATORY THERAPY 23 03 23.03 23.04 02304 PARAMED EMERGENCY 23.04 02312 PARAMED PASTORAL EDUCATION 23 05 23 05 02306 PARAMED LAB SCIENCE PRO 23.06 02307 PARAMED PHARMACY 23. 07 23.07 02308 PARAMED MEDICAL ASSIST 23.08 100 23.08 02309 PARAMED SURGERY TECHNOLOGY 23.09 0 100 23.09 23. 10 02310 PARAMED PHARMACY TECH 0 100 23.10 02311 PARAMED NEUROPHYSI OLOGY 100 23. 11 23.11 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 100 0 0 30.00 0 31.00 03100 INTENSIVE CARE UNIT 0 0 31.00 000000000000 0 03200 CORONARY CARE UNIT 32.00 0 32.00 03201 NEONATAL INTENSIVE CARE UNIT 0 32.01 0 32.01 03300 BURN INTENSIVE CARE UNIT 33.00 0 0 0 0 34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 34.00 0 03401 UH SURG 61C 34.02 0 34 02 34. 03 03402 UH NS 31 C 0 34.03 03403 RH PED IC 0 0 34.04 0 0 34.04 34.05 03404 TRANSPLANT I CU 0 0 34.05 03407 PEDS CANCER CARE 0 34.06 0 34.06 40.00 04000 SUBPROVIDER - IPF 0 0 0 40.00 04300 NURSERY 43.00 0 0 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 100 0 0 50.00 00000000000000000 50.01 05001 ENDOSCOPY 0 0 50.01 0 51.00 05100 RECOVERY ROOM 0 0 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 Ω 52 00 53.00 05300 ANESTHESI OLOGY 0 53.00 05301 PULMONARY FUNCTION TESTING 0 0 0 0 0 0 0 0 0 0 53.01 05400 RADI OLOGY-DI AGNOSTI C 54.00 0 0 54.00 05500 RADI OLOGY-THERAPEUTI C 0 55 00 Ω 55.00 0 56.00 05600 RADI OI SOTOPE 0 56.00 05900 CARDIAC CATHETERIZATION 59.00 59.00 60.00 06000 LABORATORY 0 0 60.00 06001 TRANSPLANT IMMUNOLOGY 60.01 0 0 60.01 06002 BONE MARROW TRANSPLANT LAB 60.02 60.02 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 63.00 06500 RESPIRATORY THERAPY 0 65.00 0 65.00 0 66.00 06600 PHYSI CAL THERAPY 0 66.00 06700 OCCUPATIONAL THERAPY 67.00

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Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Peri od: Worksheet B-1 From 01/01/2014 Date/Time Prepared: 5/24/2015 1.45 pm Provider CCN: 150056

Cost Center Description PARAMED PARAMED PARAMED PARAMED PARAMED	5 1: 45 pm
MEDICAL ASSIST SURGERY PHARMACY TECH NEUROPHYSIOLOG	
TECHNOLOGY (ASSIGNED Y (ASSIGNED (ASSIGNED TIME) (ASSIGNED	
TIME) TIME) TIME)	
23. 08 23. 09 23. 10 23. 11 68. 00 06800 SPEECH PATHOLOGY 0 0 0	68. 00
69. 00 06900 ELECTROCARDI OLOGY 0 0 0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	71. 00 72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 100 0	73. 00
73. 03 07303 0UTPATIENT RETAIL PHARMACY	73. 03
74. 00 07400 RENAL DI ALYSI S	74. 00 76. 00
76. 01 03140 CARDI OLOGY 0 0 0	76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 0 0 0 0 0 0 0 0	76. 02
76. 03 03950 CARDI AC CATH	76. 03 76. 04
76. 05 03480 ONCOLOGY O O O O	76. 05
76. 06 03952 DAY SURGERY-RI LEY	76.06
76. 07 03953 CARDI OLOGY-RI LEY	76. 07 76. 08
76. 97 07697 CARDI AC REHABI LI TATI ON 0 0 0	76. 97
OUTPATIENT SERVICE COST CENTERS	00.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	89. 00 90. 00
90. 01 09001 AMB SVC-0B & GYN	90. 01
90. 02 09002 I USCC HEM/ONC	90. 02
90. 03 09003 AMB SVC-0PTHALMOLOGY	90. 03
90. 05 09005 AMB SVC-DI ABETES ADULT 0 0 0	90. 05
90. 06 09006 0UTPATIENT SURGERY	90.06
90. 07 09007 AMB SVC-RILEY CLINICS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	90. 07
90. 09 09009 AMB SVC - PSYCH CHILD 0 0 0	90. 09
90. 10 09010 CLI NI CAL GERI ATRI CS 0 0 0 0	90. 10
90. 11 09023 SLEEP LAB	90. 11
90. 13 09011 PEDI ATRI C CLI NI C 0 0 0	90. 13
90. 14 09012 ARTHRITIS CLINIC 0 0 0 0	90. 14
90. 15 09013 NEUROLOGY UH	90. 15
90. 17 09015 PHYSI CAL MEDI CI NE 0 0 0	90. 17
90. 18 09016 DERMATOLOGY CLINIC	90. 18
90. 19 09017 NFUSI ON/HEM/ONC	90. 19
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 CLINI C	90. 23
91. 00 09100 EMERGENCY 0 0 0	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART)	92. 00
OTHER REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S D O O O O	94. 00
95. 00 09500 AMBULANCE SERVI CES 0 0 0	95. 00
101. 00 10100 HOME HEALTH AGENCY 0 0 0	101. 00
SPECIAL PURPOSE COST CENTERS 105. 00 10500 KI DNEY ACQUI SI TI ON 0 0 0 0	105. 00
106. 00 10600 HEART ACQUISITION 0 0 0	106. 00
107. 00 10700 LI VER ACQUI SI TI ON	107. 00
108. 00 10800 LUNG ACQUISITION 0 0 0 0	108. 00 109. 00
110.00 11000 INTESTINE ACQUISITION 0 0 0	110. 00
112. 00 08600 OTHER ORGAN ACQUISITION 0 0 0	112.00
112. 01 08601 POST TRANSPLANT EXPENSES 0 0 0 0 113. 00 11300 I NTEREST EXPENSE	112. 01 113. 00
116. 00 11600 HOSPI CE 0 0 0 0	116. 00
118. 00 SUBTOTALS (SUM OF LINES 1-117) 100 100 100 100	118. 00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, 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	191. 01
191. 02 19102 OSA	191. 02 192. 00
192. 01 19201 OTHER NONREI MBURSABLE-METHODI ST 0 0 0 0	192. 01
192. 02 19202 OTHER NONREI MBURSABLE - I UMC 0 0 0 0	192. 02

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COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Period: From 01/01/2014 To 12/31/2014 Worksheet B-1 Date/Time Prepared: 5/26/2015 1:45 pm Provider CCN: 150056

					5/26/2015 1:45 pm
Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	
	MEDICAL ASSIST	SURGERY	PHARMACY TECH	NEUROPHYSI OLOG	
		TECHNOLOGY	(ASSI GNED	Υ	
	(ASSI GNED	(ASSI GNED	TIME)	(ASSI GNED	
	TIME)	TIME)		TIME)	
	23. 08	23. 09	23. 10	23. 11	
192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0	192. 03
192. 04 19204 MHH RADIOLOGY	o	0	0	0	192. 04
192. 06 19206 BELTWAY SURGERY	o	0	0	0	192. 06
192. 07 19207 RHI	o	0	0	0	192. 07
192. 08 19208 NON-ALLOWABLE ADVERTISING	o	0	0	0	192. 08
192.09 19209 ARTHRITIS CLINIC - NR	O	0	0	0	192. 09
192. 10 19212 CARDIO PHYSICIANS	O	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,	-1	424, 523	443, 414	0	202. 00
Part I)					
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,	O	33, 964	33, 621	O	204. 00
Part II)					
205.00 Unit cost multiplier (Wkst. B, Part	0. 000000	339. 640000	336. 210000	0.000000	205. 00

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		Works	sheet		
	Description	Part	Li ne No.	Amount	
	1.00	2. 00	3. 00	4. 00	
1.00	ADJ FOR EPO COSTS IN RENAL	1	74. 00	0	1. 00
	DIALYSIS				
2.00	ADJ FOR EPO COSTS IN HOME	1	94.00	0	2. 00
	PROGRAM				
3.00	ADJ FOR ARANESP COSTS IN	1	74.00	0	3. 00
	RENAL DIALYSIS				
4.00	ADJ FOR ARANESP COSTS IN	1	94.00	0	4. 00
	HOME PROGRAM				
5.00	ADJ FOR ESA COSTS IN RENAL	1	74.00	0	5. 00
	DI ALYSI S				
6.00	ADJ FOR ESA COSTS IN HOME	1	94.00	0	6. 00
	PROGRAM				

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OMPU I	ATION OF RATIO OF COSTS TO CHARGES		Provi der		Peri od: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Pre	pare
			Ti tl	e XVIII	Hospi tal	5/26/2015 1: 4 PPS	5 pn
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3. 00	4. 00	5. 00	\vdash
. 00	03000 ADULTS & PEDIATRICS	248, 860, 360		248, 860, 36	0 0	248, 860, 360	30
. 00	03100 INTENSIVE CARE UNIT	25, 536, 451		25, 536, 45		25, 536, 451	
. 00	03200 CORONARY CARE UNIT	21, 908, 876		21, 908, 87	6 0	21, 908, 876	32
	03201 NEONATAL INTENSIVE CARE UNIT	7, 823, 140		7, 823, 14	0 0	7, 823, 140	
	03300 BURN INTENSIVE CARE UNIT	3, 316, 911		3, 316, 91	1 0	3, 316, 911	
00	03400 SURGICAL INTENSIVE CARE UNIT	0			0	0	
	03401 UH SURG 61 C	5, 549, 440		5, 549, 44	1	5, 549, 440	
03	03402 UH NS 31 C	12 042 277		12 042 27	0 0	0	1
04 05	03403 RH PED I C 03404 TRANSPLANT I CU	13, 943, 367		13, 943, 36		13, 943, 367	
06	03407 PEDS CANCER CARE	3, 888, 022 4, 379, 787		3, 888, 02 4, 379, 78		3, 888, 022 4, 379, 787	
00	04000 SUBPROVI DER - I PF	6, 780, 208	l e	6, 780, 20		6, 780, 208	
	04300 NURSERY	6, 231, 572		6, 231, 57		6, 231, 572	
00	ANCILLARY SERVICE COST CENTERS	0,231,372		0, 231, 37	2 0	0, 231, 372	1 70
00	05000 OPERATI NG ROOM	97, 099, 146		97, 099, 14	6 0	97, 099, 146	50
01	05001 ENDOSCOPY	3, 114, 907		3, 114, 90	07	3, 114, 907	50
00	05100 RECOVERY ROOM	14, 445, 455		14, 445, 45	55 0	14, 445, 455	51
00	05200 DELIVERY ROOM & LABOR ROOM	11, 876, 368		11, 876, 36		11, 876, 368	52
00	05300 ANESTHESI OLOGY	5, 254, 230		5, 254, 23	0	5, 254, 230	53
01	05301 PULMONARY FUNCTION TESTING	5, 303, 228		5, 303, 22		5, 303, 228	
00	05400 RADI OLOGY-DI AGNOSTI C	79, 039, 747		79, 039, 74		79, 039, 747	
00	05500 RADI OLOGY-THERAPEUTI C	11, 640, 248		11, 640, 24		11, 640, 248	
00	05600 RADI 0I S0T0PE	2, 926, 489		2, 926, 48		2, 926, 489	
00	05900 CARDI AC CATHETERI ZATI ON	2, 836, 090		2, 836, 09		2, 836, 090	
00	06000 LABORATORY	76, 773, 796		76, 773, 79		76, 773, 796	
01	06001 TRANSPLANT IMMUNOLOGY 06002 BONE MARROW TRANSPLANT LAB	3, 675, 500		3, 675, 50		3, 675, 500	
02 00	06300 BLOOD STORING, PROCESSING & TRANS.	24, 221, 536		24, 221, 53	0 6 0	34 24, 221, 536	
00	06500 RESPIRATORY THERAPY	29, 919, 607	0	29, 919, 60		29, 919, 607	
00	06600 PHYSI CAL THERAPY	19, 897, 684		19, 897, 68		19, 897, 684	
00	06700 OCCUPATI ONAL THERAPY	4, 274, 757	0	4, 274, 75		4, 274, 757	
00	06800 SPEECH PATHOLOGY	6, 140, 057	l o	6, 140, 05		6, 140, 057	
00	06900 ELECTROCARDI OLOGY	5, 982, 422		5, 982, 42		5, 982, 422	
00	07000 ELECTROENCEPHALOGRAPHY	7, 901, 056		7, 901, 05		7, 901, 056	70
00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	56, 482, 207		56, 482, 20	0	56, 482, 207	7
00	07200 IMPL. DEV. CHARGED TO PATIENT	113, 962, 259		113, 962, 25		113, 962, 259	
	07300 DRUGS CHARGED TO PATIENTS	186, 987, 814		186, 987, 81	1		
	07303 OUTPATIENT RETAIL PHARMACY	63, 445, 661		63, 445, 66		63, 445, 661	
	07400 RENAL DIALYSIS	13, 012, 082		13, 012, 08		13, 012, 082	
00	03020 RH NBN ECMO IC	1, 411, 684		1, 411, 68		1, 411, 684	
01 02	03140 CARDI OLOGY	4, 383, 166		4, 383, 16		4, 383, 166	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03950 CARDI AC CATH	725, 075 13, 300, 154		725, 07 13, 300, 15		725, 075 13, 300, 154	
04	03951 DAY SURGERY	6, 042, 370		6, 042, 37		6, 042, 370	
05	03480 ONCOLOGY	0,042,370		0,042,37	0	0, 042, 370	
06	03952 DAY SURGERY-RI LEY					0	
07	03953 CARDI OLOGY-RI LEY	0			ol ol	n	76
08	03954 ECMO-ADULT	805, 054		805, 05	64 0	805, 054	1
	07697 CARDI AC REHABI LI TATI ON	877, 958		877, 95		877, 958	
	OUTPATIENT SERVICE COST CENTERS	_					
00	08900 FEDERALLY QUALIFIED HEALTH CENTER	4, 704, 169		4, 704, 16		4, 704, 169	
00	09000 CLI NI C		1		0 0	0	
01	09001 AMB SVC-0B & GYN	4, 139, 161		4, 139, 16	1	4, 139, 161	
02	09002 I USCC HEM/ONC	48, 811, 404		48, 811, 40		48, 811, 404	
03	09003 AMB SVC-0PTHALMOLOGY	888, 988		888, 98		888, 988	
04	09004 AMB SVC-PSYCH ADULT	1, 977, 312		1, 977, 31	2 0	1, 977, 312	
05	09005 AMB SVC-DIABETES ADULT	4 111 210		J 111 21		0 4 111 210	
06 07	09006 OUTPATIENT SURGERY 09007 AMB SVC-RILEY CLINICS	4, 111, 318 5, 955, 676		4, 111, 31		4, 111, 318 5, 955, 676	
07	09007 AMB SVC-RILEY CLINICS	252, 155		5, 955, 67 252, 15		252, 155	
OO			l .	202, 10	,5		
. 09	09009 AMB SVC - PSYCH CHILD	1 0	1		()	0	90

90. 09 09009 AMB SVC - PSYCH CHIL
90. 10 09010 CLINICAL GERIATRICS
90. 11 09023 SLEEP LAB
90. 12 09024 OP CARE ADULTS
90. 13 09011 PEDIATRIC CLINIC
90. 14 09012 ARTHRITIS CLINIC
90. 15 09013 NEUROLOGY UH
90. 16 09014 ORTHOPEDICS UH
90. 17 09015 PHYSICAL MEDICINE 267, 114 4, 650, 429 267, 114 4, 650, 429 267, 114 90. 10 4, 650, 429 90. 11 0 0 0 0 0 0 913, 336 913, 336 913, 336 90. 12 90. 13 371, 915 0 0 371, 915 371, 915 90. 14 90. 15 0 0 90. 16 1, 906, 605 1, 906, 605 1, 906, 605 90. 17

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| In Lieu of Form CMS-2552-10 | Period: Worksheet C | From 01/01/2014 Part | Part | Date/Time Prepared: 5/26/2015 1:45 pm Provider CCN: 150056

					5/26/2015 1:4:	5 pm
		Ti tl	e XVIII	Hospi tal	PPS	
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj .		Di sal I owance		
	Part I, col.					
	26)					
	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 I NFUSI ON/HEM/ONC	1, 190, 960		1, 190, 960	o	1, 190, 960	90. 19
90. 20 09025 I UMG - MH	549, 396		549, 396	o	549, 396	90. 20
90. 21 09019 OP REHAB CLINIC	398, 604		398, 604	o	398, 604	90. 21
90. 22 09020 EATING DISORDERS CLINIC	1, 550, 222		1, 550, 222	o	1, 550, 222	90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC	1, 389, 697		1, 389, 697	o	1, 389, 697	90. 23
90. 24 09021 LIFE CARE CLINIC	1, 655, 636		1, 655, 636	o	1, 655, 636	90. 24
91. 00 09100 EMERGENCY	39, 525, 345		39, 525, 345	o	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	o	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 HOSPI CE	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	o	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	o	1, 471, 750, 844	202. 00

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Health Financial Systems	INDIANA UNIVER		0011 450054 5		u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der	F	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Pre 5/26/2015 1:4	pared: 5 pm
		Ti tl	e XVIII	Hospi tal	PPS	<u> </u>
Cost Center Description	I npati ent	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient	
	6. 00	7. 00	8. 00	9. 00	Rati o 10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	5.00					
30. 00 03000 ADULTS & PEDIATRICS	575, 684, 840		575, 684, 840			30. 00
31. 00 03100 I NTENSI VE CARE UNI T	74, 986, 902		74, 986, 902			31.00
32. 00 03200 CORONARY CARE UNIT 32. 01 03201 NEONATAL INTENSIVE CARE UNIT	54, 127, 028 26, 423, 848		54, 127, 028 26, 423, 848			32. 00 32. 01
33. 00 03300 BURN INTENSIVE CARE UNIT	8, 488, 185		8, 488, 185			33. 00
34. 00 03400 SURGI CAL INTENSI VE CARE UNI T	0, 400, 103		0, 400, 100	1		34. 00
34. 02 03401 UH SURG 61 C	13, 640, 364		13, 640, 364	ļ		34. 02
34. 03 03402 UH NS 31 C	0		C			34. 03
34. 04 03403 RH PED I C	34, 382, 014		34, 382, 014			34.04
34. 05 03404 TRANSPLANT CU 34. 06 03407 PEDS CANCER CARE	10, 982, 410 10, 172, 216		10, 982, 410 10, 172, 216			34. 05 34. 06
40. 00 04000 SUBPROVI DER - I PF	12, 507, 080		12, 507, 080			40.00
43. 00 04300 NURSERY	102, 063, 192		102, 063, 192			43. 00
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATING ROOM	501, 371, 624		1		0.000000	
50. 01 05001 ENDOSCOPY 51. 00 05100 RECOVERY ROOM	15, 686, 274 44, 296, 576	9, 468, 000 52, 141, 596			0. 000000 0. 000000	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	39, 315, 413				0. 000000	
53. 00 05300 ANESTHESI OLOGY	39, 029, 528				0. 000000	
53.01 05301 PULMONARY FUNCTION TESTING	3, 901, 658	25, 692, 763	29, 594, 421		0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	214, 743, 265				0. 000000	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	6, 236, 955	112, 148, 311 20, 059, 125			0. 000000 0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	6, 761, 304 13, 684, 249				0. 000000	1
60. 00 06000 LABORATORY	376, 418, 048				0. 000000	
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. 000000	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	63, 882, 779				0.000000	
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	114, 944, 566 48, 679, 646	2, 537, 563 17, 938, 843			0. 000000 0. 000000	65. 00 66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	11, 350, 582	2, 496, 317			0. 000000	
68. 00 06800 SPEECH PATHOLOGY	6, 872, 471	12, 167, 096	19, 039, 567	0. 322489	0. 000000	68. 00
69. 00 06900 ELECTROCARDI OLOGY	54, 775, 543	33, 588, 496			0. 000000	
70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	31, 788, 136 90, 730, 174	15, 909, 212 62, 435, 342			0. 000000 0. 000000	70.00
72. 00 07200 MPL. DEV. CHARGED TO PATIENT	288, 528, 945				0. 000000	
73.00 07300 DRUGS CHARGED TO PATIENTS	445, 152, 454	448, 461, 494	1		0. 000000	
73. 03 07303 OUTPATIENT RETAIL PHARMACY	0	58, 013, 674			0. 000000	
74. 00 07400 RENAL DI ALYSI S	15, 514, 837	19, 844, 840	1		0.000000	74.00
76. 00 03020 RH NBN ECMO I C 76. 01 03140 CARDI OLOGY	2, 862, 299 12, 626, 254		_, _,		0. 000000 0. 000000	
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	720, 136				0. 000000	
76. 03 03950 CARDI AC CATH	45, 323, 240				0. 000000	76. 03
76. 04 03951 DAY SURGERY	375, 987	3, 458, 437			0. 000000	76. 04
76. 05 03480 0NC0L0GY 76. 06 03952 DAY SURGERY-RI LEY	0	0			0.000000	76. 05
76. 06 03952 DAY SURGERY-RI LEY 76. 07 03953 CARDI OLOGY-RI LEY	0	0		0. 000000 0. 000000	0. 000000 0. 000000	76. 06 76. 07
76. 08 03954 ECMO-ADULT	3, 256, 588	Ö	3, 256, 588		0. 000000	76. 08
76. 97 07697 CARDI AC REHABI LI TATI ON	0	1, 043, 638	1, 043, 638	0. 841248	0. 000000	76. 97
OUTPATIENT SERVICE COST CENTERS		2 (41 127	2 (41 12	,		00.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINIC	0	3, 641, 127			0. 000000	89. 00 90. 00
90. 01 09001 AMB SVC-0B & GYN	145, 765		· ·		0. 000000	90. 01
90. 02 09002 I USCC HEM/ONC	794, 811	83, 884, 058			0. 000000	90. 02
90. 03 09003 AMB SVC-OPTHALMOLOGY	5, 424	3, 386, 083			0. 000000	90. 03
90. 04 09004 AMB SVC-PSYCH ADULT	0	4, 300, 990	4, 300, 990		0.000000	90.04
90. 05 09005 AMB SVC-DI ABETES ADULT 90. 06 09006 OUTPATI ENT SURGERY	8, 937, 013	14, 113, 987	23, 051, 000	0. 000000 0. 178357	0. 000000 0. 000000	90. 05 90. 06
90. 07 09007 AMB SVC-RILEY CLINICS	427, 599				0. 000000	90. 07
90. 08 09008 MOTILITY LAB	23, 889	551, 937			0. 000000	90. 08
90. 09 09009 AMB SVC - PSYCH CHILD	0	0	1		0. 000000	90. 09
90. 10 09010 CLI NI CAL GERI ATRI CS	27 174	0	15 712 420	0.00000	0.000000	90. 10
90. 11 09023 SLEEP LAB 90. 12 09024 OP CARE ADULTS	37, 174 1, 888	15, 675, 456 310, 826	1		0. 000000 0. 000000	90. 11 90. 12
90. 13 09011 PEDI ATRI C CLI NI C	0	310, 320	312,714	1	0. 000000	90. 12
90. 14 09012 ARTHRITIS CLINIC	Ö	5, 177, 638	1		0. 000000	90. 14
90. 15 09013 NEUROLOGY UH	0	0	C	0. 000000	0. 000000	90. 15
90. 16 09014 ORTHOPEDI CS UH 90. 17 09015 PHYSI CAL MEDI CI NE	0 6, 557	0 1, 393, 624	1, 400, 181	0. 000000 1. 361685	0. 000000 0. 000000	90. 16 90. 17
90. 17 O9015 PHYSICAL MEDICINE 90. 18 O9016 DERMATOLOGY CLINIC	9, 726				0. 000000	1
	, ,,,,,,,,,				2. 200000	

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From 01/01/2014 Part I 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Title XVIII Hospi tal PPS Charges TEFRA Cost Center Description I npati ent Outpati ent Total (col. 6 Cost or Other I npati ent + col . 7) Ratio Ratio 6.00 7.00 8.00 9. 00 10.00 90. 19 09017 | NFUSI ON/HEM/ONC 30, 998 7, 092, 960 0. 167907 7, 061, 962 0.000000 90. 20 09025 I UMG - 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 09020 EATING DISORDERS CLINIC 2, 648, 648 2, 648, 648 0. 585288 0.000000 90. 22 90.22 90. 23 09018 GASTROENTEROLOGY CLINIC 6, 920 933, 201 940, 121 1.478211 0.000000 90. 23 09021 LIFE CARE CLINIC 90. 24 90. 24 0.000000 0.000000 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 0.000000 94 00 09400 HOME PROGRAM DIALYSIS 16, 443, 327 16, 443, 327 0.136321 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 85, 844, 514 85, 844, 514 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 34, 285, 481 34, 285, 481 105.00 106.00 10600 HEART ACQUISITION 5, 747, 401 5, 747, 401 106.00 107. 00 10700 LI VER ACQUI SI TI ON 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 3, 894, 883 110.00 112.00 08600 OTHER ORGAN ACQUISITION 112. 00 C 112.01 08601 POST TRANSPLANT EXPENSES 0 0 112.01 113.00 11300 INTEREST EXPENSE 113. 00 116. 00 11600 HOSPI CE 15, 357, 440 15, 357, 440 116. 00

200.00

201.00

202.00

Subtotal (see instructions)

Less Observation Beds

Total (see instructions)

3, 661, 677, 997 2, 762, 574, 395 6, 424, 252, 392

3, 661, 677, 997 2, 762, 574, 395 6, 424, 252, 392

200. 00

201.00

202. 00

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In Lieu of Form CMS-2552-10
Worksheet C
01/2014 Part I
01/2014 Date/Time Prepared: 5/26/2015 1:45 pm Provi der CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014

-			Title XVIII	Hospi tal	PPS	Piii
	Cost Center Description	PPS Inpatient		<u> </u>		
		Ratio				
LNDAT	TENT DOUTINE SERVICE COST CENTERS	11.00				
	I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS					30. 00
	INTENSIVE CARE UNIT					31. 00
	CORONARY CARE UNIT				•	32.00
32. 01 03201	NEONATAL INTENSIVE CARE UNIT					32. 01
	BURN INTENSIVE CARE UNIT					33. 00
	SURGICAL INTENSIVE CARE UNIT				•	34. 00
	UH SURG 61C UH NS 31C					34. 02 34. 03
	RH PED IC				•	34. 04
	TRANSPLANT ICU					34. 05
	PEDS CANCER CARE				•	34. 06
40.00 04000	SUBPROVI DER - I PF					40.00
	NURSERY					43.00
	LARY SERVICE COST CENTERS	0.120074				FO 00
	OPERATING ROOM ENDOSCOPY	0. 130864 0. 123832			•	50. 00 50. 01
	RECOVERY ROOM	0. 149790			•	51. 00
	DELIVERY ROOM & LABOR ROOM	0. 275880			•	52. 00
	ANESTHESI OLOGY	0. 095313				53. 00
53. 01 05301	PULMONARY FUNCTION TESTING	0. 179197				53. 01
54.00 05400	RADI OLOGY-DI AGNOSTI C	0. 148545				54.00
	RADI OLOGY-THERAPEUTI C	0. 098325				55. 00
	RADI OI SOTOPE	0. 109114				56. 00
	CARDI AC CATHETERI ZATI ON	0. 064065			•	59.00
	LABORATORY TRANSPLANT MMUNOLOGY	0. 111374 0. 230237				60. 00 60. 01
	BONE MARROW TRANSPLANT LAB	0. 000000			•	60. 01
	BLOOD STORING, PROCESSING & TRANS.	0. 333903			•	63. 00
	RESPI RATORY THERAPY	0. 254674			•	65. 00
	PHYSI CAL THERAPY	0. 298681				66.00
67.00 06700	OCCUPATIONAL THERAPY	0. 308716				67. 00
	SPEECH PATHOLOGY	0. 322489				68. 00
	ELECTROCARDI OLOGY	0. 067702			•	69. 00
	ELECTROENCEPHALOGRAPHY	0. 165650				70.00
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 368766			•	71.00
	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS	0. 294223 0. 209249			•	72. 00 73. 00
	OUTPATIENT RETAIL PHARMACY	1. 093633			•	73. 03
	RENAL DIALYSIS	0. 367992			•	74. 00
	RH NBN ECMO IC	0. 493199			•	76.00
76. 01 03140	CARDI OLOGY	0. 132928				76. 01
	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 230780			•	76. 02
	CARDI AC CATH	0. 105423				76. 03
	DAY SURGERY	1. 575822			•	76. 04
	ONCOLOGY DAY SURGERY-RILEY	0. 000000 0. 000000			•	76. 05 76. 06
	CARDI OLOGY-RI LEY	0. 000000				76. 07
	ECMO-ADULT	0. 247208			•	76. 08
	CARDI AC REHABI LI TATI ON	0. 841248			•	76. 97
OUTPA	TIENT SERVICE COST CENTERS					
	FEDERALLY QUALIFIED HEALTH CENTER				•	89. 00
	CLINIC	0. 000000				90.00
	AMB SVC-OB & GYN	0. 449096			•	90. 01
	IUSCC HEM/ONC AMB SVC-OPTHALMOLOGY	0. 576430 0. 262122				90. 02 90. 03
	AMB SVC-PSYCH ADULT	0. 459734			•	90. 04
	AMB SVC-DIABETES ADULT	0. 000000				90. 05
	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
	AMB SVC - PSYCH CHILD	0. 000000				90. 09
	CLINI CAL GERI ATRI CS	0. 000000			•	90. 10
	SLEEP LAB	0. 295968			•	90. 11
	OP CARE ADULTS	2. 920675				90. 12
	PEDIATRIC CLINIC ARTHRITIS CLINIC	0. 000000 0. 071831			•	90. 13 90. 14
	NEUROLOGY UH	0. 000000				90. 14
	ORTHOPEDI CS UH	0. 000000				90. 16
	PHYSI CAL MEDI CI NE	1. 361685				90. 17
90. 18 09016	DERMATOLOGY CLINIC	0. 344386			•	90. 18
	I NFUSI ON/HEM/ONC	0. 167907				90. 19
90. 20 09025	UMG - MH	6. 022890				90. 20

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	31.00 10100	HOME HEALTH AGENOT		101.00
	SPECI	AL PURPOSE COST CENTERS		
10	05. 00 10500	KIDNEY ACQUISITION		105. 00
10	06. 00 10600	HEART ACQUISITION		106. 00
10	07. 00 10700	LIVER ACQUISITION		107.00
10	08. 00 10800	LUNG ACQUISITION		108. 00
10	09. 00 10900	PANCREAS ACQUISITION		109. 00
1	10. 00 11000	INTESTINE ACQUISITION		110. 00
1	12. 00 08600	OTHER ORGAN ACQUISITION		112.00
1	12. 01 08601	POST TRANSPLANT EXPENSES		112. 01
1	13. 00 11300	INTEREST EXPENSE		113.00
1	16. 00 11600	HOSPI CE		116. 00
20	00.00	Subtotal (see instructions)		200. 00
20	01.00	Less Observation Beds		201. 00
20	02.00	Total (see instructions)		202. 00

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Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Peri od: Worksheet C
From 01/01/2014 Part I
To 12/31/2014 Date/Ti me Prepared: 5/26/2015 1: 45 pm Provi der CCN: 150056

			Ti +	Title XIX		5/26/2015 1: 4 PPS	5 pm
			111	I E XIX	Hospi tal Costs	l PP3	
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	'	(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		26)	0.00	2.00	4.00	5.00	
	INDATIENT DOUTINE CEDVICE COCT CENTEDS	1. 00	2.00	3. 00	4. 00	5. 00	
30. 00	INPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	248, 860, 360		248, 860, 360	0	248, 860, 360	30.00
31. 00	03100 INTENSIVE CARE UNIT	25, 536, 451		25, 536, 451			1
32. 00	03200 CORONARY CARE UNIT	21, 908, 876		21, 908, 876			1
32. 01	03201 NEONATAL INTENSIVE CARE UNIT	7, 823, 140		7, 823, 140			
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		
34. 02	03401 UH SURG 61 C	5, 549, 440		5, 549, 440			1
34. 03 34. 04	03402 UH NS 31 C 03403 RH PED 1 C	13, 943, 367		13, 943, 367	0		34. 03 34. 04
34. 05	03404 TRANSPLANT I CU	3, 888, 022		3, 888, 022			
34. 06	03407 PEDS CANCER CARE	4, 379, 787		4, 379, 787			1
40. 00	04000 SUBPROVI DER - I PF	6, 780, 208		6, 780, 208			
43.00	04300 NURSERY	6, 231, 572		6, 231, 572			
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	97, 099, 146		97, 099, 146			
50. 01	05001 ENDOSCOPY	3, 114, 907		3, 114, 907			
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	14, 445, 455 11, 876, 368		14, 445, 455 11, 876, 368			
53. 00	05300 ANESTHESI OLOGY	5, 254, 230		5, 254, 230			
53. 00	05301 PULMONARY FUNCTION TESTING	5, 303, 228		5, 303, 228			
54. 00	05400 RADI OLOGY-DI AGNOSTI C	79, 039, 747		79, 039, 747			
55.00	05500 RADI OLOGY-THERAPEUTI C	11, 640, 248		11, 640, 248			
56.00	05600 RADI OI SOTOPE	2, 926, 489		2, 926, 489			
59. 00	05900 CARDI AC CATHETERI ZATI ON	2, 836, 090		2, 836, 090			
60.00	06000 LABORATORY	76, 773, 796		76, 773, 796			
60. 01	06001 TRANSPLANT I MMUNOLOGY	3, 675, 500		3, 675, 500			
60. 02 63. 00	06002 BONE MARROW TRANSPLANT LAB 06300 BLOOD STORING, PROCESSING & TRANS.	24, 221, 536		34 24, 221, 536			1
65. 00	06500 RESPIRATORY THERAPY	29, 919, 607					
66. 00	06600 PHYSI CAL THERAPY	19, 897, 684		19, 897, 684			
67. 00	06700 OCCUPATI ONAL THERAPY	4, 274, 757		4, 274, 757			
68.00	06800 SPEECH PATHOLOGY	6, 140, 057	0	6, 140, 057	0	6, 140, 057	68. 00
69. 00	06900 ELECTROCARDI OLOGY	5, 982, 422		5, 982, 422			
70. 00	07000 ELECTROENCEPHALOGRAPHY	7, 901, 056		7, 901, 056			
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	56, 482, 207		56, 482, 207			
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	113, 962, 259 186, 987, 814		113, 962, 259 186, 987, 814			
73. 03	07303 OUTPATIENT RETAIL PHARMACY	63, 445, 661		63, 445, 661			
74. 00	07400 RENAL DIALYSIS	13, 012, 082		13, 012, 082			ı
76.00	03020 RH NBN ECMO IC	1, 411, 684		1, 411, 684			
76. 01	03140 CARDI OLOGY	4, 383, 166		4, 383, 166	0	4, 383, 166	76. 01
76. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	725, 075		725, 075			
76. 03	03950 CARDI AC CATH	13, 300, 154		13, 300, 154			
	03951 DAY SURGERY 03480 ONCOLOGY	6, 042, 370		6, 042, 370	0	6, 042, 370	
76. 05 76. 06	03952 DAY SURGERY-RI LEY	0		0	0	0	76. 05 76. 06
76. 07	03953 CARDI OLOGY-RI LEY	0		0	0	0	76. 07
76. 08	03954 ECMO-ADULT	805, 054		805, 054	Ō	805, 054	1
76. 97	07697 CARDI AC REHABI LI TATI ON	877, 958		877, 958	0	877, 958	76. 97
	OUTPATIENT SERVICE COST CENTERS		1				
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	4, 704, 169		4, 704, 169		1	1
90.00	09000 CLINIC 09001 AMB SVC-0B & GYN	4 120 141		4 120 1/1	0	-	90.00
90. 01 90. 02	09002 I USCC HEM/ONC	4, 139, 161 48, 811, 404		4, 139, 161 48, 811, 404	0	4, 139, 161 48, 811, 404	
90. 02	09003 AMB SVC-OPTHALMOLOGY	888, 988		888, 988		888, 988	
90. 04	09004 AMB SVC-PSYCH ADULT	1, 977, 312		1, 977, 312		1, 977, 312	
90. 05	09005 AMB SVC-DIABETES ADULT	0		0	0	0	
90. 06	09006 OUTPATI ENT SURGERY	4, 111, 318		4, 111, 318	0	4, 111, 318	
90. 07	09007 AMB SVC-RILEY CLINICS	5, 955, 676		5, 955, 676		5, 955, 676	
90. 08	09008 MOTILITY LAB	252, 155		252, 155	0	252, 155	
90. 09 90. 10	09009 AMB SVC - PSYCH CHILD 09010 CLINICAL GERIATRICS	0		247 114	0	0 267, 114	
90. 10	09023 SLEEP LAB	267, 114 4, 650, 429		267, 114 4, 650, 429		4, 650, 429	1
	09024 OP CARE ADULTS	913, 336		913, 336		913, 336	
90. 13	09011 PEDIATRIC CLINIC	0		0	Ö	0	
	09012 ARTHRITIS CLINIC	371, 915		371, 915	0	371, 915	
90. 15	09013 NEUROLOGY UH	0		0		0	
90. 16	09014 ORTHOPEDI CS UH	0		1 00/ /05	_		
90. 17	09015 PHYSI CAL MEDI CI NE	1, 906, 605		1, 906, 605	0	1, 906, 605	90. 17

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Peri od: Worksheet C From 01/01/2014 Part I To 12/31/2014 Date/Time Prepared: 5/26/2015 1: 45 pm Provider CCN: 150056

				5/26/2015 1:4		5 pm
		Ti t	le XIX	Hospi tal	PPS	
			Costs			
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj .		Di sal I owance		
	Part I, col.					
	26)					
	1.00	2. 00	3. 00	4. 00	5. 00	
90. 18 09016 DERMATOLOGY CLI NI C	1, 202, 497		1, 202, 497	0	1, 202, 497	90. 18
90. 19 09017 I NFUSI ON/HEM/ONC	1, 190, 960		1, 190, 960	o	1, 190, 960	90. 19
90. 20 09025 I UMG - MH	549, 396		549, 396	o	549, 396	90. 20
90. 21 09019 OP REHAB CLINIC	398, 604		398, 604	o	398, 604	90. 21
90. 22 09020 EATING DISORDERS CLINIC	1, 550, 222		1, 550, 222	o	1, 550, 222	90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC	1, 389, 697		1, 389, 697	o	1, 389, 697	90. 23
90. 24 09021 LIFE CARE CLINIC	1, 655, 636		1, 655, 636	o	1, 655, 636	90. 24
91. 00 09100 EMERGENCY	39, 525, 345		39, 525, 345	o	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	o	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 HOSPI CE	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	o	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	o	1, 471, 750, 844	202. 00

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	TATION OF RATIO OF COSTS TO CHARGES	TINDI ANA UNI VEN		CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Pre 5/26/2015 1:4	pared:
			Ti t	le XIX	Hospi tal	PPS	<u> </u>
	Cost Center Description	I npati ent	Charges Outpati ent	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	LABATI FAIT POLITIME CERVILOE COCT CENTERS	6.00	7. 00	8. 00	9. 00	10.00	
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	575, 684, 840		575, 684, 84			30.00
31. 00	03100 I NTENSI VE CARE UNI T	74, 986, 902		74, 986, 90			31.00
32. 00	03200 CORONARY CARE UNIT	54, 127, 028		54, 127, 02			32.00
32. 01	03201 NEONATAL INTENSIVE CARE UNIT	26, 423, 848		26, 423, 84			32. 01
33. 00	03300 BURN INTENSIVE CARE UNIT	8, 488, 185		8, 488, 18	5		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		12 (40 2)	0		34. 00
34. 02 34. 03	03401 UH	13, 640, 364		13, 640, 36	0		34. 02 34. 03
34. 04	03403 RH PED IC	34, 382, 014		34, 382, 01	4		34. 04
34. 05	03404 TRANSPLANT I CU	10, 982, 410		10, 982, 41			34. 05
34. 06	03407 PEDS CANCER CARE	10, 172, 216		10, 172, 21			34. 06
40.00	04000 SUBPROVI DER - I PF	12, 507, 080		12, 507, 08			40.00
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	102, 063, 192		102, 063, 19	2		43.00
50. 00	05000 OPERATI NG ROOM	501, 371, 624	240, 612, 680	741, 984, 30	4 0. 130864	0. 000000	50.00
50. 01	05001 ENDOSCOPY	15, 686, 274	9, 468, 000	25, 154, 27		0. 000000	
51.00	05100 RECOVERY ROOM	44, 296, 576	52, 141, 596			0. 000000	
52.00	05200 DELIVERY ROOM & LABOR ROOM	39, 315, 413 39, 029, 528	3, 733, 641			0.000000	
53. 00 53. 01	05300 ANESTHESI OLOGY 05301 PULMONARY FUNCTI ON TESTING	39, 029, 528	16, 096, 567 25, 692, 763			0. 000000 0. 000000	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	214, 743, 265	317, 348, 924			0. 000000	
55. 00	05500 RADI OLOGY-THERAPEUTI C	6, 236, 955	112, 148, 311			0. 000000	
56. 00	05600 RADI OI SOTOPE	6, 761, 304	20, 059, 125			0. 000000	
59.00	05900 CARDI AC CATHETERI ZATI ON	13, 684, 249	30, 584, 553			0.000000	
60. 00 60. 01	06000 LABORATORY 06001 TRANSPLANT IMMUNOLOGY	376, 418, 048 2, 463, 993	312, 917, 719 13, 500, 021			0. 000000 0. 000000	
60. 02	06002 BONE MARROW TRANSPLANT LAB	2, 403, 773	13, 300, 021		0. 230237	0. 000000	
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	63, 882, 779	8, 657, 791	72, 540, 57		0. 000000	
65. 00	06500 RESPI RATORY THERAPY	114, 944, 566	2, 537, 563			0. 000000	
66. 00	06600 PHYSI CAL THERAPY	48, 679, 646	17, 938, 843			0.000000	
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	11, 350, 582 6, 872, 471	2, 496, 317 12, 167, 096			0. 000000 0. 000000	
69. 00	06900 ELECTROCARDI OLOGY	54, 775, 543	33, 588, 496			0. 000000	1
70. 00	07000 ELECTROENCEPHALOGRAPHY	31, 788, 136	15, 909, 212			0. 000000	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	90, 730, 174	62, 435, 342			0. 000000	
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	288, 528, 945	98, 804, 007			0. 000000 0. 000000	
73.00	07303 OUTPATIENT RETAIL PHARMACY	445, 152, 454 0	448, 461, 494 58, 013, 674			0. 000000	
74. 00	07400 RENAL DIALYSIS	15, 514, 837	19, 844, 840			0. 000000	
76. 00	03020 RH NBN ECMO IC	2, 862, 299	0	2, 862, 29		0. 000000	
76. 01		12, 626, 254	20, 347, 715	1		0. 000000	1
76. 02 76. 03	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03950 CARDI AC CATH	720, 136 45, 323, 240	2, 421, 711 80, 836, 660			0. 000000 0. 000000	
76. 03	03951 DAY SURGERY	375, 987	3, 458, 437			0. 000000	
76. 05	03480 ONCOLOGY	0	0		0. 000000	0. 000000	
76. 06	03952 DAY SURGERY-RI LEY	0	0		0. 000000	0. 000000	
76. 07 76. 08	03953 CARDI OLOGY-RI LEY 03954 ECMO-ADULT	2 254 500	0	2 254 50	0 0. 000000 8 0. 247208	0. 000000 0. 000000	
76. 06	07697 CARDI AC REHABI LI TATI ON	3, 256, 588	1, 043, 638	3, 256, 58 1, 043, 63		0. 000000	
. 5. 77	OUTPATIENT SERVICE COST CENTERS		., 5 , 5, 656	., 510, 55	3.311210	2. 333330	1
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	3, 641, 127	3, 641, 12		0. 000000	
90.00	09000 CLINIC	0	0		0.000000	0. 000000	
90. 01 90. 02	09001 AMB SVC-0B & GYN 09002 I USCC HEM/ONC	145, 765 794, 811	9, 070, 889 83, 884, 058			0. 000000 0. 000000	
90. 02	09002 TOSCE HEM/ONC	5, 424	3, 386, 083			0. 000000	
90. 04	09004 AMB SVC-PSYCH ADULT	0	4, 300, 990			0. 000000	
90. 05	09005 AMB SVC-DI ABETES ADULT	0	0		0. 000000	0. 000000	1
90.06	09006 OUTPATIENT SURGERY	8, 937, 013	14, 113, 987			0.000000	
90. 07 90. 08	09007 AMB SVC-RILEY CLINICS 09008 MOTILITY LAB	427, 599 23, 889	9, 982, 039 551, 937			0. 000000 0. 000000	
90.09	09009 AMB SVC - PSYCH CHILD	25, 667	331, 737		0. 000000	0. 000000	
90. 10	09010 CLINICAL GERIATRICS	o	0		0. 000000	0. 000000	
90. 11	09023 SLEEP LAB	37, 174	15, 675, 456			0. 000000	
90. 12	09024 OP CARE ADULTS	1, 888	310, 826	312, 71		0.000000	
90. 13 90. 14	09011 PEDI ATRI C CLI NI C 09012 ARTHRI TI S CLI NI C		5, 177, 638	5, 177, 63	0 0. 000000 8 0. 071831	0. 000000 0. 000000	1
90. 15	09013 NEUROLOGY UH		0, 1, 7, 030	5, 1,7, 33	0.000000	0. 000000	1
90. 16	09014 ORTHOPEDI CS UH	o	0		0. 000000	0. 000000	90. 16
90. 17	09015 PHYSI CAL MEDI CI NE	6, 557	1, 393, 624			0.000000	
90. 18	09016 DERMATOLOGY CLINIC	9, 726	3, 481, 983	3, 491, 70	9 0. 344386	0. 000000	90. 18

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| In Lieu of Form CMS-2552-10 | Period: Worksheet C | From 01/01/2014 Part | Part | Date/Time Prepared: 5/26/2015 1:45 pm Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 150056

					5/26/2015 1:4	5 pm
		Ti t	le XIX	Hospi tal	PPS	
		Charges				
Cost Center Description	I npati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
	·	·	+ col. 7)	Ratio	Inpati ent	
					Ratio	
	6.00	7. 00	8. 00	9. 00	10.00	
90. 19 09017 I NFUSI ON/HEM/ONC	30, 998	7, 061, 962	7, 092, 960	0. 167907	0.000000	90. 19
90. 20 09025 I UMG - 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	o	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	o	0	C	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	o	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	1		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	C			112. 00
112. 01 08601 POST TRANSPLANT EXPENSES	o	0	C)		112. 01
113. 00 11300 I NTEREST EXPENSE						113. 00
116. 00 11600 HOSPI CE	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
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In Lieu of Form CMS-2552-10
Worksheet C
01/2014 Part I
01/2014 Date/Time Prepared: 5/26/2015 1:45 pm Provi der CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014

			Title XIX	Hospi tal	PPS	о рііі
	Cost Center Description	PPS Inpatient				
		Ratio				
	1	11. 00				
00.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS					1 00 00
30. 00 31. 00	03000 ADULTS & PEDIATRICS					30.00
32. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T					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 6I C					34. 02
34. 03	03402 UH NS 31 C					34. 03
34. 04	03403 RH PED IC					34. 04
34. 05	03404 TRANSPLANT I CU					34. 05
34. 06 40. 00	03407 PEDS CANCER CARE 04000 SUBPROVI DER - I PF					34. 06 40. 00
43. 00	04300 NURSERY					43. 00
10.00	ANCILLARY SERVICE COST CENTERS					10.00
50.00	05000 OPERATI NG 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 ANESTHESI OLOGY	0. 095313				53.00
53. 01 54. 00	05301 PULMONARY FUNCTION TESTING 05400 RADI OLOGY-DI AGNOSTI C	0. 179197				53. 01 54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0. 148545 0. 098325				55. 00
56. 00	05600 RADI OI SOTOPE	0. 109114				56.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 064065				59.00
60.00	06000 LABORATORY	0. 111374				60.00
60. 01	06001 TRANSPLANT I MMUNOLOGY	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 RESPI RATORY THERAPY	0. 254674				65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0. 298681 0. 308716				66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 322489				68. 00
69. 00	06900 ELECTROCARDI OLOGY	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 I MPL. 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 76. 00	07400 RENAL DI ALYSI S	0. 367992 0. 493199				74. 00 76. 00
76. 00	03020 RH NBN ECMO I C 03140 CARDI OLOGY	0. 493199				76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 230780				76. 02
76. 03	03950 CARDI AC 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-RI LEY	0. 000000				76. 06
	03953 CARDI OLOGY-RI LEY	0. 000000				76. 07
76. 08	1	0. 247208				76. 08
76. 97	O7697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	0. 841248				76. 97
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	1. 291954				89. 00
90. 00	09000 CLINIC	0. 000000				90.00
90. 01	09001 AMB SVC-0B & GYN	0. 449096				90. 01
90. 02	09002 I USCC HEM/ONC	0. 576430				90. 02
90. 03	09003 AMB SVC-OPTHALMOLOGY	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 90. 07	09006 OUTPATIENT SURGERY 09007 AMB SVC-RILEY CLINICS	0. 178357 0. 572131				90. 06 90. 07
90.07	09008 MOTILITY LAB	0. 372131				90.07
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 90. 17	09014 ORTHOPEDICS UH	0.000000				90. 16
90. 17	09015 PHYSI CAL MEDI CI NE 09016 DERMATOLOGY CLI NI C	1. 361685 0. 344386				90. 17
90. 19	09017 I NFUSI ON/HEM/ONC	0. 167907				90. 19
90. 20	09025 I UMG - MH	6. 022890				90. 20
		•				

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SPECIAL PURPOSE COST CENTERS 105.00 105.00 10500 KIDNEY ACQUISITION 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. 01 08601 POST TRANSPLANT EXPENSES 112. 00 112. 01 113. 00 11300 INTEREST EXPENSE 113.00 116. 00 11600 HOSPI CE 116. 00 Subtotal (see instructions) 200.00 200.00 201.00 Less Observation Beds 201. 00 202.00 Total (see instructions) 202.00

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Health Financial Systems INDIANA UNICALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY | In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm Provider CCN: 150056

		T: 4	H o VIV	Hooni tal	5/26/2015 1: 4	5 pm
Cost Contor Doscription	Total Cost		Operating Cost	Hospi tal Capi tal	PPS Operating Cost	
Cost Center Description			Net of Capital	Reduction	Reduction	
	1, col. 26)		Cost (col. 1 -	nedde er on	Amount	
	.,,		col . 2)			
	1. 00	2. 00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS		1				
50. 00 05000 OPERATING ROOM	97, 099, 146			0	0	
50. 01 05001 ENDOSCOPY 51. 00 05100 RECOVERY ROOM	3, 114, 907	1		0	0	50. 01 51. 00
52. 00 05100 RECOVERY ROOM S2. 00 05200 DELI VERY ROOM & LABOR ROOM	14, 445, 455 11, 876, 368			0	0	51.00
53. 00 05300 ANESTHESI OLOGY	5, 254, 230	l ·		0	0	53.00
53. 01 05301 PULMONARY FUNCTION TESTING	5, 303, 228			0	ő	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	79, 039, 747			0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	11, 640, 248	2, 035, 941	9, 604, 307	0	0	55. 00
56. 00 05600 RADI OI SOTOPE	2, 926, 489			0	0	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 836, 090	1		0	0	59. 00
60. 00 06000 LABORATORY	76, 773, 796			0	_	60.00
60. 01 06001 TRANSPLANT IMMUNOLOGY	3, 675, 500	1		0	0	60. 01
60. 02 06002 BONE MARROW TRANSPLANT LAB 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	34 24, 221, 536		1	0	0	60. 02 63. 00
65. 00 06500 RESPIRATORY THERAPY	29, 919, 607			0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	19, 897, 684			0	0	66. 00
67. 00 06700 OCCUPATIONAL THERAPY	4, 274, 757		1	0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	6, 140, 057	673, 488	5, 466, 569	0	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	5, 982, 422			0	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	7, 901, 056			0	0	70. 00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	56, 482, 207		1 1	0	0	71. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	113, 962, 259			0	0	72.00
73.00 O7300 DRUGS CHARGED TO PATIENTS 73.03 O7303 OUTPATIENT RETAIL PHARMACY	186, 987, 814 63, 445, 661			0	0	73. 00 73. 03
74. 00 07400 RENAL DI ALYSI S	13, 012, 082			0	0	74.00
76. 00 03020 RH NBN ECMO I C	1, 411, 684			0	0	76.00
76. 01 03140 CARDI OLOGY	4, 383, 166			0		76. 01
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	725, 075			0	0	76. 02
76. 03 03950 CARDI AC CATH	13, 300, 154	1, 326, 575	11, 973, 579	0	0	76. 03
76. 04 03951 DAY SURGERY	6, 042, 370	451, 502	5, 590, 868	0	0	76. 04
76. 05 03480 0NC0L0GY	0	(0	0	76. 05
76. 06 03952 DAY SURGERY-RI LEY	0	(0	0	0	76. 06
76. 07 03953 CARDI OLOGY-RI LEY	005.054	(0	0	0	76. 07
76. 08 03954 ECMO-ADULT 76. 97 07697 CARDIAC REHABILITATION	805, 054 877, 958			0	0	76. 08 76. 97
OUTPATIENT SERVICE COST CENTERS	677, 750	71,71	7 7 703	0	0	10.91
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	4, 704, 169	55, 443	4, 648, 726	0	0	89. 00
90. 00 09000 CLI NI C	0			0	0	90.00
90. 01 09001 AMB SVC-0B & GYN	4, 139, 161	523, 534		0	0	90. 01
90. 02 09002 I USCC HEM/ONC	48, 811, 404			0	0	90. 02
90. 03 09003 AMB SVC-OPTHALMOLOGY	888, 988			0	0	90. 03
90. 04 09004 AMB SVC-PSYCH ADULT	1, 977, 312		1, 558, 260	0	0	90.04
90. 05 09005 AMB SVC-DI ABETES ADULT 90. 06 09006 OUTPATI ENT SURGERY	4, 111, 318	_	3, 820, 753	0	0	90. 05 90. 06
90. 07 09007 AMB SVC-RILEY CLINICS	5, 955, 676			0	0	90.00
90. 08 09008 MOTILITY LAB	252, 155			0	0	90.08
90. 09 09009 AMB SVC - PSYCH CHILD	0	00, 12	0 202, 020	0	0	90. 09
90. 10 09010 CLINICAL GERIATRICS	267, 114	66, 623	200, 491	0	0	90. 10
90. 11 09023 SLEEP LAB	4, 650, 429	366, 381	4, 284, 048	0	0	90. 11
90. 12 09024 OP CARE ADULTS	913, 336	145, 003	768, 333	0	0	90. 12
90. 13 09011 PEDIATRIC CLINIC	0	(0	0	0	90. 13
90. 14 09012 ARTHRITIS CLINIC	371, 915	6, 489	365, 426	0	0	90. 14
90. 15 09013 NEUROLOGY UH 90. 16 09014 ORTHOPEDI CS UH	0			0	0	90. 15
90. 17 09014 OKTHOPEDICS OH 90. 17 09015 PHYSI CAL MEDICINE	1, 906, 605	209, 544	1, 697, 061	0	0	90. 16 90. 17
90. 18 09016 DERMATOLOGY CLINIC	1, 202, 497			0	0	90. 18
90. 19 09017 NFUSI ON/HEM/ONC	1, 190, 960	l ·		0	0	90. 19
90. 20 09025 I UMG - MH	549, 396			0	0	90. 20
90. 21 09019 OP REHAB CLINIC	398, 604	33, 948	364, 656	0	0	90. 21
90. 22 09020 EATING DISORDERS CLINIC	1, 550, 222	1		0	0	90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC	1, 389, 697			0	0	90. 23
90. 24 09021 LI FE CARE CLI NI C	1, 655, 636			0	0	90. 24
91. 00 09100 EMERGENCY	39, 525, 345			0		91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) OTHER REIMBURSABLE COST CENTERS	14, 906, 754	1, 102, 817	7 13, 803, 937	0	0	92. 00
94. 00 09400 HOME PROGRAM DI ALYSI S	2, 241, 565	262, 986	1, 978, 579	0	0	94. 00
95. 00 09500 AMBULANCE SERVI CES	30, 347, 324			0		
101.00 10100 HOME HEALTH AGENCY	42, 959, 724			0		101. 00
SPECIAL PURPOSE COST CENTERS						
105. 00 10500 KIDNEY ACQUISITION	12, 750, 349	524, 702	12, 225, 647	0	0	105. 00

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					07 207 2010 1.1	O PIII
		Ti t	le XIX	Hospi tal	PPS	
Cost Center Description	Total Cost	Capital Cost	Operating Cost	Capi tal	Operating Cost	
	(Wkst. B, Part	(Wkst. B, Part	Net of Capital	Reduction	Reduction	
	I, col. 26)	II col. 26)	Cost (col. 1 -		Amount	
			col . 2)			
	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 HOSPI CE	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

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Health Financial Systems INDIANA UNICALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY Peri od: Worksheet C
From 01/01/2014 Part II
To 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Provider CCN: 150056

			T: +	tla VIV	Hooni tol	5/26/2015 1: 45	5 pm
	Cost Contor Dosorintian	Cost Net of	Total Charges	le XIX Outpatient	Hospi tal	PPS	
	Cost Center Description	Capital and		Cost to Charge			
		Operating Cost					
		Reduction	8)	/ 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				52.00
53. 00	05300 ANESTHESI OLOGY	5, 254, 230	55, 126, 095				53.00
53. 01	05301 PULMONARY FUNCTION TESTING	5, 303, 228	29, 594, 421				53. 01
54. 00	05400 RADI OLOGY-DI AGNOSTI C	79, 039, 747	532, 092, 189				54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	11, 640, 248	118, 385, 266				55. 00
56. 00	05600 RADI OI SOTOPE	2, 926, 489	26, 820, 429				56.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	2, 836, 090	44, 268, 802				59. 00
60.00	06000 LABORATORY	76, 773, 796	689, 335, 767				60.00
60. 01 60. 02	06001 TRANSPLANT I MMUNOLOGY	3, 675, 500	15, 964, 014 0				60. 01
63. 00	06002 BONE MARROW TRANSPLANT LAB 06300 BLOOD STORING, PROCESSING & TRANS.	34 24, 221, 536	72, 540, 570				60. 02 63. 00
65. 00	06500 RESPIRATORY THERAPY	29, 919, 607	117, 482, 129				65. 00
66. 00	06600 PHYSI CAL THERAPY	19, 897, 684	66, 618, 489				66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	4, 274, 757	13, 846, 899				67. 00
68. 00	06800 SPEECH PATHOLOGY	6, 140, 057	19, 039, 567				68. 00
69. 00	06900 ELECTROCARDI OLOGY	5, 982, 422	88, 364, 039				69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	7, 901, 056					70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	56, 482, 207	153, 165, 516	1			71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	113, 962, 259	387, 332, 952				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 IC	1, 411, 684	2, 862, 299	0. 493199			76.00
76. 01	03140 CARDI OLOGY	4, 383, 166	32, 973, 969				76. 01
76. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	725, 075	3, 141, 847				76. 02
76. 03	03950 CARDI AC CATH	13, 300, 154					76. 03
76. 04	03951 DAY SURGERY	6, 042, 370	3, 834, 424				76. 04
76. 05	03480 ONCOLOGY	0	C	0.000000			76. 05
76. 06	03952 DAY SURGERY-RI LEY	0	C				76.06
76. 07	03953 CARDI OLOGY-RI LEY	0	0.057.500	0.000000			76. 07
76. 08	03954 ECMO-ADULT	805, 054	3, 256, 588				76. 08
76. 97	07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	877, 958	1, 043, 638	0. 841248			76. 97
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	4, 704, 169	3, 641, 127	1. 291954			89. 00
90. 00	09000 CLINIC	4, 704, 107	3, 041, 127	1			90.00
90. 01	09001 AMB SVC-0B & GYN	4, 139, 161	9, 216, 654				90. 01
90. 02	09002 I USCC HEM/ONC	48, 811, 404	84, 678, 869				90. 02
90. 03	09003 AMB SVC-OPTHALMOLOGY	888, 988	3, 391, 507				90. 03
90. 04	09004 AMB SVC-PSYCH ADULT	1, 977, 312	4, 300, 990				90.04
90. 05	09005 AMB SVC-DIABETES ADULT	0	C	0. 000000			90.05
90.06	09006 OUTPATIENT SURGERY	4, 111, 318	23, 051, 000				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				90. 08
90. 09	09009 AMB SVC - PSYCH CHILD	0	C	0.000000			90. 09
90. 10	09010 CLI NI CAL GERI ATRI CS	267, 114	C	0. 000000			90. 10
90. 11	09023 SLEEP LAB	4, 650, 429					90. 11
90. 12	09024 OP CARE ADULTS	913, 336	312, 714	1			90. 12
	09011 PEDI ATRI C CLI NI C	074 045	E 477 (00	0.000000			90. 13
90. 14	09012 ARTHRITIS CLINIC	371, 915	5, 177, 638				90. 14
90. 15	09013 NEUROLOGY UH	0		0.000000			90. 15
90. 16 90. 17	09014 ORTHOPEDI CS UH 09015 PHYSI CAL MEDI CI NE	1		0.00000			90. 16 90. 17
	09016 DERMATOLOGY CLINIC	1, 906, 605 1, 202, 497	1, 400, 181 3, 491, 709				90. 17
90. 18	09017 I NFUSI ON/HEM/ONC	1, 190, 960	7, 092, 960				90. 18
	09025 I UMG - MH	549, 396	91, 218				90. 19
90. 21	09019 OP REHAB CLINIC	398, 604	401, 134				90. 20
90. 22	09020 EATING DISORDERS CLINIC	1, 550, 222	2, 648, 648	1			90. 22
90. 23	09018 GASTROENTEROLOGY CLINIC	1, 389, 697	940, 121				90. 23
90. 24	09021 LIFE CARE CLINIC	1, 655, 636	C				90. 24
	09100 EMERGENCY	39, 525, 345	427, 551, 352				91. 00
		14, 906, 754	35, 956, 512				92.00
	OTHER REIMBURSABLE COST CENTERS						
	09400 HOME PROGRAM DIALYSIS	2, 241, 565	16, 443, 327				94. 00
	09500 AMBULANCE SERVICES	30, 347, 324					95. 00
101.00	10100 HOME HEALTH AGENCY	42, 959, 724	85, 844, 514	0. 500436		·	101. 00
40= -	SPECIAL PURPOSE COST CENTERS	40 === - 1	0.4.05= ::				405
105.00	10500 KIDNEY ACQUISITION	12, 750, 349	34, 285, 481	0. 371888			105. 00

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		Ti t	le XIX	Hospi tal	PPS	
Cost Center Description	Cost Net of	Total Charges	Outpati ent			
	Capital and	(Worksheet C,	Cost to Charge			
	Operating Cost	Part I, column	Ratio (col. 6			
	Reducti on	8)	/ 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 HOSPI CE	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

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949

1.783

90, 114

86

75, 673

29, 864

112, 400

6, 340, 175

34.05

34.06

40 00

43.00

200.00

34. 05

34.06

40 00

43. 00 NURSERY

TRANSPLANT ICU

200.00 Total (lines 30-199)

PEDS CANCER CARE

SUBPROVIDER - LPF

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	TAL COSTS			Period: From 01/01/2014	Worksheet D Part II	
				To 12/31/2014		pared: 5 pm
			e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal		Ratio of Cost		Capital Costs	
	Related Cost (from Wkst. B,	(from Wkst. C, Part I, col.	to Charges (col. 1 ÷ col.	Program Charges	(column 3 x column 4)	
	Part II, col.	8)	2)	onal ges	COT GIIIIT 4)	
	26)	ŕ	,			
	1.00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	17 (01 (70	741 004 204	0.00000	141 007 507	2 270 240	
50. 00 05000 0PERATI NG ROOM 50. 01 05001 ENDOSCOPY	17, 681, 670 378, 976		1		3, 379, 249 82, 022	
51. 00 05100 RECOVERY ROOM	1, 309, 532					
52. 00 05200 DELIVERY ROOM & LABOR ROOM	685, 203				l	
53. 00 05300 ANESTHESI OLOGY	926, 421	55, 126, 095	1			
53. 01 05301 PULMONARY FUNCTION TESTING	581, 059	29, 594, 421			8, 666	
54. 00 05400 RADI OLOGY - DI AGNOSTI C	13, 522, 418		1		1, 702, 828	
55. 00 05500 RADI OLOGY-THERAPEUTI C	2, 035, 941		l .		l	
56. 00 05600 RADI OI SOTOPE 59. 00 05900 CARDI AC CATHETERI ZATI ON	523, 842 566, 893		l .		l	
60. 00 06000 LABORATORY	6, 172, 584				l	1
60. 01 06001 TRANSPLANT IMMUNOLOGY	138, 915		l .			
60. 02 06002 BONE MARROW TRANSPLANT LAB	0	0	0. 000000	0	0	60. 02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	564, 789					
65. 00 06500 RESPI RATORY THERAPY	1, 957, 860					
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 0CCUPATI ONAL THERAPY	1, 059, 222		1			1
67. 00 06700 0CCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	245, 848 673, 488		1		1	1
69. 00 06900 ELECTROCARDI OLOGY	587, 119		1		l	
70. 00 07000 ELECTROENCEPHALOGRAPHY	865, 404		1			•
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 056, 410			28, 829, 033	198, 834	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1, 783, 884		1		l	•
73. 00 07300 DRUGS CHARGED TO PATIENTS	3, 702, 596				l	
73. 03 07303 OUTPATIENT RETAIL PHARMACY	1, 480, 119		1		0	
74. 00 07400 RENAL DIALYSIS 76. 00 03020 RH NBN ECMO IC	1, 066, 357 48, 230		1		231, 102	1
76. 01 03140 CARDI OLOGY	785, 083		1			
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	82, 418				l	
76. 03 03950 CARDI AC CATH	1, 326, 575	126, 159, 900	0. 010515	16, 004, 841	168, 291	76. 03
76. 04 03951 DAY SURGERY	451, 502		l .		0	
76. 05 03480 0NCOLOGY	0	0			0	
76. 06 03952 DAY SURGERY-RI LEY 76. 07 03953 CARDI OLOGY-RI LEY	0		0. 000000 0. 000000		0	
76. 08 03954 ECMO-ADULT	9, 644	1	l .			
76. 97 O7697 CARDI AC REHABI LI TATI ON	97, 975		l .	·	0	
OUTPATIENT SERVICE COST CENTERS	,					
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	55, 443					
90. 00 09000 CLI NI C	523, 534	· -			ľ	
90. 01 09001 AMB SVC-0B & GYN 90. 02 09002 I USCC HEM/ONC	4, 815, 587				l	
90. 03 09003 AMB SVC-0PTHALMOLOGY	286, 621				237	
90. 04 09004 AMB SVC-PSYCH ADULT	419, 052				0	
90. 05 09005 AMB SVC-DI ABETES ADULT	0	0	0.000000	0	0	90. 05
90. 06 09006 OUTPATI ENT SURGERY	290, 565		1		50, 295	1
90. 07 09007 AMB SVC-RILEY CLINICS 90. 08 09008 MOTILITY LAB	945, 979				548	1
90. 09 09009 MMT SVC - PSYCH CHILD	50, 129		0. 08705 <i>6</i> 0. 000000		0	
90. 10 09010 CLI NI CAL GERI ATRI CS	66, 623	•	0. 000000		Ö	•
90. 11 09023 SLEEP LAB	366, 381	15, 712, 630	1		0	
90. 12 09024 OP CARE ADULTS	145, 003	312, 714	0. 463692	737	342	90. 12
90. 13 09011 PEDI ATRI C CLI NI C	0	0	0.000000		0	•
90. 14 09012 ARTHRITIS CLINIC	6, 489	5, 177, 638			0	1
90. 15 09013 NEUROLOGY UH 90. 16 09014 ORTHOPEDI CS UH	0	0	0. 000000 0. 000000		0	
90. 17 09015 PHYSI CAL MEDI CI NE	209, 544	1	0. 149655		580	
90. 18 09016 DERMATOLOGY CLINIC	188, 879		l .		411	1
90. 19 09017 I NFUSI ON/HEM/ONC	21, 273	7, 092, 960	0. 002999	26, 990	81	90. 19
90. 20 09025 I UMG - MH	9, 151	91, 218	l .		200	
90. 21 09019 OP REHAB CLINIC	33, 948		1		0	
90. 22 09020 EATING DI SORDERS CLINIC	45, 456		1		0	
90. 23 09018 GASTROENTEROLOGY CLINIC 90. 24 09021 LIFE CARE CLINIC	172, 869 82, 483		0. 183880 0. 000000		836 0	1
91. 00 09100 EMERGENCY	2, 798, 271		l .			
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 102, 817		l .		27, 273	1
OTHER REIMBURSABLE COST CENTERS					,	1
94. 00 09400 HOME PROGRAM DI ALYSI S	262, 986	16, 443, 327	0. 015993	0	0	
94.00		16, 443, 327 5, 201, 046, 015		781, 084, 385		95. 00

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APPORTI ONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Health Financial Systems	INDIANA UNIVER	RSLTY HEALTH		In Lie	u of Form CMS-2	2552-10
Cost Center Description					Period: From 01/01/2014	Worksheet D Part III Date/Time Pre	pared:
INPATI ENT ROUTI NE SERVICE COST CENTERS 1.00 2.00 3.00 4.00 5.00 3.00 4.00 5.00 3.00 3.00 4.00 5.00 3.00 3.00 4.00 5.00 3.00 3.00 4.00 5.00 3.00 3.00 3.00 3.00 4.00 5.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00			Ti tl	e XVIII	Hospi tal	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS 1.00 2.00 3.00 4.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5	Cost Center Description	Nursing School	Allied Health	All Other	Swi ng-Bed	Total Costs	
INPATI ENT ROUTINE SERVICE COST CENTERS 1.00 2.00 3.00 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000			Cost	Medi cal	Adjustment	(sum of cols.	
INPATTENT ROUTINE SERVICE COST CENTERS 1.00 2.00 3.00 4.00 5.00				Education Cos	t Amount (see	1 through 3,	
INPATIENT ROUTINE SERVICE COST CENTERS					instructions)	minus col. 4)	
30.00		1.00	2. 00	3.00	4. 00	5. 00	
31 00 03100 INTENSIVE CARE UNIT 0 65, 358 0 65, 358 31, 00 3200 OSCOROMARY CARE UNIT 0 50, 311 32, 00 32, 00 OSCOROMARY CARE UNIT 0 50, 311 32, 00 33, 00 OSCOROMARY CARE UNIT 0 7, 561 0 7, 561 33, 00 33, 00 OSCOROMARY CARE UNIT 0 7, 561 0 7, 561 33, 00 34, 00 34, 00 OSCOROMARY CARE UNIT 0 0 0 0 0 0 0 0 0	INPATIENT ROUTINE SERVICE COST CENTERS						
32. 00 03200 CORONARY CARE UNIT 0 50, 311 0 50, 311 32. 00 32. 01 03201 NEONATAL INTENSIVE CARE UNIT 0 30, 471 0 7, 561 33. 00 33. 00 03300 BURN INTENSIVE CARE UNIT 0 0 0 0 0 34. 00 03400 SURGICAL INTENSIVE CARE UNIT 0 0 0 0 0 34. 00 03401 UH SURGI 61 C 0 13, 492 34. 02 34. 03 03401 UH SURGI 61 C 0 0 0 0 0 0 34. 00 03403 RIPED C 0 0 0 0 0 34. 00 03403 RIPED C 0 0 0 0 0 34. 03 03402 UH NS 31 C 0 0 0 0 0 34. 05 03404 TRANSPLANT I CU 0 0 10, 362 0 10, 362 34. 05 34. 06 03407 PEDS CANCER CARE 0 8, 507 0 8, 507 34. 06 34. 06 03407 PEDS CANCER CARE 0 8, 507 0 8, 507 34. 06 34. 00 04300 NURSERY 0 20, 236 0 21, 714 0 0 21, 714 40. 00 35. 00 03000 ADULTS & PEDI ATRIC S 263, 105 3. 18 74, 054 235, 492 31. 00 35. 00 03000 ADULTS & PEDI ATRIC S 263, 105 3. 18 74, 054 235, 492 31. 00 35. 00 03000 ADULTS & PEDI ATRIC S 263, 105 3. 18 74, 054 235, 492 31. 00 35. 00 03000 ADULTS & PEDI ATRIC S 263, 105 3. 18 74, 054 235, 492 31. 00 35. 00 03000 ADULTS & PEDI ATRIC S 263, 105 3. 18 74, 054 235, 492 31. 00 35. 00 03000 ADULTS & PEDI ATRIC S 263, 105 3. 18 74, 054 235, 492 31. 00 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01 32. 01	30. 00 03000 ADULTS & PEDIATRICS	0	836, 502		0 0	836, 502	30.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT 0 30, 471 0 7, 561 33. 00 33. 00 03300 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400 03400	31.00 03100 INTENSIVE CARE UNIT	0	65, 358		0	65, 358	31.00
33.00 03300 BURN INTENSIVE CARE UNIT 0 7,561 0 0 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00 34.00	32. 00 03200 CORONARY CARE UNIT	0	50, 311		0	50, 311	32.00
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31. 00	INPATIENT ROUTINE SERVICE COST CENTERS						
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 0 32. 01 33. 00 03300 BURN INTENSIVE CARE UNIT 2, 231 3. 39 4 14 33. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 03 34. 02 34. 04 34. 04 34. 04 34. 04 34. 04 34. 05 34. 04 7, 587 3. 51 3. 44 3. 36 34. 05 34. 06 34. 06 34. 07 PEDS CANCER CARE 2, 471 3. 44 86 296 34. 06 34. 00 34. 00 34. 00 00 00 00 00 00 00 00		263, 105		74, 05			30. 00
32. 01 03201 NEONATAL INTENSIVE CARE UNIT 9,059 3. 36 0 0 32. 01 33. 00 3300 BURN INTENSIVE CARE UNIT 2,231 3. 39 4 14 33. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 03 34. 02 34. 03 34. 02 34. 03 34. 02 34. 04 34. 04 34. 04 34. 04 34. 04 34. 04 34. 04 34. 04 34. 05 34. 04 34. 05 34. 04 34. 06 34. 07 PEDS CANCER CARE 2,471 3. 44 86 296 34. 06 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00	31.00 03100 INTENSIVE CARE UNIT	19, 112	3. 42	6, 69			31. 00
33. 00 03300 BURN I NTENSI VE CARE UNI T 2, 231 3. 39 4 14 33. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 00 34. 03 34. 04 34. 04 34. 04 34. 04 34. 05 34. 04 34. 05 34. 04 34. 06 34. 07 25. 06 34. 07 25. 06 34. 06 34. 06 34. 06 34. 07 25. 06 34. 07 25. 07 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26 3. 26	32. 00 03200 CORONARY CARE UNIT	14, 365	3. 50	4, 93	5 17, 273		32. 00
34. 00	32.01 03201 NEONATAL INTENSIVE CARE UNIT	9, 059	3. 36		0		32. 01
34. 02	33.00 03300 BURN INTENSIVE CARE UNIT	2, 231	3. 39		4 14		33. 00
34. 03 03402 UH NS 31 C 0 0.00 0 0 34. 03 34. 04 03403 RH PED 1 C 7, 587 3. 51 44 154 34. 04 34. 05 03404 TRANSPLANT I CU 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 04300 NURSERY 6, 482 3. 35 1, 783 5, 973 40. 00 43. 00 04300 NURSERY 6, 030 3. 36 0 0 0 43. 00	34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00		0		34.00
34. 04 03403 RH PED I C 7,587 3.51 44 154 34.04 34. 05 03404 TRANSPLANT I CU 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 SUBPROVI DER - I PF 6,482 3.35 1,783 5,973 40.00 43. 00 04300 NURSERY 6,030 3.36 0 0 0 43.00	34. 02 03401 UH SURG 61 C	3, 920	3. 44	1, 56	2 5, 373		34. 02
34. 05 03404 TRANSPLANT I CU 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 SUBPROVI DER - I PF 6, 482 3. 35 1, 783 5, 973 40. 00 43. 00 04300 NURSERY 6, 030 3. 36 0 0 0 43. 00	34. 03 03402 UH NS 31 C	0	0.00		0		34. 03
34. 06 03407 PEDS CANCER CARE 2, 471 3. 44 86 296 34. 06 40. 00 04000 SUBPROVI DER - I PF 6, 482 3. 35 1, 783 5, 973 40. 00 43. 00 04300 NURSERY 6, 030 3. 36 0 0 0 43. 00	34. 04 03403 RH PED IC	7, 587	3. 51	4	4 154		34. 04
34. 06 03407 PEDS CANCER CARE 2, 471 3. 44 86 296 34. 06 40. 00 04000 SUBPROVI DER - I PF 6, 482 3. 35 1, 783 5, 973 40. 00 43. 00 04300 NURSERY 6, 030 3. 36 0 0 0 43. 00	34. 05 03404 TRANSPLANT CU	3, 036	3. 41	94	9 3, 236		34. 05
40. 00 04000 SUBPROVI DER - I PF 6, 482 3. 35 1, 783 5, 973 40. 00 43. 00 04300 NURSERY 6, 030 3. 36 0 0 0 43. 00	34.06 03407 PEDS CANCER CARE			8			34. 06
43. 00 04300 NURSERY 6, 030 3. 36 0 0 43. 00							1
					-		43.00
	200.00 Total (lines 30-199)	337, 398		90, 11	4 290, 715		200. 00

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In Lieu of Form CMS-2552-10
Worksheet D
01/2014 Part IV
01/2014 Date/Time Prepared:
5/26/2015 1:45 pm
 Heal th Financial APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 INDIANA UNIVERSITY HEALTH ANCILLARY SERVICE OTHER PASS
 Provide
 Provider CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014 THROUGH COSTS

				Ti tl	e XVIII	Hospi tal	PPS	<u> </u>
		Cost Center Description	Anesthetist		Allied Health	All Other Medical	Total Cost (sum of col 1	
			Cost			Education Cost	through col. 4)	
			1.00	2.00	3.00	4. 00	5. 00	
		LARY SERVICE COST CENTERS		1	107.070	_	407.070	
50. 00 50. 01		OPERATING ROOM ENDOSCOPY	0	0			427, 278 114	50. 00 50. 01
51. 00		RECOVERY ROOM			531	0	531	51. 00
52. 00	1	DELIVERY ROOM & LABOR ROOM			67	0	67	52.00
53.00		ANESTHESI OLOGY	0	O	4, 365	0	4, 365	
53. 01	1	PULMONARY FUNCTION TESTING	0	0	2	0	2	53. 01
54. 00	1	RADI OLOGY - DI AGNOSTI C	0	0	1, 389, 190	0	1, 389, 190	
55. 00 56. 00		RADI OLOGY-THERAPEUTI C RADI OI SOTOPE	0		5 80	0	5 80	55. 00 56. 00
59. 00		CARDI AC CATHETERI ZATI ON			14		14	
60.00		LABORATORY	0	O	525, 144		525, 144	
60. 01		TRANSPLANT IMMUNOLOGY	0	O	0	0	0	60. 01
60. 02	1	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60. 02
63. 00 65. 00		BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY	0		244 127	0	6 344, 137	63. 00 65. 00
66. 00	1	PHYSICAL THERAPY			344, 137 4	0	344, 137	66. 00
67. 00	1	OCCUPATIONAL THERAPY		Ö	Ö	0	o o	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	o	50	0	50	68. 00
69. 00	1	ELECTROCARDI OLOGY	0	0	41	0	41	69. 00
70.00	1	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71. 00 72. 00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT			0	0	0	71. 00 72. 00
73. 00		DRUGS CHARGED TO PATIENTS			1, 798, 193	0	1, 798, 193	
73. 03	1	OUTPATIENT RETAIL PHARMACY	0	O	422, 514		422, 514	
74. 00		RENAL DIALYSIS	0	0	826		826	
76. 00	1	RH NBN ECMO IC	0	0	34		34	
76. 01 76. 02	1	CARDI OLOGY PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		103	0	103	76. 01 76. 02
76. 02	1	CARDI AC CATH		Ö	351	0	351	76. 02
76. 04		DAY SURGERY	0	o	436	0	436	
76. 05	1	ONCOLOGY	0	0	0	0	0	76. 05
76. 06 76. 07	1	DAY SURGERY-RI LEY CARDI OLOGY-RI LEY	0		0	0	0	76. 06 76. 07
76. 07		ECMO-ADULT				0	0	76. 07
76. 97	1	CARDI AC REHABI LI TATI ON	0	-		0		76. 97
		TIENT SERVICE COST CENTERS	1	1	1			
89. 00 90. 00		FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0			180	89. 00 90. 00
90. 00	1	AMB SVC-OB & GYN			17		17	90.00
90. 02	1	IUSCC HEM/ONC	0	O	6, 483		6, 483	
90. 03		AMB SVC-OPTHALMOLOGY	0	0	1	0	1	90. 03
90. 04		AMB SVC-PSYCH ADULT	0	0	0	0	0	90. 04
90. 05 90. 06		AMB SVC-DIABETES ADULT OUTPATIENT SURGERY			3	0	0 3	90. 05 90. 06
		AMB SVC-RILEY CLINICS		Ö		_		
90. 08	09008	MOTILITY LAB	0	o	1	0	1	90. 08
90. 09		AMB SVC - PSYCH CHILD	0	0	0	0	0	90. 09
90. 10	1	CLI NI CAL GERI ATRI CS	0		0	0	0	90. 10
90. 11 90. 12		SLEEP LAB OP CARE ADULTS			0	0	0	90. 11 90. 12
90. 13	1	PEDIATRIC CLINIC		Ö	ő	0	ő	90. 13
90. 14	09012	ARTHRITIS CLINIC	0	o	17	0	17	90. 14
90. 15	1	NEUROLOGY UH	0	0	0	0	0	90. 15
90. 16 90. 17	1	ORTHOPEDICS UH PHYSICAL MEDICINE	0		0	0	0 1	90. 16 90. 17
90. 17	1	DERMATOLOGY CLINIC			Ö	0	Ö	90. 17
90. 19		I NFUSI ON/HEM/ONC	0	O	250		250	90. 19
90. 20		I UMG - MH	0	0	0	0	0	90. 20
90. 21	1	OP REHAB CLINIC	0	0	1	0	1	90. 21
90. 22 90. 23	1	EATING DISORDERS CLINIC GASTROENTEROLOGY CLINIC			0	0	0	90. 22 90. 23
90. 23		LIFE CARE CLINIC			1	0	1	90. 23
91. 00	09100	EMERGENCY		o o	386, 142	0	386, 142	91. 00
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	O	50, 102	0	50, 102	92. 00
94. 00		REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS	Ι ο	0	199	_	199	04.00
94. 00 95. 00		AMBULANCE SERVICES			199	0	199	94. 00 95. 00
200.00	1	Total (lines 50-199)	0	o	5, 357, 356	0	5, 357, 356	

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Health Financial Systems	INDIANA UNIVE			In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	VICE OTHER PAS	S Provi der	CCN: 150056 F	Period: From 01/01/2014	Worksheet D Part IV	
THROUGH 60313				To 12/31/2014	Date/Time Pre	pared:
		Ti +l	e XVIII	Hospi tal	5/26/2015 1: 4 PPS	5 pm
Cost Center Description	Total		Ratio of Cost		Inpatient	
	Outpati ent	(from Wkst. C,	to Charges	Ratio of Cost	Program	
	Cost (sum of col. 2, 3 and		(col. 5 ÷ col. 7)	to Charges	Charges	
	4)	0)	')	(col. 6 ÷ col. 7)		
	6. 00	7. 00	8.00	9. 00	10.00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM 50. 01 05001 ENDOSCOPY	427, 278 114		1		141, 806, 507 5, 444, 196	50. 00 50. 01
51. 00 05100 RECOVERY ROOM	531		1		13, 475, 480	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	67		1		150, 383	52. 00
53. 00 05300 ANESTHESI OLOGY	4, 365				10, 830, 310	53. 00
53. 01 05301 PULMONARY FUNCTION TESTING 54. 00 05400 RADI OLOGY-DI AGNOSTI C	1 200 100	29, 594, 421	1		441, 370	53. 01 54. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY-THERAPEUTI C	1, 389, 190 5	1			67, 003, 541 1, 934, 399	55.00
56. 00 05600 RADI OI SOTOPE	80		1		2, 917, 488	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	14				6, 754, 579	59. 00
60. 00 06000 LABORATORY	525, 144				115, 756, 852	60.00
60. 01 06001 TRANSPLANT MMUNOLOGY 60. 02 06002 BONE MARROW TRANSPLANT LAB	0				747, 743 0	60. 01 60. 02
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	6		1		17, 439, 125	63. 00
65. 00 06500 RESPI RATORY THERAPY	344, 137				27, 800, 855	65. 00
66. 00 06600 PHYSI CAL THERAPY	4	,,			17, 662, 263	66.00
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	50		1		2, 839, 762 1, 873, 842	67. 00 68. 00
69. 00 06900 ELECTROCARDI OLOGY	41		1		19, 675, 599	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0		0. 000000	0. 000000	8, 799, 986	70. 00
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0		1		28, 829, 033	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT 73.00 07300 DRUGS CHARGED TO PATIENTS	1, 798, 193				90, 215, 276 127, 993, 355	72. 00 73. 00
73. 03 07303 DRUGS CHARGED TO FATTENTS	422, 514				127, 993, 333	73.00
74. 00 07400 RENAL DI ALYSI S	826		1		7, 663, 289	74. 00
76. 00 03020 RH NBN ECMO IC	34		1		0	76. 00
76. 01 03140 CARDI OLOGY 76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	103				4, 890, 196 27, 043	76. 01 76. 02
76. 03 03950 CARDI AC CATH	351		1		16, 004, 841	76. 02
76. 04 03951 DAY SURGERY	436		1		0	76. 04
76. 05 03480 0NC0L0GY	0				0	76. 05
76. 06 03952 DAY SURGERY-RI LEY 76. 07 03953 CARDI OLOGY-RI LEY	0		0. 000000 0. 000000		0	76. 06 76. 07
76. 07 03933 CARDI 0E001 - RI ELT 76. 08 03954 ECMO-ADULT					432, 376	76. 07
76. 97 07697 CARDIAC REHABILITATION	0	1, 043, 638			0	76. 97
OUTPATIENT SERVICE COST CENTERS	100	0 (44 407	0.000046	0.000040		00.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINIC	180				0	89. 00 90. 00
90. 01 09001 AMB SVC-0B & GYN	17	l .			6, 222	•
90. 02 09002 I USCC HEM/ONC	6, 483	84, 678, 869	0.000077	0. 000077	397, 811	90. 02
90. 03 09003 AMB SVC-OPTHALMOLOGY	1	3, 391, 507	1		2, 808	
90. 04 09004 AMB SVC-PSYCH ADULT 90. 05 09005 AMB SVC-DI ABETES ADULT	0	1 .,,	0. 000000 0. 000000		0	90. 04 90. 05
90. 06 09006 OUTPATI ENT SURGERY	3	l control of the cont	1		3, 990, 045	90.06
90. 07 09007 AMB SVC-RILEY CLINICS	471				6, 032	90. 07
90. 08 09008 MOTILITY LAB	1	575, 826	1		0	90.08
90. 09 09009 AMB SVC - PSYCH CHI LD 90. 10 09010 CLI NI CAL GERI ATRI CS	0	1	0.000000 0.000000		0	90. 09 90. 10
90. 11 09023 SLEEP LAB	0	1	1		0	90. 11
90. 12 09024 OP CARE ADULTS	0		1		737	90. 12
90. 13 09011 PEDI ATRI C CLI NI C	0	1	0.000000		0	90. 13
90. 14 09012 ARTHRITIS CLINIC 90. 15 09013 NEUROLOGY UH	17		0. 000003 0. 000000		0	90. 14 90. 15
90. 16 09014 ORTHOPEDI CS UH		1	0. 000000		0	90. 16
90. 17 09015 PHYSI CAL MEDI CI NE	1	1, 400, 181	0. 000001	0. 000001	3, 875	90. 17
90. 18 09016 DERMATOLOGY CLINIC	0	1 -,,			7, 599	90. 18
90. 19 09017 I NFUSI ON/HEM/ONC 90. 20 09025 I UMG - MH	250		1		26, 990 1, 993	90. 19 90. 20
90. 21 09019 OP REHAB CLINIC	1	401, 134	1		1, 993	90. 20
90. 22 09020 EATING DISORDERS CLINIC	0	2, 648, 648	0.000000	0. 000000	0	90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC	0		0.000000		4, 549	90. 23
90. 24 09021 LI FE CARE CLI NI C 91. 00 09100 EMERGENCY	1 386, 142	0 2 427, 551, 352	0. 000000 0. 000903		0 36, 336, 818	90. 24 91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	50, 102				36, 336, 818 889, 217	91.00
OTHER REIMBURSABLE COST CENTERS				2.30.070	/1217	1
94. 00 09400 HOME PROGRAM DIALYSIS	199	16, 443, 327	0. 000012	0. 000012	0	94.00
95. 00 09500 AMBULANCE SERVICES 200. 00 Total (Lines 50-199)	5 2E7 2E4	5, 201, 046, 015			781, 084, 385	95.00
200.00 10tal (11165 00-199)	J 5, 357, 350	ار کی از ۱۹۵۰ کی	1	1	701,004,385	₁ 200.00

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| In Lieu of Form CMS-2552-10 | Period: | Worksheet D | From 01/01/2014 | Part IV | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1: 45 pm | PROPERIOR | PROPERI
 Heal th Financial APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 INDIANA UNIVERSITY HEALTH ANCILLARY SERVICE OTHER PASS
 Provide
 Provider CCN: 150056 THROUGH COSTS

				Ti tl	e XVIII	Hospi tal	PPS	о рііі
		Cost Center Description	I npati ent	Outpati ent	Outpati ent	поорт сат	1.0	
			Program	Program	Program			
			Pass-Through	Charges	Pass-Through			
			Costs (col. 8	3	Costs (col. 9			
			x col. 10)		x col. 12)			
			11.00	12.00	13.00			
	ANCI L	LARY 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	1	DELIVERY ROOM & LABOR ROOM	0	550				52. 00
53. 00		ANESTHESI OLOGY	856	2, 575, 683				53. 00
53. 01		PULMONARY FUNCTION TESTING	0	3, 954, 749				53. 01
54. 00		RADI OLOGY-DI AGNOSTI C	174, 946	70, 054, 675				54. 00
55.00		RADI OLOGY-THERAPEUTI C	0	32, 955, 264				55. 00
56. 00		RADI OI SOTOPE	9	4, 618, 022				56. 00
59. 00		CARDI AC CATHETERI ZATI ON	0 00 007	8, 599, 735				59. 00
60.00		LABORATORY	88, 207	34, 581, 033				60.00
60. 01	1	TRANSPLANT I MMUNOLOGY	0	836, 869 0				60. 01 60. 02
60. 02 63. 00		BONE MARROW TRANSPLANT LAB BLOOD STORING, PROCESSING & TRANS.	0		1			63. 00
65.00		RESPIRATORY THERAPY	81, 429	2, 463, 347 374, 354				65. 00
66. 00		PHYSI CAL THERAPY	01,429	228, 355				66. 00
67. 00		OCCUPATIONAL THERAPY		220, 333				67. 00
68. 00	1	SPEECH PATHOLOGY	6	888, 665	-			68. 00
69. 00		ELECTROCARDI OLOGY		12, 898, 425				69. 00
70. 00	1	ELECTROENCEPHALOGRAPHY		2, 306, 893				70. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS		18, 439, 059				71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENT	l ol	32, 100, 171				72. 00
73. 00	1	DRUGS CHARGED TO PATIENTS	257, 523	144, 116, 529				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 IC	o	0	0			76. 00
76. 01	03140	CARDI OLOGY	15	7, 151, 017	21			76. 01
76. 02	03550	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	728, 088	1			76. 02
76. 03		CARDI AC CATH	48	19, 879, 295	60			76. 03
76. 04		DAY SURGERY	0	1, 042, 676	119			76. 04
76. 05		ONCOLOGY	0	0	- 1			76. 05
76. 06		DAY SURGERY-RI LEY	0	0	-			76. 06
76. 07		CARDI OLOGY-RI LEY	0	0	0			76. 07
76. 08		ECMO-ADULT	0	0	· ·			76. 08
76. 97		CARDI AC REHABI LI TATI ON	U U	324, 192	0			76. 97
89. 00		TIENT SERVICE COST CENTERS FEDERALLY QUALIFIED HEALTH CENTER	O	0	0			89. 00
90.00		CLINIC		0				90.00
90. 01	1	AMB SVC-OB & GYN	0	337, 351	-			90. 01
90. 02	1	I USCC HEM/ONC	31	33, 637, 320				90. 02
90. 03	1	AMB SVC-OPTHALMOLOGY	o	1, 332, 975				90. 03
90. 04		AMB SVC-PSYCH ADULT		221, 056				90. 04
90. 05	1	AMB SVC-DIABETES ADULT	l ol	0	1			90. 05
90.06		OUTPATI ENT SURGERY	o	6, 145, 802	0			90.06
90. 07	09007	AMB SVC-RILEY CLINICS	o	55, 488				90. 07
90. 08	09008	MOTILITY LAB	o	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		SLEEP LAB	0	3, 547, 292	1			90. 11
90. 12	1	OP CARE ADULTS	0	70, 405				90. 12
90. 13	1	PEDIATRIC CLINIC	0	0	-			90. 13
90. 14		ARTHRITIS CLINIC	0	2, 633, 539				90. 14
90. 15		NEUROLOGY UH	0	0	0			90. 15
90. 16	1	ORTHOPEDICS UH	0	412.027				90. 16
90. 17 90. 18		PHYSI CAL MEDICINE DERMATOLOGY CLINIC		413, 936 919, 228				90. 17 90. 18
90. 16	1	I NFUSI ON/HEM/ONC	1	2, 369, 597				90. 18
90. 19	1	I UMG - MH		2, 369, 597 61, 006				90. 19
90. 21		OP REHAB CLINIC		2, 746				90. 20
90. 22	1	EATING DISORDERS CLINIC		40, 461				90. 22
90. 23	1	GASTROENTEROLOGY CLINIC		365, 322				90. 23
90. 24	1	LIFE CARE CLINIC		0	1			90. 24
91.00	1	EMERGENCY	32, 812	36, 430, 521	32, 897			91.00
92.00	1	OBSERVATION BEDS (NON-DISTINCT PART)	1, 239	5, 156, 997				92. 00
	OTHER	REIMBURSABLE COST CENTERS						1
94. 00		HOME PROGRAM DIALYSIS	0	0	0			94. 00
95. 00	1	AMBULANCE SERVICES		FF0 00= =:				95. 00
200.00	וי	Total (lines 50-199)	719, 087	553, 095, 536	569, 301			200. 00

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APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provi der		Period: From 01/01/2014	Worksheet D Part V	
					To 12/31/2014	Date/Time Prep 5/26/2015 1:4	pared: 5 pm
			Ti tl	e XVIII	Hospi tal	PPS	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Charges Cost	Cost	Costs PPS Services	
	oost denter bescription	Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To Ded. & Coins.	Subject To Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4. 00	5. 00	
	LLARY SERVICE COST CENTERS OO OPERATING ROOM	0. 130864	44, 630, 630		0 0	5, 840, 543	50.00
	1 ENDOSCOPY	0. 123832			0 0	384, 331	50. 00
	OO RECOVERY ROOM	0. 149790		l .	0	1, 505, 065	51. 00
	OD DELIVERY ROOM & LABOR ROOM	0. 275880	1	l .	0	152	52.00
	10 ANESTHESIOLOGY 11 PULMONARY FUNCTION TESTING	0. 095313 0. 179197	1	1	0 0	245, 496 708, 679	53. 00 53. 01
	O RADI OLOGY-DI AGNOSTI C	0. 148545			0 0	10, 406, 272	54. 00
55. 00 0550	00 RADI OLOGY-THERAPEUTI C	0. 098325	32, 955, 264		0 0	3, 240, 326	55. 00
	OO RADI OI SOTOPE	0. 109114	1	1	0	503, 891	56.00
	00 CARDI AC CATHETERI ZATI ON 00 LABORATORY	0. 064065 0. 111374	1	1	0 0 52, 633	550, 942 3, 851, 428	59. 00 60. 00
	1 TRANSPLANT IMMUNOLOGY	0. 230237		1	0 0	192, 678	60. 01
	2 BONE MARROW TRANSPLANT LAB	0. 000000	1	1	0	0	60. 02
	00 BLOOD STORING, PROCESSING & TRANS.	0. 333903			0 0	822, 519	63.00
	00 RESPI RATORY THERAPY 00 PHYSI CAL THERAPY	0. 254674 0. 298681			0 0	95, 338 68, 205	65. 00 66. 00
	OO OCCUPATI ONAL THERAPY	0. 308716	1	i	0 0	0	67. 00
	OO SPEECH PATHOLOGY	0. 322489			0	286, 585	68. 00
	00 ELECTROCARDI OLOGY 00 ELECTROENCEPHALOGRAPHY	0. 067702 0. 165650	•	1	0 0	873, 249 382, 137	69. 00 70. 00
	00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 368766	•		0 6, 357	6, 799, 698	70.00
1	OO IMPL. DEV. CHARGED TO PATIENT	0. 294223		1	0 0	9, 444, 609	72. 00
	DO DRUGS CHARGED TO PATIENTS	0. 209249		1	0 731, 298		73.00
	03 OUTPATIENT RETAIL PHARMACY 00 RENAL DIALYSIS	1. 093633 0. 367992			0 0	0 167, 339	73. 03 74. 00
	O RH NBN ECMO IC	0. 307492	•	ı	0 0	107, 339	76.00
76. 01 0314	O CARDI OLOGY	0. 132928	7, 151, 017		0 0	950, 570	76. 01
	O PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 230780			0	168, 028	76. 02
	O CARDI AC CATH 1 DAY SURGERY	0. 105423 1. 575822			0 0	2, 095, 735 1, 643, 072	76. 03 76. 04
1	O ONCOLOGY	0. 000000		1	0 0	0	76. 05
	DAY SURGERY-RILEY	0. 000000	1		0 0	0	76. 06
	GARDI OLOGY-RI LEY	0.000000	1	•	0	0	76. 07
	64 ECMO-ADULT 17 CARDIAC REHABILITATION	0. 247208 0. 841248	1	1	0 0 0	0 272, 726	76. 08 76. 97
	ATIENT SERVICE COST CENTERS	0.011210	021,172		<u> </u>	272,720	70.77
	O FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	89. 00
	00 CLINIC 01 AMB_SVC-OB_&_GYN	0. 000000 0. 449096			0 0	0 151, 503	90. 00 90. 01
	12 I USCC HEM/ONC	0. 576430	1	ı	0 1, 244	19, 389, 560	
90. 03 0900	AMB SVC-OPTHALMOLOGY	0. 262122			0 0	349, 402	90. 03
1	14 AMB SVC-PSYCH ADULT	0. 459734	1	i	0	101, 627	90. 04
1	DS AMB SVC-DIABETES ADULT D6 OUTPATIENT SURGERY	0. 000000 0. 178357	l e		0 0	0 1, 096, 147	90. 05 90. 06
	07 AMB SVC-RILEY CLINICS	0. 572131			o o	31, 746	90. 07
	08 MOTILITY LAB	0. 437901	1		0	0	90. 08
1	09 AMB SVC - PSYCH CHILD O CLINICAL GERIATRICS	0.000000	1		0	0	90.09
	SLEEP LAB	0. 000000 0. 295968	1		0 0	1, 049, 885	90. 10 90. 11
	4 OP CARE ADULTS	2. 920675			0 0	205, 630	90. 12
	1 PEDIATRIC CLINIC	0. 000000		1	0	0	90. 13
	2 ARTHRITIS CLINIC 3 NEUROLOGY UH	0. 071831 0. 000000	1		0	189, 170 0	90. 14 90. 15
	4 ORTHOPEDI CS UH	0. 000000	•		0 0	0	90. 16
	5 PHYSI CAL MEDICINE	1. 361685			0	563, 650	90. 17
	6 DERMATOLOGY CLINIC	0. 344386	1		0	316, 569	90. 18
	7 INFUSION/HEM/ONC 25 IUMG - MH	0. 167907 6. 022890	1	1	0 0	397, 872 367, 432	90. 19 90. 20
	9 OP REHAB CLINIC	0. 993693			0 0	2, 729	90. 20
90. 22 0902	EATING DISORDERS CLINIC	0. 585288	40, 461		0 0	23, 681	90. 22
	8 GASTROENTEROLOGY CLINIC	1. 478211			0 0	540, 023	90. 23
1	21 LIFE CARE CLINIC 00 EMERGENCY	0. 000000 0. 092446	1		0 0	0 3, 367, 856	90. 24 91. 00
1	00 OBSERVATION BEDS (NON-DISTINCT PART)	0. 414577	1	1	0 0	2, 137, 972	92.00
OTHE	R REIMBURSABLE COST CENTERS						
	00 HOME PROGRAM DIALYSIS 00 AMBULANCE SERVICES	0. 136321 0. 307150	B .	l .	0		94. 00 95. 00
73.00 0730	TIMBOLINOL SERVICES	0.307150	1	I	<u> </u>	<u> </u>	75.00

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Health Financial Systems	INDIANA UNIVE	RSITY HEALTH		In Lie	u of Form CMS-:	2552-10
APPORTI ONMENT OF MEDICAL, OTHER HEALTH SERVI	CES AND VACCINE COST	Provi der	1	Period: From 01/01/2014 Fo 12/31/2014	Worksheet D Part V Date/Time Pre 5/26/2015 1:4	
		Ti tl	e XVIII	Hospi tal	PPS	<u> </u>
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
	Ratio From	Services (see	Reimbursed	Rei mbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins.	Ded. & Coins.		
			(see inst.)	(see inst.)		
	1.00	2.00	3. 00	4. 00	5. 00	
200.00 Subtotal (see instructions)		553, 095, 536	(791, 532	111, 938, 307	200. 00
201.00 Less PBP Clinic Lab. Services-Pr	rogram			o o		201. 00
Only Charges						
202.00 Net Charges (line 200 +/- line 2	201)	553, 095, 536		791, 532	111, 938, 307	202. 00

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provi der CCN: 150056 Peri od: Worksheet D From 01/01/2014 Part V Date/Time Prepared: 12/31/2014 5/26/2015 1:45 pm Title XVIII Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 50.00 50.01 05001 ENDOSCOPY 0 50.01 05100 RECOVERY ROOM 51 00 0 51 00 05200 DELIVERY ROOM & LABOR ROOM 52.00 0 52.00 53.00 05300 ANESTHESI OLOGY 53.00 53.01 05301 PULMONARY FUNCTION TESTING 0 53.01 05400 RADI OLOGY-DI AGNOSTI C 54.00 0 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0 55.00 05600 RADI OI SOTOPE 56.00 0 56.00 05900 CARDIAC CATHETERIZATION 59 00 59 00 Ω 60.00 06000 LABORATORY 5,862 60.00 06001 TRANSPLANT I MMUNOLOGY 0 60.01 60.01 06002 BONE MARROW TRANSPLANT LAB 60.02 60.02 0 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 63.00 0 65.00 06500 RESPIRATORY THERAPY 0 65.00 06600 PHYSI CAL THERAPY 66.00 66.00 67.00 06700 OCCUPATIONAL THERAPY 0 67.00 06800 SPEECH PATHOLOGY 68.00 0 68 00 69.00 06900 ELECTROCARDI OLOGY 0 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 2, 344 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 72 00 72.00 07300 DRUGS CHARGED TO PATIENTS 153, 023 73.00 73.00 07303 OUTPATIENT RETAIL PHARMACY 73. 03 73.03 74.00 07400 RENAL DIALYSIS 74.00 0 03020 RH NBN ECMO IC 76.00 0 76.00 03140 CARDI OLOGY 76.01 76.01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.02 0 76.02 03950 CARDI AC CATH 76.03 0 76 03 76. 04 03951 DAY SURGERY 76.04 03480 ONCOLOGY 76. 05 0 76.05 03952 DAY SURGERY-RILEY 76.06 0 76.06 03953 CARDI OLOGY-RI LEY 76.07 0 76.07 76.08 03954 ECMO-ADULT 0 0 76.08 76. 97 07697 CARDIAC REHABILITATION 76. 97 0 OUTPATIENT SERVICE COST CENTERS 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 90.00 09000 CLI NI C 000000000000000000000000000 0 90.00 90. 01 09001 AMB SVC-0B & GYN 0 90.01 09002 I USCC HEM/ONC 90.02 90.02 90.03 09003 AMB SVC-OPTHALMOLOGY C 90.03 09004 AMB SVC-PSYCH ADULT 90.04 0 90.04 09005 AMB SVC-DIABETES ADULT 90 05 0 90 05 09006 OUTPATIENT SURGERY 90.06 0 90.06 90.07 09007 AMB SVC-RILEY CLINICS 0 90.07 09008 MOTILITY LAB 90.08 90.08 09009 AMB SVC - PSYCH CHILD 90 09 0 90 09 09010 CLINICAL GERIATRICS 90.10 0 90.10 09023 SLEEP LAB 90.11 90.11 90. 12 09024 OP CARE ADULTS 0 90.12 09011 PEDIATRIC CLINIC 90 13 0 90 13 90.14 09012 ARTHRITIS CLINIC 0 90.14 09013 NEUROLOGY UH 0 90.15 90.15 09014 ORTHOPEDICS UH 90. 16 0 90.16 09015 PHYSICAL MEDICINE 0 90 17 90.17 90. 18 09016 DERMATOLOGY CLINIC 0 90.18 90. 19 09017 I NFUSI ON/HEM/ONC 0 90.19 09025 I UMG - MH 90 20 0 90 20 90. 21 09019 OP REHAB CLINIC 0 90.21 09020 EATING DISORDERS CLINIC 90.22 0 90.22 90. 23 09018 GASTROENTEROLOGY CLINIC 0 90. 23 90 24 09021 LIFE CARE CLINIC 0 90 24 91.00 09100 EMERGENCY 0 91.00 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 0 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 94.00 09400 HOME PROGRAM DIALYSIS 0 0 95. 00 09500 AMBULANCE SERVICES 0 95.00

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Health Financial Systems	INDIANA UNIVE	RSITY HEALTH		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der	CCN: 150056	Peri od: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Pre	epared:
					5/26/2015 1:4	
		Titl	e XVIII	Hospi tal	PPS	
	Cos	sts				
Cost Center Description	Cost	Cost				
	Rei mbursed	Rei mbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6. 00	7. 00				
200.00 Subtotal (see instructions)	0	161, 946				200. 00
201.00 Less PBP Clinic Lab. Services-Program	0					201. 00
Only Charges Net Charges (line 200 +/- line 201)	0	161, 946				202. 00

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74, 164, 243 5, 201, 046, 015

1, 811, 239

22, 265 200. 00

200.00

Total (lines 50-199)

0000 0 09020 EATING DISORDERS CLINIC 0 90 22 90 22 Ω 0 90.23 09018 GASTROENTEROLOGY CLINIC 0 0 0 90.23 0 09021 LIFE CARE CLINIC 0 90.24 90.24 91.00 09100 EMERGENCY 0 0 0 386, 142 91.00 386, 142 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 0 C 0 92.00 OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS 0 199 0 199 94.00 09500 AMBULANCE SERVICES 95.00 95.00 0 0 200.00 Total (lines 50-199) 5, 307, 254 0 5, 307, 254 200. 00 MCRI F32 - 7. 2. 157. 2 164 | Page

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5, 307, 254 5, 201, 046, 015

16, 443, 327

0.000012

0.000012

94.00

95.00

1, 811, 239 200. 00

94.00

95 00

200.00

09400 HOME PROGRAM DIALYSIS

Total (lines 50-199)

09500 AMBULANCE SERVICES

Title XVIII Subprovider - 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)	I PF	
	ANOLLI ADV CEDVICE COCT CENTERS	11.00	12. 00	13. 00		
50. 00	ANCILLARY SERVICE COST CENTERS O5000 OPERATING ROOM	10	0	O		50. 00
50. 00	05001 ENDOSCOPY		0			50.00
51. 00	05100 RECOVERY ROOM		0			51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM		0			52. 00
53. 00	05300 ANESTHESI OLOGY		0			53. 00
53. 01	05301 PULMONARY FUNCTION TESTING	O	0	0		53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	221	0	0		54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	o	0	О		55. 00
56.00	05600 RADI 0I SOTOPE	0	0	0		56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0			59. 00
60.00	06000 LABORATORY	286	0			60.00
60. 01	06001 TRANSPLANT I MMUNOLOGY	0	0			60. 01
60. 02	06002 BONE MARROW TRANSPLANT LAB	0	0			60. 02
63. 00 65. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	70	0			63. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	70	0			66.00
67. 00	06700 OCCUPATI ONAL THERAPY		0	Ö		67. 00
68. 00	06800 SPEECH PATHOLOGY	o	0	Ö		68. 00
69.00	06900 ELECTROCARDI OLOGY	o	0	О		69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	0	0			72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	1, 121	0	-		73. 00
73. 03 74. 00	07303 OUTPATIENT RETAIL PHARMACY	0	0			73. 03
74. 00 76. 00	07400 RENAL DIALYSIS 03020 RH NBN ECMO IC	0	0	0		74. 00 76. 00
76. 00 76. 01	03140 CARDI OLOGY	0	0	_		76. 00
76. 01	03550 PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES		0			76. 02
76. 02	03950 CARDI AC CATH		0			76. 03
76. 04	03951 DAY SURGERY	o	0			76. 04
76. 05	03480 ONCOLOGY	o	0	О		76. 05
76.06	03952 DAY SURGERY-RI LEY	o	0	0		76. 06
76. 07	03953 CARDI OLOGY-RI LEY	0	0			76. 07
76. 08	03954 ECMO-ADULT	0	0			76. 08
76. 97	O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	0	0	0		76. 97
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89. 00
90.00	09000 CLI NI C	o	0			90.00
90. 01	09001 AMB SVC-0B & GYN	o	0	О		90. 01
90. 02	09002 I USCC HEM/ONC	0	0	0		90. 02
90. 03	09003 AMB SVC-OPTHALMOLOGY	0	0	0		90. 03
90. 04	09004 AMB SVC-PSYCH ADULT	0	0	0		90. 04
90.05	09005 AMB SVC-DI ABETES ADULT	0	0	0		90. 05
90. 06 90. 07	09006 OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	0		90. 07
90. 09	09009 AMB SVC - PSYCH CHILD	0	0	Ö		90. 09
90. 10	09010 CLINICAL GERIATRICS	o	0	Ö		90. 10
	09023 SLEEP LAB	0	0	0		90. 11
90. 12	09024 OP CARE ADULTS	o	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 90. 18	O9015 PHYSI CAL MEDI CI NE O9016 DERMATOLOGY CLI NI C	0	0	0		90. 17 90. 18
90. 18	09017 I NFUSI ON/HEM/ONC		0	0		90. 18
90. 20	09025 I UMG - MH		0	0		90. 20
90. 21	09019 OP REHAB CLINIC	o	0	Ö		90. 21
90. 22	09020 EATING DISORDERS CLINIC		0	O		90. 22
90. 23	09018 GASTROENTEROLOGY CLINIC		0	0		90. 23
90. 24	09021 LIFE CARE CLINIC	0	0	0		90. 24
91. 00	09100 EMERGENCY	182	0			91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92. 00
04.00	OTHER REIMBURSABLE COST CENTERS		^	0		04.00
	09400 HOME PROGRAM DI ALYSIS 09500 AMBULANCE SERVICES	"	0	ا		94. 00 95. 00
200.00	1 1	1, 890	0	0		200. 00
	• • •			1		

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1, 341

1, 348

3, 775

36, 596

124

427

186, 426

148, 280

84, 978

320, 988

2, 799, 335

9,888

34.04

34.05

34.06

40 00

43.00

200.00

34.04

34. 05

34.06

40 00

43. 00 NURSERY

RH PED IC

TRANSPLANT ICU

200.00 Total (lines 30-199)

PEDS CANCER CARE

SUBPROVIDER - LPF

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	TAL COSTS			Peri od:	Worksheet D	2552-10
				From 01/01/2014 Fo 12/31/2014		pared:
		Ti t	le XIX	Hospi tal	PPS	5 piii
Cost Center Description	Capi tal		Ratio of Cost		Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,		(col . 1 ÷ col .	Charges	column 4)	
	Part II, col.	8)	2)			
	26) 1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	1.00	2.00	0.00	1. 00	0.00	
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					
51. 00 05100 RECOVERY ROOM	1, 309, 532		1			
52. 00 05200 DELI VERY ROOM & LABOR ROOM	685, 203		l .			1
53. 00 05300 ANESTHESI OLOGY 53. 01 05301 PULMONARY FUNCTI ON TESTI NG	926, 421 581, 059	55, 126, 095 29, 594, 421	l .		70, 420 17, 894	
54. 00 05400 RADI OLOGY - DI AGNOSTI C	13, 522, 418		l .		710, 631	1
55. 00 05500 RADI OLOGY-THERAPEUTI C	2, 035, 941		l .			1
56. 00 05600 RADI OI SOTOPE	523, 842		l .			
59. 00 05900 CARDI AC CATHETERI ZATI ON	566, 893	44, 268, 802	0. 012806		8, 742	59.00
60. 00 06000 LABORATORY	6, 172, 584				440, 356	
60. 01 06001 TRANSPLANT I MMUNOLOGY	138, 915					
60. 02 06002 BONE MARROW TRANSPLANT LAB	D 5/4 700		1 0.00000		0	1
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 65. 00 06500 RESPIRATORY THERAPY	564, 789 1, 957, 860				66, 619 364, 716	
66. 00 06600 PHYSI CAL THERAPY	1, 059, 222		1			
67. 00 06700 OCCUPATI ONAL THERAPY	245, 848		1			
68. 00 06800 SPEECH PATHOLOGY	673, 488		1			68.00
69. 00 06900 ELECTROCARDI OLOGY	587, 119	88, 364, 039	0. 006644	6, 633, 291	44, 072	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	865, 404				85, 807	
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	1, 056, 410				66, 577	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	1, 783, 884		1			
73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 03 07303 OUTPATIENT RETAIL PHARMACY	3, 702, 596 1, 480, 119		1		258, 327 0	
74. 00 07400 RENAL DI ALYSI S	1, 066, 357		1			1
76. 00 03020 RH NBN ECMO I C	48, 230		1		2, 505	1
76. 01 03140 CARDI OLOGY	785, 083		1			
76. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	82, 418	3, 141, 847	0. 026232	<u>2</u> ol	0	76. 02
76. 03 03950 CARDI AC CATH	1, 326, 575		l .		48, 870	
76. 04 03951 DAY SURGERY	451, 502		l .			1
76. 05 03480 0NCOLOGY 76. 06 03952 DAY SURGERY-RI LEY	0 0	0	0. 000000 0. 000000		0	
76. 07 03953 CARDI OLOGY-RI LEY			0.000000			1
76. 08 03954 ECMO-ADULT	9, 644	1	l .			
76. 97 O7697 CARDI AC REHABI LI TATI ON	97, 975		l .		0	
OUTPATIENT SERVICE COST CENTERS						1
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	55, 443					
90. 00 09000 CLI NI C	0	· -			0	
90. 01 09001 AMB SVC-0B & GYN	523, 534					
90. 02 09002 I USCC HEM/ONC 90. 03 09003 AMB SVC-0PTHALMOLOGY	4, 815, 587 286, 621				5, 861 13	
90. 04 09004 AMB SVC-PSYCH ADULT	419, 052					1
90. 05 09005 AMB SVC-DI ABETES ADULT	0		0. 000000		Ö	1
90. 06 09006 OUTPATIENT SURGERY	290, 565	23, 051, 000	1		14, 431	1
90. 07 09007 AMB SVC-RILEY CLINICS	945, 979				8, 031	
90. 08 09008 MOTILITY LAB	50, 129		1			
90. 09 09009 AMB SVC - PSYCH CHILD	0	•	0.000000		0	1
90. 10 09010 CLI NI CAL GERI ATRI CS 90. 11 09023 SLEEP LAB	66, 623 366, 381	15, 712, 630	0. 000000 0. 023318		0 433	
90. 12 09024 OP CARE ADULTS	145, 003		i		361	1
90. 13 09011 PEDI ATRI C CLI NI C	143,003	0 0	0. 000000		0	
90. 14 09012 ARTHRITIS CLINIC	6, 489	5, 177, 638	i		Ö	1
90. 15 09013 NEUROLOGY UH	0		0. 000000	ol ol	0	90. 15
90. 16 09014 ORTHOPEDI CS UH	0	0	0. 000000	ol	0	90. 16
90. 17 09015 PHYSI CAL MEDI CI NE	209, 544		0. 149655		152	
90. 18 09016 DERMATOLOGY CLI NI C	188, 879		l .		7	
90. 19 09017 I NFUSI ON/HEM/ONC	21, 273		l .		0	
90. 20 09025 I UMG - MH 90. 21 09019 OP REHAB CLI NI C	9, 151 33, 948	91, 218	ı		69 140	
90. 21 09019 0P REHAB CETNIC 90. 22 09020 EATING DI SORDERS CLINI C	45, 456		I		0	
90. 23 09018 GASTROENTEROLOGY CLINIC	172, 869		1			1
90. 24 09021 LI FE CARE CLI NI C	82, 483		0. 000000		0	1
91. 00 09100 EMERGENCY	2, 798, 271		l .		106, 330	1
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			-			4
94. 00 09400 HOME PROGRAM DI ALYSIS	262, 986	16, 443, 327	0. 015993	3 0	0	
OF OO OOFOO AMBLILANCE SERVICES						
95. 00 09500 AMBULANCE SERVICES 200. 00 Total (lines 50-199)	75 267 060	5, 201, 046, 015		328, 128, 135	4, 177, 038	95.00

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Health Financial Systems	INDIANA UNIVER	RSITY HEALTH		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COST	TS Provi der	1	Period: From 01/01/2014 Fo 12/31/2014		pared: 5 pm
		Ti t	le XIX	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health	All Other	Swi ng-Bed	Total Costs	
		Cost	Medi cal	Adjustment	(sum of cols.	
			Education Cos ⁻		1 through 3,	
				instructions)	minus col. 4)	
	1.00	2. 00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	836, 502		0		1
31.00 03100 INTENSIVE CARE UNIT	0	,		D	65, 358	
32. 00 03200 CORONARY CARE UNIT	0				50, 311	1
32.01 03201 NEONATAL INTENSIVE CARE UNIT	0	00,			30, 471	32. 01
33.00 03300 BURN INTENSIVE CARE UNIT	0	.,		D	7, 561	33. 00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	-		D	0	
34. 02 03401 UH SURG 61 C	0				13, 492	
34. 03 03402 UH NS 31 C	0	0	1		0	
34. 04 03403 RH PED I C	0	20,0.2			26, 642	
34. 05 03404 TRANSPLANT CU	0	10, 362		D	10, 362	
34.06 O3407 PEDS CANCER CARE	0	8, 507	1		8, 507	
40. 00 04000 SUBPROVI DER - 1 PF	0			0	= -,	
43. 00 04300 NURSERY	0	20, 236			20, 236	
200.00 Total (lines 30-199)	0	1, 091, 156			1, 091, 156	200. 00
Cost Center Description		Per Diem (col.	Inpati ent	I npati ent		
	Days	5 ÷ col. 6)	Program Days	Program		
				Pass-Through		
				Cost (col. 7 x		
	/ 00	7.00	0.00	col . 8)		
INPATIENT ROUTINE SERVICE COST CENTERS	6. 00	7. 00	8. 00	9. 00		
30. 00 03000 ADULTS & PEDIATRICS	263, 105	3. 18	24, 00!	76, 336		30. 00
31. 00 03100 NTENSI VE CARE UNI T	19, 112					31.00
32. 00 03200 CORONARY CARE UNIT	14, 365					32.00
32. 00 03200 CORONART CARE UNIT	9, 059		1, 52			32. 00
33. 00 03300 BURN INTENSIVE CARE UNIT	2, 231	3. 39				33. 00
34. 00 03400 SURGI CAL INTENSIVE CARE UNIT	2,231				1	34. 00
34. 02 03400 30KG CAL THYENSIVE CARE UNIT	3, 920			,		34. 00
34. 03 03402 UH NS 31 C	3, 920	l .				34. 02
34. 04 03403 RH PED I C	7, 587			,		34. 03
34. 05 03404 TRANSPLANT TCU	3, 036					34. 05
34. 06 03404 TRANSPLANT TCU 34. 06 03407 PEDS CANCER CARE	2, 471					34. 05
40. 00 04000 SUBPROVI DER - 1 PF	6, 482				i e	40.00
43. 00 04300 NURSERY	6, 030					43. 00
200.00 Total (lines 30-199)	337, 398		36, 596			200.00
200.00 10tal (11163 30-177)	337,370	I	1 30, 370	117, 224	I	1200.00

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| In Lieu of Form CMS-2552-10 | Period: | Worksheet D | From 01/01/2014 | Part IV | To 12/31/2014 | Date/Time Prepared: | 5/26/2015 1:45 pm
 Heal th Financial APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 INDIANA UNIVERSITY HEALTH ANCILLARY SERVICE OTHER PASS
 Provide
 Provider CCN: 150056 THROUGH COSTS

				Ti +	le XIX	Hospi tal	5/26/2015 1: 4: PPS	o piii
		Cost Center Description	Non Physician		Allied Health		Total Cost	
		oust content beschiptron	Anesthetist	indi si ng seneor	The real real till	Medi cal	(sum of col 1	
			Cost			Education Cost		
							4)	
			1. 00	2. 00	3. 00	4. 00	5. 00	
		LARY SERVICE COST CENTERS			107.070	1	407.070	
50.00	1	OPERATING ROOM	0	0	427, 278		427, 278	
50. 01 51. 00	1	ENDOSCOPY RECOVERY ROOM	0	0	114 531		114 531	50. 01 51. 00
52. 00	1	DELIVERY ROOM & LABOR ROOM	0	0	67		67	52.00
53. 00	1	ANESTHESI OLOGY	0	٥	4, 365		4, 365	
53. 01		PULMONARY FUNCTION TESTING	0	O	2	0	2	53. 01
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	0	1, 389, 190	0	1, 389, 190	54.00
55. 00	1	RADI OLOGY-THERAPEUTI C	0	0	5	0	5	55. 00
56. 00	1	RADI OI SOTOPE	0	0	80		80	
59.00	1	CARDI AC CATHETERI ZATI ON	0	0	14		14	59.00
60. 00 60. 01	1	LABORATORY TRANSPLANT IMMUNOLOGY	0	0	525, 144 0		525, 144 0	60. 00 60. 01
60. 02		BONE MARROW TRANSPLANT LAB	0			0	0	60. 02
63. 00	1	BLOOD STORING, PROCESSING & TRANS.	0	Ö	6	o o	6	63. 00
65.00	1	RESPI RATORY THERAPY	0	O	344, 137	0	344, 137	65. 00
66.00	06600	PHYSI CAL THERAPY	0	0	4	0	4	66. 00
67. 00		OCCUPATI ONAL THERAPY	0	0	C		0	67. 00
68. 00		SPEECH PATHOLOGY	0	0	50	0	50	
69.00	1	ELECTROCARDI OLOGY	0	0	41	0	41	69.00
70.00	1	ELECTROENCEPHALOGRAPHY	0	0		0	0	70. 00 71. 00
71. 00 72. 00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT	0	0		0	0	71.00
73. 00		DRUGS CHARGED TO PATIENTS	0	٥	1, 798, 193	0	1, 798, 193	
73. 03		OUTPATIENT RETAIL PHARMACY	0	0			422, 514	
74.00	07400	RENAL DIALYSIS	0	0	826	0	826	74. 00
76. 00	1	RH NBN ECMO IC	0	0	34		34	
76. 01	1	CARDI OLOGY	0	0	103		103	
76. 02	1	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	2		2	76. 02
76. 03 76. 04		CARDI AC CATH DAY SURGERY	0	0	351 436		351 436	76. 03 76. 04
76. 05		ONCOLOGY	0	0	430		430	76. 05
76. 06	1	DAY SURGERY-RI LEY	0	Ö	ĺ	0	0	76. 06
76. 07	03953	CARDI OLOGY-RI LEY	0	0	C	0	0	76. 07
76. 08	1	ECMO-ADULT	0	0			0	76. 08
76. 97		CARDI AC REHABI LI TATI ON	0	0	C	0	0	76. 97
89. 00		TIENT SERVICE COST CENTERS FEDERALLY QUALIFIED HEALTH CENTER	0	0	180	0	180	89. 00
90. 00		CLINIC	0				0	90.00
90. 01	1	AMB SVC-OB & GYN	0	Ö	17	-	17	90. 01
90. 02	09002	I USCC HEM/ONC	0	0	6, 483	0	6, 483	90. 02
90. 03	1	AMB SVC-OPTHALMOLOGY	0	0	1	0	1	90. 03
90. 04	1	AMB SVC-PSYCH ADULT	0	0	0	0	0	90. 04
90. 05 90. 06	1	AMB SVC-DIABETES ADULT OUTPATIENT SURGERY	0	0	2	0	0	90. 05 90. 06
		AMB SVC-RILEY CLINICS	0	0	471	0	471	
90. 08		MOTILITY LAB	0	Ö	1	0	1	90. 08
90. 09		AMB SVC - PSYCH CHILD	0	0	C	0	0	90. 09
90. 10	1	CLI NI CAL GERI ATRI CS	0	0	C	0	0	90. 10
90. 11		SLEEP LAB	0	0	C	0	0	90. 11
90. 12 90. 13		OP CARE ADULTS PEDIATRIC CLINIC	0	0		0	0	90. 12 90. 13
90. 13	1	ARTHRITIS CLINIC	0	1 0	17	0	17	90. 13
90. 15		NEUROLOGY UH	0	ĺ	l 'd	0	0	90. 15
90. 16	1	ORTHOPEDI CS UH	0	0	C	0	0	90. 16
90. 17	09015	PHYSI CAL MEDICINE	0	0	1	0	1	90. 17
90. 18	1	DERMATOLOGY CLINIC	0	0	C		0	90. 18
90. 19	1	I NFUSI ON/HEM/ONC	0	0	250	0	250	90. 19
90. 20		I UMG - MH	0	0	1	0	0	90. 20
90. 21 90. 22	1	OP REHAB CLINIC EATING DISORDERS CLINIC	0			0	0	90. 21 90. 22
90. 23	1	GASTROENTEROLOGY CLINIC	l ő	ا	ا	o o	0	90. 23
90. 24	1	LIFE CARE CLINIC	0	0	1	0	1	90. 24
91. 00		EMERGENCY	0	0			386, 142	91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)	0	0	C	0	0	92. 00
94. 00		REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS	0	0	199	0	199	94. 00
95. 00		AMBULANCE SERVICES		ĺ			177	95. 00
200.00)	Total (lines 50-199)	0	О .	5, 307, 254	0	5, 307, 254	200. 00

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	Financial Systems	I NDI ANA UNI VEI			001:	45005:		u of Form CMS-2	2552-
	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE H COSTS	RVICE OTHER PAS	S	Provi der	CCN:		Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Pre 5/26/2015 1:4	pared 5 pm
					le XI		Hospi tal	PPS	
	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and	(from	Charges Wkst. C, I, col. 8)	to	o of Cost Charges 5 ÷ col 7)	Ratio of Cost to Charges (col. 6 ÷ col.	I npati ent Program Charges	
		4) 6. 00		7. 00		8. 00	7) 9. 00	10. 00	
	ANCILLARY SERVICE COST CENTERS							50.000.070	
0. 00	05000 OPERATI NG ROOM 05001 ENDOSCOPY	427, 278 114	i .	1, 984, 304 5, 154, 274		0. 00057 0. 00000		50, 920, 078 2, 121, 319	
1. 00	05100 RECOVERY ROOM	531	1	6, 438, 172	•	0.00000		4, 387, 962	
2. 00	05200 DELIVERY ROOM & LABOR ROOM	67	1	3, 049, 054	•	0.00000		6, 748, 594	
3.00	05300 ANESTHESI OLOGY	4, 365		5, 126, 095		0.00007		4, 190, 447	53. (
3. 01 4. 00	O5301 PULMONARY FUNCTION TESTING O5400 RADI OLOGY-DI AGNOSTI C	1, 389, 190	1	9, 594, 421 2, 092, 189	•	0. 00000 0. 00261		911, 372 27, 962, 181	53. 0 54. 0
5. 00	05500 RADI OLOGY-THERAPEUTI C	1, 307, 170	1	8, 385, 266	•	0.00201		946, 589	55. (
6. 00	05600 RADI OI SOTOPE	80	1	6, 820, 429	•	0.00000		755, 873	1
9. 00	05900 CARDI AC CATHETERI ZATI ON	14	1	4, 268, 802		0.00000		682, 631	59. (
0.00	06000 LABORATORY 06001 TRANSPLANT MMUNOLOGY	525, 144	l .	9, 335, 767 5, 044, 014	1	0.00076		49, 179, 757	1
0. 01 0. 02	06002 BONE MARROW TRANSPLANT LAB	0		5, 964, 014 0		0. 00000 0. 00000		215, 624 0	60.
3. 00	06300 BLOOD STORING, PROCESSING & TRANS.	6		2, 540, 570		0.00000		8, 556, 204	63.
5. 00	06500 RESPIRATORY THERAPY	344, 137		7, 482, 129		0.00292	9 0. 002929	21, 885, 121	65.
6. 00	06600 PHYSI CAL THERAPY	4		6, 618, 489		0.00000		6, 274, 453	1
7. 00 8. 00	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	50		3, 846, 899 9, 039, 567		0. 00000 0. 00000		1, 832, 005	67. 68.
9.00	06900 ELECTROCARDI OLOGY	41	1	9, 039, 567 8, 364, 039	•	0.00000		1, 144, 775 6, 633, 291	69.
0.00	07000 ELECTROENCEPHALOGRAPHY	0	1	7, 697, 348	•	0.00000		4, 729, 231	
1. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1	3, 165, 516	•	0.00000		9, 653, 017	1
2. 00	07200 I MPL. DEV. CHARGED TO PATI ENT	0		7, 332, 952	•	0.00000		29, 867, 843	1
3. 00	07300 DRUGS CHARGED TO PATIENTS	1, 798, 193		3, 613, 948		0.00201		62, 352, 746	1
3. 03 4. 00	O7303 OUTPATIENT RETAIL PHARMACY O7400 RENAL DIALYSIS	422, 514 826		8, 013, 674 5, 359, 677		0. 00728 0. 00002		0 1, 652, 819	73. 74.
6. 00	03020 RH NBN ECMO IC	34	1	2, 862, 299	•	0.00002		148, 667	76.
6. 01	03140 CARDI OLOGY	103	1	2, 973, 969	•	0.00000		1, 184, 702	76.
6. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2	1	3, 141, 847	•	0.00000		0	76.
6. 03	03950 CARDI AC CATH	351		6, 159, 900		0.00000		4, 647, 611	
6. 04 6. 05	O3951 DAY SURGERY O3480 ONCOLOGY	436		3, 834, 424 0		0. 00011 0. 00000		35, 633 0	76. 76.
6. 06	03952 DAY SURGERY-RI LEY	0		0	l	0. 00000		Ö	76.
6. 07	03953 CARDI OLOGY-RI LEY	0	l .	0		0.00000		0	76.
6. 08	03954 ECMO-ADULT	0	l .	3, 256, 588	•	0.00000		384, 285	1
6. 97	O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	0	1	1, 043, 638		0. 00000	0. 000000	0	76.
	08900 FEDERALLY QUALIFIED HEALTH CENTER	180	l .	3, 641, 127		0. 00004			89.
	09000 CLINIC	0		0		0.00000		0	
0. 01 0. 02	09001 AMB SVC-OB & GYN 09002 I USCC HEM/ONC	6, 483		9, 216, 654 4, 678, 869		0. 00000 0. 00007		13, 023 103, 066	
0. 03	09003 AMB SVC-OPTHALMOLOGY	1	1	4, 070, 007 3, 391, 507	•	0.00007		157	1
0. 04	09004 AMB SVC-PSYCH ADULT	0	1	4, 300, 990	•	0.00000		0	1
0. 05	09005 AMB SVC-DI ABETES ADULT	0	_	0		0.00000		0	90.
0. 06 0. 07	09006 OUTPATIENT SURGERY 09007 AMB SVC-RILEY CLINICS	3 471	ŀ	3, 051, 000		0.00000		1, 144, 862 88, 372	90.
0. 07	09008 MOTILITY LAB	1 1	''	0, 409, 638 575, 826	1	0. 00004 0. 00000		1, 936	1
0. 09	09009 AMB SVC - PSYCH CHILD	Ö		0	1	0. 00000		0	1
0. 10	09010 CLINI CAL GERI ATRI CS	0	ŀ	0		0.00000		0	
0. 11	09023 SLEEP LAB	0	ŀ	5, 712, 630	•	0.00000		18, 571	1
). 12). 13	O9024 OP CARE ADULTS O9011 PEDIATRIC CLINIC	0	l .	312, 714 0		0. 00000 0. 00000		779 0	90. 90.
). 13	09011 PEDIATRIC CLINIC	17		ں 5, 177, 638		0.00000		0	1
0. 15	09013 NEUROLOGY UH	0	i e	0	ı	0.00000		0	90.
). 16	09014 ORTHOPEDI CS UH	0		0		0.00000		0	90.
). 17	09015 PHYSI CAL MEDI CI NE	1		1, 400, 181		0.00000		1, 013	1
). 18). 19	O9016 DERMATOLOGY CLINIC O9017 INFUSION/HEM/ONC	250	1	3, 491, 709 7, 092, 960	•	0. 00000 0. 00003		134 0	90. 90.
). 20	09025 I UMG - MH	0		91, 218	•	0.00000		692	1
). 21	09019 OP REHAB CLINIC	1		401, 134		0.00000	2 0. 000002	1, 659	90.
). 22	09020 EATING DISORDERS CLINIC	0	l	2, 648, 648	•	0.00000		0	90.
0. 23 0. 24	09018 GASTROENTEROLOGY CLINIC	0		940, 121 0	1	0. 00000 0. 00000		1, 896 0	1
1. 00	09021 LI FE CARE CLI NI C 09100 EMERGENCY	386, 142	42	ں 7, 551, 352		0.00000			
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0 300, 142		5, 956, 512		0.00000		501, 157	1
	OTHER REIMBURSABLE COST CENTERS								
	LOG LOGILLOUE DECORAGE DI ALVOLO	199	1 1.	6, 443, 327	I	0.00001	2 0. 000012	1 0	94.
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APPOR1	TIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provi der		Peri od: From 01/01/2014	Worksheet D Part V	
					To 12/31/2014	Date/Time Pre 5/26/2015 1:4	pared: 5 pm
			Ti t	le XIX	Hospi tal	PPS	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Charges Cost	Cost	Costs PPS Services	
		Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C, Part I, col. 9	inst.)	Services Subject To	Services Not Subject To		
				Ded. & Coins.			
		1.00	2. 00	(see inst.)	(see inst.)	5. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4. 00	5.00	
50.00	05000 OPERATING ROOM	0. 130864		,,			
50. 01 51. 00	O5001 ENDOSCOPY O5100 RECOVERY ROOM	0. 123832 0. 149790		803, 81 5, 308, 21		1	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0. 275880		1			
53.00	05300 ANESTHESI OLOGY	0. 095313		1		0	53. 00
53. 01	05301 PULMONARY FUNCTION TESTING	0. 179197	C	0,0,0,0.		0	
54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	0. 148545 0. 098325		29, 856, 63 18, 629, 82		0	54. 00 55. 00
56. 00	05600 RADI OI SOTOPE	0. 109114	C	1, 493, 05		ő	56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 064065		751, 23		0	
60. 00 60. 01	06000 LABORATORY 06001 TRANSPLANT IMMUNOLOGY	0. 111374 0. 230237	C	25, 647, 58 410, 01		0	60. 00 60. 01
60. 02	06002 BONE MARROW TRANSPLANT LAB	0. 000000	Č	1	o o	1	1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 333903	c	1, 090, 29		0	63. 00
65. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0. 254674	C	474, 44		0	65. 00
66. 00 67. 00	06700 OCCUPATI ONAL THERAPY	0. 298681 0. 308716		2, 083, 53 587, 74		0	66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 322489		2, 209, 69		0	68. 00
69.00	06900 ELECTROCARDI OLOGY	0. 067702		3, 967, 19		0	69.00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 165650 0. 368766		2,0.0,0.		0	70.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 294223		1		ő	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 209249		33, 827, 96	6 0	0	73. 00
73. 03 74. 00	07303 OUTPATIENT RETAIL PHARMACY 07400 RENAL DIALYSIS	1. 093633 0. 367992		1, 635, 14	0 0	0	73. 03 74. 00
76.00	03020 RH NBN ECMO I C	0. 493199		1, 035, 14	0 0	0	76.00
76. 01	03140 CARDI OLOGY	0. 132928	c	866, 14	3 0	0	1
76. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 230780		7 570 70	0	0	76. 02
76. 03 76. 04	03950 CARDI AC CATH 03951 DAY SURGERY	0. 105423 1. 575822	C	7, 570, 78 286, 25		0	76. 03 76. 04
76. 05	03480 ONCOLOGY	0. 000000	Č	200, 20	0 0	Ö	76. 05
76.06	03952 DAY SURGERY-RI LEY	0. 000000	C		0	0	76. 06
76. 07 76. 08	03953 CARDI OLOGY-RI LEY 03954 ECMO-ADULT	0. 000000 0. 247208			0 0	0	76. 07 76. 08
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 841248				l	
	OUTPATIENT SERVICE COST CENTERS	1 00105	I	1			
89. 00 90. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	1. 291954 0. 000000	c		0 0	0	
	09001 AMB SVC-0B & GYN	0. 449096		1			
	09002 I USCC HEM/ONC	0. 576430	C	-, ,		0	
90. 03 90. 04	09003 AMB SVC-OPTHALMOLOGY 09004 AMB SVC-PSYCH ADULT	0. 262122 0. 459734	C	267, 82	4 0	0	90. 03 90. 04
90. 04	09005 AMB SVC-PSTCH ADULT	0. 000000				0	
90.06	09006 OUTPATIENT SURGERY	0. 178357		990, 06		0	90. 06
90. 07	09007 AMB SVC-RILEY CLINICS	0. 572131	C	1, 976, 72		0	
90. 08 90. 09	09008 MOTILITY LAB 09009 AMB SVC - PSYCH CHILD	0. 437901 0. 000000		86, 58	0 0	0	
90. 10	09010 CLINICAL GERIATRICS	0. 000000	l e		0 0	0	90. 10
90. 11	09023 SLEEP LAB	0. 295968	C	1, 429, 08		0	90. 11
90. 12 90. 13	09024 OP CARE ADULTS 09011 PEDIATRIC CLINIC	2. 920675 0. 000000		69, 73	0 0	0	
90. 14	09012 ARTHRITIS CLINIC	0. 071831	Č	64, 89	-	ő	
90. 15	09013 NEUROLOGY UH	0. 000000			0 0	0	90. 15
90. 16 90. 17	09014 ORTHOPEDI CS UH 09015 PHYSI CAL MEDI CI NE	0. 000000 1. 361685		98, 78	0	0	
90. 17	09016 DERMATOLOGY CLINIC	0. 344386		157, 06		0	1
90. 19	09017 I NFUSI ON/HEM/ONC	0. 167907	c	219, 22	5 0	0	90. 19
90. 20	09025 I UMG - MH	6. 022890		11, 78		0	90. 20
90. 21 90. 22	09019 OP REHAB CLINIC 09020 EATING DISORDERS CLINIC	0. 993693 0. 585288		165, 26	0 0	0	
90. 23	09018 GASTROENTEROLOGY CLINIC	1. 478211	C	121, 76	-	ő	90. 23
90. 24	09021 LIFE CARE CLINIC	0. 000000		40 700 55	0	0	
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 092446 0. 414577		42, 703, 03 4, 630, 24		l .	
,2.00	OTHER REIMBURSABLE COST CENTERS	J. 717377		1, 000, 24	<u> </u>		,2.00
94.00	09400 HOME PROGRAM DI ALYSI S	0. 136321		492, 47			94.00
95.00	09500 AMBULANCE SERVI CES	0. 307150	[C	12, 732, 25	4		95. 00

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Health Financial Systems	INDIANA UNIVE	RSITY HEALTH		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES	AND VACCINE COST	Provi der		Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Pre 5/26/2015 1:4	
		Ti t	le XIX	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description		PPS Reimbursed Services (see inst.)		Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 4.00	PPS Services (see inst.)	
200.00 Subtotal (see instructions)		0	256, 899, 45	5 0	0	200.00
201.00 Less PBP Clinic Lab. Services-Progr Only Charges	am			0		201. 00
202.00 Net Charges (line 200 +/- line 201)		0	256, 899, 45	5 0	0	202. 00

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provi der CCN: 150056 Peri od: Worksheet D From 01/01/2014 Part V Date/Time Prepared: 12/31/2014 5/26/2015 1:45 pm Title XIX Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (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 05100 RECOVERY ROOM 795, 117 0 51 00 51 00 05200 DELIVERY ROOM & LABOR ROOM 52.00 153, 500 0 52.00 53.00 05300 ANESTHESI OLOGY 165, 151 53.00 53.01 05301 PULMONARY FUNCTION TESTING 554.670 0 53.01 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 4, 435, 054 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 1, 831, 778 0 55.00 05600 RADI OI SOTOPE 56.00 162, 914 0 56.00 05900 CARDIAC CATHETERIZATION 48 128 0 59 00 59 00 60.00 06000 LABORATORY 2, 856, 474 0 60.00 06001 TRANSPLANT I MMUNOLOGY 94, 400 0 60.01 60.01 06002 BONE MARROW TRANSPLANT LAB 0 60.02 60.02 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 364 051 0 63.00 65.00 06500 RESPIRATORY THERAPY 120,828 0 65.00 06600 PHYSI CAL THERAPY 66.00 622, 313 66.00 67.00 06700 OCCUPATIONAL THERAPY 181, 447 0 67.00 06800 SPEECH PATHOLOGY 712,603 0 68.00 68 00 69.00 06900 ELECTROCARDI OLOGY 268, 587 69.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 384, 122 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 1.924.495 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 0 72 00 3, 366, 397 72.00 07300 DRUGS CHARGED TO PATIENTS 7,078,468 0 73.00 73.00 07303 OUTPATIENT RETAIL PHARMACY 73 03 73.03 74.00 07400 RENAL DIALYSIS 0 74.00 601, 720 03020 RH NBN ECMO IC 0 76.00 76.00 03140 CARDI OLOGY 76.01 115, 135 76.01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 76.02 76.02 03950 CARDI AC CATH 798, 135 76.03 0 76 03 76. 04 03951 DAY SURGERY 451, 079 0 76.04 03480 ONCOLOGY 76. 05 0 0 76.05 03952 DAY SURGERY-RILEY 76.06 0 76.06 0 03953 CARDI OLOGY-RI LEY 0 76.07 0 76.07 76.08 03954 ECMO-ADULT 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 CLI NI C 0 90.00 90. 01 09001 AMB SVC-0B & GYN 248, 608 0 90.01 09002 LUSCC HEM/ONC 2.979.509 0 90.02 90.02 90.03 09003 AMB SVC-OPTHALMOLOGY 70, 203 0 90.03 09004 AMB SVC-PSYCH ADULT 0 90.04 0 90.04 09005 AMB SVC-DIABETES ADULT 90 05 0 90 05 0 09006 OUTPATIENT SURGERY 90.06 176, 585 0 90.06 90.07 09007 AMB SVC-RILEY CLINICS 1, 130, 947 0 90.07 09008 MOTILITY LAB 90.08 37, 913 0 90.08 09009 AMB SVC - PSYCH CHILD 90 09 0 90 09 0 09010 CLINICAL GERIATRICS 90.10 0 0 90.10 09023 SLEEP LAB 422, 964 90.11 90.11 90. 12 09024 OP CARE ADULTS 203, 659 0 90.12 09011 PEDIATRIC CLINIC 90 13 0 90 13 90.14 09012 ARTHRITIS CLINIC 0 90.14 4,661 09013 NEUROLOGY UH 90.15 90.15 0 09014 ORTHOPEDICS UH 0 90. 16 90.16 09015 PHYSICAL MEDICINE 134, 511 0 90 17 90.17 90. 18 09016 DERMATOLOGY CLINIC 54,090 0 90.18 90. 19 09017 I NFUSI ON/HEM/ONC 36, 809 0 90.19 09025 I UMG - MH 70, 992 90 20 90 20 0 90. 21 09019 OP REHAB CLINIC 164, 226 0 90.21 09020 EATING DISORDERS CLINIC 90.22 0 90.22 90. 23 09018 GASTROENTEROLOGY CLINIC 180,000 0 90. 23 09021 LIFE CARE CLINIC 90 24 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 94.00 09400 HOME PROGRAM DIALYSIS 67, 134 0 95. 00 09500 AMBULANCE SERVICES 3, 910, 712 95.00

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Health Fina	ncial Systems	INDIANA UNIVERSITY HEALTH			In Lieu of Form CMS-2552-1		
APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der	CCN: 150056	Peri od: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Pre 5/26/2015 1:4	
			Ti t	le XIX	Hospi tal	PPS	
		Cos	sts				
	Cost Center Description	Cost	Cost				
		Rei mbursed	Rei mbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6. 00	7. 00				
200.00	Subtotal (see instructions)	46, 980, 098	C	1			200.00
201. 00	Less PBP Clinic Lab. Services-Program	0					201. 00
	Only Charges		_				
202.00	Net Charges (line 200 +/- line 201)	46, 980, 098	I C	ll .			202.00

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In Lieu of Form CMS-2552-10
Worksheet D
Part V
B1/2014 Date/Time Prepared:
5/26/2015 1:45 pm
 Heal th Financial
 Systems
 INDIANA
 UNIVERSITY
 HEALTH

 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST
 Provide
 Provi der CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014 Component CCN: 15SO56 Title XIX Subprovi der -

			Ti t	le XIX	Subprovi der - I PF		
				Charges	IPF	Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
	·	Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9	1	Subject To	Subject To		
				Ded. & Coins.	Ded. & Coins.		
		1.00	2.00	(see inst.) 3.00	(see inst.) 4.00	5. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50. 00	05000 OPERATING ROOM	0. 130864	. 0		0	0	50.00
50. 01	05001 ENDOSCOPY	0. 123832	1	d			50. 01
51.00	05100 RECOVERY ROOM	0. 149790	0	· C	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 275880	0) c	0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0. 095313	1	(0	0	53.00
53. 01	05301 PULMONARY FUNCTION TESTING	0. 179197	1	1, 124		0	53. 01
54.00	O5400 RADI OLOGY - DI AGNOSTI C	0. 148545	1	341	0	0	54.00
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	0. 098325 0. 109114	1			0	55. 00 56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 109114	1		0	0	59.00
60. 00	06000 LABORATORY	0. 111374	1	29, 668	0	0	60.00
60. 01	06001 TRANSPLANT I MMUNOLOGY	0. 230237	1	27,000		Ö	60. 01
60. 02	06002 BONE MARROW TRANSPLANT LAB	0. 000000	1	· C	0	0	60. 02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 333903	0	(0	0	63.00
65.00	06500 RESPI RATORY THERAPY	0. 254674	. 0	(0	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0. 298681	1	659	0	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0. 308716	1		0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 322489	1		0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0.067702	1	1, 168	0	0	69. 00 70. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 165650 0. 368766	1			0	71.00
71.00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 294223	1			0	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 209249		56, 605	0	0	73.00
73. 03	07303 OUTPATIENT RETAIL PHARMACY	1. 093633	ł .		0	Ō	73. 03
74.00	07400 RENAL DIALYSIS	0. 367992		· C	0	0	74. 00
76.00	03020 RH NBN ECMO IC	0. 493199	0	(0	0	76. 00
76. 01	03140 CARDI OLOGY	0. 132928	1	C	0	0	76. 01
76. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 230780	1	293, 315		0	76. 02
76. 03	03950 CARDI AC CATH	0. 105423	l t		0	0	76. 03
76. 04	03951 DAY SURGERY	1. 575822			0	0	76. 04
76. 05 76. 06	03480 ONCOLOGY 03952 DAY SURGERY-RI LEY	0. 000000 0. 000000	1			0	76. 05 76. 06
76. 00	03953 CARDI OLOGY-RI LEY	0. 000000	1			0	76.00
76. 08	03954 ECMO-ADULT	0. 247208	1		1	0	76. 08
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 841248	1	d	0	0	ł
	OUTPATIENT SERVICE COST CENTERS						
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	1. 291954	1			0	
90.00	09000 CLINIC	0.000000	1		0		
90. 01	09001 AMB SVC-OB & GYN	0. 449096	1	2 1/6	0	0	90. 01
90. 02 90. 03	O9002 I USCC HEM/ONC O9003 AMB SVC-OPTHALMOLOGY	0. 576430 0. 262122	1	3, 169		0	90. 02 90. 03
	09004 AMB SVC-PSYCH ADULT	0. 459734		395, 262		0	90.03
	09005 AMB SVC-DI ABETES ADULT	0. 000000		373, 202		Ö	
	09006 OUTPATIENT SURGERY	0. 178357			o o	0	90.06
90. 07	09007 AMB SVC-RILEY CLINICS	0. 572131		d	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) c	0	0	
90. 10	09010 CLI NI CAL GERI ATRI CS	0. 000000		(0	0	90. 10
90. 11	09023 SLEEP LAB	0. 295968	1		0	0	
90. 12		2. 920675	1		0	0	90. 12
90. 13 90. 14	09011 PEDIATRI C CLINI C 09012 ARTHRI TI S CLINI C	0.000000	1			0	90. 13 90. 14
	09013 NEUROLOGY UH	0. 071831 0. 000000	1			0	90. 14
90. 16	09014 ORTHOPEDI CS UH	0. 000000	l t			0	90. 16
	09015 PHYSI CAL MEDI CI NE	1. 361685			0	0	90. 17
90. 18	09016 DERMATOLOGY CLINIC	0. 344386		d	0	Ō	ı
90. 19	09017 I NFUSI ON/HEM/ONC	0. 167907		ol c	0	0	
90. 20		6. 022890	1	(0	0	
90. 21	09019 OP REHAB CLINIC	0. 993693		0	0	0	90. 21
	09020 EATING DISORDERS CLINIC	0. 585288	1	153, 738	0	0	90. 22
90. 23	09018 GASTROENTEROLOGY CLINIC	1. 478211	1		0	0	90. 23
	O9021 LIFE CARE CLINIC O9100 EMERGENCY	0. 000000	1	(5 110	_	0	
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 092446 0. 414577		5, 119			
,2.00	OTHER REIMBURSABLE COST CENTERS	0. 414377			., 0		,2.00
94.00	09400 HOME PROGRAM DI ALYSI S	0. 136321					94. 00
	•	•	•	•		•	

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Heal th Finar	ncial Systems	INDIANA UNIVE	RSITY HEALTH		In Lieu of Form CMS-2552-10			
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND		VACCINE COST	Provi der		Peri od:	Worksheet D		
			Component	CCN: 15S056	From 01/01/2014 To 12/31/2014	Date/Time Pre		
						5/26/2015 1:4	5 pm	
			Ti t	Title XIX Subprovider -				
					I PF			
				Charges		Costs		
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services		
		Ratio From	Services (see	Reimbursed	Rei mbursed	(see inst.)		
		Worksheet C,	inst.)	Servi ces	Services Not			
		Part I, col. 9		Subject To	Subject To			
				Ded. & Coins.	Ded. & Coins.			
				(see inst.)	(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, 16	8 0	0	200.00	
201.00	Less PBP Clinic Lab. Services-Program				0 0		201.00	
	Only Charges							
202.00	Net Charges (line 200 +/- line 201)		0	940, 16	8 0	0	202. 00	

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Title XIX Subprovi der Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50.00 50. 01 05001 ENDOSCOPY 0 0 50. 01 05100 RECOVERY ROOM 51 00 51.00 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 52.00 05300 ANESTHESI OLOGY 0 0 53.00 53.00 05301 PULMONARY FUNCTION TESTING 53.01 201 0 53.01 54.00 05400 RADI OLOGY-DI AGNOSTI C 51 0 54 00 55.00 05500 RADI OLOGY-THERAPEUTI C 0 0 55.00 56.00 05600 RADI OI SOTOPE 0 56.00 05900 CARDIAC CATHETERIZATION 59.00 0 59.00 0 60.00 06000 LABORATORY 3.304 0 60.00 06001 TRANSPLANT IMMUNOLOGY 60.01 60.01 06002 BONE MARROW TRANSPLANT LAB 0 60.02 0 60.02 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 0 0 63.00 65.00 06500 RESPIRATORY THERAPY 0 0 65.00 66.00 06600 PHYSI CAL THERAPY 0 66.00 06700 OCCUPATIONAL THERAPY 0 0 67.00 67.00 0 06800 SPEECH PATHOLOGY 0 68.00 68.00 06900 ELECTROCARDI OLOGY 0 69.00 69.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 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 07300 DRUGS CHARGED TO PATIENTS 73.00 11,845 73.00 73.03 07303 OUTPATIENT RETAIL PHARMACY 0 0 73.03 07400 RENAL DIALYSIS 0 0 74.00 74 00 76.00 03020 RH NBN ECMO IC 0 0 76.00 03140 CARDI OLOGY 76. 01 0 0 76.01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76 02 67 691 0 76 02 03950 CARDI AC CATH 76.03 0 76.03 76.04 03951 DAY SURGERY 0 0 76.04 0 76.05 03480 ONCOLOGY 0 76.05 03952 DAY SURGERY-RI LEY 76 06 0 76 06 03953 CARDI OLOGY-RI LEY 0 76.07 0 76.07 76.08 03954 ECMO-ADULT 0 0 76.08 07697 CARDIAC REHABILITATION 0 0 76.97 76.97 OUTPATIENT SERVICE COST CENTERS 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 09000 CLI NI C 0 90.00 0 90.00 09001 AMB SVC-0B & GYN 90.01 0 0 90.01 09002 LUSCC HEM/ONC 90.02 1,827 0 90.02 90.03 09003 AMB SVC-OPTHALMOLOGY 0 90.03 09004 AMB SVC-PSYCH ADULT 90.04 181, 715 0 90.04 09005 AMB SVC-DIABETES ADULT 0 90.05 90.05 0 90.06 09006 OUTPATIENT SURGERY 0 0 90.06 09007 AMB SVC-RILEY CLINICS 0 90.07 90.07 09008 MOTILITY LAB 0000000000000 0 90.08 90.08 09009 AMB SVC - PSYCH CHILD 90 09 0 90 09 90.10 09010 CLINICAL GERIATRICS 0 90.10 09023 SLEEP LAB 90. 11 0 90 11 09024 OP CARE ADULTS 90.12 0 90.12 09011 PEDIATRIC CLINIC 0 90 13 90 13 90.14 09012 ARTHRITIS CLINIC 0 90.14 09013 NEUROLOGY UH 90. 15 90.15 09014 ORTHOPEDICS UH 0 90.16 90.16 09015 PHYSICAL MEDICINE 90.17 0 90.17 09016 DERMATOLOGY CLINIC 90.18 90.18 90. 19 09017 I NFUSI ON/HEM/ONC 0 90.19 90.20 09025 I UMG - MH 0 90 20 09019 OP REHAB CLINIC 90. 21 0 0 90.21 09020 EATING DISORDERS CLINIC 0 90. 22 89, 981 90.22 09018 GASTROENTEROLOGY CLINIC 0 90.23 90.23 0 09021 LIFE CARE CLINIC 0 90.24 90.24 91.00 09100 EMERGENCY 473 0 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 92.00 0 OTHER REIMBURSABLE COST CENTERS

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0

0

94.00

94.00 09400 HOME PROGRAM DIALYSIS

Health Finan	cial Systems	INDIANA UNIVERSITY HEALTH			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND		VACCINE COST		CCN: 150056 t CCN: 15S056	Peri od: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Pre 5/26/2015 1:4		
			Ti t	le XIX	Subprovi der - I PF			
		Costs						
	Cost Center Description		Cost					
		Rei mbursed	Rei mbursed					
		Servi ces	Services Not					
		Subject To	Subject To					
		Ded. & Coins.	Ded. & Coins.					
		(see inst.)	(see inst.)					
		6.00	7.00					
95.00 09500	AMBULANCE SERVICES	0					95. 00	
200. 00	Subtotal (see instructions)	357, 364	C)			200. 00	
201. 00	Less PBP Clinic Lab. Services-Program	0					201. 00	
	Only Charges							
202. 00	Net Charges (line 200 +/- line 201)	357, 364)			202. 00	

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Heal th	Financial Systems INDIANA UNIVERSIT	Y HEALTH	In Lie	u of Form CMS-2	2552-10
СОМРИТ	ATION OF INPATIENT OPERATING COST	Provi der CCN: 150056	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Pre	
		Title XVIII	Hospi tal	5/26/2015 1: 4 PPS	o piii
	Cost Center Description			1. 00	
	PART I - ALL PROVIDER COMPONENTS				
1. 00	INPATIENT DAYS 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-be	ed and newborn days)		263, 105	2. 00
3. 00	Private room days (excluding swing-bed and observation bed days do not complete this line.	s). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be			247, 345	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private room reporting period	m days) through December	31 of the cost	0	5. 00
6.00	Total swing-bed SNF type inpatient days (including private room	m days) after December 3	1 of the cost	0	6. 00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7. 00
7.00	reporting period	days) thi odgir becember	or the cost	O	7.00
8. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December 31	of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	74, 054	9. 00
10. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII on	ly (including private re	om dove)	0	10. 00
10.00	through December 31 of the cost reporting period (see instruct	ions)		O	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII on		om days) after	0	11. 00
12. 00	December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XIX		room days)	0	12. 00
12.00	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 after December 31 of the cost reporting period (if calendar year)			0	13. 00
14.00	Medically necessary private room days applicable to the Program			0	14. 00
15. 00 16. 00	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	15. 00 16. 00
	SWING BED ADJUSTMENT				
17. 00	Medicare rate for swing-bed SNF services applicable to services reporting period	s through December 31 of	the cost	0. 00	17. 00
18. 00					
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	through December 31 of	the cost	0. 00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	after December 31 of th	e cost	0. 00	20. 00
21. 00	Total general inpatient routine service cost (see instructions)		ng ported (Line	248, 860, 360	
22. 00	Swing-bed cost applicable to SNF type services through December 5×1 line 17)	i 31 of the cost reporti	ng perrod (Trile	0	22. 00
23. 00	Swing-bed cost applicable to SNF type services after December : x line 18)	31 of the cost reporting	period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December 7×1 ine 19)	31 of the cost reportin	g period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	1 of the cost reporting	period (line 8	0	25. 00
26. 00	Total swing-bed cost (see instructions)	line 01 mi - 11 - 00		0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	line 21 minus line 26)		248, 860, 360	27. 00
28. 00	General inpatient routine service charges (excluding swing-bed	and observation bed cha	rges)	0	28. 00
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 00 30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)	20)		0.00	
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 min	, ,	i ons)	0. 00	
35. 00	Average per diem private room cost differential (line 34 x line	e 31)		0.00	
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost a	nd private room cost dif	ferential (line	0 248, 860, 360	36. 00 37. 00
200	27 minus line 36)			, 555 , 565	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS	STMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			945. 86	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line	•		70, 044, 716	
40.00	Medically necessary private room cost applicable to the Program	•		0	40.00
41. 00	Total Program general inpatient routine service cost (line 39	+ IINE 4U)	l	70, 044, 716	41.00

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	Financial Systems	INDIANA UNIVER		CCN: 15005/ D		eu of Form CMS-2	
OMPUI	ATION OF INPATIENT OPERATING COST		Provi der		eriod: rom 01/01/2014	Worksheet D-1	
					o 12/31/2014	Date/Time Pre	
			Ti tl	e XVIII	Hospi tal	5/26/2015 1: 4! PPS	o piii
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
	·	Inpatient Cost	Inpatient Days			(col. 3 x col.	
		1.00	2.00	col . 2)	4.00	4)	
12. 00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4. 00	5. 00	42.00
+2.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0		42.00
13. 00	INTENSIVE CARE UNIT	25, 536, 451	19, 112	1, 336. 15	6, 697	8, 948, 197	43.00
14.00	CORONARY CARE UNIT	21, 908, 876	14, 365	1, 525. 16	4, 935	7, 526, 665	44.00
14. 01	NEONATAL INTENSIVE CARE UNIT	7, 823, 140	9, 059				
15.00	BURN INTENSIVE CARE UNIT	3, 316, 911	2, 231	1, 486. 74		5, 947	
16. 00 16. 02	SURGICAL INTENSIVE CARE UNIT UH SURG 61C	5, 549, 440	3, 920	0. 00 1, 415. 67	0 1, 562		
16. 03	UH NS 31 C	0, 347, 440	3, 720	0.00			1
16. 04	RH PED IC	13, 943, 367	7, 587			80, 863	
16. 05	TRANSPLANT ICU	3, 888, 022	3, 036			1, 215, 327	
16.06	PEDS CANCER CARE	4, 379, 787	2, 471	1, 772. 48	86	152, 433	
17. 00	OTHER SPECIAL CARE (SPECIFY)						47.0
	Cost Center Description					1. 00	
18. 00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3	I, line 200)			142, 747, 558	48. 0
9. 00	Total Program inpatient costs (sum of lines			ns)		232, 932, 983	
	PASS THROUGH COST ADJUSTMENTS						
0.00	Pass through costs applicable to Program inp	atient routine	services (from	Wkst. D, sum	of Parts I and	6, 512, 517	50.0
1. 00	<pre>III) Pass through costs applicable to Program inp</pre>	ationt ancillar	y sarvicas (fr	om Wket D su	m of Darte II	10, 770, 040	51.0
1.00	and IV)	attent ancitral	y services (II	OIII WKSt. D, Sui	ii Oi Taits II	10, 770, 040	31.0
2. 00	Total Program excludable cost (sum of lines	50 and 51)				17, 282, 557	52.0
3. 00	Total Program inpatient operating cost exclu		elated, non-phy	sician anesthe	tist, and	215, 650, 426	53.0
	medical education costs (line 49 minus line	52)					
4. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54. C
5. 00	Target amount per discharge				ļ	0.00	1
6. 00	Target amount (line 54 x line 55)					0	1
7. 00	Difference between adjusted inpatient operat	ing cost and ta	irget amount (I	ine 56 minus li	ine 53)	0	57.0
8. 00	Bonus payment (see instructions)					0	
59. 00	Lesser of lines 53/54 or 55 from the cost re market basket	porting period	endi ng 1996, u	pdated and com	pounded by the	0.00	59. 0
50.00	Lesser of lines 53/54 or 55 from prior year	cost report up	dated by the m	arket basket	ļ	0.00	60.0
51. 00	If line 53/54 is less than the lower of line				he amount by	0.00	1
	which operating costs (line 53) are less tha	n expected cost	s (lines 54 x	60), or 1% of	the target		
2 00	amount (line 56), otherwise enter zero (see	instructions)			ļ		/
52. 00 53. 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym	ant (saa instru	ictions)			0	
3.00	PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see mistru	ictrons)				1 03.0
64. 00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of the	cost reportin	g period (See	0	64.0
	instructions)(title XVIII only)	· ·			,		
5.00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65. 0
66. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	no costs (lino	64 plus lino 6	.5) (+i +l \ V\/ I	only) For	0	66. 0
0. 00	CAH (see instructions)	ne costs (Title	04 prus rine 0	5)(title XVIII	only). To		00.0
57. 00	Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 o	f the cost rep	orting period	0	67. 0
	(line 12 x line 19)					_	
8. 00	Title V or XIX swing-bed NF inpatient routin	e costs after D	ecember 31 of	the cost repor	ting period	0	68. 0
9. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (line 67 + line	: 68)		0	69. 0
	PART III - SKILLED NURSING FACILITY, OTHER N						1 0
0. 00	Skilled nursing facility/other nursing facil	ity/ICF/MR rout	ine service co	st (line 37)			70. 0
1.00	Adjusted general inpatient routine service c		ine 70 ÷ line	2)			71.0
2.00	Program routine service cost (line 9 x line		Clina 14 ·····	no 3E)			72.0
3. 00 4. 00	Medically necessary private room cost applic Total Program general inpatient routine serv						73.0
5. 00	Capital -related cost allocated to inpatient	•	,		rt II. column		75. 0
	26, line 45)			,	,		
6. 00	Per diem capital-related costs (line 75 ÷ li						76. 0
7.00	Program capital -related costs (line 9 x line						77.0
8. 00 9. 00	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		rovi der record	(s)			78. C
0.00	Total Program routine service costs for comp				s line 79)		80.0
	Inpatient routine service cost per diem limi			(5 / 5 mi riu.	,		81.0
	Inpatient routine service cost limitation (I	ine 9 x line 81	•		ļ		82.0
1. 00			ıs)			1	83.0
31. 00 32. 00 33. 00	Reasonable inpatient routine service costs (-/				
1. 00 2. 00 3. 00 4. 00	Program inpatient ancillary services (see in	structions)			I	ļ l	
31. 00 32. 00 33. 00 34. 00 35. 00	Program inpatient ancillary services (see in Utilization review - physician compensation	structions) (see instructio	ons)				84. 0 85. 0
1. 00 2. 00 3. 00 4. 00	Program inpatient ancillary services (see in	structions) (see instructio of lines 83 th	ons)				

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Health Financial Systems	INDIANA UNIVER	RSITY HEALTH		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description						
		1.00				
88.00 Adjusted general inpatient routine cost per of		945. 86	88. 00			
89.00 Observation bed cost (line 87 x line 88) (see	e instructions)				14, 906, 754	89. 00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1. 00	2. 00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH O	OST					
90.00 Capital -related cost	18, 411, 052	248, 860, 360	0. 07398	14, 906, 754	1, 102, 817	90. 00
91.00 Nursing School cost	0	248, 860, 360	0. 00000	0 14, 906, 754	0	91. 00
92.00 Allied health cost	836, 502	248, 860, 360	0. 00336	1 14, 906, 754	50, 102	92.00
93.00 All other Medical Education	0	248, 860, 360	0. 00000	14, 906, 754	0	93. 00

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		Title XVIII	Subprovi der - I PF	PPS			
	Cost Center Description						
	PART I - ALL PROVIDER COMPONENTS			1. 00			
	I NPATI ENT DAYS						
1.00	Inpatient days (including private room days and swing-bed days,			6, 482	1. 00		
2.00	Inpatient days (including private room days, excluding swing-bed			6, 482	2. 00		
3.00	Private room days (excluding swing-bed and observation bed days) do not complete this line.). If you have only pr	rivate room days,	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		er 31 of the cost	0	5. 00		
	reporting period	3 , 0					
6.00	Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6. 00		
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room of	Have) through Docombor	21 of the cost	0	7. 00		
7.00	reporting period	days) till odgir becember	31 of the cost	O	7.00		
8.00	Total swing-bed NF type inpatient days (including private room of	days) after December 3	1 of the cost	0	8. 00		
	reporting period (if calendar year, enter 0 on this line)						
9. 00	Total inpatient days including private room days applicable to newborn days)	the Program (excluding	swing-bed and	1, 783	9. 00		
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only	v (including private r	room days)	0	10. 00		
	through December 31 of the cost reporting period (see instruction	ons)	,	_			
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII only	y (including private r	room days) after	0	11. 00		
12. 00	December 31 of the cost reporting period (if calendar year, ent Swing-bed NF type inpatient days applicable to titles V or XIX		o room days)	0	12. 00		
12.00	through December 31 of the cost reporting period	only (including privat	e room days)	U	12.00		
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX (only (including privat	e room days)	0	13. 00		
	after December 31 of the cost reporting period (if calendar year						
14. 00	Medically necessary private room days applicable to the Program	(excluding swing-bed	days)	0			
15. 00 16. 00	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	15. 00 16. 00		
10.00	SWING BED ADJUSTMENT			0	10.00		
17. 00	Medicare rate for swing-bed SNF services applicable to services	through December 31 c	of the cost	0.00	17. 00		
40.00	reporting period	CL D L 04 C		0.00	40.00		
18. 00	Medicare rate for swing-bed SNF services applicable to services reporting period	0.00	18. 00				
19. 00	Medicaid rate for swing-bed NF services applicable to services	0.00	19. 00				
00.00	reporting period						
20. 00	00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period						
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 report	ing period (line	0	22. 00		
22.00	5 x line 17)	1 of the cost respontin	a ported (line (0	22.00		
23. 00	Swing-bed cost applicable to SNF type services after December 3 x line 18)	i or the cost reportir	ig period (iine 6	0	23. 00		
24. 00	Swing-bed cost applicable to NF type services through December :	31 of the cost reporti	ng period (line	0	24. 00		
	7 x line 19)				05.00		
25. 00	Swing-bed cost applicable to NF type services after December 31 x line 20)	of the cost reporting	period (line 8	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 (1)	ne 21 minus line 26)		6, 780, 208	27. 00		
	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT		`				
28.00	General inpatient routine service charges (excluding swing-bed a Private room charges (excluding swing-bed charges)	and observation bed cr	arges)	0	28. 00 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 ÷	ine 28)		0. 000000			
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			
34.00	Average per diem private room charge differential (line 32 minus	, ,	tions)	0.00			
35. 00 36. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)		0.00	35. 00 36. 00			
37. 00	General inpatient routine service cost net of swing-bed cost and	fferential (line	6, 780, 208	37. 00			
	27 minus line 36)						
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	FMENTO					
20 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST Adjusted general inpatient routine service cost per diem (see in			1 044 01	38. 00		
38. 00 39. 00	Program general inpatient routine service cost per diem (see in Program general inpatient routine service cost (line 9 x line 3)	-		1, 046. 01 1, 865, 036			
40. 00	Medically necessary private room cost applicable to the Program			0	40. 00		
41. 00	Total Program general inpatient routine service cost (line 39 +	line 40)		1, 865, 036	41. 00		

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near th	Financial Systems	INDIANA UNIVERSI	TY HEALTH		In Lie	u of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST		Provi der CO		Period: From 01/01/2014	Worksheet D-1	
			Component (To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
			Title	XVIII	Subprovi der - I PF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost Inp	atient DaysDi		÷	(col. 3 x col.	
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	0	0	0. 0			42. 00
40.00	Intensive Care Type Inpatient Hospital Units			0.0			40.00
43. 00 44. 00	INTENSIVE CARE UNIT	0	0	0. 0		0	
44. 01	NEONATAL INTENSIVE CARE UNIT	o o	o	0. 0		Ö	
45.00	BURN INTENSIVE CARE UNIT	0	0	0. 0	0 0	0	45.00
46. 00	SURGICAL INTENSIVE CARE UNIT	0	0	0. 0		0	
46. 02 46. 03	UH SURG 61C UH NS 31C	0	0	0. 0		0	
46. 04	RH PED IC		0	0. 0		0	
46. 05	TRANSPLANT ICU	Ö	o	0. 0		Ö	
46.06	PEDS CANCER CARE	0	0	0.0	0	0	1 .0.00
47. 00	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (W	kst. D-3, col. 3, I	ine 200)			323, 944	48. 00
49. 00	Total Program inpatient costs (sum of lines)		2, 188, 980	49.00
EO 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program in	antiont mouting our	udass (from W	lta+ D aum	of Donto L and	110 272	F0 00
50. 00	[Pass through costs applicable to Program in	batient routine ser	vices (from w	KST. D, SUM	or Parts I and	118, 373	50.00
51. 00	Pass through costs applicable to Program in and IV)	patient ancillary s	ervices (from	Wkst. D, s	um of Parts II	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 exclu		ed, non-physi	cian anesth	etist, and	2, 046, 452	53.00
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)					1
54.00	Program di scharges					0	54.00
55.00	Target amount per discharge					0. 00	55.00
56.00	Target amount (line 54 x line 55)			F/ '	50)	0	
57. 00 58. 00	Difference between adjusted inpatient operations payment (see instructions)	ting cost and targe	t amount (iin	e 56 minus i	ine 53)	0	
59. 00	Lesser of lines 53/54 or 55 from the cost re	eporting period end	ina 1996. upd	ated and cor	mpounded by the	0.00	
	market basket				,		
60.00	Lesser of lines 53/54 or 55 from prior year				the emount by	0.00	60.00
61. 00	If line 53/54 is less than the lower of line which operating costs (line 53) are less that					0	01.00
	amount (line 56), otherwise enter zero (see	instructions)					/
62. 00 63. 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive payr	ment (see instructi	ons)			0	
03.00	PROGRAM INPATIENT ROUTINE SWING BED COST	ment (see mistructi	0113)			0	05.00
64.00	Medicare swing-bed SNF inpatient routine cos	sts through Decembe	r 31 of the c	ost reporti	ng period (See	0	64. 00
4E 00	instructions) (title XVIII only)	ata aftan Dagamban	21 of the coo	+ =====	nonind (Coo	0	45.00
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	sts after December	31 Of the Cos	t reporting	perrou (see	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 64	plus line 65)	(title XVII	l only). For	0	66.00
.	CAH (see instructions)		. 04 6				/7.00
67. 00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)	ie costs through De	cemper 31 of	ine cost re	porting period	0	67.00
68. 00	Title V or XIX swing-bed NF inpatient routing	ne costs after Dece	mber 31 of th	e cost repo	rting period	0	68. 00
(0.00	(line 13 x line 20)		- /7 !! :		•	_	/
69. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					0	69.00
70. 00	Skilled nursing facility/other nursing facil						70.00
71. 00	Adjusted general inpatient routine service			,			71.00
72.00	Program routine service cost (line 9 x line	,		>			72.00
73. 00 74. 00	Medically necessary private room cost application of the service o			35)			73. 00 74. 00
75. 00	Capital -related cost allocated to inpatient	•	,	ksheet B. Pa	art II. column		75.00
	26, line 45)				, 23. 4		
76.00	Per diem capital-related costs (line 75 ÷ li						76.00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minument)	•					77. 00 78. 00
78.00	Aggregate charges to beneficiaries for excess	•	ider records)				79.00
80.00	Total Program routine service costs for comp			line 78 min	us line 79)		80.00
81.00	Inpatient routine service cost per diem limi	tati on	`		,		81.00
82.00	Inpatient routine service cost limitation (82.00
83.00	Reasonable inpatient routine service costs	•					83.00
84. 00 85. 00	Program inpatient ancillary services (see in Utilization review - physician compensation						85.00
86. 00	Total Program inpatient operating costs (sur						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PAS	SS THROUGH COST	,				
87. 00	Total observation bed days (see instructions						87.00

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Health Financial Systems	INDIANA UNIVER	RSITY HEALTH		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der	CCN: 150056	Peri od:	Worksheet D-1	
		Component	CCN: 15S056		Date/Time Prep 5/26/2015 1:4	
	Title XVIII Subprovider - IPF			PPS		
Cost Center Description						
		1. 00				
88.00 Adjusted general inpatient routine cost per of		0.00	88. 00			
89.00 Observation bed cost (line 87 x line 88) (see	e instructions)				0	89. 00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH O	OST					
90.00 Capital -related cost	408, 616	6, 780, 208	0. 06026	56 0	0	90.00
91.00 Nursing School cost	0	6, 780, 208	0.00000	00	0	91.00
92.00 Allied health cost	21, 714	6, 780, 208	0.00320	03	0	92.00
93.00 All other Medical Education	0	6, 780, 208		00 0	0	93. 00

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	Financial Systems INDIANA UNIVERSITY ATION OF INPATIENT OPERATING COST	Provi der CCN: 150056	Peri od:	u of Form CMS-2 Worksheet D-1	_002	
			From 01/01/2014 To 12/31/2014	Date/Time Pre	pare	
		T' II VIV		5/26/2015 1: 4		
	Cost Center Description	Title XIX	Hospi tal	PPS		
	PART I - ALL PROVIDER COMPONENTS			1. 00		
	I NPATI ENT DAYS					
00 00	Inpatient days (including private room days and swing-bed days, Inpatient days (including private room days, excluding swing-be			263, 105 263, 105	1 2	
00	Private room days (excluding swing-bed and observation bed days		ivate room days,	203, 103	3	
	do not complete this line.			0.47.045	١.	
)0)0	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	247, 345 0	4 5	
, ,	reporting period	3 ,			ľ	
00	Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	m days) after December	31 of the cost	0	6	
00	Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7	
	reporting period			_		
00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	days) after December 3	1 of the cost	0	8	
00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	24, 005	9	
00	newborn days)				1.0	
00	Swing-bed SNF type inpatient days applicable to title XVIII onl through December 31 of the cost reporting period (see instructi		oom days)	U	10	
00	Swing-bed SNF type inpatient days applicable to title XVIII onl	y (including private r	oom days) after	0	11	
00	December 31 of the cost reporting period (if calendar year, ent Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12	
00	through December 31 of the cost reporting period	only (frict during privat	e room days)	o l	'-	
00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13	
00	after December 31 of the cost reporting period (if calendar yea Medically necessary private room days applicable to the Program			0	14	
00	Total nursery days (title V or XIX only)	ii (exer darrig siirrig bed	days)	6, 030		
00	Nursery days (title V or XIX only)			3, 775	16	
00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to services	s through December 31 o	f the cost	0.00	17	
00	reporting period					
00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period					
00	Medicaid rate for swing-bed NF services applicable to services reporting period	through December 31 of	the cost	0. 00	19	
00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	he cost	0.00	20	
00	reporting period	\		249 940 240	21	
00	Total general inpatient routine service cost (see instructions) Swing-bed cost applicable to SNF type services through December		ina period (line	248, 860, 360 0	22	
	5 x line 17)	·				
00	Swing-bed cost applicable to SNF type services after December 3 x line 18)	31 of the cost reportin	g period (line 6	0	23	
00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24	
00	7 x line 19) Swing-bed cost applicable to NF type services after December 31	1 of the cost reporting	neriod (line 8	0	25	
	x line 20)	the cost ropertring	-332 (11110 0	Ĭ	-	
00	Total swing-bed cost (see instructions)	lino 21 minus lino 24		0 248, 860, 360	26	
00	General inpatient routine service cost net of swing-bed cost (I PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	THE 21 MINUS TINE 20)		248, 860, 360	21	
00	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	28	
00	Pri vate room charges (excluding swing-bed charges)			0		
00	Semi-private room charges (excluding swing-bed charges)	lino 20)		0 000000	30	
(JU)	General inpatient routine service cost/charge ratio (line 27 ÷ Average private room per diem charge (line 29 ÷ line 3)	1111e 28)		0. 000000 0. 00		
				0.00		
00	Average per diem private room charge differential (line 32 minu	us line 33)(see instruc	tions)	0.00		
00 00			-	0.00		
00 00 00	Average per diem private room cost differential (line 34 x line			0		
00 00 00 00 00	Private room cost differential adjustment (line 3 x line 35)		i,		1 37	
00 00 00 00 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost ar	nd private room cost di	fferential (line	248, 860, 360		
00 00 00 00 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost ar 27 minus line 36)	nd private room cost di	fferential (line	248, 860, 360		
.00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost ar	•	fferential (line	248, 860, 360		
00 00 00 00 00 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost ar 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS Adjusted general inpatient routine service cost per diem (see i	STMENTS instructions)	fferential (line	945. 86	38	
. 00 . 00 . 00 . 00 . 00 . 00 . 00 . 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost ar 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS Adjusted general inpatient routine service cost per diem (see i Program general inpatient routine service cost (line 9 x line 3	STMENTS Instructions) 38)	fferential (line		38 39	

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Heal th	Financial Systems	INDIANA UNIVERSI	TY HEALTH		In lie	u of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST	THE PRIOR CHI VERO			Period: From 01/01/2014	Worksheet D-1	1002 10
					To 12/31/2014	Date/Time Prep 5/26/2015 1:49	
				le XIX	Hospi tal	PPS	J pili
	Cost Center Description	Total Inpatient Costlnp	Total patient Days	Average Per Diem (col. 1	Program Days	Program Cost (col. 3 x col.	
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	6, 231, 572	6, 030	1, 033. 4		3, 901, 198	42. 00
43. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	25, 536, 451	19, 112	1, 336. 1	5 2, 158	2, 883, 412	43. 00
44. 00	CORONARY CARE UNIT	21, 908, 876	14, 365	1, 525. 1	6 1, 401	2, 136, 749	44. 00
44. 01 45. 00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	7, 823, 140 3, 316, 911	9, 059 2, 231	863. 5 1, 486. 7	·	1, 316, 096 347, 897	44. 01 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT	0	0	0.0	0 0	0	46. 00
46. 02 46. 03	UH SURG 61C UH NS 31C	5, 549, 440 0	3, 920 0	1, 415. 6 0. 0		366, 659 0	46. 02 46. 03
46. 04	RH PED IC	13, 943, 367	7, 587	1, 837. 8		2, 464, 490	46.04
46. 05 46. 06	TRANSPLANT I CU PEDS CANCER CARE	3, 888, 022 4, 379, 787	3, 036 2, 471	1, 280. 6 1, 772. 4		158, 799 756, 849	46. 05 46. 06
47. 00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47. 00
						1. 00	
48. 00 49. 00	Program inpatient ancillary service cost (Wks Total Program inpatient costs (sum of lines			ns)		61, 303, 067 98, 340, 585	48. 00 49. 00
50. 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	atient routine se	rvices (from	Wkst. D, sum	of Parts I and	2, 829, 065	50. 00
51. 00	Pass through costs applicable to Program inpa	atient ancillary s	services (fr	om Wkst. D, s	um of Parts II	4, 521, 538	51. 00
52. 00	and IV) Total Program excludable cost (sum of lines!	50 and 51)	·			7, 350, 603	52. 00
53. 00	Total Program inpatient operating cost exclude medical education costs (line 49 minus line 5	ding capital rela	ted, non-phy	sician anesth	etist, and	90, 989, 982	53. 00
	TARGET AMOUNT AND LIMIT COMPUTATION	,				0	
54. 00 55. 00	54.00 Program discharges 55.00 Target amount per discharge						54. 00 55. 00
56.00	Target amount (line 54 x line 55)		-+ (1	!	1: 52)	0.00	56.00
57. 00 58. 00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and targe	et amount (i	ine 56 minus	iine 53)	0	57. 00 58. 00
59. 00							
market basket 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket 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						0. 00 0	60. 00 61. 00
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)							
62. 00 63. 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive payme	ent (see instructi	i ons)			0 0	62. 00 63. 00
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	ts through Decembe	er 31 of the	cost reporti	na period (See	0	64. 00
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cost					0	65. 00
	instructions)(title XVIII only)						
66. 00	Total Medicare swing-bed SNF inpatient routin CAH (see instructions)	·	•	, ,	3,	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	9				0	67. 00
68. 00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)			•	rting period	0	68. 00
69. 00	Total title V or XIX swing-bed NF inpatient I PART III - SKILLED NURSING FACILITY, OTHER NU	IRSING FACILITY, A	AND ICF/MR O	NLY		0	69. 00
70. 00 71. 00	Skilled nursing facility/other nursing facili Adjusted general inpatient routine service co						70. 00 71. 00
72.00	Program routine service cost (line 9 x line)	71)					72. 00
73. 00 74. 00	Medically necessary private room cost application of the cost application of t			ne 35)			73. 00 74. 00
75. 00	Capital-related cost allocated to inpatient (26, line 45)	routine service co	,	orksheet B, P	art II, column		75. 00
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ line Program capital-related costs (line 9 x line						76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minus	s line 77)		`			78. 00
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				us line 79)		79. 00 80. 00
81. 00	Inpatient routine service cost per diem limit	tati on			/		81. 00
82. 00 83. 00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (s						82. 00 83. 00
84. 00	Program inpatient ancillary services (see ins						84. 00
85. 00	Utilization review - physician compensation	(see instructions)					85. 00
86. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		ugh 85)				86. 00
87. 00	Total observation bed days (see instructions)					15, 760	87. 00

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Health Financial Systems	INDIANA UNIVER	SITY HEALTH		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 01/01/2014 Fo 12/31/2014		narod:
				10 12/31/2014	5/26/2015 1: 4	
		Ti tl	le XIX	Hospi tal	PPS	
Cost Center Description						
		1.00				
88.00 Adjusted general inpatient routine co	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	column 1 ÷	Total	Observation	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS T	HROUGH COST					
90.00 Capital-related cost	18, 411, 052	248, 860, 360	0. 07398	1 14, 906, 754	1, 102, 817	
91.00 Nursing School cost	0	248, 860, 360	0.00000	14, 906, 754	0	91. 00
92.00 Allied health cost	836, 502	248, 860, 360	0.00336	1 14, 906, 754	50, 102	92.00
93.00 All other Medical Education	0	248, 860, 360	0.00000	14, 906, 754	0	93. 00

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To Cost Center Description					o 12/31/2014	Date/Time Pre 5/26/2015 1:4	
To Charges Program Dates Program Charges			Ti tl	e XVIII	Hospi tal		<u> </u>
INPATIENT ROUTINE SERVICE COST CENTERS 172, 40, 135 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.		Cost Center Description					
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34 00 G3000 SURGICAL INTENSIVE CARE UNIT 5					0		
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89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 0 90. 00 90. 00 09000 CLI NI C 0.000000 0 0 90. 00 90. 01 09001 AMB SVC-DB & GYN 0.449096 6, 222 2, 794 90. 01 90. 02 09002 USCC HEM/ONC 0.576430 397, 811 229, 310 90. 02 90. 03 09003 AMB SVC-OPTHALMOLOGY 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-DI ABETES ADULT 0.000000 0 0 90. 05 90. 07 09007 AMB SVC-RI LEY CLINICS 0.178357 3, 990, 045 711, 652 90. 06 90. 08 09008 MOTI LITY LAB 0.437901 0 0 90. 08 90. 09 90.09 AMB SVC - PSYCH CHI LD 0.000000 0 0 90. 09 90. 10 09010 CLI NI CAL GERI ATRI CS 0.000000 0 0 90. 11 90. 12 09024 OP CARE ADULTS 2.920675 737 2, 153 90. 12		07697 CARDI AC REHABI LI TATI ON		1			
90. 00 09000 09000 09000 09000 09000 09000 09000 09000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 090000 0900000 090000 090000 090000 090000 090000 090000 0900000 090000 090000 090000 090000 090000 090000 0900000 090000 090000 090000 090000 090000 090000 0900000 090000 090000 090000 090000 090000 090000 0900000 090000 090000 090000 090000 090000 090000 0900000 090000 090000 090000 090000 090000 090000 0900000 090000 090000 0900000 090000 0900000 0900000 0900000 0900000 0900000 0900000 0900000 0900000 09000000 0900000 0900000 0900000 0900000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 09000000 090000000 09000000 09000000 090000000 090000000 090000000 090000000 090000000 090000000 0900000000	00.00			0.00000			00.00
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90. 02 09002 I USCC HEM/ONC 0. 576430 397, 811 229, 310 90. 02 90. 03 09003 AMB SVC-OPTHALMOLOGY 0. 262122 2, 808 736 90. 03 90. 04 09004 AMB SVC-PSYCH ADULT 0. 459734 0 0 0 90. 04 90. 05 09005 AMB SVC-DI ABETES ADULT 0. 000000 0 0 0 90. 05 90. 07 09007 AMB SVC-RILEY CLINICS 0. 178357 3, 990, 045 711, 652 90. 06 90. 07 09008 MOTILITY LAB 0. 572131 6, 032 3, 451 90. 07 90. 10 09008 MOTILITY LAB 0. 437901 0 0 90. 08 90. 10 09010 CLINICAL GERIATRICS 0. 000000 0 0 90. 09 90. 11 09023 SLEEP LAB 0. 295968 0 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				1			
90. 04 09004 09004 09005 09005 09005 09005 09005 09005 09005 09005 09005 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 09006 0		09002 I USCC HEM/ONC		1			
90. 05 09005 AMB SVC-DI ABETES ADULT 0.000000 0 0 90. 05 90. 06 09006 0UTPATI ENT SURGERY 0.178357 3,990,045 711,652 90. 06 90. 07 09007 AMB SVC-RI LEY CLINICS 0.572131 6,032 3,451 90. 07 90. 08 09008 MOTI LITY LAB 0.437901 0 0 90. 08 90. 09 09009 AMB SVC - PSYCH CHILD 0.000000 0 0 90. 09 90. 10 09010 CLINICAL GERI ATRICS 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 PEDI ATRIC CLINIC 0.000000 0 0 90. 13 90. 14 09012 ARTHRITIS CLINIC 0.000000 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 PHYSI CAL MEDICINE 1.361685 3,875 5,277 90. 17				1			
90. 06 09006 0UTPATI ENT 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 MOTI LITY LAB 0. 437901 0 0 0 90. 08 90. 09 09009 AMB SVC - PSYCH CHILD 0. 000000 0 0 0 0 0 0 0				1		-	
90. 07 09007 AMB SVC-RILEY CLINICS 0. 572131 6, 032 3, 451 90. 07 90. 08 09008 MOTILITY LAB 0. 437901 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000				1		-	
90. 09 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009	90. 07	09007 AMB SVC-RILEY CLINICS		1			
90. 10 09010 CLI NI CAL GERI ATRI CS 0.000000 0 0 90. 10 90. 11 09023 SLEEP LAB 0.295968 0 90. 11 90. 12 09024 0P CARE ADULTS 2.920675 737 2.153 90. 12 90. 13 09011 PEDI ATRI C CLI NI C 0.000000 0 0 90. 13 90. 14 09012 ARTHRI TI S CLI NI C 0.071831 0 0.071831 0 0.000000 0 0 90. 14 90. 15 09013 NEUROLOGY UH 0.000000 0 0 90. 15 90. 16 09014 0RTHOPEDI CS UH 0.000000 0 0 90. 16 90. 17 09015 PHYSI CAL MEDI CI NE 1.361685 3,875 5,277 90. 17						-	
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 PEDI ATRI C CLI NI C 0. 000000 0 0 90. 13 90. 14 09012 ARTHRI TI S CLI NI C 0. 071831 0 0. 071831 0 0. 071831 0 0. 000000 0 0 90. 14 09015 0. 000000 0 0 0 0. 16 09014 0RTHOPEDI CS UH 0. 000000 0 0 0 90. 16 090. 17 09015 PHYSI CAL MEDI CI NE 1. 361685 3, 875 5, 277 90. 17				1		-	
90. 12 09024 OP CARE ADULTS 2. 920675 737 2, 153 90. 12 90. 13 09011 PEDI ATRI C CLINI C 0. 000000 0 0 90. 13 90. 14 09012 ARTHRI TI S CLINI C 0. 071831 0 0 90. 14 90. 15 09013 NEUROLOGY UH 0. 000000 0 0 90. 15 90. 16 09014 ORTHOPEDI CS UH 0. 000000 0 90. 16 90. 17 09015 PHYSI CAL MEDI CI NE 1. 361685 3, 875 5, 277 90. 17							
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 PHYSI CAL MEDICINE 1. 361685 3, 875 5, 277 90. 17	90. 12	09024 OP CARE ADULTS		2. 920675	737		90. 12
90. 15 09013 NEUROLOGY UH 0.000000 0 0 90. 15 90. 16 09014 ORTHOPEDI CS UH 0.000000 0 0 90. 16 90. 17 09015 PHYSI CAL MEDI CI NE 1.361685 3,875 5,277 90. 17				1		-	
90. 16 09014 ORTHOPEDI CS UH 0.000000 0 0 90. 16 90. 17 09015 PHYSI CAL MEDI CI NE 1.361685 3,875 5,277 90. 17				1			
90. 17 09015 PHYSI CAL MEDI CI NE 1. 361685 3, 875 5, 277 90. 17				1			
90. 18 09016 DERMATOLOGY CLINIC 0. 344386 7, 599 2, 617 90. 18		09015 PHYSI CAL MEDI CI NE		1. 361685	3, 875		
	90. 18	U9016 DERMATOLOGY CLINIC		0. 344386	7, 599	2, 617	90. 18

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202.00

Net Charges (line 200 minus line 201)

781, 084, 385

202. 00

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09012 ARTHRITIS CLINIC

09015 PHYSI CAL MEDICINE

90. 15 09013 NEUROLOGY UH

90. 16 09014 ORTHOPEDICS UH

Health Fina	ncial Systems	INDIANA UNIVERSITY	HEALTH		In Lie	u of Form CMS-2	2552-10
I NPATI ENT A	ANCILLARY SERVICE COST APPORTIONMENT		Provi der	CCN: 150056	Peri od:	Worksheet D-3	
				t CCN: 15S056		Date/Time Pre 5/26/2015 1:4	
			Ti tl	e XVIII	Subprovi der - I PF	PPS	
	Cost Center Description			Ratio of Cos		Inpati ent	
				To Charges		Program Costs	
					Charges	(col. 1 x col. 2)	
				1.00	2. 00	3. 00	
90. 18 0901	6 DERMATOLOGY CLINIC	-		0. 3443	36 0	0	90. 18
90. 19 0901	7 I NFUSI ON/HEM/ONC			0. 1679	07	0	90. 19
90. 20 0902	5 IUMG - MH			6. 0228	90 0	0	90. 20
90. 21 0901	9 OP REHAB CLINIC			0. 9936	93 0	0	90. 21
90. 22 0902	O EATING DISORDERS CLINIC			0. 5852	88 0	0	90. 22
90. 23 0901	8 GASTROENTEROLOGY CLINIC			1. 4782	11 0	0	90. 23
90. 24 0902	1 LIFE CARE CLINIC			0.0000	00	0	90. 24
91. 00 0910	O EMERGENCY			0. 0924	46 201, 058	18, 587	91.00
92. 00 0920	O OBSERVATION BEDS (NON-DISTINCT PART)			0. 4145	77 0	0	92.00
OTHE	R REIMBURSABLE COST CENTERS						
94. 00 0940	O HOME PROGRAM DIALYSIS			0. 1363	21 0	0	94. 00
95. 00 0950	O AMBULANCE SERVICES						95. 00
200. 00	Total (sum of lines 50-94 and 96-98)				1, 811, 239	323, 944	200. 00
201. 00	Less PBP Clinic Laboratory Services-Pro	ogram only charges (line 61)		0		201. 00
202. 00	Net Charges (line 200 minus line 201)				1, 811, 239		202. 00

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			From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 1:4	pared:
		Title XIX	Hospi tal	PPS	
	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col.	
			<u> </u>	2)	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2. 00	3. 00	
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 33. 00	03201 NEONATAL INTENSIVE CARE UNIT 03300 BURN INTENSIVE CARE UNIT		6, 224, 412 1, 317, 577		32. 01 33. 00
34. 00	03400 SURGI CAL INTENSIVE CARE UNIT		1, 317, 377		34. 00
34. 02	03401 UH SURG 6I C		1, 251, 335		34. 02
34. 03	03402 UH NS 31 C		0		34. 03
34. 04 34. 05	03403 RH PED I C 03404 TRANSPLANT I CU		8, 627, 761 675, 860		34. 04 34. 05
34. 06	03407 PEDS CANCER CARE		2, 029, 236		34. 06
40.00	04000 SUBPROVI DER - I PF		3, 062		40. 00
43. 00	04300 NURSERY		19, 530, 222		43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0. 13086	4 50, 920, 078	6, 663, 605	50. 00
50. 01	05001 ENDOSCOPY	0. 12383			
51. 00	05100 RECOVERY ROOM	0. 14979			
52. 00	O5200 DELIVERY ROOM & LABOR ROOM	0. 27588			
53. 00 53. 01	05300 ANESTHESI OLOGY 05301 PULMONARY FUNCTI ON TESTI NG	0. 09531 0. 17919			
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 14854			
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 09832			
56. 00	05600 RADI OI SOTOPE	0. 10911			
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0. 06406 0. 11137			
60. 01	06001 TRANSPLANT IMMUNOLOGY	0. 23023			
60. 02	06002 BONE MARROW TRANSPLANT LAB	0. 00000		0	60. 02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 33390			
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0. 25467 0. 29868			
67. 00	06700 OCCUPATI ONAL THERAPY	0. 30871			
68. 00	06800 SPEECH PATHOLOGY	0. 32248			
69. 00	06900 ELECTROCARDI OLOGY	0.06770			
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 16565 0. 36876			
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0. 29422			
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 20924			
73. 03	07303 OUTPATIENT RETAIL PHARMACY	1. 09363		1	73. 03
74. 00 76. 00	07400 RENAL DI ALYSI S 03020 RH NBN ECMO I C	0. 36799 0. 49319			
76. 01	03140 CARDI OLOGY	0. 13292			
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 23078			
	03950 CARDI AC CATH	0. 10542			
76. 04 76. 05	03951 DAY SURGERY 03480 ONCOLOGY	1. 57582 0. 00000	·	56, 151 0	
76. 06	03952 DAY SURGERY-RI LEY	0. 00000		0	76. 06
76. 07	03953 CARDI OLOGY-RI LEY	0. 00000		0	76. 07
76. 08 76. 97	03954 ECMO-ADULT 07697 CARDI AC REHABI LI TATI ON	0. 24720 0. 84124			
10.91	OUTPATIENT SERVICE COST CENTERS	J U. 04124	υ	1 0	10.91
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	1. 29195		0	89. 00
90.00	09000 CLINIC	0.00000		0	90.00
90. 01 90. 02	09001 AMB SVC-0B & GYN 09002 I USCC HEM/ONC	0. 44909 0. 57643	· ·		
90. 03	09003 AMB SVC-OPTHALMOLOGY	0. 26212			
90. 04	09004 AMB SVC-PSYCH ADULT	0. 45973		-	90. 04
90. 05	09005 AMB SVC-DI ABETES ADULT	0.00000		0	90.05
90. 06 90. 07	09006 OUTPATIENT SURGERY 09007 AMB SVC-RILEY CLINICS	0. 17835 0. 57213			
90. 08	09008 MOTILITY LAB	0. 43790			90. 08
90. 09	09009 AMB SVC - PSYCH CHILD	0. 00000		-	
90. 10 90. 11	09010 CLI NI CAL GERI ATRI CS 09023 SLEEP LAB	0. 00000 0. 29596		1	
	09024 OP CARE ADULTS	2. 92067			
90. 13	09011 PEDIATRIC CLINIC	0. 00000	0	0	90. 13
	09012 ARTHRITIS CLINIC	0. 07183		0	90. 14
	O9013 NEUROLOGY UH O9014 ORTHOPEDI CS UH	0. 00000 0. 00000		0	90. 15 90. 16
90. 17		1. 36168		_	90. 17
90. 18	09016 DERMATOLOGY CLINIC	0. 34438	6 134	46	90. 18

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Health Financial Systems	INDIANA UNIVERSITY HEA	ALTH		In Lie	eu of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Pro	ovi der	CCN: 150056	Peri od:	Worksheet D-3	
				From 01/01/2014 To 12/31/2014		
		Ti t	le XIX	Hospi tal	PPS	
Cost Center Description			Ratio of Cos	t Inpatient	Inpati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1. 00	2. 00	3. 00	
90. 19 09017 I NFUSI ON/HEM/ONC			0. 16790		0	90. 19
90. 20 09025 I UMG - MH			6. 0228			
90. 21 09019 OP REHAB CLINIC			0. 9936		1, 649	1
90. 22 09020 EATING DISORDERS CLINIC			0. 5852	38 0	0	90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC			1. 4782°	1, 896	2, 803	90. 23
90. 24 09021 LIFE CARE CLINIC			0.00000	00	0	90. 24
91. 00 09100 EMERGENCY			0. 0924	16, 245, 988	1, 501, 877	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			0. 4145	77 501, 157	207, 768	92. 00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS			0. 1363	21 0	0	94. 00
95. 00 09500 AMBULANCE SERVICES						95. 00
200.00 Total (sum of lines 50-94 and 96-98)				328, 128, 135	61, 303, 067	200. 00
201.00 Less PBP Clinic Laboratory Services-Pro	ogram only charges (line	e 61)		0		201. 00
202.00 Net Charges (line 200 minus line 201)				328, 128, 135		202. 00

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0. 295968

2.920675

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09023 SLEEP LAB

09024 OP CARE ADULTS

09013 NEUROLOGY UH

90. 16 09014 ORTHOPEDICS UH

09011 PEDIATRIC CLINIC

09012 ARTHRITIS CLINIC

09015 PHYSI CAL MEDICINE

Health Financial Systems	INDIANA UNIVERSITY HEALTH		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150056	Peri od:	Worksheet D-3	
	Component	t CCN: 15S056	From 01/01/2014 To 12/31/2014	Date/Time Prep 5/26/2015 1:49	
	Tit	le XIX	Subprovi der - I PF		
Cost Center Description		Ratio of Cos	•	Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2. 00	2) 3. 00	
90. 18 09016 DERMATOLOGY CLI NI C		0. 34438		0.00	90. 18
90. 19 09017 NFUSI ON/HEM/ONC		0. 16790		0	90. 19
90. 20 09025 LUMG - MH		6. 0228		0	90. 20
90. 21 09019 OP REHAB CLINIC		0. 9936		0	90. 21
90. 22 09020 EATING DISORDERS CLINIC		0. 58528	38 0	0	90. 22
90. 23 09018 GASTROENTEROLOGY CLINIC		1. 4782	11 0	0	90. 23
90. 24 09021 LIFE CARE CLINIC		0.00000	00	0	90. 24
91. 00 09100 EMERGENCY		0. 0924	16 256, 555	23, 717	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 4145	77 0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS		0. 1363	21 0	0	94.00
95. 00 09500 AMBULANCE SERVICES					95. 00
200.00 Total (sum of lines 50-94 and 96-98)			991, 218		
201.00 Less PBP Clinic Laboratory Services-Pr	ogram only charges (line 61)		0		201. 00
202.00 Net Charges (line 200 minus line 201)		1	991, 218		202. 00

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111 41-	Figure 1 Contains	LNIDLANIA LINLLYE	DOLTY HEALTH		1 11-	£ F ONC :	2552 40
	Financial Systems FATION OF ORGAN ACQUISITION COSTS AND CHARGES	FOR HOSPITALS		CCN: 150056	Peri od:	eu of Form CMS-2 Worksheet D-4	
	ARE CERTIFIED TRANSPLANT CENTERS				From 01/01/2014		
			Componen	L CCN:	To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
		l		i dney	Hospi tal	PPS	
	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ	Per Diem Cost (from Wkst.	9	Cost (col. 2 x	
		Little Nulliber 5	Charges	D-1, Part II	Acquisition	col. 3)	
		0	1.00	2.00	3. 00	4. 00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COS	STS (INPATIENT	ROUTI NE AND AN	ICILLARY SERVI	CES)		
1. 00	Computation of Inpatient Routine Service Cos ADULTS & PEDIATRICS	38.00			36 229	216, 602	1.00
2.00	INTENSIVE CARE UNIT	43. 00		1			2. 00
3.00	CORONARY CARE UNIT	44. 00		1		0	3. 00
3. 01	NEONATAL INTENSIVE CARE UNIT	44. 01	C			_	
4. 00 5. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	45. 00 46. 00		1 .,		_	4. 00 5. 00
5. 02	UH SURG 61C	46. 02		1		0	5. 02
5.03	UH NS 31C	46. 03	C	1		0	5. 03
5. 04	RH PED IC	46. 04				5, 513	5. 04
5. 05 5. 06	TRANSPLANT ICU	46. 05	l .	1, 280. 6		0	5. 05 5. 06
6.00	PEDS CANCER CARE OTHER SPECIAL CARE (SPECIFY)	46. 06 47. 00		1, 772. ⁴ 0. 0		0	6.00
7. 00	TOTAL (sum of lines 1-6)	17.00	673, 250	1	241		
	Cost Center Description		Worksheet C	Ratio of	0rgan	0rgan	
			Line Numbers	Cost/Charges		Acquisition	
				(from Wkst. (Charges	Ancillary Costs	
			0	1.00	2. 00	3. 00	
8. 00	Computation of Ancillary Service Cost Applica OPERATING ROOM	able to Organ <i>F</i>	Acquisition 50.00	0 12004	3, 406, 353	445, 769	8.00
8. 01	ENDOSCOPY		50. 00	•			8. 01
9. 00	RECOVERY ROOM		51.00				
10. 00	DELIVERY ROOM & LABOR ROOM		52.00	1		0	10.00
11.00	ANESTHESI OLOGY		53.00	1			1
11. 01 12. 00	PULMONARY FUNCTION TESTING RADIOLOGY-DIAGNOSTIC		53. 01 54. 00	1			
13. 00	RADI OLOGY-DI AGNOSTI C		55.00	1			
14. 00	RADI OI SOTOPE		56.00				
15. 00	CT SCAN		57.00	•		0	15. 00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	1		0	16.00
17. 00 18. 00	CARDI AC CATHETERI ZATI ON LABORATORY		59. 00 60. 00	1		0 147, 275	17. 00 18. 00
18. 01	TRANSPLANT IMMUNOLOGY		60. 01	1			
18. 02	BONE MARROW TRANSPLANT LAB		60. 02	1		0	18. 02
19. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	1		0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	1		0 10, 512	20.00
21. 00 22. 00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY		63. 00 64. 00	1		0 10, 512	
23. 00	1		65.00				
24. 00	PHYSI CAL THERAPY		66.00				
25. 00	OCCUPATIONAL THERAPY		67.00	1		0	25. 00
26. 00 27. 00	SPEECH PATHOLOGY ELECTROCARDI OLOGY		68. 00 69. 00	1		0 23, 604	26. 00 27. 00
28. 00	ELECTROENCEPHALOGRAPHY		70.00	1			1
29. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	1			1
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	1			1
31. 00 31. 03	DRUGS CHARGED TO PATIENTS OUTPATIENT RETAIL PHARMACY		73. 00 73. 03	1		169, 993 0	31. 00 31. 03
31. 03	RENAL DIALYSIS		74.00	1		0	
33. 00	ASC (NON-DISTINCT PART)		75. 00	1		ő	33.00
34.00	RH NBN ECMO IC		76.00	1		0	34. 00
34. 01	CARDI OLOGY		76. 01	1			
34. 02 34. 03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES CARDIAC CATH		76. 02 76. 03	1		0 75, 322	34. 02 34. 03
34. 03	DAY SURGERY		76. 03	1		75, 322	34. 03
34. 05	ONCOLOGY		76. 05	1		ő	34. 05
34. 06	DAY SURGERY-RI LEY		76.06	1		0	34. 06
34. 07	CARDI OLOGY-RI LEY		76. 07	1		0	
34. 08 34. 97	ECMO-ADULT CARDI AC REHABI LI TATI ON		76. 08 76. 97	1		0	34. 08 34. 97
35. 00	RURAL HEALTH CLINIC		88.00	1		0	35. 00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0. 00000	00	0	36. 00
37. 00	CLINIC		90.00	1			37.00
37. 01	AMB SVC-OB & GYN		90. 01 90. 02	1		0	37. 01
37. 02 37. 03	I USCC HEM/ONC AMB SVC-OPTHALMOLOGY		90.02	1		0	37. 02 37. 03
37. 03	AMB SVC-PSYCH ADULT		90.04	1		0	37. 03
37. 05	AMB SVC-DIABETES ADULT		90. 05	0. 00000	00	0	37. 05
37. 06	OUTPATIENT SURGERY		90.06	1		_	37.06
37. 07	AMB SVC-RILEY CLINICS		90. 07	0. 57213	0 1	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.

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(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.

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84.00 Total (sum of lines 75 thru 83 should equal line 74)

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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.

Hoal th	Einancial Systems	INDIANA UNIVE	DSITV UEAITU		In Lie	eu of Form CMS-2	2552 10
COMPUT	Financial Systems FATION OF ORGAN ACQUISITION COSTS AND CHARGES			CCN: 150056	Peri od:	Worksheet D-4	
WHI CH	ARE CERTIFIED TRANSPLANT CENTERS		Componen	t CCN:	From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
				Li ver	Hospi tal	PPS	
	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ	Per Diem Cos (from Wkst.	organ Acquisition	Cost (col. 2 x col. 3)	
			Charges	D-1, Part II) .	,	
	PART I - COMPUTATION OF ORGAN ACQUISITION CO	O STS (INPATIENT	1.00	2.00 NCLLLARY SERVI	3. 00 CES)	4.00	
	Computation of Inpatient Routine Service Co	sts Applicable	to Organ Acqu	isition			
1.00	ADULTS & PEDIATRICS	38. 00		•		1, 892	1.00
2. 00 3. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	43. 00 44. 00	1	3 1, 336. ² 0 1, 525. ²		-,	2. 00 3. 00
3. 01	NEONATAL INTENSIVE CARE UNIT	44. 01	•	0 863.			3. 01
4.00	BURN INTENSIVE CARE UNIT	45. 00	•	1, 486.		_	4.00
5. 00 5. 02	SURGICAL INTENSIVE CARE UNIT UH SURG 61C	46. 00 46. 02	1	0. 0 0 1, 415. 0		0	5. 00 5. 02
5. 03	UH NS 31 C	46. 03	1	0. 0		0	5. 03
5.04	RH PED IC	46. 04				1, 838	5. 04
5. 05 5. 06	TRANSPLANT ICU PEDS CANCER CARE	46. 05 46. 06	lt .	0 1, 280. 6 0 1, 772. 4		0	5. 05 5. 06
6.00	OTHER SPECIAL CARE (SPECIFY)	47. 00)	0.0		0	6. 00
7.00	TOTAL (sum of lines 1-6) Cost Center Description		23,900 Worksheet C	Ratio of	0rgan	9, 075 Organ	7. 00
	cost center bescription		Li ne Numbers	Cost/Charges		Acquisition	
				(from Wkst. (Ancillary Costs	
	Computation of Aprillon Comics Cost Aprilia		0	1.00	2. 00	3. 00	
8. 00	Computation of Ancillary Service Cost Applica OPERATING ROOM	able to Organ F	50. 0	0. 1308	191, 206	25, 022	8.00
8. 01	ENDOSCOPY		50.0	0. 12383	12, 600	1, 560	8. 01
9. 00 10. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM		51. 0 52. 0	•		236	9.00
11. 00	ANESTHESI OLOGY		53.0	1			1
11. 01	PULMONARY FUNCTION TESTING		53.0	0. 17919	2, 995	537	11. 01
12. 00 13. 00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C		54. 0 55. 0	•		2, 431 0	12. 00 13. 00
14. 00	RADI OLOGI - ITIERAF LUTT C		56.0				
15. 00	CT SCAN		57. 0	1		0	15. 00
16. 00 17. 00	MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION		58. 0 59. 0	1		0	16. 00 17. 00
18. 00	LABORATORY		60. 0	•			
18. 01	TRANSPLANT I MMUNOLOGY		60. 0	•			
18. 02 19. 00	BONE MARROW TRANSPLANT LAB PBP CLINICAL LAB SERVICES-PRGM ONLY		60. 0.	1		0	18. 02 19. 00
20. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62. 0	1		ő	20.00
21. 00	BLOOD STORING, PROCESSING & TRANS.		63.0				
22. 00 23. 00	I NTRAVENOUS THERAPY RESPI RATORY THERAPY		64. 00 65. 00	1		0 4, 198	
24. 00	PHYSI CAL THERAPY		66.0	0. 29868	31 C	0	
25. 00 26. 00	OCCUPATIONAL THERAPY SPEECH PATHOLOGY		67. 0	1		0	25. 00 26. 00
27. 00	ELECTROCARDI OLOGY		68. 0 69. 0	1			27.00
28. 00	ELECTROENCEPHALOGRAPHY		70.0	0. 1656	731	121	28. 00
29. 00 30. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT		71. 0 72. 0	1			29. 00 30. 00
31. 00	DRUGS CHARGED TO PATIENTS		73.0	1			
31. 03	OUTPATIENT RETAIL PHARMACY		73. 0	1		0	31. 03
32. 00 33. 00	RENAL DIALYSIS ASC (NON-DISTINCT PART)		74. 0 75. 0	1		0	32. 00 33. 00
34. 00	RH NBN ECMO IC		76. 0	1		ő	34. 00
34. 01	CARDI OLOGY		76.0			0	34. 01
34. 02 34. 03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES CARDIAC CATH		76. 0. 76. 0.	•		0 2, 531	34. 02 34. 03
34. 03	DAY SURGERY		76. 0	1		2, 551	34. 03
34. 05	ONCOLOGY		76. 0	•		0	
34. 06 34. 07	DAY SURGERY-RILEY CARDI OLOGY-RI LEY		76. 0 76. 0	1		0	34. 06 34. 07
34. 07	ECMO-ADULT		76. 0	1			34. 07
34. 97	CARDI AC REHABI LI TATI ON		76. 9	1		_	34. 97
35. 00 36. 00	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER		88. 0 89. 0	1		0	35. 00 36. 00
37. 00	CLINIC CENTER		90. 0	1		0	37. 00
37. 01	AMB SVC-OB & GYN		90.0			_	37. 01
37. 02 37. 03	I USCC HEM/ONC AMB SVC-OPTHALMOLOGY		90. 0. 90. 0	•		0	37. 02 37. 03
37. 03	AMB SVC-PSYCH ADULT		90.0	1		0	37. 03
37. 05	AMB SVC-DI ABETES ADULT		90.0	1			37. 05
37. 06 37. 07	OUTPATIENT SURGERY AMB SVC-RILEY CLINICS		90.0	•		0	37. 06 37. 07
	J 373 EE. 321 W 00		70.0	.1 0.0/21	1	1 0	1 57.07

(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.

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MCRI F32 - 7. 2. 157. 2 202 | Page

⁽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.

84.00 Total (sum of lines 75 thru 83 should equal line 74)

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84.00

167

⁽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.

	Financial Systems		RSI TY HEALTH	00N 15055		eu of Form CMS-2	
	TATION OF ORGAN ACQUISITION COSTS AND CHARG ARE CERTIFIED TRANSPLANT CENTERS	ES FOR HOSPITALS	Provi der	CCN: 150056	Peri od: From 01/01/2014	Worksheet D-4	
	THE SERVICES TRANSPERSION		Componen	t CCN:	To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
				leart	Hospi tal	PPS	
	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ	Per Diem Cost (from Wkst.	s Organ Acquisition	Cost (col. 2 x col. 3)	
			Charges	D-1, Part II		ŕ	
	PART I - COMPUTATION OF ORGAN ACQUISITION	COSTS (INDATIENT	1. 00	2.00	3. 00	4. 00	
	Computation of Inpatient Routine Service	Costs Applicable	to Organ Acqui	sition	CL3)		1
1.00	ADULTS & PEDI ATRI CS	38. 00	2, 250	945. 8		946	
2.00	INTENSIVE CARE UNIT	43. 00					1
3. 00 3. 01	CORONARY CARE UNIT NEONATAL INTENSIVE CARE UNIT	44. 00 44. 01		1 .,		1	
4. 00	BURN INTENSIVE CARE UNIT	45. 00		1			
5. 00	SURGICAL INTENSIVE CARE UNIT	46. 00	l .	1		0	
5. 02	UH SURG 61 C	46. 02	l .			0	
5. 03 5. 04	UH NS 31C RH PED IC	46. 03 46. 04		1		0 1, 838	
5. 05	TRANSPLANT ICU	46. 05	l ·	1, 280. 6		0	•
5.06	PEDS CANCER CARE	46. 06	l .	1 .,		0	
6.00	OTHER SPECIAL CARE (SPECIFY)	47. 00	l .	0.0	00 0	0	
7. 00	TOTAL (sum of lines 1-6) Cost Center Description		14,015 Worksheet C	Ratio of	0rgan	5, 456 Organ	7. 00
	coot conton boost per on		Line Numbers	Cost/Charges		Acqui si ti on	
				(from Wkst. 0		Ancillary	
			0	1.00	Charges 2.00	3.00	
	Computation of Ancillary Service Cost Appl	icable to Organ A		1.00	2.00	3.00	
8. 00	OPERATI NG ROOM		50.00	•		14, 361	1
8. 01 9. 00	ENDOSCOPY RECOVERY ROOM		50. 01 51. 00	•	,		
10.00	DELIVERY ROOM & LABOR ROOM		51.00	1		0	
11. 00	ANESTHESI OLOGY		53.00	1			
11. 01	PULMONARY FUNCTION TESTING		53. 01	1			
12. 00 13. 00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C		54. 00 55. 00	1		862 0	
14. 00	RADI OLOGI - THERAPEUTI C		56. 00	1			
15. 00	CT SCAN		57. 00	1			•
16. 00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	1		0	•
17. 00 18. 00	CARDI AC CATHETERI ZATI ON LABORATORY		59. 00 60. 00	1		0 1, 563	
18. 01	TRANSPLANT IMMUNOLOGY		60. 01	1			
18. 02	BONE MARROW TRANSPLANT LAB		60. 02	1		0	1
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00			0	
20. 00 21. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS.		62. 00 63. 00	1		0 2, 734	
22. 00	INTRAVENOUS THERAPY		64. 00	1		0	1
23. 00	RESPI RATORY THERAPY		65.00	0. 25467	9, 429	2, 401	23.00
24. 00	1		66.00	1		0	
25. 00 26. 00	OCCUPATIONAL THERAPY SPEECH PATHOLOGY		67. 00 68. 00	1		0	
27. 00	1		69.00	•		1	
28. 00	ELECTROENCEPHALOGRAPHY		70.00	1			
29. 00 30. 00			71. 00 72. 00	1			1
31. 00	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS		73.00	1		43 4, 367	
31. 03	OUTPATIENT RETAIL PHARMACY		73. 03	1		0	31. 03
32.00	RENAL DIALYSIS		74.00	1		0	
33. 00 34. 00	ASC (NON-DISTINCT PART) RH NBN ECMO IC		75. 00 76. 00	1		0	
34. 00	CARDI OLOGY		76. 01	1		0	
34. 02	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		76. 02	0. 23078		0	34. 02
34. 03	CARDI AC CATH		76. 03	1			1
34. 04 34. 05	DAY SURGERY ONCOLOGY		76. 04 76. 05	1		0	
34. 06	DAY SURGERY-RILEY		76.06	1		0	
34. 07	CARDI OLOGY-RI LEY		76. 07	0. 00000		0	34. 07
34. 08	ECMO-ADULT		76.08	1		_	•
34. 97 35. 00	CARDIAC REHABILITATION RURAL HEALTH CLINIC		76. 97 88. 00	1		1	
36. 00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	1			
37. 00	CLINIC		90.00	0.00000	00 0	0	37.00
37. 01	AMB SVC-OB & GYN		90. 01	1			
	I USCC HEM/ONC AMB SVC-OPTHALMOLOGY		90. 02 90. 03	1		0	
37. 02	LOWER TAXABLE TO BE A LINE OF THE PROPERTY OF			1			
37. 02 37. 03 37. 04	AMB SVC-PSYCH ADULT		90.04	1 0. 45973	14	0] 37.04
37. 03	AMB SVC-PSYCH ADULT		90. 05	0. 00000		0	37. 05
37. 03 37. 04	AMB SVC-PSYCH ADULT AMB SVC-DIABETES ADULT OUTPATIENT SURGERY			0. 00000 0. 17835	00 0 57 0	0	37. 05 37. 06

(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.

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51.18

DERMATOLOGY CLINIC

51. 19 INFUSION/HEM/ONC

MCRI F32 - 7. 2. 157. 2 205 | Page

23.18

23.19

0

0.000000

0.000000

0 51.18

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.

83.00 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.

Unusable/Discarded Organs

84.00 Total (sum of lines 75 thru 83 should equal line 74)

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Hool +h	Financial Systems	LNDLANA UNIVE	DOLTV HEALTH		In Lie	eu of Form CMS-2	DEE2 10
	Financial Systems FATION OF ORGAN ACQUISITION COSTS AND CHARGES	FOR HOSPITALS		CCN: 150056	Peri od:	Worksheet D-4	2332-10
WHI CH	ARE CERTIFIED TRANSPLANT CENTERS		Componen	t CCN:	From 01/01/2014 To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
				Lung	Hospi tal	PPS	
	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ	Per Diem Cost (from Wkst.	:s Organ Acquisition	Cost (col. 2 x col. 3)	
		Li ile Number 3	Charges	D-1, Part II		COI . 3)	
		0	1.00	2.00	3. 00	4. 00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSCOMPUTATION OF Inpatient Routine Service Cos				CES)		
1.00	ADULTS & PEDIATRICS	38. 00			36 1	946	1.00
2.00	INTENSIVE CARE UNIT	43.00		•		4, 008	2. 00
3.00	CORONARY CARE UNIT	44. 00		.,		_	3. 00
3. 01 4. 00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	44. 01 45. 00		1		_	3. 01 4. 00
5. 00	SURGICAL INTENSIVE CARE UNIT	46. 00		1			5.00
5. 02	UH SURG 61 C	46. 02	C	1		0	5. 02
5. 03	UH NS 31 C	46. 03	l .	1		0	5. 03
5. 04 5. 05	RH PED IC TRANSPLANT ICU	46. 04 46. 05		1, 837. 8 1, 280. <i>6</i>		1, 838 0	5. 04 5. 05
5. 06	PEDS CANCER CARE	46. 06	l .	1			5. 06
6.00	OTHER SPECIAL CARE (SPECIFY)	47. 00		0.0		_	6. 00
7. 00	TOTAL (sum of lines 1-6)		21, 435		5		7. 00
	Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges	Organ Acquisition	Organ Acquisition	
			Li ile Nullibel 3	(from Wkst. (Ancillary	
			_	l'	Charges	Costs	
	Computation of Ancillary Service Cost Applica	able to Organ A	O Acquisition	1.00	2. 00	3. 00	
8. 00	OPERATING ROOM	able to organi F	50.00	0. 13086	167, 840	21, 964	8.00
8. 01	ENDOSCOPY		50. 01	•	· ·		8. 01
9.00	RECOVERY ROOM		51.00	1		l .	9.00
10. 00 11. 00	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY		52. 00 53. 00	1		0 640	10. 00 11. 00
11. 01	PULMONARY FUNCTION TESTING		53. 01	1			11. 01
12. 00	RADI OLOGY-DI AGNOSTI C		54.00	1			12. 00
13. 00 14. 00	RADI OLOGY-THERAPEUTI C RADI OI SOTOPE		55. 00 56. 00	1		0 201	13. 00 14. 00
15. 00	CT SCAN		57.00	1		0	15. 00
16. 00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	•		0	16. 00
17. 00	CARDI AC CATHETERI ZATI ON		59.00	1		0	17. 00
18. 00 18. 01	LABORATORY TRANSPLANT IMMUNOLOGY		60. 00 60. 01	1			18. 00 18. 01
18. 02	BONE MARROW TRANSPLANT LAB		60. 02	1		204, 103	18. 02
19. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0. 00000	00 0		19. 00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	1		0	20.00
21. 00 22. 00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY		63. 00 64. 00	1		4, 181 0	21. 00 22. 00
23. 00			65.00	1			
24. 00	PHYSI CAL THERAPY		66.00	1		0	24. 00
25. 00 26. 00	OCCUPATIONAL THERAPY		67. 00 68. 00	1		0	25. 00 26. 00
27. 00	SPEECH PATHOLOGY ELECTROCARDI OLOGY		69.00	1			27.00
28. 00	ELECTROENCEPHALOGRAPHY		70.00	0. 16565	655	l .	28. 00
29. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	1			•
30. 00 31. 00	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS		72.00 73.00	1		l .	30. 00 31. 00
31. 03	OUTPATIENT RETAIL PHARMACY		73. 03	1		0,079	31.00
32.00	RENAL DIALYSIS		74.00	0. 36799)2 C	0	32. 00
33.00	ASC (NON-DISTINCT PART)		75.00	1		0	33.00
34. 00 34. 01	RH NBN ECMO I C CARDI OLOGY		76. 00 76. 01	1		0	34. 00 34. 01
34. 02	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		76. 02	1		0	34. 02
34. 03	CARDI AC CATH		76. 03	0. 10542	21, 522		34. 03
34.04	DAY SURGERY		76.04	1		0	34.04
34. 05 34. 06	ONCOLOGY DAY SURGERY-RILEY		76. 05 76. 06	1		0	34. 05 34. 06
34. 07	CARDI OLOGY-RI LEY		76. 07	1		Ö	34. 07
34. 08	ECMO-ADULT		76. 08	1		_	34. 08
34. 97	CARDI AC REHABI LI TATI ON		76. 97	1		0	34. 97
35. 00 36. 00	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER		88. 00 89. 00	1		0	35. 00 36. 00
37. 00	CLINIC SENTER		90.00	1		ő	37.00
37. 01	AMB SVC-OB & GYN		90. 01	1		_	37. 01
37. 02 37. 03	I USCC HEM/ONC AMB SVC-OPTHALMOLOGY		90. 02 90. 03	1		0	37. 02 37. 03
37. 03	AMB SVC-PSYCH ADULT		90.03	1		0	37. 03
37. 05	AMB SVC-DIABETES ADULT		90. 05	0. 00000	00 0	0	37. 05
37.06	OUTPATIENT SURGERY		90.06	1		_	37.06
37. 07	AMB SVC-RILEY CLINICS		90. 07	0. 57213	STI C	0	37. 07

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MCRI F32 - 7. 2. 157. 2 207 | Page

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51. 19 INFUSION/HEM/ONC

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23.19

0.000000

0 51.19

84.00 Total (sum of lines 75 thru 83 should equal line 74)

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84.00

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	Financial Systems	INDIANA UNIVE				eu of Form CMS-2	
	FATION OF ORGAN ACQUISITION COSTS AND CHARGE ARE CERTIFIED TRANSPLANT CENTERS	S FOR HOSPITALS	Provi der	CCN: 150056	Peri od: From 01/01/2014	Worksheet D-4	
WHICH	ARE CERTIFIED TRANSPLANT CENTERS		Componer	it CCN:	To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
				increas	Hospi tal	PPS	
	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ		Acqui si ti on	Cost (col. 2 x col. 3)	
		0	Charges 1.00	D-1, Part II 2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION					4.00	
	Computation of Inpatient Routine Service	Costs Applicable	to Organ Acqu	isition			1
1.00	ADULTS & PEDI ATRI CS	38. 00	l .	•		1	
2.00	INTENSIVE CARE UNIT CORONARY CARE UNIT	43. 00 44. 00		9 1, 336. 1 0 1, 525. 1		1, 336	
3. 01	NEONATAL INTENSIVE CARE UNIT	44. 01	l .	0 863.5			
4.00	BURN INTENSIVE CARE UNIT	45. 00	ł .	1, 486.			
5.00	SURGICAL INTENSIVE CARE UNIT	46. 00		0. (1	
5. 02 5. 03	UH SURG 61C UH NS 31C	46. 02 46. 03	lt .	0 1, 415. 6		0	
5. 04	RH PED IC	46. 03	ł .	-		1	
5. 05	TRANSPLANT I CU	46. 05	ł .	1, 280.		Ö	
5.06	PEDS CANCER CARE	46. 06	ł .	0 1, 772. 4		0	
6.00	OTHER SPECIAL CARE (SPECIFY)	47. 00	lt .	0.0	00 0	0	
7. 00	TOTAL (sum of lines 1-6) Cost Center Description		4,94 Worksheet C	Ratio of	Organ I	1, 336 Organ	7. 00
	oust defined beson per on		Line Numbers	Cost/Charges		Acquisition	
				(from Wkst. (,	Ancillary	
			0	1.00	Charges 2.00	3.00	
	Computation of Ancillary Service Cost Appl	icable to Organ A		1.00	2.00	3.00	
8.00	OPERATING ROOM	<u> </u>	50.0			5, 069	8.00
8. 01	ENDOSCOPY		50.0		·	323	1
9. 00 10. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM		51. 0 52. 0	•		11 0	
11. 00	ANESTHESI OLOGY		53. 0	1			
11. 01	PULMONARY FUNCTION TESTING		53. 0				
12.00	RADI OLOGY-DI AGNOSTI C		54.0	•			
13.00	RADI OLOGY-THERAPEUTI C		55.0	•		0	
14. 00 15. 00	RADI OI SOTOPE CT SCAN		56. 0 57. 0			2, 389	•
16. 00	MAGNETIC RESONANCE IMAGING (MRI)		58. 0				
17. 00	CARDI AC CATHETERI ZATI ON		59. 0			0	•
18. 00	LABORATORY		60.0	•			
18. 01 18. 02	TRANSPLANT IMMUNOLOGY BONE MARROW TRANSPLANT LAB		60. 0 60. 0	•		135, 149 0	
19. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61. 0			0	•
20. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62. 0			Ö	•
21. 00	BLOOD STORING, PROCESSING & TRANS.		63. 0	1			•
22. 00	I NTRAVENOUS THERAPY		64. 0	•		0	
23. 00 24. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY		65. 0 66. 0			848 0	1
25. 00	OCCUPATIONAL THERAPY		67. 0	1		0	
26. 00	SPEECH PATHOLOGY		68. 0	1		0	
27. 00	ELECTROCARDI OLOGY		69. 0				
28. 00	ELECTROENCEPHALOGRAPHY		70.0	1		25	1
29. 00 30. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT		71. 0 72. 0	1			
31. 00	DRUGS CHARGED TO PATIENTS		73. 0	1			1
31. 03	OUTPATIENT RETAIL PHARMACY		73. 0	1		0	
32.00	RENAL DIALYSIS		74.0	1		0	
33. 00 34. 00	ASC (NON-DISTINCT PART) RH NBN ECMO IC		75. 0 76. 0	1		0	
34. 00	CARDI OLOGY		76. 0	1			
34. 02	PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES		76. 0	•		0	
34. 03	CARDI AC CATH		76. 0	1		524	1
34.04	DAY SURGERY		76.0	•		0	
34. 05 34. 06	ONCOLOGY DAY SURGERY-RILEY		76. 0 76. 0			0	
34. 06	CARDI OLOGY-RI LEY		76.0	1		0	
34. 08	ECMO-ADULT		76. 0	1		1	
34. 97	CARDI AC REHABILI TATI ON		76. 9	•			
35. 00	RURAL HEALTH CLINIC		88.0	1		_	
24 00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC		89. 0 90. 0	1		1	
36. 00 37. 00	102		90.0	•		-	
36. 00 37. 00 37. 01	AMB SVC-OB & GYN				1		
37. 00 37. 01 37. 02	IUSCC HEM/ONC		90.0	•	30 0	1	
37. 00 37. 01 37. 02 37. 03	I USCC HEM/ONC AMB SVC-OPTHALMOLOGY		90. 0 90. 0	0. 26212	22 0	0	37. 03
37. 00 37. 01 37. 02 37. 03 37. 04	I USCC HEM/ONC AMB SVC-OPTHALMOLOGY AMB SVC-PSYCH ADULT		90. 0 90. 0 90. 0	0. 26212 0. 45973	22 0 34 0	0	37. 03 37. 04
37. 00 37. 01 37. 02 37. 03	I USCC HEM/ONC AMB SVC-OPTHALMOLOGY		90. 0 90. 0	0. 26212 4 0. 45973 5 0. 00000	22 0 34 0 00 0	0 0	37. 03 37. 04 37. 05

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51.18

DERMATOLOGY CLINIC

51. 19 INFUSION/HEM/ONC

MCRI F32 - 7. 2. 157. 2 211 | Page

23.18

23.19

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⁽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.

84.00 Total (sum of lines 75 thru 83 should equal line 74)

MCRI F32 - 7. 2. 157. 2 212 | Page

84.00

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	Financial Systems		RSITY HEALTH	_	20N 45005:			2552-10
	FATION OF ORGAN ACQUISITION COSTS AND CHARGES ARE CERTIFIED TRANSPLANT CENTERS	FUR HUSPITALS	Provi de	er (Peri od: From 01/01/2014	Worksheet D-4	
Will Cit	AND GENTITED THANSIETH GENTERS		Compone	ent		To 12/31/2014	Date/Time Pre 5/26/2015 1:4	
	Cook Control Documents on	Wasalaahaah D 1			stinal	Hospi tal	PPS	
	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Orga	an	Per Diem Cost (from Wkst.	Acqui si ti on	Cost (col. 2 x col. 3)	
		0	Charges 1.00		D-1, Part II) 2.00	3.00	4. 00	
	PART I - COMPUTATION OF ORGAN ACQUISITION CO	STS (INPATIENT	ROUTI NE AND	ANC	ILLARY SERVI			
	Computation of Inpatient Routine Service Co					.1		
1.00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	38. 00 43. 00		397	945. 8 1, 336. 1		0 1, 336	
3. 00	CORONARY CARE UNIT	44. 00	1	0	1, 525. 1			
3. 01	NEONATAL INTENSIVE CARE UNIT	44. 01		0	863. 5			
4.00	BURN INTENSIVE CARE UNIT	45. 00	l .	0	1, 486. 7		_	
5. 00 5. 02	SURGICAL INTENSIVE CARE UNIT UH SURG 61C	46. 00 46. 02		0	0. 0 1, 415. 6			
5. 03	UH NS 31 C	46. 03	l .	0	0.0		Ö	
5.04	RH PED IC	46. 04	l .	57	1, 837. 8		_	
5.05	TRANSPLANT ICU	46. 05	l .	0	1, 280. 6		0	
5. 06 6. 00	PEDS CANCER CARE OTHER SPECIAL CARE (SPECIFY)	46. 06 47. 00	l .	0	1, 772. 4 0. 0		0	
7. 00	TOTAL (sum of lines 1-6)	17.00	2, 4	73	0.0	1	1, 336	
	Cost Center Description		Worksheet (Ratio of	0rgan	0rgan	
			Line Number		Cost/Charges (from Wkst. C	•	Acquisition Ancillary	
					(ITOIII WKSt. C	Charges	Costs	
			0		1.00	2. 00	3. 00	
8. 00	Computation of Ancillary Service Cost Applic OPERATING ROOM	able to Organ A	Acquisition 50.	ام	0. 13086	4 19, 366	2, 534	8.00
8. 01	ENDOSCOPY		50.		0. 13080			1
9. 00	RECOVERY ROOM		51.		0. 14979		6	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.		0. 27588		1	
11. 00 11. 01	ANESTHESI OLOGY PULMONARY FUNCTION TESTING		53. 53.		0. 09531 0. 17919		74 56	
12. 00	RADI OLOGY-DI AGNOSTI C		54.		0. 14854		152	1
13.00	RADI OLOGY-THERAPEUTI C		55.		0. 09832		0	
14.00	RADI OI SOTOPE		56.		0. 10911		23	
15. 00 16. 00	CT SCAN MAGNETIC RESONANCE IMAGING (MRI)		57. 58.		0. 00000 0. 00000		0	
17. 00	CARDI AC CATHETERI ZATI ON		59.		0. 06406		Ö	
18.00	LABORATORY		60.		0. 11137		276	•
18. 01 18. 02	TRANSPLANT IMMUNOLOGY BONE MARROW TRANSPLANT LAB		60. 60.		0. 23023 0. 00000		24, 148 0	1
19. 00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.		0. 00000		0	•
20. 00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.		0. 00000		0	•
21.00	BLOOD STORING, PROCESSING & TRANS.		63.		0. 33390			•
22. 00 23. 00	I NTRAVENOUS THERAPY RESPIRATORY THERAPY		64. 65.		0. 00000 0. 25467		0 424	
24. 00	PHYSI CAL THERAPY		66.		0. 29868		0	1
25. 00	OCCUPATI ONAL THERAPY		67.		0. 30871		0	
26. 00 27. 00	SPEECH PATHOLOGY ELECTROCARDI OLOGY		68. 69.		0. 32248 0. 06770		0 81	
28. 00	ELECTROENCEPHALOGRAPHY		70.		0. 16565			
29. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.		0. 36876	6 1, 201	443	1
30. 00 31. 00	IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS		72. 73.		0. 29422 0. 20924			
31. 03	OUTPATIENT RETAIL PHARMACY		73.		1. 09363		0	
32.00	RENAL DIALYSIS		74.		0. 36799		0	
33.00	ASC (NON-DISTINCT PART)		75.	- 1	0.00000		0	
34. 00 34. 01	RH NBN ECMO IC CARDIOLOGY		76. 76.		0. 49319 0. 13292		0	
34. 02	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		76.		0. 13242		0	
34. 03	CARDI AC CATH		76.	03	0. 10542		262	34. 03
34.04	DAY SURGERY		76.		1. 57582		0	
34. 05 34. 06	ONCOLOGY DAY SURGERY-RI LEY		76. 76.		0. 00000 0. 00000		0	
34. 07	CARDI OLOGY-RI LEY		76.		0. 00000		o o	
34. 08	ECMO-ADULT		76.		0. 24720		_	
34. 97 35. 00	CARDIAC REHABILITATION RURAL HEALTH CLINIC		76. 88.		0. 84124 0. 00000		1	
36. 00	FEDERALLY QUALIFIED HEALTH CENTER		89.		0. 00000			
37. 00	CLINIC		90.	00	0.00000	0	0	37.00
37. 01	AMB SVC-OB & GYN		90.		0. 44909			
37. 02 37. 03	I USCC HEM/ONC AMB SVC-OPTHALMOLOGY		90. 90.		0. 57643 0. 26212		0	
37. 03	AMB SVC-PSYCH ADULT		90.		0. 45973			
37. 05	AMB SVC-DIABETES ADULT		90.		0. 00000	0	_	
37. 06 37. 07	OUTPATIENT SURGERY		90. 90.		0. 17835 0. 57213		0	
3/ 11/	AMB SVC-RILEY CLINICS		J 90.	0/	0. 57213	1 0	1 0	131.

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MCRI F32 - 7. 2. 157. 2 213 | Page

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PHYSICAL MEDICINE

51. 19 INFUSION/HEM/ONC

DERMATOLOGY CLINIC

51. 17 51. 18

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23.17

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84.00 Total (sum of lines 75 thru 83 should equal line 74)

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84.00

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IME FTE Resident Count Over Cap (see instructions) 113.95 24.00 24 00 If the amount on line 24 is greater than -O-, then enter the lower of 25.00 2.00 25.00 line 23 or line 24 (see instructions) Resident to bed ratio (divide line 25 by line 4) 0.001684 26.00 IME payments adjustment factor. (see instructions) 0.000450 27.00 27.00 IME add-on adjustment amount (see instructions)
IME add-on adjustment amount - Managed Care (see instructions) 28. 00 83, 501 28.00 28. 01 28.01 29.00 Total IME payment (sum of lines 22 and 28) 41, 489, 483 29.00 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)
Disproportionate Share Adjustment 29. 01 29.01 30.00 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days 8.43 (see instructions) Percentage of Medicaid patient days (see instructions) 35. 73 31.00 32.00 Sum of lines 30 and 31 44. 16 32.00 Allowable disproportionate share percentage (see instructions) 25.65 33.00 33 00 34.00 Disproportionate share adjustment (see instructions) 9, 959, 565 34.00

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CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150056	Peri od: From 01/01/2014	Worksheet E Part A	naradi
			To 12/31/2014	Date/Time Prep 5/26/2015 1:49	
		Title XVIII	Hospi tal	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35. 00	Total uncompensated care amount (see instructions)			7, 647, 644, 855	
35. 01 35. 02	Factor 3 (see instructions) Hospital uncompensated care payment (If line 34 is zero,		0. 003785862 34, 248, 348	0. 003717484 28, 429, 998	
33. 02	enter zero on this line) (see instructions)		34, 240, 340	20, 427, 770	33.02
35. 03	Pro rata share of the hospital uncompensated care payment		25, 615, 881	7, 165, 923	35. 03
0.4.00	amount (see instructions)				
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 dis	scharges (Lines 40 throug	ıh 46)		1
40. 00	Total Medicare discharges on Worksheet S-3, Part I	geo (constant of the constant	0		40.00
	excluding discharges for MS-DRGs 652, 682, 683, 684 and				
41 00	685 (see instructions)				41 00
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		U		41.00
41. 01	Total ESRD Medicare covered and paid discharges excluding		0		41.01
	MS-DRGs 652, 682, 683, 684 an 685. (see instructions)				
42. 00	Divide line 41 by line 40 (if less than 10%, you do not		0.00		42.00
43. 00	qualify for adjustment) Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43.00
10.00	682, 683, 684 an 685. (see instructions)				,3.00
44. 00	Ratio of average length of stay to one week (line 43		0. 000000		44.00
45.00	divided by line 41 divided by 7 days)				
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		0		46. 00
	41. 01)				
47. 00	Subtotal (see instructions)		256, 251, 066		47. 00
48. 00	Hospital specific payments (to be completed by SCH and		0		48.00
49. 00	MDH, small rural hospitals only. (see instructions) Total payment for inpatient operating costs (see		256, 251, 066		49.00
47.00	instructions)		250, 251, 000		47.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I		16, 538, 691		50.00
E4 00	and Pt. II, as applicable)				
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,		10, 061, 491		52.00
	line 49 see instructions).				
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		0		56. 00
	intructions)				
57. 00	Routine service other pass through costs (from Wkst. D,		284, 742		57.00
58. 00	Pt. III, column 9, lines 30 through 35). Ancillary service other pass through costs from Wkst. D,		719, 087		58.00
30. 00	Pt. IV, col. 11 line 200)		717,007		30.00
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	Coinsurance 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		-70, 130		66. 00
67. 00	instructions) 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		2,960		68.00
	for applicable to MS-DRGs (see instructions)				
69. 00	Outlier payments reconciliation (sum of lines 93, 95 and		0		69.00
70. 00	96). (For SCH see instructions) OTHER ADJUSTMENTS		79, 439		70.00
70. 50	RURAL DEMONSTRATION PROJECT		79, 439 N		70.00
70. 89	Pi oneer ACO demonstration payment adjustment amount (see		o		70. 89
	instructions)				
70. 90	HSP bonus payment HVBP adjustment amount (see		0		70. 90
70. 91	instructions) HSP bonus payment HRR adjustment amount (see instructions)				70. 9
70. 91	Bundled Model 1 discount amount (see instructions)				70. 92
70. 93	HVBP payment adjustment amount (see instructions)		-330, 173		70. 93
	HRR adjustment amount (see instructions)		-143, 943		70. 94
70. 94	Recovery of accelerated depreciation				70. 95

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0.0000

0.0000 103.00

0 104.00

HRR Adjustment for HSP Bonus Payment
103.00 HRR adjustment factor (see instructions)

104.00 HRR adjustment amount for HSP bonus payment (see instructions)

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HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provi der	F	eriod: rom 01/01/2014 o 12/31/2014	Worksheet E Part A Exhibi Date/Time Pre 5/26/2015 1:4	pared:
			Ti tl	e XVIII	Hospi tal	PPS	
		Wkst. E, Pt.	Amt. from	Period to	Period on	Total (cols. 2	
		A, line	Wkst. E, Pt.	10/01	after 10/01	and 3)	
			A)				
		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	1. 01	115, 491, 097	115, 491, 097		115, 491, 097	1. 01
	discharges occurring prior to October 1						
1.02	DRG amounts other than outlier payments for	1. 02	39, 823, 749		39, 823, 749	39, 823, 749	1. 02
	discharges occurring on or after October 1						
1. 03	DRG for Federal specific operating payment	1. 03	0	0		0	1. 03
	for Model 4 BPCI occurring prior to October						
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1. 04	0		0	0	1. 04
	October 1						
2.00	Outlier payments for discharges (see	2. 00	16, 705, 368	13, 077, 994	3, 627, 374	16, 705, 368	2.00
	instructions)						
2.01	Outlier payments for discharges for Model 4	2. 02	0	0	0	0	2. 01
	BPCI						
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				0 450000		
5. 00	Amount from Worksheet E, Part A, line 21	21. 00	0. 458933	0. 458933	0. 458933		5. 00
6. 00	(see instructions) 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	22.00	41, 403, 962	30, 309, 303	10, 690, 617	41, 403, 962	6. 01
0.01	instructions)	22.01		0	U	U	0. 01
	Indirect Medical Education Adjustment for the	Add-on for Se	ection 422 of t	he MMA			
7. 00	IME payment adjustment factor (see	27. 00	0. 000450	0. 000450	0. 000450		7. 00
	instructions)						
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	28. 01	0	0	0	0	8. 01
	care (see instructions)						
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	29. 01	0	0	0	0	9. 01
	lines 6.01 and 8.01)						
	Disproportionate Share Adjustment				0.05/5		
10. 00	Allowable disproportionate share percentage	33. 00	0. 2565	0. 2565	0. 2565		10. 00
11 00	(see instructions)	24.00	0.050.545	7 405 047	2 552 400	0.050.545	11 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
11.01	Additional payment for high percentage of ESR			23, 013, 001	7, 100, 720	32, 701, 004	11.01
12. 00	Total ESRD additional payment (see	46.00	0	0	0	0	12. 00
	instructions)						
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	48. 00	0	0	0	0	14.00
	and MDH, small rural hospitals only.) (see						
	instructions)						
15. 00	Total payment for inpatient operating costs	49. 00	256, 251, 066	192, 161, 730	64, 089, 336	256, 251, 066	15. 00
	(see instructions)						
16.00	Payment for inpatient program capital	50.00	16, 538, 691			16, 538, 691	16.00
17. 00	Special add-on payments for new technologies	54.00	196, 182		38, 881	196, 182	17.00
17. 01	Net organ aquisition cost	55.00	19, 805, 981	14, 813, 784		19, 805, 981	17. 01
17. 02	Capital received from manufacturers for	68. 00	2, 960	2, 960	0	2, 960	17. 02
18. 00	replaced devices for applicable MS-DRGs	02.00	0	0		_	10 00
10.00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00			۷	0	18. 00
19. 00				219, 434, 207	73, 360, 673	292, 794, 880	19 00
	1	ı	1		. 0, 000, 0, 0		

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70.99

Υ

0

731, 762

731, 762

32.00

100.00

32.00 HAC Reduction Program adjustment (see

100.00 Transfer HAC Reduction Program adjustment to

instructions)

Wkst. E, Pt. A.

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				5/26/2015 1:4	5 pm
		Title XVIII	Hospi tal	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 instruction	ons)		111, 369, 006	2.00
3.00	PPS payments	,		99, 246, 565	•
4. 00	Outlier payment (see instructions)			4, 249, 005	1
5. 00	Enter the hospital specific payment to cost ratio (see instructi	one)		0.000	1
6. 00	Line 2 times line 5	0113)		0.000	•
7. 00				0.00	
	Sum of line 3 plus line 4 divided by line 6			l	1
8.00	Transitional corridor payment (see instructions)			0	
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV,	col. 13, line 200		569, 301	ı
10. 00	Organ acqui si ti ons			0	
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	1
13. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col	. 4)		0	
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 pay	yment for services on a	ı charge basis	0	15. 00
16.00	Amounts that would have been realized from patients liable for patients liable for patients and the second	payment for services or	n a chargebasis	0	16. 00
	had such payment been made in accordance with 42 CFR §413.13(e)		-		
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 lin	ne 11) (see	629, 586	19. 00
	instructions)		, ,		
20.00	Excess of reasonable cost over customary charges (complete only	if line 11 exceeds lin	ne 18) (see	0	20.00
	instructions)				
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see i	nstructions)		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 instruc	ctions)		0	23. 00
24. 00	Total prospective payment (sum of lines 3, 4, 8 and 9)	,		104, 064, 871	ı
	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	
27. 00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plu		and 23} (for	85, 160, 975	1
27.00	CAH, see instructions)	35 1116 54111 51 111165 22	a.a 20) (.o.	00, 100, 770	27.00
28. 00	Direct graduate medical education payments (from Wkst. E-4, line	e 50)		4, 440, 849	28. 00
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)	,		551	1
30. 00	Subtotal (sum of lines 27 through 29)			89, 602, 375	1
31. 00	Primary payer payments			14, 578	1
32. 00	Subtotal (line 30 minus line 31)			89, 587, 797	1
32.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES	:)		07, 307, 777	32.00
33. 00		5)		68, 040	33. 00
34. 00	Allowable bad debts (see instructions)			1, 686, 834	
	1				1
35. 00	Adjusted reimbursable bad debts (see instructions)	-+!>		1, 096, 442	1
36.00	Allowable bad debts for dual eligible beneficiaries (see instruc	etions)		1, 253, 176	
37. 00	Subtotal (see instructions)			90, 752, 279	
38. 00	MSP-LCC reconciliation amount from PS&R			137	
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	•
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)			0	
39. 98	Partial or full credits received from manufacturers for replaced	d devices (see instruct	i ons)	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	e with CMS Pub. 15-2, o	chapter 1,	0	44. 00
	§115. 2		,		
	TO BE COMPLETED BY CONTRACTOR				1
90.00	Original outlier amount (see instructions)			0	90.00
	Outlier reconciliation adjustment amount (see instructions)			Ō	
92. 00				1	92.00
93. 00				0.00	1
	Total (sum of lines 91 and 93)				94. 00
55	· · · · · · · · · · · · · · · · · · ·		ļ	,	

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Health Financial Systems INDIANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 150056

					5/26/2015 1: 45	5 pm
			e XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	t 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		0		0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3.00
	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)					
2 01	Program to Provider	00 /10 /2014	701 500	00 /12 /2014	200 500	2 01
3. 01	ADJUSTMENTS TO PROVIDER	08/12/2014	701, 500	08/12/2014	299, 500	3. 01 3. 02
3. 02			0		0 0	3. 02
3. 03 3. 04			0			3. 03 3. 04
3.04			0			3. 04
3.03	Provider to Program		0		U	3. 03
3.50	ADJUSTMENTS TO PROGRAM		0		0	3. 50
3. 51	TABOUT MENTO TO TROUT III		Ö		o o	3. 51
3. 52			Ö		Ö	3. 52
3. 53			0		l ol	3. 53
3. 54			0		l ol	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		701, 500		299, 500	3. 99
	3. 50-3. 98)		·			
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		281, 055, 677		88, 856, 241	4.00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR		ı			
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1) Program to Provider					
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5. 02	TENTATI VE TO TROVIDER		0			5. 02
5. 02			0		0	5. 02
0.00	Provider to Program				<u> </u>	0.00
5. 50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51			0		o	5. 51
5. 52			0		o	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		0		0	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6. 00
	the cost report. (1)					
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	NPR Date	
)	Number	(Mo/Day/Yr)	
8. 00	Name of Contractor		J	1. 00	2.00	8. 00
o. UU	INAME OF CONTRACTOR				ı İ	0.00

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 Heal th
 Financial
 Systems
 INDIANA
 UNIVERSITY
 HEALTH

 ANALYSIS
 OF
 PAYMENTS
 TO
 PROVIDERS
 FOR
 SERVICES
 RENDERED
 Provide

		Ti tl	e XVIII	Subprovi der – I PF	PPS	
		Inpatien	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2. 00	3. 00	4. 00	
1. 00 2. 00	Total interim payments paid to provider 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		0	1. 00 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) Program to Provider					3. 00
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		•	<u>'</u>	•	
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) TO BE COMPLETED BY CONTRACTOR		1, 451, 338		0	4. 00
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) Program to Provider					5. 00
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5. 02	TENTATIVE TO TROVIDER		Ö		0	5. 02
5. 03			Ö		0	5. 03
	Provider to Program					
5.50	TENTATI VE 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)	
		()	1. 00	2. 00	
8. 00	Name of Contractor			I	I	8. 00

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Heal th	Financial Systems INDIANA UNIVERSITY	' HEALTH	In Lie	u of Form CMS-2	2552-10			
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150056	Peri od:	Worksheet E-1				
			From 01/01/2014					
	Title Will Hearital							
		Title XVIII	Hospi tal	PPS				
				1. 00				
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS			1.00				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION							
1. 00	Total hospital discharges as defined in AARA \$4102 from Wkst. S	_3 Dt col 15 line	1/	48, 746	1. 00			
2. 00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-1		14	88, 331	2. 00			
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2		24, 367	3. 00			
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-1	2		309, 126	4. 00			
5. 00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	2		6, 424, 252, 392	5. 00			
6. 00	Total hospital charity care charges from Wkst. S-10, col. 3 lin	20		451, 041, 805	6. 00			
			Wka+ C 2 D+ I					
7. 00	CAH only - The reasonable cost incurred for the purchase of cer line 168	tiffed Hir technology	WKSt. 3-2, Pt. I	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	, , , , , , , , , , , , , , , , , , , ,	as instructions)						
10.00	Calculation of the HIT incentive payment after sequestration (s	ee instructions)		1, 223, 900	10. 00			
20.00	I NPATI ENT HOSPI TAL SERVI CES UNDER PPS & CAH			1 0/2 524	20.00			
	Initial/interim HIT payment adjustment (see instructions)			1, 062, 524				
31.00	Other Adjustment (specify)	24) (' ' ' ' ' '	`	0	31. 00			
32.00	Balance due provider (line 8 (or line 10) minus line 30 and lin	e 31) (see Instruction	S)	161, 376	32. 00			

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	I PF		
	DOT II MENANE DATA CENTAGE	1. 00	
1 00	PART II - MEDICARE PART A SERVICES - IPF PPS Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1 502 200	1 00
1.00		1, 503, 208	1.00
2.00	Net LPE PPS Outlier Payments	32, 886	2.00
3. 00 4. 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	0.00	4. 01
4.01	program or hospital closure, that would not be counted without a temporary cap adjustment under 42	0.00	4.01
	CFR §412. 424(d)(1)(iii)(F)(1) or (2) (see instructions)		
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	0. 16	
0.00	teaching program" (see instuctions)	0.10	0.00
7.00	Current year's unweighted L&R FTE count for residents within the new program growth period of a "new	0.00	7. 00
	teaching program" (see instuctions)		
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	
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0. 004630	
11. 00	Teaching Adjustment (line 1 multiplied by line 10).	6, 960	
12. 00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1, 590, 962	
13. 00	Nursing and Allied Health Managed Care payment (see instruction)	ol	13. 00
14. 00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15. 00	Cost of physicians' services in a teaching hospital (see instructions)	o	15. 00
16.00	Subtotal (see instructions)	1, 590, 962	
17. 00	Primary payer payments	o	17.00
18. 00	Subtotal (line 16 less line 17).	1, 590, 962	18.00
19.00	Deducti bl es	105, 696	19.00
20.00	Subtotal (line 18 minus line 19)	1, 485, 266	
21. 00	Coinsurance	41, 344	
22. 00	Subtotal (line 20 minus line 21)	1, 443, 922	
23. 00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	9, 016	
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	o	
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	o	30.00
30. 50	Pioneer ACO demonstration payment adjustment (see instructions)	ol	30. 50
30. 99	Recovery of Accel erated Depreciation	ol	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	
32.00	Interim payments	1, 451, 338	
33.00	Tentative settlement (for contractor use only)	o	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 (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	ol	35.00
	§115. 2		
	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

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Heal th	Financial Systems INDIANA UNIVERSITY	Y HEALTH		In Lie	u of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der		Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS			From 01/01/2014 To 12/31/2014	Date/Time Pre	
		Ti +I	e XVIII	Hospi tal	5/26/2015 1: 4! PPS	5 pm
		11 (1	e XVIII	nospi tai	113	
					1. 00	
1. 00	COMPUTATION OF TOTAL DIRECT GME AMOUNT Unweighted resident FTE count for allopathic and osteopathic pr	rograms for	cost reporti	ng peri ods	553. 51	1. 00
2. 00	ending on or before December 31, 1996. Unweighted FTE resident cap add-on for new programs per 42 CFR	413 79(e)(1) (see instr	uctions)	0. 00	2. 00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		,,, (555 1.151		0. 00	
3. 01	Direct GME cap reduction amount under ACA §5503 in accordance winstructions for cost reporting periods straddling 7/1/2011)	ith 42 CFR	§413.79 (m).	(see	0. 00	3. 01
4. 00	Adjustment (plus or minus) to the FTE cap for allopathic and os	steopathi c	programs due	to a Medicare	0. 00	4. 00
4. 01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) ACA Section 5503 increase to the Direct GME FTE Cap (see instructed line 7(1/2011)	uctions for	cost reporti	ng periods	0.00	4. 01
4. 02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap slots	(see inst	ructions for	cost reporting	0. 00	4. 02
5.00	periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus 4.02 plus applicable subscripts	or minus	line 4 plus l	ines 4.01 and	553. 51	5. 00
6.00	Unweighted resident FTE count for allopathic and osteopathic pr records (see instructions)	rograms for	the current	year from your	659. 49	6. 00
7. 00	Enter the lesser of line 5 or line 6				553. 51	7. 00
			Primary Care		Total	
8. 00	Weighted FTE count for physicians in an allopathic and osteopat	hi c	1. 00 193. 0	2. 00 4 382. 95	3. 00 575. 99	8. 00
	program for the current year.					
9. 00	If line 6 is less than 5 enter the amount from line 8, otherwis multiply line 8 times the result of line 5 divided by the amount		162.0	2 321. 41	483. 43	9. 00
10. 00	6. Weighted dental and podiatric resident FTE count for the currer	nt vear		22. 14		10. 00
11. 00	Total weighted FTE count	, , , , , , , , , , , , , , , , , , ,	162.0			11. 00
12. 00	Total weighted resident FTE count for the prior cost reporting	year (see	167. 2	3 335. 76		12. 00
13. 00	<pre>instructions) Total weighted resident FTE count for the penultimate cost report year (see instructions)</pre>	orting	172. C	3 332. 18		13. 00
14. 00	Rolling average FTE count (sum of lines 11 through 13 divided b	y 3).	167. C	9 337. 16		14. 00
15. 00	Adjustment for residents in initial years of new programs		O. C			15. 00
16.00	Adjustment for residents displaced by program or hospital closu	ıre	0.0			16. 00
17. 00 18. 00	Adjusted rolling average FTE count Per resident amount		167. 0 85, 972. 3			17. 00 18. 00
19. 00	Approved amount for resident costs		14, 365, 11		41, 816, 839	
					1 00	
20. 00	Additional unweighted allopathic and osteopathic direct GME FTE	resident	can slots rec	eived under 42	1. 00	20. 00
20.00	Sec. 413.79(c)(4)		cap si ots i co	cr ved drider 12		
21. 00	Direct GME FTE unweighted resident count over cap (see instruct	,			105. 98	
22. 00 23. 00	Allowable additional direct GME FTE Resident Count (see instruc Enter the locally adjustment national average per resident amou	,	etructions)			22. 00 23. 00
	Multiply line 22 time line 23	iiit (See iii	istructrons)			24. 00
	Total direct GME amount (sum of lines 19 and 24)				41, 816, 839	
			Inpatient Par	t Managed care		
			1. 00	2. 00	3. 00	
	COMPUTATION OF PROGRAM PATIENT LOAD			2.00	0.00	
26. 00	Inpatient Days (see instructions)		90, 11			26. 00
27. 00	Total Inpatient Days (see instructions)		320, 17			27. 00
28. 00	Ratio of inpatient days to total inpatient days Program direct GME amount		0. 28145			28. 00 29. 00
29. 00 30. 00	Reduction for direct GME payments for Medicare Advantage		11, 769, 51	7 3, 182, 512 449, 689		30.00
	Net Program direct GME amount			117,307	14, 502, 340	
				·		

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Heal th	Financial Systems INDIANA UNIVERSITY	/ HEALTH	In Lie	u of Form CMS-2	2552-10	
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider CCN: 150056	Peri od:	Worksheet E-4		
MEDI CA	AL EDUCATION COSTS		From 01/01/2014 To 12/31/2014	Date/Time Prep 5/26/2015 1:49		
		Title XVIII	Hospi tal	PPS		
				1. 00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE EDUCATION COSTS)	XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt	. I, sum of col. 20 an	d 23, lines 74	1, 025	32. 00	
	and 94)					
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I,		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				27, 559, 447	35. 00	
36.00	Medicare outpatient ESRD direct medical education costs (line 3			551	36. 00	
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII O	NLY				
	Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			235, 121, 963		
38. 00				19, 805, 981	38. 00	
39. 00		ctions)		0	39. 00	
40.00	1 3 1 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1			491, 791		
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					
	Reasonable cost (see instructions)			112, 315, 458		
43.00	1 2 1 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1			14, 578		
44.00	Total Part B reasonable cost (line 42 minus line 43)			112, 300, 880		
45.00				366, 737, 033		
46.00				0. 693784		
47. 00	Ratio of Part B reasonable cost to total reasonable cost (line			0. 306216	47. 00	
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART	В				
	Total program GME payment (line 31)			14, 502, 340	1	
	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 10,061,49					
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4, 440, 849	50.00	

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

Peri od: Worksheet G From 01/01/2014 To 12/31/2014 Date/Time Prepared:

			'	0 12/31/2014	5/26/2015 1: 4	
	·	General Fund	Speci fi c	Endowment Fund		
			Purpose Fund			
	CURRENT ACCETC	1. 00	2.00	3. 00	4. 00	
1. 00	CURRENT ASSETS Cash on hand in banks	463, 104, 000		ol ol	0	1.00
2.00	Temporary investments	74, 000		-	0	2.00
3.00	Notes receivable	74,000		1	0	3.00
4.00	Accounts receivable	479, 694, 000			Ō	4. 00
5.00	Other recei vable	136, 199, 000		o	0	5. 00
6.00	Allowances for uncollectible notes and accounts receivable	-154, 467, 000) c	0	0	6. 00
7.00	Inventory	40, 739, 000	1	0	0	7. 00
8.00	Prepai d expenses	32, 339, 000) C	0	0	8. 00
9.00	Other current assets	4 000		0	0	9.00
10.00	Due from other funds	-4, 000			0	10.00
11. 00	Total current assets (sum of lines 1-10) FIXED ASSETS	997, 678, 000) <u> </u>	0	0	11. 00
12. 00	Land	140, 621, 000		0	0	12. 00
13. 00	Land improvements	39, 144, 000	1	-	0	13.00
14. 00	Accumulated depreciation	-19, 579, 000	1	1	0	14. 00
15.00	Bui I di ngs	1, 954, 782, 000	1	o	0	15. 00
16.00	Accumulated depreciation	-827, 389, 000) c	0	0	16. 00
17. 00	Leasehold improvements	12, 109, 000	1	-	0	17. 00
18. 00	Accumul ated depreciation	-9, 820, 000	1		0	18. 00
19. 00	Fixed equipment	41, 148, 000	1	-	0	19.00
20.00	Accumulated depreciation	-26, 815, 000	1	-	0	20.00
21. 00 22. 00	Automobiles and trucks Accumulated depreciation	3, 061, 000 -2, 490, 000		٦	0	21. 00 22. 00
23. 00	Major movable equipment	1, 333, 809, 000	1	٦	0	23. 00
24. 00	Accumulated depreciation	-1, 003, 732, 000	1		0	24.00
25. 00	Mi nor equipment depreciable	0		Ö	0	25. 00
26. 00	Accumulated depreciation	0		o	0	26. 00
27. 00	HIT designated Assets	0) c	0	0	27. 00
28. 00	Accumulated depreciation	0) c	0	0	28. 00
29. 00	Mi nor equi pment-nondepreci abl e	0) c	-	0	29. 00
30. 00	Total fixed assets (sum of lines 12-29)	1, 634, 849, 000) <u> </u>	0	0	30. 00
31. 00	OTHER ASSETS Investments	2 420 622 000) C	ol ol	0	31.00
32.00	Deposits on Leases	2, 429, 622, 000			0	32.00
33. 00	Due from owners/officers			-	0	33.00
34. 00	Other assets	1, 160, 768, 000		-	0	34.00
35. 00	Total other assets (sum of lines 31-34)	3, 590, 390, 000		o	0	35. 00
36.00	Total assets (sum of lines 11, 30, and 35)	6, 222, 917, 000) c	0	0	36. 00
	CURRENT LIABILITIES					
37. 00	Accounts payable	1, 084, 146, 000	1		0	37. 00
38. 00	Salaries, wages, and fees payable	117, 536, 000		٦	0	38. 00
39. 00	Payroll taxes payable Notes and Loans payable (short term)	70 70/ 000		0	0	39. 00 40. 00
40. 00 41. 00	Deferred income	79, 796, 000		0	0	41.00
42. 00	Accel erated payments		S)		O	42.00
43. 00	Due to other funds		ól	0	0	43. 00
44. 00	Other current liabilities	71, 716, 000		o	0	
45.00	Total current liabilities (sum of lines 37 thru 44)	1, 353, 194, 000		0	0	
	LONG TERM LIABILITIES					
46. 00	Mortgage payable	0	0	-	0	46. 00
47. 00	Notes payable	1, 805, 300, 000			0	47. 00
48. 00	Unsecured Loans	170 50/ 000		-	0	48. 00
49.00	Other long term liabilities Total long term liabilities (sum of lines 46 thru 49	179, 506, 000	1		0	49.00
50. 00 51. 00	Total liabilites (sum of lines 45 and 50)	1, 984, 806, 000 3, 338, 000, 000	1	1	0	50. 00 51. 00
31.00	CAPITAL ACCOUNTS	3, 330, 000, 000	ή	<u> </u>	0	31.00
52. 00	General fund balance	2, 884, 917, 000				52. 00
53.00	Specific purpose fund)		53.00
54.00	Donor created - endowment fund balance - restricted			o		54. 00
55. 00	Donor created - endowment fund balance - unrestricted			o		55. 00
56. 00	Governing body created - endowment fund balance			0		56. 00
57. 00	Plant fund balance - invested in plant				0	57. 00
58. 00	Plant fund balance - reserve for plant improvement,				0	58. 00
59. 00	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	2, 884, 917, 000			0	59. 00
60.00	Total liabilities and fund balances (sum of lines 51 and	6, 222, 917, 000			0	60.00
	59)					
		•	•	. '		

MCRI F32 - 7. 2. 157. 2 228 | Page STATEMENT OF CHANGES IN FUND BALANCES Provider CCN: 150056 Peri od: Worksheet G-1 From 01/01/2014 12/31/2014 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 Total (sum of line 1 and line 2) 3.00 2, 884, 917, 000 0 3.00 4.00 0 Additions (credit adjustments) (specify) 0 4.00 5.00 0 0 0 0 0 5.00 6.00 6.00 0 7.00 0 7.00 0 8.00 8.00 0 9.00 9.00 10.00 Total additions (sum of line 4-9) 10.00 Subtotal (line 3 plus line 10) 2, 884, 917, 000 11.00 0 11.00 12.00 Deductions (debit adjustments) (specify) 12.00 0 0 0 0 0 13.00 13.00 14.00 14.00 0 15.00 15.00 0 16.00 16.00 17.00 17.00 Total deductions (sum of lines 12-17) 18.00 18.00 Fund balance at end of period per balance 2, 884, 917, 000 19.00 19.00 sheet (line 11 minus line 18) Endowment Fund Plant Fund 7. 00 8.00 6. 00 1.00 Fund balances at beginning of period 0 0 1.00 Net income (loss) (from Wkst. G-3, line 29) 2.00 2.00 3.00 Total (sum of line 1 and line 2) 0 0 3.00 4.00 Additions (credit adjustments) (specify) 4.00 5.00 0 5.00 0 6.00 6.00 7.00 0 7 00 8.00 0 8.00 9.00 9.00 10.00 Total additions (sum of line 4-9) 0 10.00 11.00 0 Subtotal (line 3 plus line 10) 0 11.00 12.00 Deductions (debit adjustments) (specify) 12.00 13.00 13.00 14.00 0 14.00 0 15.00 15.00 16.00 16.00 17.00 17.00 Total deductions (sum of lines 12-17) 18.00 18.00 0 Fund balance at end of period per balance 0 19.00 19.00

sheet (line 11 minus line 18)

MCRI F32 - 7. 2. 157. 2 229 | Page STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 150056 Peri od: Worksheet G-2 From 01/01/2014 Parts I & II Date/Time Prepared: 12/31/2014 5/26/2015 1:45 pm Cost Center Description Inpati ent Outpati ent Total 1.00 2. 00 3.00 PART I - PATIENT REVENUES General Inpatient Routine Services 1.00 Hospi tal 677, 241, 207 677, 241, 207 1.00 SUBPROVIDER - IPF 12, 507, 052 12, 507, 052 2.00 2.00 SUBPROVIDER - IRF 3.00 3 00 4.00 SUBPROVI DER 4.00 5.00 Swing bed - SNF 0 0 5.00 Swing bed - NF 6.00 0 6.00 SKILLED NURSING FACILITY 7.00 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 NEONATAL INTENSIVE CARE UNIT 26 423 788 26, 423, 788 12 01 12 01 BURN INTENSIVE CARE UNIT 13.00 8, 488, 166 8, 488, 166 13.00 14.00 SURGICAL INTENSIVE CARE UNIT C 14.00 UH SURG 61C 13, 640, 333 14.02 13, 640, 333 14.02 14.03 UH NS 31C 0 14 03 14.04 RH PED IC 34, 381, 936 34, 381, 936 14.04 TRANSPLANT ICU 10, 982, 385 10, 982, 385 14.05 14.05 PEDS CANCER CARE 10, 172, 192 10, 172, 192 14.06 14.06 15.00 OTHER SPECIAL CARE (SPECIFY) 15.00 Total intensive care type inpatient hospital services (sum of lines 233, 202, 435 233, 202, 435 16.00 16.00 17.00 Total inpatient routine care services (sum of lines 10 and 16) 922, 950, 694 922, 950, 694 17.00 2, 502, 959, 883 18.00 Ancillary services 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 RURAL HEALTH CLINIC 20.00 20.00 21.00 FEDERALLY QUALIFIED HEALTH CENTER 3, 725, 917 3. 725. 917 0 21.00 HOME HEALTH AGENCY 85, 842, 103 22.00 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 HOSPI CE 0 15, 357, 008 15, 357, 008 26.00 27.00 OTHER (SPECIFY) 27.00 28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. 3, 662, 836, 430 2. 762. 582. 600 6. 425. 419. 030 28.00 line 1) 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 31.00 0 32.00 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 38.00 C 39.00 0 39 00 40.00 0 40.00 41.00 0 41.00 Total deductions (sum of lines 37-41) 347, 007, 607 42.00 42.00 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 2, 347, 864, 391 43.00

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to Wkst. G-3, line 4)

17, 500, 000

785, 169, 393 29. 00

28.00

28.00

Total other expenses (sum of line 27 and subscripts)

29.00 Net income (or loss) for the period (line 26 minus line 28)

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

24.00 Total (sum of lines 1-23)

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39, 414, 712

-5, 307, 261

34, 107, 451

24.00

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20, 668, 009

34, 107, 451

23 00

24.00

4, 711, 774

23 00

All Others (specify)

24.00 Total (sum of lines 1-23)

0

0

118, 532

0.000000

0

23, 648

0.000000

0

0

0

0

0.000000

0

0

-7, 775, 616

22.00

23.00

24.00

25.00

15, 956, 235

26, 331, 835

7, 775, 616

0. 295293 26. 00

0

0

23,648

0. 000000

22.00

23 00

24.00

25.00

26, 00

Homemaker Service

All Others (specify)

Total (sum of lines 1-23)

Cost To Be Allocated (per

Worksheet H-1, Part I) Unit Cost Multiplier

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						Agency I	PPS	
			CAPITAL REI	ATED COSTS	1	rigonoy r		
	Cost Center Description	HHA Trial Balance (1)	NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATI ENT TELEPHONES	DATA PROCESSI NG	
		0	1. 00	2. 00	4. 00	5. 01	5. 02	
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	Physi cal 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 6. 00	Speech Pathology Medical Social Services	95, 801 160, 123	0	0	0	0	0	5. 00 6. 00
7. 00	Home Heal th Aide	246, 055	0	0	0	0	0	7. 00
8.00	Supplies (see instructions)	210,000	0	Ö	0	0	ő	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	11. 00
12.00	Respiratory Therapy	6, 292, 365	0	0	0	0	0	12.00
13. 00 14. 00	Private Duty Nursing Clinic	0	0	0	0	0	0	13. 00 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	155 0/1	0 005 140	0	0	19.00
20. 00 21. 00	Total (sum of lines 1-19) (2) Unit Cost Multiplier: column	34, 107, 451	304, 469	155, 861	3, 025, 143	432	444, 686	20. 00 21. 00
21.00	26, line 1 divided by the sum							21.00
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.							
		PURCHASING	ADMI TTI NG	CASHLERI NG/ACC	Subtotal	OTHER	MAINTENANCE &	
	Cost Center Description	PURCHASI NG, RECEI VI NG &	ADMI TTI NG	CASHI ERI NG/ACC OUNTS	Subtotal	OTHER ADMI NI STRATI VE	MAINTENANCE & REPAIRS	
		RECEIVING & STORES		OUNTS RECEI VABLE		ADMINISTRATIVE AND GENERAL	REPAI RS	
1.00	Cost Center Description	RECEIVING & STORES 5.03	5. 04	OUNTS RECEI VABLE 5. 05	5A. 05	ADMINISTRATIVE AND GENERAL 5.06	REPAI RS 6. 00	1 00
1.00	Cost Center Description Administrative and General	RECEIVING & STORES	5. 04	OUNTS RECEI VABLE	5A. 05 4, 680, 014	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111	REPAI RS 6. 00 115, 168	1.00
1. 00 2. 00 3. 00	Cost Center Description	RECEIVING & STORES 5.03	5. 04	OUNTS RECEI VABLE 5. 05	5A. 05	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431	REPAI RS 6. 00	1. 00 2. 00 3. 00
2. 00 3. 00 4. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy	RECEIVING & STORES 5.03	5. 04 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837	6. 00 115, 168 0 0	2. 00 3. 00 4. 00
2. 00 3. 00 4. 00 5. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	RECEIVING & STORES 5.03	5. 04 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532	6. 00 115, 168 0 0 0	2. 00 3. 00 4. 00 5. 00
2. 00 3. 00 4. 00 5. 00 6. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	RECEIVING & STORES 5.03	5. 04 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918	6. 00 115, 168 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	8 STORES 5. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778	6. 00 115, 168 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	RECEIVING & STORES 5.03	5. 04 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778	6. 00 115, 168 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	8 STORES 5. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778	6. 00 115, 168 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	8 STORES 5. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0	6. 00 115, 168 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy	8 STORES 5. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0	6. 00 115, 168 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	8 STORES 5. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0	6. 00 115, 168 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	8 STORES 5. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 14.00 15.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	8 STORES 5. 03 0 0 0 0 0 0 12, 264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	8 STORES 5. 03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0 0 6, 292, 365 0 0	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0 429, 051 0 0 0 0 0	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	8 STORES 5. 03 0 0 0 0 0 0 12, 264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0 0 6, 292, 365 0 0	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0 429, 051 0 0 0 0 0	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	RECEIVING & STORES 5.03 0 0 0 0 0 0 12,264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05 749, 423 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0 0 6, 292, 365 0 0 0 20, 668, 009	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0 429, 051 0 0 0 1, 409, 270	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 12. 000 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2)	8 STORES 5. 03 0 0 0 0 0 0 12, 264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0 0 6, 292, 365 0 0 0 20, 668, 009 38, 799, 729	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0 429, 051 0 0 1, 409, 270 2, 645, 598	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 17. 00 18. 00 19. 00 20. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2) Unit Cost Multiplier: column	RECEIVING & STORES 5.03 0 0 0 0 0 0 12,264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05 749, 423 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0 0 6, 292, 365 0 0 0 20, 668, 009	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0 429, 051 0 0 1, 409, 270 2, 645, 598	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 12. 000 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2)	RECEIVING & STORES 5.03 0 0 0 0 0 0 12,264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05 749, 423 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0 0 6, 292, 365 0 0 0 20, 668, 009 38, 799, 729	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0 429, 051 0 0 1, 409, 270 2, 645, 598	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 12. 000 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to	RECEIVING & STORES 5.03 0 0 0 0 0 0 12,264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05 749, 423 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0 0 6, 292, 365 0 0 0 20, 668, 009 38, 799, 729	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0 429, 051 0 0 1, 409, 270 2, 645, 598	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 12. 000 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus	RECEIVING & STORES 5.03 0 0 0 0 0 0 12,264 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUNTS RECEI VABLE 5. 05 749, 423 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5A. 05 4, 680, 014 3, 848, 756 2, 373, 421 422, 921 95, 801 160, 123 246, 055 12, 264 0 0 6, 292, 365 0 0 0 20, 668, 009 38, 799, 729	ADMI NI STRATI VE AND GENERAL 5. 06 319, 111 262, 431 161, 834 28, 837 6, 532 10, 918 16, 778 836 0 0 429, 051 0 0 1, 409, 270 2, 645, 598	6. 00 115, 168 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00

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

Health Financial Systems		I NDI ANA	UNIVERSITY	HEALIH				In Lie	u of Form CMS	5-2552-10
ALLOCATION OF GENERAL SERVICE COSTS TO H	HA COST	CENTERS		Provi der	CCN:	150056	Peri	od:	Worksheet H	-2
							From	01/01/2014	Part I	
				HHA CCN:		157158	To	12/31/2014	Date/Time Pi	
									5/26/2015 1:	45 pm
							Ho	me Health	PPS	

						Home Health Agency I	PPS	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	HOUSEKEEPI NG -	HOUSEKEEPING -	HOUSEKEEPING -	
		PLANT	LINEN SERVICE		UNI VERSI TY	RI LEY	METHODI ST	
		7. 00	8. 00	9. 00	9. 01	9. 02	9. 03	
1.00	Administrative and General	403, 603	0				2, 594	
2.00	Skilled Nursing Care	0	0	-		-	0	2. 00
3.00	Physical Therapy	0	0		(0	
4. 00 5. 00	Occupational Therapy Speech Pathology	0	0		(-	0	
6. 00	Medical Social Services	0	0	-		-	0	
7. 00	Home Heal th Aide	0	0			-	0	
8.00	Supplies (see instructions)	o	0			o o	0	
9.00	Drugs	0	0	0	(0	0	9. 00
10.00	DME	0	0	-	(0	0	
11. 00	Home Dialysis Aide Services	0	0				0	
12.00	Respiratory Therapy	0	0		(0	
13. 00 14. 00	Private Duty Nursing	0	0		(0	
15. 00	Health Promotion Activities	0	0			-	0	1
16. 00	Day Care Program	0	0			-	0	1
17. 00	Home Delivered Meals Program	o o	0			-	0	1
18. 00	Homemaker Service	0	0			o o	0	
19.00	All Others (specify)	0	0	0	(0	0	19. 00
20.00	Total (sum of lines 1-19) (2)	403, 603	0	0	826	0	2, 594	
21. 00	Unit Cost Multiplier: column							21. 00
	26, line 1 divided by the sum							
	of column 26, line 20 minus column 26, line 1, rounded to							
	6 decimal places.							
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
				ADMI NI STRATI ON			RECORDS &	
		10. 00	11. 00	13.00	SUPPLY 14. 00	15. 00	LI BRARY 16. 00	
1. 00	Administrative and General	10.00	87, 156				196, 927	1. 00
2. 00	Skilled Nursing Care	o o	0,,130		, ,		0	
3.00	Physi cal Therapy	0	0	0	(0	0	3. 00
4.00	Occupational Therapy	0	0	0	(0	0	
5.00	Speech Pathology	0	0		(0	0	
6. 00	Medical Social Services	0	0		(0	0	
7.00	Home Heal th Ai de	0	0		(,	0	
8. 00 9. 00	Supplies (see instructions) Drugs	0	0		(-	0	
10. 00	DME	0	0			-	0	
11. 00	Home Dialysis Aide Services	Ö	0	-		-	0	
12.00	Respiratory Therapy	0	0	0		0	0	12.00
13.00	Private Duty Nursing	0	0	0	(0	0	13. 00
14.00	Clinic	0	0		(0	0	
15. 00	Health Promotion Activities	0	0		(,	0	
16.00	Day Care Program	0	0		(,	0	
17. 00 18. 00	Home Delivered Meals Program Homemaker Service	0	0			,	0	
19. 00	All Others (specify)	0	0			,	0	
20. 00	Total (sum of lines 1-19) (2)	o o	87, 156	561, 445	1	, i	196, 927	
21. 00	Unit Cost Multiplier: column		0.7.100	001,110	1,		.,0,,2,	21.00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.	l l		I	I	1	I	I

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

						Home Health Agency I	PPS	
			OTHER GENERAL	INTERNS &	RESI DENTS	Agency 1		
	Cost Center Description	SOCIAL SERVICE	SERVI CE PATI ENT TRANSPORTATI ON		SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	
		17. 00	18. 00	21.00	22.00	23. 00	23. 01	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 9.00 10.00 11.00 12.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2) Unit Cost Multiplier: column	17. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18. 00 34, 767 0 0 0 0 0 0 0 0 0 0 0 0 0			23. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23. 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00
	26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. Cost Center Description	PARAMED RADI OLOGY-METH ODI ST	PARAMED RESPI RATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATI ON	PARAMED LAB SCI ENCE PRO	PARAMED PHARMACY	
	Tarana in the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same	23. 02	23. 03	23. 04	23. 05	23. 06	23. 07	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				000000000000000000000000000000000000000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00

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

Health Financial Systems		INDIANA UNIVERSITY	HEALIH				In Lie	i of Form CMS-	<u> 2552-10</u>
ALLOCATION OF GENERAL SERVICE COSTS	S TO HHA COST	CENTERS	Provi der	CCN:	150056	Peri	od:	Worksheet H-2	
						From	01/01/2014	Part I	
			HHA CCN:		157158	То	12/31/2014	Date/Time Pre	
								5/26/2015 1:4	5 pm
						Ho	me Health	PPS	

							3/20/2013 1.4	<u> </u>
						Home Health	PPS	
	Cost Contar Description	PARAMED	PARAMED	PARAMED	PARAMED	Agency I Subtotal	Intern &	
	Cost Center Description	MEDICAL ASSIST			NEUROPHYSI OLOG		Residents Cost	
		WILDI CAL ASSIST	TECHNOLOGY	FINANWACI ILCII	Y		& Post	
			TECHNOLOGY		r			
							Stepdown Adjustments	
		23. 08	23. 09	23. 10	23. 11	24. 00	25. 00	
1.00	Administrative and General	23.00				6, 513, 522		1.00
2.00	1	0	_	1	_	4, 111, 187		
	Skilled Nursing Care	0	_					1
3.00	Physical Therapy	0	0		0	2, 535, 255		
4.00	Occupational Therapy	0	0		0	451, 758		1
5.00	Speech Pathology	0	0	1		102, 333		
6. 00	Medical Social Services	0	0	1	_	171, 041	l .	
7. 00	Home Heal th Ai de	0	_			262, 833	l .	
8. 00	Supplies (see instructions)	0	_			13, 100		
9.00	Drugs	0	0	1		0	0	
10.00	DME	0	0		_	0	0	
11. 00	Home Dialysis Aide Services	0	0			0	0	
12. 00	Respiratory Therapy	0	_	1		6, 721, 416	l .	
13. 00	Private Duty Nursing	0	0	1		0	0	
14. 00	Clinic	0	_	1		0	0	
15. 00	Health Promotion Activities	0	_			0	0	
16. 00	Day Care Program	0		1		0	0	
17. 00	Home Delivered Meals Program	0	· ·	•		0	0	
18. 00	Homemaker Service	0	0		_	0	0	
19. 00	All Others (specify)	0	0		_	22, 077, 279	l .	
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							21. 00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.	6 1 1 1 1	A11 1 1 1 1 1 1 1 1 A	T 1 1 1111A				
	Cost Center Description	Subtotal	Allocated HHA	Total HHA				
			A&G (see Part	Costs				
		26. 00	11) 27. 00	28. 00				
1. 00	Administrative and General	6, 513, 522	27.00	20.00				1. 00
2. 00	Skilled Nursing Care	4, 111, 187	734, 735	4, 845, 922				2. 00
3. 00	Physical Therapy	2, 535, 255			1			3. 00
4. 00	Occupational Therapy	451, 758			1			4. 00
5. 00	Speech Pathology	102, 333			1			5. 00
6. 00	Medical Social Services	171, 041	30, 568	1	1			6.00
7. 00	Home Heal th Aide	262, 833	46, 972		1			7. 00
8. 00	Supplies (see instructions)	13, 100		1				8. 00
9. 00	Drugs	15, 100	2, 341	13, 441				9. 00
10. 00	DME	0						10.00
11. 00	Home Dialysis Aide Services	0						11.00
12. 00	Respiratory Therapy	6, 721, 416	1, 201, 225	7, 922, 641				12.00
13. 00	Private Duty Nursing	0,721,410	1, 201, 223	0 7, 722, 041	1			13. 00
14. 00	Clinic			1				14. 00
15. 00	Health Promotion Activities	0	_					15. 00
	1	0						1
16. 00 17. 00	Day Care Program Home Delivered Meals Program							16. 00 17. 00
18. 00	Homemaker Service							18.00
	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			1			20.00
21. 00	Unit Cost Multiplier: column	42, 737, 724	6, 513, 522 0. 178716					21.00
∠1.00	26, line 1 divided by the sum		0. 1/0/10	Ί				21.00
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.							
	10 000. mar proces.	1	I	I	I			1

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

BASIS HHA CCN: 157158

						Home Health	PPS	
		CAPITAL REL	ATED COCTO			Agency I		
		CAPITAL REL	AIED COSTS					
	Cost Center Description	NEW BLDG &	NEW MVBLE	EMPLOYEE	NONPATI ENT	DATA	PURCHASI NG,	
	, , , , , , , , , , , , , , , , , , ,	FLXT	EQUI P	BENEFITS	TELEPHONES	PROCESSI NG	RECEIVING &	
		(SQUARE	(DOLLAR	DEPARTMENT	(PHONE LINES)	(PHONE LINES)	STORES	
		FEET)	VALUE)	(GROSS			(COSTED REQ)	
				SALARI ES)				
4 00		1.00	2.00	4.00	5. 01	5. 02	5. 03	1 00
1. 00 2. 00	Administrative and General	23, 648 0	118, 532 0	15, 858, 206 0	1		0	1. 00 2. 00
3. 00	Skilled Nursing Care Physical Therapy	0	0	0			0	3. 00
4. 00	Occupational Therapy		0	0			0	4. 00
5. 00	Speech Pathology	Ö	0	0	1	_	ő	5. 00
6.00	Medical Social Services	0	0	0		0	0	6. 00
7.00	Home Health Aide	0	0	0) c	0	0	7. 00
8.00	Supplies (see instructions)	0	0	0	1		215, 856	
9.00	Drugs	0	0	0	1		0	9. 00
10.00	DME	0	0	0			0	10.00
11.00	Home Dialysis Aide Services	0	0	0	1		0	11.00
12. 00 13. 00	Respiratory Therapy	0	0	0	1		0	12. 00 13. 00
14. 00	Private Duty Nursing	0	0	0	1	_	0	14. 00
15. 00	Health Promotion Activities	0	0	0			0	15. 00
16. 00	Day Care Program	0	0	0	1	_	0	16. 00
17. 00	Home Delivered Meals Program	o o	0	0	1	Ö	Ö	17. 00
18.00	Homemaker Service	O	0	0		0	0	18. 00
19. 00	All Others (specify)	0	0	0) c	0	0	19. 00
20. 00	Total (sum of lines 1-19)	23, 648	118, 532	15, 858, 206			215, 856	
21. 00	Total cost to be allocated	304, 469	155, 861	3, 025, 143			12, 264	
22. 00	Unit cost multiplier	12. 875042	1. 314928	0. 190762			0. 056816	22. 00
	Cost Center Description	ADMITTING (INPATIENT	CASHI ERI NG/ACC OUNTS	Reconciliation	OTHER ADMI NI STRATI VE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		CHARGES)	RECEI VABLE		AND GENERAL	(SQUARE	(SQUARE	
		or wittees)	(GROSS		(ACCUM.	FEET)	FEET)	
			CHARGES)		COST)	. ==.,	. ==.,	
		5. 04	5. 05	5A. 06	5. 06	6. 00	7. 00	
1.00	Administrative and General	0	85, 844, 514	0	.,	·	23, 648	1. 00
2.00	Skilled Nursing Care	0	0	0			0	2. 00
3.00	Physical Therapy	0	0	0			0	3. 00
4. 00 5. 00	Occupational Therapy	0	0	0			0	4. 00
6. 00	Speech Pathology Medical Social Services		0	0	1		0	5. 00 6. 00
7. 00	Home Heal th Aide		0	0		1	0	7. 00
8. 00	Supplies (see instructions)		0	Ö			0	8. 00
9. 00	Drugs	o	0	0	,		Ō	9. 00
10.00	DME	0	0	0) c	0	0	10. 00
11. 00	Home Dialysis Aide Services	0	0	0) c	0	0	11. 00
12. 00	Respiratory Therapy	0	0	0			0	12.00
13. 00	Private Duty Nursing	0	0	0	1	0	0	13. 00
14. 00	Clinic		0	0		0	0	14. 00
15. 00 16. 00	Health Promotion Activities Day Care Program	0	0	0	1	0	0	15. 00 16. 00
17. 00	Home Delivered Meals Program		0	0	1	0	0	17. 00
18. 00	Homemaker Service		0	0	1	0	0	18. 00
19. 00	All Others (specify)	Ö	Ō	0		Ō	o	19. 00
20.00	Total (sum of lines 1-19)	0	85, 844, 514		38, 799, 729	23, 648	23, 648	20. 00
21. 00	Total cost to be allocated	0	749, 423		2, 645, 598		403, 603	
22. 00	Unit cost multiplier	0. 000000	0. 008730		0. 068186	4. 870095	17. 067109	22. 00

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Provi der CCN: 150056 Worksheet H-2 From 01/01/2014 BASIS Part II HHA CCN: 157158 Date/Time Prepared: To 12/31/2014 5/26/2015 1:45 pm Home Health PPS Agency I LAUNDRY & HOUSEKEEPI NG HOUSEKEEPI NG HOUSEKEEPI NG DI ETARY Cost Center Description HOUSEKEEPI NG LINEN SERVICE (HOURS OF UNI VERSI TY METHODI ST (MEALS RLLEY (POUNDS OF SERVICE) (UH SQUARE SERVED) (RILFY (MH SQUARE LAUNDRY) FEET) SQUAREFEET) FEET) 9. 00 8.00 9.01 9.02 9.03 10.00 Administrative and General 1.00 0000000 259 811 1. 00 0 0 0 2.00 2.00 Skilled Nursing Care C 0 0 3.00 0 Physical Therapy 3.00 4.00 Occupational Therapy 0 0 0 4.00 5.00 Speech Pathology 0 0 0 0 0 0 5.00 0 Medical Social Services 0 0 6.00 6.00 O 0 7.00 Home Health Aide C 7.00 8.00 Supplies (see instructions) 0 8.00 0 9.00 00000000000 0 0 0 9.00 Drugs 0 0 10.00 DMF 0 10.00 11.00 Home Dialysis Aide Services 11.00 0 0 12.00 Respiratory Therapy 0 0 12.00 0 Private Duty Nursing 0 13 00 13 00 Ω 0 14.00 Clinic 0 14.00 15.00 Health Promotion Activities 15.00 0 0 16.00 Day Care Program 0 16.00 0 0 17.00 Home Delivered Meals Program Ω 17.00 18.00 Homemaker Service C 0 0 18.00 All Others (specify) 0 19.00 19.00 20.00 Total (sum of lines 1-19) 0 0 259 0 811 20.00 Total cost to be allocated 2 594 21.00 826 21.00 Unit cost multiplier 0.000000 0.000000 3. 189189 0.000000 3.198520 0.000000 22.00 SOCIAL SERVICE CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL Cost Center Description (FTE'S) ADMI NI STRATI ON SERVICES & (COSTED RECORDS & REQUIS.) SUPPLY LIBRARY (TOTAL PATIENT (DI RECT (COSTED REQ) (GROSS DAYS) NRSING HRS) CHARGES) 11.00 13. 00 14. 00 15.00 16. 00 17.00 1.00 Administrative and General 248 62 215, 856 85, 844, 514 1 00 2 00 Skilled Nursing Care 0 0 C O 2 00 0 0 3.00 Physical Therapy 0 0 3.00 00000000000000000 0 0 0 0 0 0 0 0 0 0 4.00 Occupational Therapy 0 0 4.00 5.00 Speech Pathology 0 0 0 0 5.00 0 Medical Social Services 6.00 C 6 00 0 7.00 Home Heal th Aide 0 7.00 8.00 Supplies (see instructions) 0 0 0 8.00 9.00 0 0 Drugs 0 9.00 0 10.00 DMF Ω 10.00 Home Dialysis Aide Services 0 0 11.00 11.00 12.00 Respiratory Therapy 12.00 Private Duty Nursing 0 0 13.00 0 13.00 14.00 Clinic C 14.00 15.00 Health Promotion Activities 0 15.00 0 0 Day Care Program 0 16.00 16.00

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351. 435484

17.00

18.00

19.00

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21.00

22. 00

Home Delivered Meals Program

Total (sum of lines 1-19)

Total cost to be allocated

Homemaker Service

All Others (specify)

Unit cost multiplier

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9, 055. 564516

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In Lieu of Form CMS-2552-10
Worksheet H-2
D1/2014 Part II
B1/2014 Date/Time Prepared:
5/26/2015 1:45 pm Provider CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014 BASIS 157158 HHA CCN: Home Health PPS

						Agency I	PPS	
		OTHER GENERAL	INTERNS &	RESI DENTS		Agency		
		SERVI CE	TIVILINIO Q	RESIDENTS				
	Cost Center Description		SERVI CES-SALAR	SEDVI CES OTHED	PARAMED ED	PARAMED ED	PARAMED	
	cost center bescription	TRANSPORTATION		PRGM COSTS	PRGM	HEALTH	RADI OLOGY-METH	
		IKANSFORTATION	(ASSI GNED	(ASSI GNED	(ASSI GNED	SCI ENCES	ODI ST	
		(CDOCC	TIME)		TIME)	(PROGRAM COST)	(ASSI GNED	
		(GROSS	IIWE)	TIME)	IIWE)	(PRUGRAW CUST)	`	
		CHARGES)	21 00	22.00	22.00	22.01	TIME)	
1 00	Admini stration and Consul	18. 00	21.00	22. 00	23. 00	23. 01	23. 02	1 00
1.00	Administrative and General	85, 844, 514	0	0	(-	_	1.00
2.00	Skilled Nursing Care	0	0	0	(1		2. 00
3.00	Physi cal Therapy	0	0	0	(٦	0	3. 00
4.00	Occupational Therapy	0	0	0	(0	0	4. 00
5.00	Speech Pathology	0	0	0	(0	0	5. 00
6.00	Medical Social Services	0	0	0	(0	0	6. 00
7.00	Home Health Aide	0	0	0	(0	0	7. 00
8.00	Supplies (see instructions)	0	0	o	(0	0	8. 00
9.00	Drugs	0	0	o	(ol o	0	9. 00
10.00	DME	0	0	0	(0	10.00
11. 00	Home Dialysis Aide Services	0	0	0	(0	11. 00
12. 00	Respiratory Therapy	0	0	0	(_	12. 00
13. 00	Private Duty Nursing	0	0	0	(1	0	13. 00
14. 00	Clinic	0	0	0	(-	0	14. 00
15. 00	Health Promotion Activities	0	0	0	(-		15. 00
		0	· ·	0	,	<u> </u>		
16.00	Day Care Program	0	0	0	(0	16.00
17. 00	Home Delivered Meals Program	0	0	0	(0	17. 00
18. 00	Homemaker Servi ce	0	0	0	(0	0	18. 00
19. 00	All Others (specify)	0	0	0	(0	0	19. 00
20.00	Total (sum of lines 1-19)	85, 844, 514	0	0	(0	0	20. 00
21. 00	Total cost to be allocated	34, 767	0	0	(0	21. 00
21. 00 22. 00	Unit cost multiplier	0. 000405	0. 000000		0. 000000			
		0. 000405 PARAMED	PARAMED	PARAMED	PARAMED LAB	PARAMED	PARAMED	
	Unit cost multiplier	O. 000405 PARAMED RESPIRATORY	PARAMED EMERGENCY	PARAMED PASTORAL	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY		
	Unit cost multiplier	O. 000405 PARAMED RESPI RATORY THERAPY	PARAMED EMERGENCY (ASSI GNED	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO (ASSIGNED	PARAMED PHARMACY (COSTED	PARAMED MEDICAL ASSIST	
	Unit cost multiplier	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION (TOTAL PATIENT	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST (ASSIGNED	
	Unit cost multiplier	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TIME)	PARAMED EMERGENCY (ASSI GNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	
22. 00	Unit cost multiplier Cost Center Description	0. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03	PARAMED EMERGENCY (ASSI GNED TI ME)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME) 23.08	22. 00
1.00	Unit cost multiplier Cost Center Description Administrative and General	0. 000405 PARAMED RESPIRATORY THERAPY (ASSI GNED TIME) 23. 03	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME) 23.08	22.00
1. 00 2. 00	Unit cost multiplier Cost Center Description Administrative and General Skilled Nursing Care	0. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08	1. 00 2. 00
1.00	Unit cost multiplier Cost Center Description Administrative and General	0. 000405 PARAMED RESPIRATORY THERAPY (ASSI GNED TIME) 23. 03	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME)	PARAMED PHARMACY (COSTED REQUIS.) 23.07	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08	22.00
1. 00 2. 00	Unit cost multiplier Cost Center Description Administrative and General Skilled Nursing Care	0. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TIME) 23. 03 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23. 06	PARAMED PHARMACY (COSTED REQUIS.) 23.07	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08	1. 00 2. 00
1. 00 2. 00 3. 00	Administrative and General Skilled Nursing Care Physical Therapy	0. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TIME) 23. 03 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23. 07	PARAMED MEDI CAL ASSIST (ASSI GNED TI ME) 23. 08 0 0 0	1. 00 2. 00 3. 00
1. 00 2. 00 3. 00 4. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy	0. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TIME) 23. 03 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23. 06	PARAMED PHARMACY (COSTED REQUIS.) 23. 07	PARAMED MEDI CAL ASSIST (ASSI GNED TI ME) 23. 08	1. 00 2. 00 3. 00 4. 00
1. 00 2. 00 3. 00 4. 00 5. 00	Unit cost multiplier Cost Center Description Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.) 23.07	PARAMED MEDI CAL ASSIST (ASSI GNED TI ME) 23. 08 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Unit cost multiplier Cost Center Description Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07	PARAMED MEDICAL ASSIST (ASSIGNED TIME) 23.08 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23. 06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 10. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23. 06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Total (sum of lines 1-19)	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23.05 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00 19. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	O. 000405 PARAMED RESPI RATORY THERAPY (ASSI GNED TI ME) 23. 03 0 0 0 0	PARAMED EMERGENCY (ASSI GNED TI ME) 23. 04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS) 23. 05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PARAMED LAB SCI ENCE PRO (ASSI GNED TI ME) 23.06	PARAMED PHARMACY (COSTED REQUIS.) 23.07 000 000 000 000 000 000 000 000 000	PARAMED MEDI CAL ASSI ST (ASSI GNED TI ME) 23. 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 14. 00 15. 00 16. 00 17. 00 18. 00 17. 00 18. 00 20. 00 21. 00

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					Agency I	PPS	
	Cost Center Description	PARAMED	PARAMED	PARAMED	1 Agency 1		
	·	SURGERY	PHARMACY TECH	NEUROPHYSI OLOG			
		TECHNOLOGY	(ASSI GNED	Υ			
		(ASSI GNED	TIME)	(ASSI GNED			
		TIME)		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	Physi cal 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 Heal th 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 11. 00	DME	0	0	0			10. 00 11. 00
12. 00	Home Dialysis Aide Services	0	0	0			12.00
13. 00	Respiratory Therapy	0	0	0			13.00
14. 00	Private Duty Nursing		0	0			14. 00
15. 00	Health Promotion Activities		0	0			15. 00
16. 00	Day Care Program		0	0			16. 00
17. 00	Home Delivered Meals Program		0	0			17. 00
18. 00	Homemaker Service		0	0			18. 00
19. 00	All Others (specify)	1 0	ا	0			19.00
20. 00	Total (sum of lines 1-19)	١	o o	0			20. 00
21. 00	Total cost to be allocated	0	o o	0			21. 00
	Unit cost multiplier	0. 000000	0. 000000	0. 000000			22. 00

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14.00

	Financial Systems		INDIANA UNIVE				eu of Form CMS-	
APP0RT	IONMENT OF PATIENT SERVICE COST	-S		Provi HHA C	der CCN: 150056 CN: 157158	Peri od: From 01/01/2014 To 12/31/2014	Date/Time Pre	pared:
				7	itle XVIII	Home Health	5/26/2015 1: 4 PPS	5 pm
	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillar Costs (fr	om + 2)		Ratio (col. 3 ÷ col. 4)	
	Cupplies and Drugs Cost Comput	0	1.00	2.00	3.00	4. 00	5. 00	
15. 00	Supplies and Drugs Cost Comput Cost of Medical Supplies	8. 00	15, 441		0 15,	141 (0. 000000	15. 00
16. 00	Cost of Drugs	9. 00	Program Visits		Cost of Services	0 (0. 000000	16. 00
	Cost Center Description	Part A	Not Subject to Deductibles &	Deducti bl e	s &	Part B Not Subject to Deductibles &	Deductibles &	
		6. 00	Coi nsurance 7.00	Coi nsuran 8.00	9. 00	Coi nsurance 10.00	Coi nsurance 11.00	
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION Cost Per Visit Computation	OF AGGREGATE I	PROGRAM COST, A	AGGREGATE OF	THE PROGRAM LI	MITATION COST, O	R	
1.00	Skilled Nursing Care	0	13, 128			0 1, 939, 399)	1.00
2.00 3.00	Physical Therapy Occupational Therapy	0	7, 627 1, 414			0 1, 274, 548 0 199, 883		2. 00 3. 00
4.00	Speech Pathology		285			0 51, 696	1	4. 00
5.00	Medical Social Services	0	331			0 117, 694	1	5.00
6. 00 7. 00	Home Health Aide Total (sum of lines 1-6)	0 0	-,			0 156, 409 0 3, 739, 629		6. 00 7. 00
	Cost Center Description	6. 00	7. 00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation	6.00	7.00	8.00	9.00	10.00	11.00	
8. 00 8. 01	Skilled Nursing Care Skilled Nursing Care							8. 00 8. 01
8. 01	Skilled Nursing Care							8. 01
8. 03	Skilled Nursing Care							8. 03
8. 04 8. 05	Skilled Nursing Care Skilled Nursing Care							8. 04 8. 05
8.06	Skilled Nursing Care							8. 06
8. 07 9. 00	Skilled Nursing Care Physical Therapy							8. 07 9. 00
9. 01	Physical Therapy							9. 01
9. 02 9. 03	Physical Therapy							9. 02 9. 03
9. 03 9. 04	Physical Therapy Physical Therapy							9. 03
9. 05	Physi cal Therapy							9. 05
9. 06 9. 07	Physical Therapy Physical Therapy							9. 06 9. 07
	Occupati onal Therapy							10.00
10. 01	Occupational Therapy							10. 01
10. 02 10. 03	Occupational Therapy Occupational Therapy							10. 02 10. 03
10. 04	Occupational Therapy							10. 04
10. 05 10. 06	Occupational Therapy Occupational Therapy							10. 05 10. 06
10. 07	Occupational Therapy							10. 07
11. 00 11. 01	Speech Pathology Speech Pathology							11. 00 11. 01
11. 01	Speech Pathology							11. 01
11. 03	Speech Pathology							11. 03
11. 04 11. 05	Speech Pathology Speech Pathology							11. 04 11. 05
11. 06	Speech Pathology							11. 06
11. 07 12. 00	Speech Pathology Medical Social Services							11. 07 12. 00
12. 01	Medical Social Services							12. 01
12. 02	Medical Social Services							12. 02
12. 03 12. 04	Medical Social Services Medical Social Services							12. 03 12. 04
12. 05	Medical Social Services							12. 05
12. 06 12. 07	Medical Social Services Medical Social Services							12. 06 12. 07
13. 00	Home Health Aide							13. 00
13. 01	Home Health Aide							13. 01
13. 02 13. 03	Home Health Aide Home Health Aide							13. 02 13. 03
13. 04	Home Health Aide							13. 04
13. 05 13. 06	Home Health Aide Home Health Aide							13. 05 13. 06
	· ·	•	•		•	1	•	

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Heal th	Financial Systems		INDIANA UNIVE	RSLTY I	HEALTH		In Lie	u of Form CMS-	2552-10
	TONMENT OF PATIENT SERVICE COST	S				CCN: 150056	Period: From 01/01/2014	Worksheet H-3	
				ŀ	HHA CCN:	157158		Date/Time Pre 5/26/2015 1:4	
					Ti tl	e XVIII	Home Health Agency I	PPS	
	Cost Center Description	6. 00	7. 00	8	3. 00	9. 00	10.00	11. 00	
	Home Health Aide Total (sum of lines 8-13)								13. 07 14. 00
14.00	Total (Sum of Titles o 15)	Prog	ram Covered Cha	arges		Cost of			14.00
						Servi ces			
	Cost Center Description	Part A	Par Not Subject to	rt B Subj	ect to	Part A	Part B Not Subject to	Subject to	
			Deductibles & Coinsurance		tibles & surance		Deductibles & Coinsurance	Deductibles & Coinsurance	
	Supplies and Drugs Cost Comput	6.00	7. 00		3. 00	9. 00	10.00	11. 00	
	Cost of Medical Supplies	0			0				15. 00
16. 00	Cost of Drugs Cost Center Description	Total Program	0)	0		0	С	16. 00
		Cost (sum of cols. 9-10)							
	PART I - COMPUTATION OF LESSER	12. 00	DDOCDAM COST A	ACCDEC A	TE OF TH	E DDOCDAM LLI	O T200 MOLTATIM)	
	BENEFICIARY COST LIMITATION	OF AGGREGATE F	PROGRAW COST, F	AGGREGA	TE OF IN	E PRUGRAW LII	WITATION COST, OF		
1. 00	Cost Per Visit Computation Skilled Nursing Care	1, 939, 399							1.00
2.00	Physical Therapy	1, 274, 548							2.00
3. 00 4. 00	Occupational Therapy Speech Pathology	199, 883 51, 696							3. 00 4. 00
5.00	Medical Social Services	117, 694							5. 00
6. 00 7. 00	Home Health Aide Total (sum of lines 1-6)	156, 409 3, 739, 629							6. 00 7. 00
	Cost Center Description	12. 00							
	Limitation Cost Computation	12.00							
8. 00 8. 01	Skilled Nursing Care Skilled Nursing Care								8. 00 8. 01
8. 02	Skilled Nursing Care								8. 02
8. 03 8. 04	Skilled Nursing Care Skilled Nursing Care								8. 03 8. 04
8. 05	Skilled Nursing Care								8. 05
8.06	Skilled Nursing Care								8. 06
8. 07 9. 00	Skilled Nursing Care Physical Therapy								8. 07 9. 00
9. 01	Physical Therapy								9. 01
9. 02 9. 03	Physical Therapy Physical Therapy								9. 02 9. 03
9.04	Physi cal Therapy								9. 04
9. 05 9. 06	Physical Therapy								9. 05 9. 06
9.00	Physical Therapy Physical Therapy								9. 00
10.00	Occupational Therapy								10. 00
10. 01 10. 02	Occupational Therapy Occupational Therapy								10. 01 10. 02
10. 03	Occupational Therapy								10. 03
10. 04 10. 05	Occupational Therapy Occupational Therapy								10. 04 10. 05
10. 06	Occupational Therapy								10.06
10.07	Occupational Therapy								10.07
11. 00 11. 01	Speech Pathology Speech Pathology								11. 00 11. 01
11. 02	Speech Pathology								11. 02
11. 03 11. 04	Speech Pathology Speech Pathology								11. 03 11. 04
11. 05	Speech Pathology								11. 05
11.06	Speech Pathology								11.06
11. 07 12. 00	Speech Pathology Medical Social Services								11. 07 12. 00
12. 01	Medical Social Services								12. 01
12. 02 12. 03	Medical Social Services Medical Social Services								12. 02 12. 03
12. 04	Medical Social Services								12. 04
12. 05 12. 06	Medical Social Services Medical Social Services								12. 05 12. 06
12. 07	Medical Social Services								12. 07
13. 00 13. 01	Home Health Aide Home Health Aide								13. 00 13. 01
	Home Heal th Aide								13. 01

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Health Financial Systems		INDIANA UNIVERSITY	HEALTH		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF PATIENT SERVICE COSTS	5		Provi der	CCN: 150056	Peri od: From 01/01/2014	Worksheet H-3 Part I	
			HHA CCN:	157158		Date/Time Pre 5/26/2015 1:4	
			Titl∈	e XVIII	Home Health	PPS	
					Agency I		
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

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Heal th	Financial Systems		INDIANA UNIVER	RSITY HEALTH		In Lie	u of Form CMS-2	2552-10
APP0R1	TIONMENT OF PATIENT SERVICE COST	S		Provi der	CCN: 150056	Peri od:	Worksheet H-3	
				HHA CCN:	157158	From 01/01/2014 To 12/31/2014	Part II Date/Time Pre 5/26/2015 1:4	pared: 5 pm
				Ti tl	e XVIII	Home Health	PPS	
						Agency I		
	Cost Center Description	From Wkst. C,	Cost to Charge		HHA Shared	Transfer to		
		Part I, col.	Rati o	Charge (from	Ancillary	Part I as		
		9, line		provi der	Costs (col.	1 Indicated		
				records)	x col. 2)			
		0	1. 00	2. 00	3.00	4. 00		
	PART II - APPORTIONMENT OF COST	T OF HHA SERVIC	CES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	ITS		
1.00	Physi cal Therapy	66. 00	0. 298681	0		0 col. 2, line 2	. 00	1.00
2.00	Occupational Therapy	67. 00	0. 308716	0)	Ocol. 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 1	5. 00	4. 00
5.00	Cost of Drugs	73.00	0. 209249	0)	0 col. 2, line 1	6. 00	5. 00
5.03	Cost of Drugs 3	73. 03	1. 093633	0		0 col. 2, line 1	6. 03	5. 03

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	Provi der	CCN: 150056	Peri od:	Worksheet H-4	
	HHA CCN:	157158	From 01/01/2014 To 12/31/2014		
	Ti tl	e XVIII	Home Health Agency I	PPS	
		_		t B	
		Part A	Not Subject to Deductibles &	Deductibles &	
		1.00	Coi nsurance	Coi nsurance	_
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMA	DV CHADCE	1.00	2. 00	3. 00	┿
Reasonable Cost of Part A & Part B Services	KI CHARGE	3			ł
Reasonable cost of services (see instructions)			0 0	0	
0 Total charges			0 0		
Customary Charges					
O Amount actually collected from patients liable for payment for s	servi ces		0 0	0	1
on a charge basis (from your records)				_	
Amount that would have been realized from patients liable for parties for services on a charge basis had such payment been made in account to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of			0 0	0	
with 42 CFR §413.13(b) 0 Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	0. 000000	0. 000000	
O Total customary charges (see instructions)		0.0000	0.000000	0.000000	
0 Excess of total customary charges over total reasonable cost (co	omplete		0 0	0	
only if line 6 exceeds line 1)	·				
0 Excess of reasonable cost over customary charges (complete only	ifline		0 0	0	
1 exceeds line 6)					
O Primary payer amounts			0 0	0	
			Part A Services	Part B Servi ces	
			1. 00	2. 00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
Total reasonable cost (see instructions)			0	0	
OO Total PPS Reimbursement - Full Episodes without Outliers			3, 113, 081	935, 975	
00 Total PPS Reimbursement - Full Episodes with Outliers			43, 758		
00 Total PPS Reimbursement - LUPA Episodes			91, 589		
00 Total PPS Reimbursement - PEP Episodes 00 Total PPS Outlier Reimbursement - Full Episodes with Outliers			43, 100 8, 328	9, 564 1, 828	
00 Total PPS Outlier Reimbursement - Full Episodes with Outliers 00 Total PPS Outlier Reimbursement - PEP Episodes			387	1, 626	
· ·			0	0	
00 Total Other Payments			0	Ö	
00 Total Other Payments 00 DMF Payments					
OO DME Payments			Ö	0	
			0	0	
00 DME Payments 00 Oxygen Payments	ance)		0	_	2
DME Payments Oxygen Payments Prosthetic and Orthotic Payments	ance)		3, 300, 243	0	2 2
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsura	ance)			0	2 2 2
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsurations) Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23)	ance)			0 0 991, 871 0	2 2 2 2
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsurate subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records)	ance)		3, 300, 243 0 3, 300, 243	0 0 991, 871 0 991, 871	2 2 2 2 2 2
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsurated subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25)	ance)		3, 300, 243	0 0 991, 871 0 991, 871	2 2 2 2 2 2 2
DME Payments Oxygen Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsural Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records)	·		3, 300, 243 0 3, 300, 243	0 0 991, 871 0 991, 871	2 2 2 2 2 2 2 2 2 2
DME Payments Oxygen Payments Oxygen Payments Part B deductibles billed to Medicare patients (exclude coinsurations) Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see inst	ructions)		3, 300, 243 0 3, 300, 243 3, 300, 243	0 0 991, 871 0 991, 871 0 991, 871	2 2 2 2 2 2 2 2
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsura Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see instance) Total costs - current cost reporting period (line 26 plus line 2	ructions)		3, 300, 243 0 3, 300, 243 3, 300, 243	0 991, 871 0 991, 871 0 991, 871	2 2 2 2 2 2 2 2 2
DME Payments Oxygen Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsurated subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see instance) Total costs - current cost reporting period (line 26 plus line 20) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	ructions)		3, 300, 243 0 3, 300, 243 3, 300, 243	0 0 991, 871 0 991, 871 0 991, 871	20 20 20 20 20 20 20 20 20 30
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsurations) Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see instance) Total costs - current cost reporting period (line 26 plus line 26) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)	ructions)		3, 300, 243 3, 300, 243 3, 300, 243 3, 300, 243 0	0 991, 871 0 991, 871 0 991, 871 991, 871 0	2 2 2 2 2 2 2 3 3
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsurations) Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see instructions) Total costs - current cost reporting period (line 26 plus line 26 of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cost of the cos	ructions)		3, 300, 243 3, 300, 243 3, 300, 243 3, 300, 243 0 0 3, 300, 243	0 0 991, 871 0 991, 871 0 991, 871 0 0 991, 871	2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsurations) Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see instance) Total costs - current cost reporting period (line 26 plus line 26) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)	ructions)		3, 300, 243 3, 300, 243 3, 300, 243 3, 300, 243 0 0 3, 300, 243 66, 005	0 991, 871 0 991, 871 0 991, 871 991, 871 0	20 22 22 24 25 26 26 27 28 29 30 30 33 33
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsurations) Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see instantial costs - current cost reporting period (line 26 plus line 26) Total costs - current cost reporting period (line 26 plus line 26) Total costs - current cost reporting period (line 26 plus line 26) Total costs - current cost reporting period (line 26 plus line 26) Total costs - current cost reporting period (line 26 plus line 26) Total costs - current cost reporting period (line 26 plus line 26) Total costs - current cost reporting period (line 26 plus line 26) Total costs - current cost reporting period (line 26 plus line 26) Subtotal (see instructions) Subtotal (see instructions)	ructions)		3, 300, 243 3, 300, 243 3, 300, 243 3, 300, 243 0 0 3, 300, 243	991, 871 0 991, 871 0 991, 871 991, 871 0 991, 871 19, 837	20 22 22 24 26 26 26 26 26 27 26 27 28 29 30 31 33 33 33
DME Payments Oxygen Payments Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsural Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25) Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible beneficiaries (see instance of line 25) Total costs - current cost reporting period (line 26 plus line 26) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions) Subtotal (see instructions) Interim payments (see instructions)	ructions) 27)		3, 300, 243 3, 300, 243 3, 300, 243 3, 300, 243 0 0 3, 300, 243 66, 005	991, 871 991, 871 0 991, 871 991, 871 0 991, 871 19, 837 972, 034	20 22 22 22 24 20 20 20 20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30

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Health Financial Systems INDIANA UNIVERSITY HEALTH ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO Provide Provi der CCN: 150056 Peri od: From 01/01/2014 To 12/31/2014 Worksheet H-5 PROGRAM BENEFICIARIES 157158 Date/Time Prepared: 5/26/2015 1:45 pm PPS HHA CCN: Home Health

				Home Health	PPS	
			1 D 1 A	Agency I	1.5	
		Inpatient Part A			t 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		3, 234, 238		972, 034	1.00
2.00	Interim payments payable on individual bills, either		0		0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	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)					
0.01	Program to Provider		0			0.01
3. 01			0		0	3. 01
3. 02			0		0	3. 02
3. 03			_		1 - 1	3. 03
3. 04			0		0	3. 04
3. 05	Provider to Program		U		0	3. 05
3. 50	Provider to Program		0		0	3. 50
3. 50			0			3. 50
3. 52			0		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		0		0	3. 99
0. 77	3. 50-3. 98)		Ü		Ĭ	0. 77
4.00	Total interim payments (sum of lines 1, 2, and 3.99)	•	3, 234, 238		972, 034	4.00
	(transfer to Wkst. H-4, Part II, column as appropriate,		., ,		,	
	line 32)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5.00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
E 04	Program to Provider					F 04
5. 01			0		0	5. 01
5. 02 5. 03			0			5. 02 5. 03
5.03	Provider to Program		U		U	5. 03
5. 50	1 TOVI del Co i l'ogi alli		0		0	5. 50
5. 51			0		l ol	5. 51
5. 52			0		0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		0		o	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)					
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	NPR Date	
			`	Number	(Mo/Day/Yr)	
0.00	Name of Contractor	(J	1. 00	2. 00	0.00
8. 00	Name of Contractor	1		I	ı l	8. 00

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Provider CCN: 150056 | Period: From 01/01/2014 | To 12/31/2014 | Date/Time Prepared: 5/26/2015 1: 45 pm

					3/20/2013 1.43) Pill
				Renal Dialysis		
		Total Costs	Basi s	Statistics	FTEs per 2080	
					Hours	
		1. 00	2.00	3. 00	4. 00	
1.00	REGI STERED NURSES		HOURS OF SERVICE	92, 752. 69		1.00
2.00	LI CENSED PRACTI CAL NURSES	8, 946	HOURS OF SERVICE	552. 80	0. 27	2.00
3.00	NURSES AI DES		HOURS OF SERVICE	1, 082. 53		3.00
4.00	TECHNI CI ANS	1, 144, 136	HOURS OF SERVICE	66, 091. 63	31. 77	4.00
5.00	SOCI AL WORKERS	127, 056	HOURS OF SERVICE	5, 116. 00	2. 46	5.00
6.00	DI ETI CI ANS		HOURS OF SERVICE	5, 656. 00	2. 72	6.00
7.00	PHYSI CI ANS		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.	C	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	26, 528	PERCENTAGE OF TIME			13.00
14.00	SUPPLI ES	C	REQUI SI TI ONS			14.00
15.00	DRUGS	C	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		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	REQUI SI TI ONS			24.00
25.00	PHARMACY		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)	C	CHARGES	0		28. 00
29. 00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	C	CHARGES	0		29.00
30.00	RH NBN ECMO IC		CHARGES	0		30.00
30. 01	CARDI OLOGY		CHARGES	0		30. 01
30. 02	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	C	CHARGES	0		30. 02
30. 03	CARDI AC CATH		CHARGES	0		30. 03
30.04	DAY SURGERY	C	CHARGES	0		30. 04
30. 05	ONCOLOGY		CHARGES	0		30. 05
30.06	DAY SURGERY-RI LEY		CHARGES	0		30.06
30. 07	CARDI OLOGY-RI LEY		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	2			31.00
				•	•	

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^{*} 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.

							5/26/2015 1: 45	5 pm
						Renal Dialysis		
		Capital Rel	ated Costs	Direct Patien	t Care Salary			
		Bui I di ng	Equi pment	RNs	Other	Employee	Drugs	
		Durraring	Equi pilierri	KNS	Other	Benefits	Di ugs	
						Department		
		1.00	2. 00	3.00	4. 00	5. 00	6. 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
	MAI NTENANCE							
2.00	Hemodi al ysi s	1, 094, 143	382, 601	2, 714, 487			17, 856	2. 00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3. 00
4 00	TRAI NI NG							4 00
4.00	Hemodi al ysi s	0	0	1	0		0	4.00
5. 00 6. 00	Intermittent Peritoneal CAPD	0 562	197	0 1, 395	0 596		0	5. 00 6. 00
7. 00	CCPD	2, 811	983				46	7. 00
7.00	HOME	2,011	703	0, 774	2, 700	2, 700	40	7.00
8. 00	Hemodi al ysi s	4, 385	1, 533	10, 879	4, 648	4, 648	72	8. 00
9.00	Intermittent Peritoneal	0	0		0		o	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			278, 056	4, 281	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	1			0	12.00
13. 00	Method II Home Patient	0	0	0	0	0	0	13. 00
14. 00	EPO (include in Renal						0	14. 00
15. 00	Department) ARANESP (include in Renal						0	15 00
15.00	Department)						٩	15. 00
16. 00	Other	0	0	0	0	٥	0	16. 00
17. 00	Total (sum of lines 2 through	1, 379, 100	482, 245	3, 421, 446	1, 461, 832	1, 461, 829	22, 507	17. 00
.,, 00	16)	1,077,100	102/210	0, 121, 110	1, 101, 002	1, 101, 02,	22,007	
18.00	Medical Educational Program							18. 00
	Costs							
19. 00	Total Renal Costs (line 17 +							19. 00
	line 18)		5			T		
		Medi cal	Routine Ancillary	Subtotal (sum	0verhead	Total (col. 9		
		Suppl i es	Servi ces	of cols. 1-8)		+ col . 10)		
		7. 00	8.00	9.00	10.00	11.00		
1. 00	Total Renal Department Costs	937, 550	0					1. 00
	MAI NTENANCE							
2.00	Hemodi al ysi s	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
	TRAI NI NG							
4.00	Hemodi al ysi s	0	0	1	0			4.00
5.00	Intermittent Peritoneal	0	0	0	0	١		5. 00
6.00	CAPD	382	0	3, 737	·			6.00
7. 00	HOME CCPD	1, 911	0	18, 685	7, 837	26, 522		7. 00
8. 00	Hemodi al ysi s	2, 981	0	29, 146	12, 225	41, 371		8. 00
9. 00	Intermittent Peritoneal	2, 701	0					9. 00
10.00	CAPD	10, 115	0	98, 899				10.00
11. 00	CCPD	178, 332	0		·			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	o		13.00
14.00	EPO (include in Renal							14.00
	Department)							
15. 00	ARANESP (include in Renal							15. 00
1/ 00	Department)		0		_			1/ 00
16. 00 17. 00	Other Total (sum of lines 2 through	937, 550	0	9, 166, 509	U 2 044 747	12 011 256		16.00
17.00	16)	937, 550	Ü	9, 100, 509	3, 844, 747	13, 011, 256		17. 00
18. 00	Medical Educational Program					826		18. 00
. 5. 55	Costs					320		. 5. 55
19.00	Total Renal Costs (line 17 +					13, 012, 082		19. 00
	line 18)							

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			Capital Rel	ated Costs		t Care Salary		
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Empl oyee Benefi ts Department (Sal ary)	
		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
	MAI NTENANCE							
2.00	Hemodi al ysi s		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
	TRAI NI NG							
4.00	Hemodi al ysi s		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	6. 00
7.00	CCPD		75	75. 00	75.00	75.00	75	7. 00
	HOME							
8.00	Hemodi al ysi s		117	117. 00	117. 00	117. 00	117	8. 00
9.00	Intermittent Peritoneal		0	0.00			0	9. 00
10.00	CAPD		397	397. 00	397.00		397	10.00
11. 00	CCPD		6, 999	6, 999, 00			6, 999	
	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	13. 00
14. 00	EPO						_	14. 00
15. 00	ARANESP							15. 00
16. 00	Other		0	0.00	0.00	0.00	0	
17. 00	Total Statistical Basis		36, 796	36, 796. 00		l	36, 796	
18. 00	Unit Cost Multiplier (line 1 ÷		37. 479617	13. 105908			39. 727932	
10.00	line 17)		07. 177017	10. 100700	72. 701100	07.720011	07.727702	10.00
		Drugs	Medi cal	Routi ne	Subtotal	Overhead		
		(Requist.)	Suppl i es	Ancillary		(Accum. Cost)		
			(Requist.)	Servi ces				
				(Charges)				
		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
	MAI NTENANCE							
2.00	Hemodi al ysi s	29, 193	29, 193	29, 193				2. 00
3.00	Intermittent Peritoneal	0	0	0				3. 00
	TRAI NI NG							
4.00	Hemodi al ysi s	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	Hemodi al ysi s	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	EP0	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 ÷	0. 611670	25. 479672	0. 000000		0. 419434		18. 00
	line 17)							

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			55		1 001. 155510	10 12/31/2014	5/26/2015 1:4	
				Ra	ate 0	Renal Dialysis		
		Number of	Total (Average Cost	Number of	Total Program	
		Total	(from W		of Treatments		Expenses (see	
		Treatments	I-2, col	. 11)		Treatments	instructions)	
		1.00	2.00		1)	4.00	F 00	
1 00	Maintananca Hamadial veis	1.00	2.00	u 22, 797	3.00	4. 00	5.00	1 00
1. 00 2. 00	Maintenance - Hemodialysis Maintenance - Peritoneal Dialysis	29, 193		22, 191 0			8, 205, 520 0	1. 00 2. 00
3. 00	Training - Hemodialysis		1	0	1		1	
4. 00	Training - Peritoneal Dialysis		l .	0	1		1	
5. 00	Training - Continuous Ambulatory Peritoneal	15	l .	5, 304	1		0	5. 00
	Di al ysi s			-,				
6.00	Training - Continuous Cycling Peritoneal	75	:	26, 522	353. 63	3 0	0	6. 00
	Di al ysi s							
7.00	Home Program - Hemodialysis	117	1 .	41, 371	1			1
8. 00	Home Program - Peritoneal Dialysis	0)	0	0.00		0	8. 00
		Patient Weeks	2.00	^	2.00	Pati ent Weeks	F 00	
9. 00	Home Program - Continuous Ambulatory	1. 00	2.00	40, 381	3. 00 2, 462. 82	4. 00	5. 00 132, 992	9. 00
7.00	Peri toneal Di al ysi s	37	'	40, 301	2, 402. 02	2 54	132, 772	9.00
10.00	Home Program - Continuous Cycling Peritoneal	1,000	2.4	74, 881	2, 474. 88	503	1, 244, 865	10.00
	Di al ysi s	,	,		, , , , ,		,,	
11. 00	Totals (sum of lines 1-8, columns 1 and 4)	29, 400	13, 0°	11, 256		23, 216	9, 587, 267	11. 00
	(sum of lines 1-10, columns 2, 5, and 6)							
12. 00	Total treatments (sum of lines 1 through 8	32, 571						12. 00
	plus (sum of lines 9 and 10 times 3))							
20. 00	ADDITIONAL RENAL FACILITY NUMBERS CLARIAN	153515			1			20.00
	CLARI AN HEALTH PARTNERS	153513						20. 00
20. 02	METHODIST DIALYSIS	153522						20. 02
20. 03								20. 03
		Total Program	Avera	ige		•	•	
		Payment	Payment					
			(col . 6	÷ col.				
			4)					
1 00	Mai atanana Hamadi atauai a	6.00	7.00					1 00
1. 00 2. 00	Maintenance - Hemodialysis Maintenance - Peritoneal Dialysis	6, 126, 636	1	264. 02 0. 00				1. 00 2. 00
3. 00	Training - Hemodialysis		ŀ	0.00				3.00
4. 00	Training - Peritoneal Dialysis		ł	0.00				4.00
5. 00	Training - Continuous Ambulatory Peritoneal		ł	0.00				5. 00
	Di al ysi s							
6.00	Training - Continuous Cycling Peritoneal	0		0.00				6. 00
	Di al ysi s							
7.00	Home Program - Hemodial ysis	2, 556	I .	232. 36	1			7. 00
8. 00	Home Program - Peritoneal Dialysis	0)	0. 00				8. 00
		6. 00	7.00	n	-			
9. 00	Home Program - Continuous Ambulatory	41, 419		767. 02				9. 00
,. 00	Peri toneal Di al ysi s			. 07. 02				1 55
10.00	Home Program - Continuous Cycling Peritoneal	376, 522	·	748. 55				10.00
	Di al ysi s							
11. 00	1	6, 547, 133						11. 00
10.00	(sum of lines 1-10, columns 2, 5, and 6)							10.00
12. 00	Total treatments (sum of lines 1 through 8							12. 00
	plus (sum of lines 9 and 10 times 3)) ADDITIONAL RENAL FACILITY NUMBERS							
20. 00	CLARIAN							20.00
	CLARI AN HEALTH PARTNERS							20.00
20. 02	METHODIST DIALYSIS							20. 02
20. 03								20. 03
	!	1	1					

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From 01/01/2014 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Home Program PPS Di al ysi s Total Costs Basi s Stati sti cs 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 LICENSED PRACTICAL NURSES OHOURS OF SERVICE 0.00 0.00 2.00 2.00 OHOURS OF SERVICE 0.00 3.00 NURSES AIDES 0.00 3.00 85, 775 HOURS OF SERVICE TECHNI CLANS 4, 279. 30 2.06 4 00 4.00 52, 083 HOURS OF SERVICE 5.00 SOCIAL WORKERS 2,076.00 1.00 5.00 DI ETI CI ANS OHOURS OF SERVICE 0.00 6.00 0.00 6.00 PHYSI CI ANS OACCUMULATED COST 7.00 7.00 103, 577 ACCUMULATED COST NON-PATIENT CARE SALARY 8.00 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 OPERCENTAGE OF TIME CAPITAL RELATED COSTS-MOV. EQUIP. 12.00 12.00 13.00 MACHINE COSTS & REPAIRS 2,758 PERCENTAGE OF TIME 13.00 14.00 SUPPLI ES O REQUISITIONS 14.00 DRUGS 15.00 ORFOULSETLONS 15.00 16.00 OTHER 128, 518 ACCUMULATED COST 16.00 SUBTOTAL (SUM OF LINES 9-16)* 1, 039, 606 17.00 17.00 CAPITAL RELATED COSTS-BLDGS. & FIXTURES 157, 243 SQUARE FEET 18.00 18 00 CAPITAL RELATED COSTS-MOV. EQUIP. 77, 245 PERCENTAGE OF TIME 19.00 19.00 20.00 EMPLOYEE BENEFITS DEPARTMENT 140, 990 SALARY 20.00 ADMINISTRATIVE & GENERAL 366, 619 ACCUMULATED COST 21.00 21.00 MAINT. / REPAIRS-OPER-HOUSEKEEPING 306, 868 SQUARE FEET 22 00 22 00 MEDICAL EDUCATION PROGRAM COSTS 23.00 199 23.00 CENTRAL SERVICE & SUPPLIES 35, 726 REQUISITIONS 24.00 24.00 25.00 PHARMACY 5. 433 REQUISITIONS 25.00 111, 636 ACCUMULATED COST OTHER ALLOCATED COSTS 26.00 26.00 27.00 SUBTOTAL (SUM OF LINES 17-26)* 2, 241, 565 27.00 LABORATORY (SEE INSTRUCTIONS) OCHARGES 28.00 28.00 0 0 0 0 0 0 0 0 0 RESPIRATORY THERAPY (SEE INSTRUCTIONS) OCHARGES 29. 00 29 00 OCHARGES RH NBN ECMO IC 30.00 30.00 30. 01 CARDI OLOGY OCHARGES 30.01 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES OCHARGES 30.02 30.02 OCHARGES 30. 03 CARDLAC CATH 30 03 **OCHARGES** 30.04 DAY SURGERY 30.04 30. 05 ONCOLOGY OCHARGES 30.05 OCHARGES 30. 06 DAY SURGERY-RILEY 30.06 CARDI OLOGY-RI LEY OCHARGES 30 07 30.07 30. 08 | ECMO-ADULT OCHARGES 30.08 30 97 CARDIAC REHABILITATION OCHARGES 30.97

2, 241, 565

31.00

31.00 TOTAL COSTS (SUM OF LINES 27-30)

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^{*} 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.

5/26/2015 1:45 pm Home Program PPS Di al ysi s Capital Related Costs Direct Patient Care Salary Bui I di ng RNS Other Equi pment Empl oyee Drugs Benefits Department 1.00 2.00 3.00 4. 00 6. 00 5. 00 1.00 Total Renal Department Costs 544, 049 80,003 537, 353 137, 858 190, 594 5, 433 1.00 MAINTENANCE 2.00 Hemodial ysis 29, 358 4, 317 28, 997 7, 439 10, 285 293 2.00 3.00 Intermittent Peritoneal 0 3.00 0 0 TRAI NI NG 4.00 Hemodi al ysi s 3, 265 480 3, 225 827 1, 144 33 4.00 5.00 Intermittent Peritoneal 5.00 6.00 CAPD 1,625 239 1,605 412 569 16 6.00 190 CCPD 137 7.00 542 80 535 7.00 HOME 8.00 Hemodi al ysi s 35, 685 61, 492 85, 015 242, 674 239, 688 2,424 8.00 9.00 Intermittent Peritoneal 9.00 18, 001 120, 906 1, 222 10.00 CAPD 122, 413 31.019 42 884 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 12.00 0 0 0 0 13.00 Method II Home Patient O 0 O 0 O 13.00 EPO (include in Renal 14.00 14.00 Department) ARANESP (include in Renal 15.00 15.00 Department) 16.00 16 00 Other 17.00 Total (sum of lines 2 through 544, 049 80,003 537, 353 137, 858 190, 594 5, 433 17.00 16) 18.00 Medical Educational Program 18.00 Costs Total Renal Costs (line 17 + 19 00 19.00 line 18) Medi cal Routi ne Subtotal (sum 0verhead Total (col. Suppl i es Ancillary of cols. 1-8) + col . 10) Servi ces 7. 00 9.00 10.00 11. 00 8.00 1.00 Total Renal Department Costs 35, 726 0 1, 531, 016 710, 350 2, 241, 366 1.00 MAI NTENANCE 2.00 Hemodi al ysi s 1, 928 0 38, 332 120, 949 2.00 82, 617 0 Intermittent Peritoneal 3.00 Ω 0 3 00 TRAI NI NG 4.00 Hemodial ysis 214 0 9, 188 13, 451 4.00 4, 263 5.00 Intermittent Peritoneal 0 5.00 0 107 0 6, 695 CAPD 4, 573 2.122 6.00 6.00 7.00 CCPD 36 0 1, 525 708 2, 233 7.00 HOME 8.00 0 8.00 Hemodial vsi s 15, 936 682, 914 316, 853 999, 767 Intermittent Peritoneal 0 9.00 9.00 10.00 CAPD 8,038 0 344, 483 159, 831 504, 314 10.00 0 593, 957 11.00 CCPD 9, 467 405, 716 188, 241 11.00 OTHER BILLABLE SERVICES 12 00 Inpatient Dialysis 0 0 0 0 12 00 13.00 Method II Home Patient 0 0 0 0 13.00 14.00 EPO (include in Renal 14.00 Department) ARANESP (include in Renal 15.00 15.00 Department) 16.00 16.00 Total (sum of lines 2 through 35, 726 1, 531, 016 710, 350 2, 241, 366 17.00 0 17.00 16) 18.00 Medical Educational Program 199 18.00 Costs 19.00 Total Renal Costs (line 17 + 2, 241, 565 19.00

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line 18)

						Di al ysi s		
			Capital Rel	ated Costs	Direct Patien	t 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		544, 049			137, 858	190, 594	1. 00
	MAI NTENANCE				<u> </u>		· ·	
2. 00 3. 00	Hemodi al ysi s Intermittent Peritoneal		1, 951 0	1, 951. 00 0. 00		1, 951. 00 0. 00	1, 951 0	2. 00 3. 00
4.00	TRAINING Hemodialysis		217	217. 00	217. 00	217. 00	217	4. 00
5. 00	Intermittent Peritoneal		217			0.00	217	
	CAPD		108				-	
6.00	1 -						108	
7.00	CCPD		36	36. 00	36.00	36.00	36	7. 00
	HOME		4, 40=	47.407.00	4/ 407 00	4, 407 00	44.407	
8. 00	Hemodi al ysi s		16, 127	16, 127. 00			16, 127	
9.00	Intermittent Peritoneal		0	0.00		0.00	0	9. 00
10.00	CAPD		8, 135				8, 135	
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	EP0							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	
18. 00	Unit Cost Multiplier (line 1 ÷		15. 047684	2. 212778		3. 812972	5. 271581	
10.00	line 17)		13. 047004	2.212770	14.002401	3.012772	3. 27 1301	10.00
	11110 117)	Drugs	Medi cal	Routi ne	Subtotal	Overhead		
		(Requist.)	Suppl i es	Ancillary	oub to tu.	(Accum. Cost)		
		(moqui oti)	(Requist.)	Servi ces		(7.000		
			(Requist.)	(Charges)				
		6. 00	7. 00	8. 00	9.00	10.00		
1. 00	Total Renal Department Costs	5, 433	35, 726					1. 00
1.00	MAI NTENANCE	0, 100	00,720		1,001,010	710,000		1.00
2.00	Hemodi al ysi s	1, 951	1, 951	1, 951				2. 00
3.00	Intermittent Peritoneal	1, 731						3.00
3.00	TRAI NI NG		U					3.00
4 00	Hemodi al ysi s	217	217	217				4. 00
4. 00 5. 00	Intermittent Peritoneal	0	217	0				5.00
	1							
6.00	CAPD	108	108					6. 00
7. 00	CCPD	36	36	36				7. 00
	HOME							
8.00	Hemodi al ysi s	16, 127	16, 127	16, 127				8. 00
9.00	Intermittent Peritoneal	0	0	0				9. 00
10.00	CAPD	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	EP0	0						14.00
15. 00	ARANESP	0						15. 00
16. 00	Other	n	n	ი				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 ÷	0. 150270	0. 988134	0. 000000		0. 463973		18. 00
10.00	line 17)	0. 100270	0. 700104	0.00000		0. 100773		. 0. 00
	1	1	1	1	1	1		1

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20.01

20.02

20.03

CLARIAN HEALTH PARTNERS

METHODIST DIALYSIS

20. 01

20.02

20.03

41,687

68,040

9, 310, 399

15, 252, 622

15, 252, 622

1.000000

7.00

8.00

9.00

10 00

11.00

12.00

13.00

14.00

-89, 526

9, 310, 399

Reimbursable bad debts for dual eligible beneficiaries (see instructions)

Net deductibles and coinsurance billed to Medicare (Part B) patients (see

Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)

Unrecovered from Medicare (Part B) patients (see instructions)

Total composite costs (from Wkst. I-4, col. 2, line 11)

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE

14.00 Facility specific composite cost percentage (line 13 divided by line 12)

7.00

8.00

9.00

10 00

11.00

12.00

13 00

instructions)

Program payment (see instructions)

Total allowable expenses (see instructions)

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Salaries (from West K-1) Benefits (from West K-1) Services (from West K-1) Services (from West K-1) Services (from West K-2) Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (from Services (Hospi ce (CN: 151511 1	0 12/31/2014	5/26/2015 1:4	
Sal ari es (from Wist. K1) West. K2 West. K3	-					Hospi ce I	3/20/2013 1.4	<u> </u>
Wisst K-1) Benefits (From Wisst K-3) Services (From Wisst K-3) Wisst K-3) Wisst K-3			Salaries (from	Employee	Transportation		Other	
Serial Service Cost Centres							21	
CENERAL SERVICE COST CENTERS			,					
1.00			1.00		3.00		5. 00	
2.00		GENERAL SERVICE COST CENTERS						
1.00	1.00	Capital Related Costs-Bldg and Fixt.			0		204, 471	1.00
4.00	2.00	Capital Related Costs-Movable Equip.			0		36, 743	2. 00
S. 00 Volunteer Service Coordination 0 0 0 0 0 0 0 5 0	3.00	Plant Operation and Maintenance	0	C	0	0	52, 875	3. 00
Administrative and General 3,506,658 1,123,134 0 7,915 1,229,895 6.00	4.00	Transportation - Staff	0	C	0	0	0	4. 00
INPATIENT CARE SERVICE	5.00	Volunteer Service Coordination	0	C	0	0	0	5. 00
Total Part General Care	6.00		3, 506, 658	1, 123, 134	0	7, 915	1, 229, 895	6. 00
Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description								
VISITING SERVICES					•			7. 00
9.00 Physician Services	8.00		0	C	0	0	0	8. 00
10.00 Nursing Care								
11.00 Nursing Care-Continuous Home Care		1 3	0		1			
12.00 Physical Therapy 0 0 0 0 0 0 12.00 13.00 Occupational Therapy 0 0 0 0 0 0 13.00 14.00 Speech/ Language Pathology 0 0 0 0 0 0 14.00 15.00 Medical Social Services 0 0 0 0 0 0 15.00 16.00 Spiritual Counseling 0 0 0 0 0 0 15.00 17.00 Dietary Counseling 0 0 0 0 0 0 0 17.00 18.00 Counseling - Other 0 0 0 0 0 0 17.00 18.00 Counseling - Other 0 0 0 0 0 0 0 19.00 Home Health Aide and Homemaker 0 0 0 0 0 0 0 0 19.00 Home Health Aide and Homemaker 0 0 0 0 0 0 0 19.00 Home Hailth Aide and Homemaker - Cont. Home Care 0 0 0 0 0 0 0 19.00 Other 0 0 0 0 0 0 0 0 20.00 THER HOSPICE SERVICE COSTS			0	_	_	0	_	
13.00			0	C	0	0		
14.00 Speech Language Pathol ogy 0 0 0 0 0 14.00 15.00 Medical Social Services 0 0 0 0 0 0 16.00 Spiritual Counseling 0 0 0 0 0 17.00 Dietary Counseling 0 0 0 0 0 18.00 Counseling 0 0 0 0 0 18.00 Counseling 0 0 0 0 0 18.00 Counseling 0 0 0 0 0 19.00 Home Heal th Aide and Homemaker 0 0 0 0 0 19.00 Hid Aide & Homemaker - Cont. Home Care 0 0 0 0 0 19.00 Hid Aide & Homemaker - Cont. Home Care 0 0 0 0 0 19.00 Ther HoSPICE SERVICE COSTS			0	C	0	0	_	
15.00 Medical Social Services			0	_	1	0	_	
16.00 Spiritual Counseling			0	_	· -	0	_	
17. 00 Diletary Counseling 0 0 0 0 0 0 17. 00 18. 00 Counseling - Other 0 0 0 0 0 0 18. 00 Counseling - Other 0 0 0 0 0 19. 00 Other 0 0 0 0 0 20. 00 HI Aide & Homemaker - Cont. Home Care 0 0 0 0 0 21. 00 Other 0 0 0 0 0 0 20. 00 Other 0 0 0 0 21. 00 Other 0 0 0 0 0 22. 00 Other 0 0 0 0 0 23. 00 Anal gesics 0 0 0 0 0 0 24. 00 Sedatives / Hypnotics 0 0 0 0 0 25. 00 Other - Specify 0 0 0 0 0 26. 00 Durable Medical Equipment/Oxygen 0 0 0 0 0 28. 00 Imaging Services 0 0 0 0 0 29. 00 Labs and Diagnostics 0 0 0 0 0 29. 00 Labs and Diagnostics 0 0 0 0 0 31. 00 Outpatient Services (including E/R Dept.) 0 0 0 0 0 32. 00 Radiation Therapy 0 0 0 0 0 33. 00 Other Program Costs 0 0 0 0 0 34. 00 Other Program Costs 0 0 0 0 0 35. 00 Other Program Costs 0 0 0 0 0 36. 00 Other Program Costs 0 0 0 0 0 37. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 38. 00 Other Other Program Costs 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 0 38. 00 Other Program Costs 0 0 0 0 39. 00 Other Program Costs 0 0 0 0 0			0	_	_	0		
18.00 Counseling - Other O O O O O O O O O			0	_	1	0		
19.00 Home Heal th Ai de and Homemaker 0 0 0 0 0 0 0 0 0			0	_	1	0		1
20.00		9	0	_	· -	0		
21.00 Other			0	_		0		1
OTHER HOSPI CE SERVI CE COSTS			0	_	-	0	_	
22. 00 Drugs, Biological and Infusion Therapy 0 0 0 660, 402 22. 00 23. 00 Anal gesics 0 0 0 0 0 0 23. 00 24. 00 Sedatives / Hypnotics 0 0 0 0 0 0 24. 00 25. 00 Other - Specify 0 0 0 0 0 0 0 25. 00 26. 00 Durable Medical Equipment/Oxygen 0 0 0 0 0 0 0 26. 00 27. 00 Pati ent Transportation 0 0 0 0 0 26. 00 0 0 0 26. 00 0 27. 00 0 0 0 0 26. 00 0 0 0 0 0 0 0 0 0 27. 00 0 0 0 0 0 27. 00 0 0 0 0 27. 00 0 0 0 28. 00 0	21.00				y U	U	U	21.00
23. 00	22 00				1	0	440 402	22.00
24.00 Sedatives / Hypnotics 0 0 0 0 0 0 24.00 25.00 Other - Specify 0 0 0 0 0 0 0 25.00 26.00 Durable Medical Equipment/Oxygen 0 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 0 824 28.00 29.00 Labs and Diagnostics 0 0 0 0 0 4,802 29.00 30.00 Medical Supplies 0 0 0 0 0 4,802 29.00 31.00 Outpatient Services (including E/R Dept.) 0 0 0 0 0 0 31.00 32.00 Radiation Therapy 0 0 0 0 0 0 0 0 32.00 33.00 Other 0 0 0 0 0 0 0			0	_		0		
25.00 Other - Specify 0 0 0 0 0 0 0 25.00 26.00 Durable Medical Equipment/Oxygen 0 0 0 0 0 0 0 25.00 27.00 Patient Transportation 0 0 45,256 0 0 0 27.00 28.00 Imaging Services 0 0 0 0 0 0 824 28.00 29.00 Labs and Diagnostics 0 0 0 0 0 0 44,802 29.00 31.00 Medical Supplies 0 0 0 0 0 0 54,185 30.00 Medical Supplies 0 0 0 0 0 0 54,185 30.00 Outpatient Services (including E/R Dept.) 0 0 0 0 0 0 54,185 30.00 Radiation Therapy 0 0 0 0 0 0 0 0 31.00 32.00 Radiation Therapy 0 0 0 0 0 0 0 0 33.00 34.00 Other 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0			0		
26.00 Durable Medical Equipment/Oxygen 0 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 0 824 28.00 29.00 Labs and Diagnostics 0 0 0 0 0 4,802 29.00 30.00 Medical Supplies 0 0 0 0 0 54,185 30.00 31.00 Outpatient Services (including E/R Dept.) 0 0 0 0 0 0 31.00 32.00 Radiation Therapy 0 0 0 0 0 0 32.00 33.00 Chemotherapy 0 0 0 0 0 0 0 33.00 34.00 Other 0 0 0 0 0 0 0 0 34.00 HOSPICE NONREI MBURSABLE SERVI CE 0 0 0 0 0 0 0 0 <td></td> <td>7.</td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td> <td></td>		7.	0			0		
27.00 Patient Transportation 0 0 45,256 0 0 27.00 28.00 Imaging Services 0 0 0 0 0 28.40 28.00 29.00 Labs and Diagnostics 0 0 0 0 0 4,802 29.00 30.00 Medical Supplies 0 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 0 32.00 33.00 Chemotherapy 0 0 0 0 0 0 0 33.00 34.00 Other 0 0 0 0 0 0 0 34.00 HOSPICE NONREI MBURSABLE SERVI CE 35.00 36.00 Vol unteer Program Costs 0 0 0 0 0 0 0 0 35.00 37.00 Fundrai si ng <			0			0		1
28.00 Imaging Services			0		45 256	0		
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 0 32.00 33.00 Chemotherapy 0 0 0 0 0 0 33.00 34.00 Other 0 0 0 0 0 0 34.00 35.00 Bereavement Program Costs 0 0 0 0 0 35.00 36.00 Vol unteer Program Costs 0 0 0 0 0 36.00 37.00 Fundraising 0 0 0 0 0 0 37.00 38.00 Other Program Costs 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <t< td=""><td></td><td></td><td>0</td><td></td><td>43, 230</td><td>0</td><td></td><td>1</td></t<>			0		43, 230	0		1
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Other Program Costs

39.00 Total (sum of lines 1 thru 38)

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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES Provi der CCN: 150056 Peri od: Worksheet K-1 From 01/01/2014 Hospi ce CCN: 151511 To 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Hospi ce I Admi ni strator Di rector Soci al Nurses Supervi sors Servi ces 1.00 2.00 4. 00 5. 00 3 00 GENERAL SERVICE COST CENTERS 1.00 Capital Related Costs-Bldg and Fixt. 1.00 Capital Related Costs-Movable Equip. 2.00 2.00 3.00 Plant Operation and Maintenance 0 3 00 0 0 0 0 0 4.00 Transportation - Staff 0 0 4.00 5.00 Volunteer Service Coordination 0 0 0 5.00 6.00 Administrative and General 0 0 0 0 0 6.00 INPATIENT CARE SERVICE Inpatient - General Care Inpatient - Respite Care 7.00 0 0 0 0 0 7.00 8.00 0 0 0 0 0 8.00 VISITING SERVICES 9.00 Physician Services 0 0 0 0 0 9.00 0 10.00 Nursing Care 0 0 0 0 0 0 0 0 0 0 0 0 0 10.00 Nursing Care-Continuous Home Care 0 0 0 0 0 0 0 0 0 0 11.00 11.00 0 0 0 12.00 Physical Therapy 0 12.00 0 0 13.00 Occupational Therapy 0 0 13.00 Speech/ Language Pathology Medical Social Services 14.00 0 14.00 0 0 15.00 15.00 0 Spiritual Counseling 0 16.00 0 16.00 17.00 Dietary Counseling 0 0 17.00 0 0 18.00 Counseling - Other 0 18.00 0 Home Health Aide and Homemaker 19.00 19.00 0 0 20.00 HH Aide & Homemaker - Cont. Home Care C 0 20.00 21.00 Other 0 21.00 OTHER HOSPICE SERVICE COSTS 22.00 Drugs, Biological and Infusion Therapy 22.00 23.00 Anal gesi cs 23.00 Sedatives / Hypnotics 24.00 24.00 Other - Specify 25.00 25.00 Durable Medical Equipment/Oxygen 26.00 26.00 27.00 Patient Transportation 0 27.00 00000 0 28. 00 Imaging Services 0 0 0 0 0 0 28.00 29 00 Labs and Diagnostics 0 0 29.00 0 Medical Supplies 0 30.00 0 30.00 31.00 Outpatient Services (including E/R Dept.) 0 0 0 31.00 Radiation Therapy 32.00 0 0 0 32.00 0 0 0 33.00 Chemotherapy 33.00 34.00 0ther 0 0 0 0 0 34.00 HOSPICE NONREIMBURSABLE SERVICE

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Other Program Costs

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Bereavement Program Costs

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39.00 Total (sum of lines 1 thru 38)

Other Program Costs

Fundrai si ng

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Hospice CN: 151511 From 101/2014 Start Time Propagate S726/2015 1.45 pm		HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provi d	er CC	N: 150056	Peri		Worksheet		
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HOSPICE NONREIMBURSABLE SERVICE

Bereavement Program Costs

Volunteer Program Costs

39.00 Total (sum of lines 1 thru 38)

Other Program Costs

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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES Provi der CCN: 150056 Peri od: Worksheet K-3 From 01/01/2014 Hospi ce CCN: 151511 To 12/31/2014 Date/Time Prepared: 5/26/2015 1:45 pm Hospi ce I Admi ni strator Di rector Soci al Nurses Supervi sors Servi ces 1.00 2.00 4. 00 5. 00 3 00 GENERAL SERVICE COST CENTERS 1.00 Capital Related Costs-Bldg and Fixt. 1.00 Capital Related Costs-Movable Equip. 2.00 2.00 3.00 Plant Operation and Maintenance 0 3.00 0 0 0 0 0 4.00 Transportation - Staff 0 0 4.00 5.00 Volunteer Service Coordination 0 0 0 5.00 6.00 Administrative and General 0 0 0 0 0 6.00 INPATIENT CARE SERVICE Inpatient - General Care Inpatient - Respite Care 7.00 0 0 0 0 0 7.00 8.00 0 0 0 0 0 8.00 VISITING SERVICES 9.00 Physician Services 0 0 0 0 0 9.00 0 10.00 Nursing Care 0 0 0 0 0 0 0 0 0 0 0 0 0 10.00 Nursing Care-Continuous Home Care 0000000000 0 11.00 0 11.00 0 0 12.00 Physical Therapy 0 12.00 0 0 13.00 Occupational Therapy 0 0 13.00 Speech/ Language Pathology 0 14.00 14.00 Medical Social Services 0 0 15.00 15.00 0 Spiritual Counseling 0 16.00 0 16.00 17.00 Dietary Counseling 0 0 17.00 0 0 18.00 Counseling - Other 0 18.00 0 Home Health Aide and Homemaker 19.00 19.00 0 0 20.00 HH Aide & Homemaker - Cont. Home Care C 0 20.00 21.00 0 21.00 OTHER HOSPICE SERVICE COSTS 22.00 Drugs, Biological and Infusion Therapy 22.00 23.00 Anal gesi cs 23.00 Sedatives / Hypnotics 24.00 24.00 Other - Specify 25.00 25.00 Durable Medical Equipment/Oxygen 26.00 26.00 27.00 Patient Transportation 0 27.00 00000 0 28. 00 Imaging Services 0 0 0 0 0 0 28.00 29 00 Labs and Diagnostics 0 0 29.00 0 0 30.00 Medical Supplies 0 30.00 31.00 Outpatient Services (including E/R Dept.) 0 0 0 31.00 Radiation Therapy 32.00 0 0 0 32.00 0 0 33.00 Chemotherapy 0 33.00 34.00 0ther 0 0 0 0 0 34.00 HOSPICE NONREIMBURSABLE SERVICE 35 00 0 0 0 35.00 Bereavement Program Costs 0 0 0 0 0 0 0 0 0 0 36.00 Volunteer Program Costs 0 36.00

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Other Program Costs

39.00 Total (sum of lines 1 thru 38)

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				Hospi ce CC	CN: 151511	To 12/31/2014	
Total Therapists	-					Hospi ca I	5/26/2015 1: 45 pm
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CENERAL SERVICE COST CENTERS				7. 00	8. 00	9, 00	
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1.00	1.00						1.00
4. 00	2.00	Capital Related Costs-Movable Equip.					2.00
5.00 Volunteer Service Coordination 0 0 0 5.00 10 10 10 10 10 10 10	3.00	Plant Operation and Maintenance		0		0 0	3.00
Administrative and General 0 7,915 7,915 6,00	4.00	Transportation - Staff		0		0 0	4.00
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10.00 Nursing Care							
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38.00 Other Program Costs 0 0 0 38.00				O		o o	37. 00
39.00 Total (sum of lines 1 thru 38) 0 0 7,915 7,915 39.00	38. 00	Other Program Costs		O		o o	38. 00
	39. 00	Total (sum of lines 1 thru 38)	0	O	7, 91	5 7, 915	39.00

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Health Financial Systems

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

						5/26/2015 1:4	5 pm
					Hospi ce I		
			CAPITAL RE	LATED COST			
		NET EXPENSES FOR COST ALLOCATION	BUI LDI NGS & FI XTURES	MOVABLE EQUI PMENT	PLANT OPERATION & MAINT.	TRANSPORTATI ON	
		0	1.00	2.00	3. 00	4. 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			o		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	Physi ci an Servi ces	135, 375	0		0 0	0	9. 00
10.00	Nursi ng 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	Physi cal 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		o o	0	15. 00
16.00	Spiritual Counseling	0	0		o o	0	16.00
17.00	Di etary Counsel i ng	0	0		o o	0	17. 00
18.00	Counseling - Other	O	0		o o	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	22. 00
23.00	Anal gesi cs	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	
28. 00	I maging Services	824	0		0 0	0	28. 00
29. 00	Labs and Diagnostics	4, 802	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	Fundrai si ng	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)	6, 009, 513	203, 217		0 52, 875	0	39. 00

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CEMERAL SERVICE COST CENTERS			SERVI CES	(col	s. 0 - 5)	& GENERAL	± col . 6)		
CENERAL SERVICE COST CENTERS			COORDI NATOR	'			,		
1.00			5. 00		5A	6.00	7. 00		
2.00		GENERAL SERVICE COST CENTERS							_
1.00	1.00	Capital Related Costs-Bldg and Fixt.						1.	00
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38.00 Other Program Costs 0 0 0 0 38.00	36.00	Volunteer Program Costs	C		0	0	0	36.	00
	37. 00	Fundrai si ng	C)	0	0	0	37.	00
39.00 Total (sum of lines 1 thru 38) 0 6,009,513 6,009,513 39.00	38. 00	Other Program Costs	C)	0	0	0	38.	00
	39. 00	Total (sum of lines 1 thru 38))	6, 009, 513		6, 009, 513	39.	00

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					12/01/2011	5/26/2015 1:4	5 pm
					Hospi ce I		
		CAPI TAL RE	LATED COST				
		BUILDINGS &	MOVABLE	PLANT	TRANSPORTATION	VOLUNTEER	
		FIXTURES (SQ.	EQUIPMENT (\$	OPERATION &	(MI LEAGE)	SERVI CES	
		FT.)	VALUE)	MAINT. (SQ.	(22,102)	COORDI NATOR	
		11.)	VALUE	FT.)		(HOURS)	
		1.00	2.00	3.00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
1.00	Capital Related Costs-Bldg and Fixt.	6, 715					1.00
		0,713	27 742				2.00
2.00	Capital Related Costs-Movable Equip.	0	36, 743		_		
3.00	Plant Operation and Maintenance	0	0	6, 71			3.00
4.00	Transportation - Staff	0	0		0 0		4. 00
5.00	Volunteer Service Coordination	0	0	l .	0		5. 00
6.00	Administrative and General	6, 715	36, 743	6, 71	5 0	0	6. 00
	INPATIENT CARE SERVICE				_		
7.00	Inpatient - General Care	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	Nursi ng Care	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	12.00
13. 00	Occupational Therapy	0	0		o o		13. 00
14. 00	Speech/ Language Pathology	0	0		o o		14. 00
15. 00	Medical Social Services	0	0		o o	-	15. 00
16. 00	Spiritual Counseling	0	0	1	0 0	0	16.00
17. 00		0	0	1			17. 00
	Di etary Counsel i ng	0	0		0 0		
18.00	Counseling - Other	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		20. 00
21. 00	Other	0	0		0 0	0	21. 00
	OTHER HOSPICE SERVICE COSTS			ı		ı	
22. 00	Drugs, Biological and Infusion Therapy	0	-		0		22. 00
23. 00	Anal gesi cs	0	0	l .	0	-	23. 00
24.00	Sedatives / Hypnotics	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	26. 00
27. 00	Pati ent Transportation	0	0		0 0	0	27. 00
28.00	I maging 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	Ö	30.00
31. 00	Outpatient Services (including E/R Dept.)	0	0		o o	0	31.00
32. 00	Radi ati on Therapy	0	0				32.00
		0	_				
33.00	Chemotherapy	0	0		0		33.00
34. 00	Other	0	0		0 0	0	34. 00
25 02	HOSPI CE NONREI MBURSABLE SERVI CE		^				25 00
35. 00	Bereavement Program Costs	0	0	1	0		35. 00
36.00	Volunteer Program Costs	0	0		0		36.00
37. 00	Fundrai si ng	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, 87		0	39. 00
40. 00	Unit Cost Multiplier	30. 263142	0. 000000	7. 87416	2 0.000000	0. 000000	40.00

MCRI F32 - 7. 2. 157. 2 269 | Page Provider CCN: 150056 | Peri od: From 01/01/2014 | Part II |
Hospice CCN: 151511 | To 12/31/2014 | Date/Time Prepared: 5/26/2015 1:45 pm

				Hospi ce I	372072013 1: 43 pm
		RECONCI LI ATI ON	ADMI NI STRATI VE	1.0001.00	
			& GENERAL		
			(ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS	'			
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2. 00
3.00	Plant Operation and Maintenance	o			3.00
4.00	Transportation - Staff	o			4. 00
5.00	Volunteer Service Coordination				5. 00
6.00	Administrative and General	-2, 393, 406	3, 616, 107		6.00
	I NPATI ENT CARE SERVI CE				
7.00	Inpatient - General Care	0	0		7. 00
8.00	Inpatient - Respite Care	O	0		8. 00
	VISITING SERVICES				
9.00	Physi ci an Servi ces	0	135, 375		9. 00
10.00	Nursi ng Care	0	1, 818, 310		10.00
11. 00	Nursing Care-Continuous Home Care	0	0		11. 00
12.00	Physi cal 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	Di etary 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	Anal gesi cs	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	I maging 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	Radi ati on Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34. 00	Other HOSPICE NONREIMBURSABLE SERVICE	l 0	U	 	34. 00
25 00	Bereavement Program Costs	٨	284, 410		35. 00
36. 00	Volunteer Program Costs		284, 410		36.00
36.00	Fundrai si ng		0		37. 00
38.00	Other Program Costs		0		38.00
39. 00	Cost to be Allocated (per Wkst. K-4, Part I)	١	2, 393, 406		39.00
	Unit Cost Multiplier		0. 661874		40.00
40.00	John C 003C mar tr pri tor	1	0.001074		1 40.00

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 Heal th Financial
 Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE
 COSTS TO HOSPICE COST CENTERS
 Provider CCN: 150056 Hospi ce CCN:

						3/20/2013 1.4	o piii
					Hospi ce I		
			CAPI TAL REI	LATED COSTS			
	Cost Center Description	Hospi ce Tri al	NEW BLDG &	NEW MVBLE	EMPLOYEE	NONPATI ENT	
		Bal ance (1)	FLXT	EQUI P	BENEFI TS	TELEPHONES	
					DEPARTMENT		
		0	1. 00	2.00	4. 00	5. 01	
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	Physi ci an Servi ces	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	Physi cal 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	Di etary Counsel i ng	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	Anal gesi cs	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	I maging 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	Fundrai si ng	o o	o o	o o	0	0	32. 00
33. 00	Other Program Costs	0	o o	l o	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
	Unit Cost Multiplier (see instructions)	2, 22., 0.0		,	, /0/	20,	35. 00
55.50	12 1 2222a. 1. p. 1. 0. (000 1.1.01. 001 010)	1	ı	1		ı	

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 INDIANA

 ALLOCATION OF GENERAL SERVICE
 COSTS TO HOSPICE COST CENTERS
 Provider CCN: 150056 Hospi ce CCN:

						3/20/2013 1.4	o piii
					Hospi ce I		
	Cost Center Description	DATA	PURCHASI NG,	ADMITTING	CASHI ERI NG/ACC	Subtotal	
		PROCESSI NG	RECEIVING &		OUNTS		
			STORES		RECEI VABLE		
		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	
2.00	Inpatient - General Care	0	0		0	0	
3.00	Inpatient - Respite Care	0	0		0	0	1 0.00
4.00	Physi ci an Servi ces	0	0		0	224, 976	4. 00
5.00	Nursi ng Care	0	0		0	3, 021, 800	5. 00
6.00	Nursing Care-Continuous Home Care	0	0		0	0	6. 00
7.00	Physi cal 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	553, 918	10.00
11.00	Spiritual Counseling	0	0		0 0	0	11. 00
12.00	Di etary Counsel i ng	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	Anal gesi cs	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	Pati ent Transportation	0	0		0 0	75, 210	22. 00
23.00	I maging 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	Radi ati on 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	1
32. 00	Fundrai si ng	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	
35. 00	Unit Cost Multiplier (see instructions)					0. 000000	1
			•	ı	1	1	

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 Provider CCN: 150056 Hospi ce CCN:

						3/20/2013 1.4	o piii
					Hospi ce I		
	Cost Center Description	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		ADMI NI STRATI VE	REPAI RS	PLANT	LINEN SERVICE		
		AND GENERAL					
		5. 06	6. 00	7. 00	8. 00	9. 00	
1.00	Administrative and General	80, 926	32, 703	114, 600	0	0	
2.00	Inpatient - General Care	C) C) (0	0	2. 00
3.00	Inpatient - Respite Care	C) C)	0	0	3. 00
4.00	Physi ci an Servi ces	15, 340) C) (0	0	4. 00
5.00	Nursi ng Care	206, 047	' C) (0	0	5. 00
6.00	Nursing Care-Continuous Home Care	C	0) (0	0	6. 00
7.00	Physi cal Therapy	C) C)	0	0	7. 00
8.00	Occupational Therapy	C) C) (0	0	8. 00
9.00	Speech/ Language Pathology	C	C) (0	0	9. 00
10.00	Medical Social Services	37, 769	ol c) (0	0	10.00
11.00	Spiritual Counseling	C) c) (0	0	11. 00
12.00	Di etary Counsel i ng	C) c) (0	0	12.00
13.00	Counseling - Other	C) c) (0	0	13.00
14.00	Home Health Aide and Homemaker	31, 642	: c) (o	0	14. 00
15.00	HH Aide & Homemaker - Cont. Home Care	C) c) (0	0	15. 00
16.00	Other	C) c) (0	0	16. 00
17.00	Drugs, Biological and Infusion Therapy	74, 834)	o	0	17. 00
18.00	Anal gesi cs	C) c) (0	0	18. 00
19.00	Sedatives / Hypnotics	C) c) (0	0	19. 00
20.00	Other - Specify	C	o c)	o	0	20. 00
21.00	Durable Medical Equipment/Oxygen	C) c) (0	0	21. 00
22.00	Pati ent Transportation	5, 128	c)	o	0	22. 00
23.00	I maging Services	93	c)	o	0	23. 00
24.00	Labs and Diagnostics	544)	o	0	24. 00
25.00	Medical Supplies	6, 140	ol c) (o	0	25. 00
26.00	Outpatient Services (including E/R Dept.)	C	ol c) (o	0	26. 00
27.00	Radi ati on Therapy	C	ol c) (o	0	27. 00
28.00	Chemotherapy	C	ol c) (o	0	28. 00
29. 00	Other	C			0	0	29. 00
30.00	Bereavement Program Costs	32, 228	sl c) (o o	0	30.00
31.00	Volunteer Program Costs	C	ol c) (o o	0	31.00
32.00	Fundrai si ng	C) c		o	0	32. 00
33.00	Other Program Costs	C) c		o	0	33. 00
34.00	Total (sum of lines 1 thru 33) (2)	490, 691	32, 703	114, 600	0	0	34.00
35. 00	Unit Cost Multiplier (see instructions)		, , ,				35. 00
			•	•		•	

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 Provider CCN: 150056 Hospi ce CCN:

						3/20/2013 1.4	J PIII
					Hospi ce I		
	Cost Center Description	HOUSEKEEPING - H			DI ETARY	CAFETERI A	
		UNI VERSI TY	RI LEY	METHODI ST			
		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	Physi cal 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	Di etary Counsel i ng	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	Anal gesi cs	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	I maging 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	Radi ati on 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	Fundrai si ng	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	, , , ,						35.00
				•	'	'	

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 Provider CCN: 150056 Hospi ce CCN:

						3/20/2013 1.4	o piii
					Hospi ce I		
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES &		RECORDS &		
			SUPPLY		LI BRARY		
	T S	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	
4.00	Physi ci an Servi ces	0	0	0	0	0	
5.00	Nursi ng Care	0	0	0	0	0	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6. 00
7.00	Physi cal Therapy	0	0	0	0	0	1
8.00	Occupational Therapy	0	0	0	0	0	8. 00
9.00	Speech/ Language Pathology	0	0	C	0	0	9. 00
10.00	Medical Social Services	0	0	C	0	0	10.00
11. 00	Spiritual Counseling	0	0	C	0	0	11.00
12.00	Di etary Counsel i ng	0	0	C	0	0	12. 00
13.00	Counseling - Other	0	0	C	0	0	13. 00
14.00	Home Health Aide and Homemaker	0	0	C	0	0	14. 00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	C	0	0	15. 00
16.00	Other	0	0	C	0	0	16. 00
17. 00	Drugs, Biological and Infusion Therapy	0	0	C	0	0	17. 00
18.00	Anal gesi cs	0	0	C	0	0	18. 00
19.00	Sedatives / Hypnotics	0	0	C	0	0	19. 00
20.00	Other - Specify	0	0	C	0	0	20. 00
21. 00	Durable Medical Equipment/Oxygen	0	0	C	0	0	21. 00
22.00	Patient Transportation	0	0	C	0	0	22. 00
23.00	I maging Services	0	0	C	0	0	23. 00
24.00	Labs and Diagnostics	0	0	C	0	0	24. 00
25.00	Medi cal Supplies	0	0	C	0	0	25. 00
26.00	Outpatient Services (including E/R Dept.)	0	0	C	0	0	26. 00
27.00	Radi ati on Therapy	0	0	C	0	0	27. 00
28.00	Chemotherapy	0	0	C	0	0	28. 00
29.00	Other	0	0	C	0	0	29. 00
30.00	Bereavement Program Costs	0	0	l c	0	0	30. 00
31.00	Volunteer Program Costs	o	0	C	0	0	31. 00
32.00	Fundrai si ng	o	0	C	0	0	32. 00
33.00	Other Program Costs	o	0	C	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
				•	•	•	

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 HEALTH
 In Lieu of Form CMS-2552-10

 Provider CCN:
 150056
 Peri od: From 01/01/2014
 Worksheet K-5 Part I

 Hospice CCN:
 151511
 To 12/31/2014
 Date/Time Prepared: 5/26/2015 1: 45 pm

 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Cost Center Description							07 207 2010 1. 1	<u> </u>
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	35. 00	Unit Cost Multiplier (see instructions)						35.00

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 INDIANA UNIVERSITY HEALTH Provi der CCN: 150056 Hospi ce CCN: 151511 Hospi ce I

					Hospi ce I		
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED LAB	
		RADI OLOGY-METH	RESPI RATORY	EMERGENCY	PASTORAL	SCI ENCE PRO	
		ODI ST	THERAPY		EDUCATI ON		
		23. 02	23. 03	23. 04	23. 05	23. 06	
1.00	Administrative and General	0	C	0	0	0	1. 00
2.00	Inpatient - General Care	0	C	0	0	0	2. 00
3.00	Inpatient - Respite Care	0	C	0	0	0	3. 00
4.00	Physi ci an Servi ces	0	C	0	0	0	4. 00
5.00	Nursing Care	0	C	0	0	0	5. 00
6.00	Nursing Care-Continuous Home Care	0	C	0	0	0	6. 00
7.00	Physi cal Therapy	0	C	0	0	0	7. 00
8.00	Occupational Therapy	0	C	0	0	0	8. 00
9.00	Speech/ Language Pathology	0	C	0	0	0	9. 00
10.00	Medical Social Services	0	C	0	0	0	10. 00
11. 00	Spiritual Counseling	0	C	0	0	0	11. 00
12.00	Di etary Counseling	0	C	0	0	0	12. 00
13.00	Counseling - Other	0	C	0	0	0	13. 00
14.00	Home Health Aide and Homemaker	0	C	0	0	0	14. 00
15.00	HH Aide & Homemaker - Cont. Home Care	0	C	0	0	0	15. 00
16.00	0ther	0	C	0	0	0	16. 00
17. 00	Drugs, Biological and Infusion Therapy	0	C	0	0	0	17. 00
18.00	Anal gesi cs	0	C	0	0	0	18. 00
19. 00	Sedatives / Hypnotics	0	C	0	0	0	19. 00
20.00	Other - Specify	0	C	0	0	0	20. 00
21.00	Durable Medical Equipment/Oxygen	0	C	0	0	0	21. 00
22. 00	Patient Transportation	0	C	0	0	0	22. 00
23.00	I maging Services	0	C	0	0	0	23. 00
24.00	Labs and Diagnostics	0	C	0	0	0	24. 00
25.00	Medi cal Supplies	0	C	0	0	0	25. 00
26.00	Outpatient Services (including E/R Dept.)	0	C	0	0	0	26. 00
27. 00	Radi ati on Therapy	0	C	0	0	0	27. 00
28. 00	Chemotherapy	0	C	0	0	0	28. 00
29. 00	0ther	0	C	0	0	0	29. 00
30.00	Bereavement Program Costs	0	C	0	0	0	30.00
31.00	Volunteer Program Costs	0	C	0	0	0	31.00
32.00	Fundrai si ng	0	C	0	0	0	32. 00
33.00	Other Program Costs	0	C	0	0	0	33. 00
34.00	Total (sum of lines 1 thru 33) (2)	0	C	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35. 00

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

						5/26/2015 1:4	5 pm
					Hospi ce I		
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	PARAMED	
		PHARMACY	MEDI CAL ASSI			NEUROPHYSI OLOG	
				TECHNOLOGY		Y	
		23. 07	23. 08	23. 09	23. 10	23. 11	
1.00	Administrative and General	6, 992	2	0	0 0	0	
2.00	Inpatient - General Care	C		0	0 0	0	
3.00	Inpatient - Respite Care	C		0	0 0	0	3. 00
4.00	Physici an Services	C		0	0 0	0	4. 00
5.00	Nursing Care	C		0	0 0	0	5. 00
6.00	Nursing Care-Continuous Home Care	C		0	0 0	0	
7.00	Physi cal Therapy	C		0	0 0	0	7. 00
8.00	Occupational Therapy	C		0	0 0	0	8. 00
9.00	Speech/ Language Pathology	C		0	0 0	0	9. 00
10.00	Medical Social Services	C		0	0 0	0	10. 00
11. 00	Spiritual Counseling	C		0	0 0	0	11. 00
12.00	Di etary Counsel i ng	C		0	0 0	0	12. 00
13.00	Counseling - Other	C		0	0 0	0	13. 00
14.00	Home Health Aide and Homemaker	C		0	0 0	0	14. 00
15. 00	HH Aide & Homemaker - Cont. Home Care	C		0	0 0	0	15. 00
16.00	Other	C		0	0 0	0	16. 00
17.00	Drugs, Biological and Infusion Therapy	C		0	0 0	0	17. 00
18. 00	Anal gesi cs	C		0	0 0	0	18. 00
19. 00	Sedatives / Hypnotics	C		0	0 0	0	19. 00
20.00	Other - Specify	C		0	0 0	0	20. 00
21.00	Durable Medical Equipment/Oxygen	C		0	0 0	0	21. 00
22.00	Pati ent Transportation	C		0	0 0	0	22. 00
23.00	I maging Services	C		0	0 0	0	23. 00
24.00	Labs and Diagnostics	C		0	0 0	0	24. 00
25.00	Medical Supplies	C		0	0 0	0	25. 00
26.00	Outpatient Services (including E/R Dept.)	C		0	0 0	0	26. 00
27.00	Radiation Therapy	C		0	0 0	0	27. 00
28. 00	Chemotherapy	C		0	0 0	0	28. 00
29.00	Other	C		0	0 0	0	29. 00
30.00	Bereavement Program Costs	C		0	0 0	0	30.00
31.00	Volunteer Program Costs	C		0	0 0	0	31.00
32.00	Fundrai si ng	C		0	0 0	0	32.00
33.00	Other Program Costs	C		0	0 0	0	33. 00
34.00	Total (sum of lines 1 thru 33) (2)	6, 992	2	0	0 0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35. 00

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CE		CENTERS	Provi der Hospi ce (CCN: 150056 CCN: 151511	Peri od: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Pre 5/26/2015 1:4	pared:
					Hospi ce I	3/20/2013 1.4	o piii
	Cost Center Description	Subtotal	Intern &	Subtotal	Allocated	Total Hospice	
	'	(col s. 4A-23)	Residents Cost	(cols. 24 ±	Hospi ce A&G	Costs (cols.	
			& Post	25)	(See Part II)	26 ± 27)	
			Stepdown				
			Adjustments				
		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	3. 00
4.00	Physi ci an Servi ces	240, 316	0	240, 3			4. 00
5.00	Nursing Care	3, 227, 847	0	3, 227, 8	47 976, 328		1
6. 00	Nursing Care-Continuous Home Care	0	0		0	0	
7. 00	Physi cal Therapy	0	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	0	9. 00
10.00	Medical Social Services	591, 687	0	591, 6	178, 968	770, 655	•
11. 00	Spiritual Counseling	0	0		0	0	
12. 00	Di etary Counsel i ng	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, 6	94 149, 933		14. 00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	0		0 0	0	15. 00
16. 00	Other	0	0		0	0	
17. 00	Drugs, Biological and Infusion Therapy	1, 172, 339	0	1, 172, 3	354, 599	1, 526, 938	1
18. 00	Anal gesi cs	0	0		0 0	0	
19. 00	Sedatives / Hypnotics	0	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	0	21. 00
22. 00	Pati ent Transportation	80, 338	0	80, 3			1
23. 00	I maging Services	1, 462	0	1, 4		1, 904	23. 00
24. 00	Labs and Diagnostics	8, 524	0	8, 5			
25. 00	Medical Supplies	96, 189	0	96, 1	89 29, 094		1
26. 00	Outpatient Services (including E/R Dept.)	0	0		0	0	26. 00
27. 00	Radi ati on Therapy	0	0		0	0	27. 00
28. 00	Chemotherapy	0	0		0	0	28. 00
29. 00	Other	0	0	504.0	0 0	0	29. 00
30.00	Bereavement Program Costs	504, 882	0	504, 8	82 152, 712	657, 594	ł
31. 00	Volunteer Program Costs	0	0		0	0	31.00
32.00	Fundrai si ng	0	0		0	0	32.00
33.00	Other Program Costs	0 2/0 224	0	0.2/2.2	0	0 2/0 021	
34. 00	Total (sum of lines 1 thru 33) (2)	8, 360, 921	0	8, 360, 9		8, 360, 921	34.00
35.00	Unit Cost Multiplier (see instructions)	1		I	0. 302471	I	35. 00

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

						5/26/2015 1:4	5 pm
					Hospi ce I		
		CAPITAL REL	ATED COSTS				
	Cost Center Description	NEW BLDG &	NEW MVBLE	EMPLOYEE	NONPATI ENT	DATA	
		FLXT	EQUI P	BENEFITS	TELEPHONES	PROCESSI NG	
		(SQUARE	(DOLLAR	DEPARTMENT	(PHONE LINES)	(PHONE LINES)	
		FEET)	VALUE)	(GROSS			
				SALARI ES)			
		1.00	2.00	4.00	5. 01	5. 02	
1.00	Administrative and General	6, 715	36, 743	3, 506, 658	42	42	1. 00
2.00	Inpatient - General Care	0	0	C	0	0	2. 00
3.00	Inpatient - Respite Care	0	0	(0	0	3. 00
4.00	Physi ci an Servi ces	0	0	(0	0	4. 00
5.00	Nursing Care	o	0	(o	0	5. 00
6.00	Nursing Care-Continuous Home Care	o	0	(o	0	6. 00
7.00	Physical Therapy	o	0	(o	0	7. 00
8.00	Occupational Therapy	o	0	(o	0	8. 00
9.00	Speech/ Language Pathology	o	0	(o	0	9. 00
10.00	Medi cal Soci al Servi ces	o	0		o	0	10.00
11. 00	Spiritual Counseling	o	0		o	0	11. 00
12.00	Di etary Counseling	o	0		o	0	12.00
13.00	Counseling - Other	o	0	(o	0	13.00
14.00	Home Health Aide and Homemaker	o	0	(o	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	o	0	(o	0	15. 00
16.00	Other	o	0	(o	0	16.00
17.00	Drugs, Biological and Infusion Therapy	o	0	(o	0	17. 00
18.00	Anal gesi cs	o	0	(o	0	18. 00
19.00	Sedatives / Hypnotics	0	0	C	0	0	19. 00
20.00	Other - Specify	0	0	C	0	0	20. 00
21.00	Durable Medical Equipment/Oxygen	0	0	C	0	0	21. 00
22.00	Patient Transportation	0	0	C	0	0	22. 00
23.00	I maging Services	0	0	C	0	0	23. 00
24.00	Labs and Diagnostics	0	0	C	0	0	24. 00
25.00	Medical Supplies	0	0	C	0	0	25. 00
26.00	Outpatient Services (including E/R Dept.)	0	0	C	0	0	26. 00
27.00	Radi ati on Therapy	0	0	C	0	0	27. 00
28. 00	Chemotherapy	0	0	C	0	0	28. 00
29. 00	Other	0	0	C	0	0	29. 00
30.00	Bereavement Program Costs	0	0	C	0	0	30. 00
31.00	Volunteer Program Costs	0	0	(0	0	31. 00
32.00	Fundrai si ng	0	0	C	0	0	32.00
33.00	Other Program Costs	0	0	(o	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			35. 00
36. 00	Unit Cost Multiplier (see instructions)	12. 875056	1. 314917	0. 190762	5. 690476	5, 851. 119048	36. 00

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STATISTICAL BASIS

						5/26/2015 1: 4	5 pm
					Hospi ce I		
	Cost Center Description	PURCHASI NG,	ADMI TTI NG		Reconciliation		
		RECEIVING &	(INPATIENT	OUNTS		ADMI NI STRATI VE	
		STORES	CHARGES)	RECEI VABLE		AND GENERAL	
		(COSTED REQ)		(GROSS		(ACCUM.	
				CHARGES)		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	2. 00
3.00	Inpatient - Respite Care	0	0		0	0	3. 00
4.00	Physi ci an Servi ces	0	0		0	224, 976	
5.00	Nursing Care	0	0		0	3, 021, 800	
6.00	Nursing Care-Continuous Home Care	0	0		0	0	6. 00
7.00	Physi cal 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	553, 918	
11. 00	Spiritual Counseling	0	0) (0	0	11. 00
12.00	Di etary 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	464, 052	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	1, 097, 505	17. 00
18.00	Anal gesi cs	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	Pati ent Transportation	0	0) (0	75, 210	
23.00	I maging Services	0	0) (0	1, 369	
24.00	Labs and Diagnostics	0	0) (0	7, 980	
25.00	Medical Supplies	0	0) (0	90, 049	
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	472, 654	30. 00
31.00	Volunteer Program Costs	0	0) (0	0	31.00
32.00	Fundrai si ng	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)	54, 185	0	15, 357, 440		7, 196, 355	34.00
35. 00	Total cost to be allocated	3, 079	0			490, 691	35. 00
36. 00	Unit Cost Multiplier (see instructions)	0. 056824	0. 000000	0. 008730		0. 068186	36. 00

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 Heal th Financial
 Systems
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 ALLOCATION OF GENERAL SERVICE
 COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

Cost Center Description							5/26/2015 1:49	5 pm
REPAIRS SQUARE CSQUARE					Hospi ce I			
SOUARE FEET LAUNDRY FEET LAUNDRY		Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	HOUSEKEEPING -	
TEET) TAUNDRY TEET TAUNDRY TEET TAUNDRY TEET		·	REPAI RS	PLANT	LINEN SERVICE	(HOURS OF	UNI VERSI TY	
1.00			(SQUARE	(SQUARE	(POUNDS OF	SERVICE)	(UH SQUARE	
1.00			FEET)	FEET)	LAUNDRY)	,	FEET)	
2.00 Inpatient - General Care 0 0 0 0 2.00 1.00 1.00 1.00 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			6.00	7. 00	8. 00	9. 00	9. 01	
3.00 Inpatient - Respite Care 0 0 0 0 0 3.00	1.00	Administrative and General	6, 715	6, 715	0	0	549	1. 00
4.00 Physician Services 0 0 0 0 0 0 4.00	2.00	Inpatient - General Care	0	0	0	0	0	2.00
5.00 Nursing Care 0 0 0 0 5.00 6.00 Nursing Care-Continuous Home Care 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
6.00 Nursing Care-Continuous Home Care 0 0 0 0 0 0 0 0 0	4.00	Physician Services	0	0	0	0	0	4.00
7. 00 Physical Therapy 0 0 0 0 0 7.00 8. 00 Occupational Therapy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0<	5.00	Nursi ng Care	0	0	0	0	0	5. 00
8.00 Occupational Therapy 0 0 0 0 0 0 8.00 9.00 Speech/ Language Pathology 0 0 0 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.01 Speech/ Language Pathology 0 0 0 0 9.01 Speech/ Language Pathology 0 0 0 0 9.01 Speech/ Language Pathology 0 0 0 0 9.02 Speech/ Language Pathology 0 0 0 0 9.03 Speech/ Language Pathology 0 0 0 0 9.04 Speech/ Language Pathology 0 0 0 0 9.05 Speech/ Language Pathology 0 0 0 0 9.06 Speech/ Language Pathology 0 0 0 0 9.07 Speech/ Language Pathology 0 0 0 0 9.08 Speech/ Language Pathology 0 0 0 0 9.09 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology 0 0 0 9.00 Speech/ Language Pathology	6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6. 00
9.00 Speech Language Pathology 0 0 0 0 0 0 9.00 10.00 Medical Social Services 0 0 0 0 0 0 0 10.00 Medical Social Services 0 0 0 0 0 11.00 Spiritual Counseling 0 0 0 0 0 12.00 Dietary Counseling 0 0 0 0 0 13.00 Counseling - Other 0 0 0 0 0 14.00 Home Heal th Aide and Homemaker 0 0 0 0 0 15.00 HH Aide & Homemaker - Cont. Home Care 0 0 0 0 0 16.00 Other 0 0 0 0 0 17.00 Drugs, Biological and Infusion Therapy 0 0 0 0 0 18.00 Anal gesics 0 0 0 0 0 0 19.00 Sedatives / Hypnotics 0 0 0 0 0 20.00 Other - Specify 0 0 0 0 0 21.00 Durable Medical Equipment/Oxygen 0 0 0 0 22.00 Patient Transportation 0 0 0 0 23.00 Imaging Services 0 0 0 0 24.00 Labs and Diagnostics 0 0 0 0 25.00 Medical Supplies 0 0 0 0 26.00 Other - Specify 0 0 0 0 27.00 Radiation Therapy 0 0 0 0 28.00 Chemotherapy 0 0 0 0 29.00 Other - Specify 0 0 0 0 29.00 Other - Specify 0 0 0 29.00 Other - Specify 0 0 0 20.00 Other - Specify 0 0 0 21.00 Other - Specify 0 0 0 22.00 Patient Transportation 0 0 0 23.00 Labs and Diagnostics 0 0 0 24.00 Labs and Diagnostics 0 0 0 25.00 Medical Supplies 0 0 0 26.00 Other 0 0 0 27.00 Radiation Therapy 0 0 0 28.00 Other 0 0 0 29.00 Other 0 0 0 30.00 Bereavement Program Costs 0 0 0 31.00 Other Program Costs 0 0 0 32.00 Other Program Costs 0 0 33.00 Other Program Costs 0 0 34.00 Total (sum of lines 1 thru 33) (2) 6,715 6,715 35.00 Total (sum of lines 1 thru 33) (2) 6,715 0 35.00 Total (sum of lines 1 thru 33) (2) 6,715 0 35.00 Total (sum of lines 1 thru 33) (3) 114,606 0 37.00 Total (sum of lines 1 thru 33) (2) 14,000 38.00 Total (sum of lines	7.00	Physical Therapy	0	0	0	0	0	7. 00
10.00 Medical Social Services	8.00	Occupational Therapy	0	0	0	0	0	8. 00
11. 00 Spiritual Counseling 0 0 0 0 0 0 11. 00 12. 00 Diletary Counseling 0 0 0 0 0 0 13. 00 Counseling - Other 0 0 0 0 0 14. 00 Home Heal th Aide and Homemaker 0 0 0 0 0 15. 00 HH Aide & Homemaker - Cont. Home Care 0 0 0 0 0 15. 00 Other 0 0 0 0 0 17. 00 Drugs, Biological and Infusion Therapy 0 0 0 0 0 18. 00 Analysesics 0 0 0 0 0 19. 00 Sedatives / Hypnotics 0 0 0 0 0 20. 00 Other - Specify 0 0 0 0 0 21. 00 Durable Medical Equipment/Oxygen 0 0 0 0 22. 00 Patient Transportation 0 0 0 0 23. 00 Imaging Services 0 0 0 0 24. 00 Labs and Diagnostics 0 0 0 0 25. 00 Medical Supplies 0 0 0 0 26. 00 Outpatient Services (including E/R Dept.) 0 0 0 0 27. 00 Radiation Therapy 0 0 0 0 28. 00 Chemotherapy 0 0 0 0 29. 00 Other 0 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other 0 0 0 29. 00 Other	9.00	Speech/ Language Pathology	0	0	0	0	0	9. 00
12.00 Di etary Counseling	10.00	Medical Social Services	0	0	0	0	0	10.00
13.00 Counseling - Other 0 0 0 0 0 0 13.00 14.00 Home Health Aide and Homemaker 0 0 0 0 0 0 15.00 HH Aide & Homemaker - Cont. Home Care 0 0 0 0 16.00 Other 0 0 0 0 0 17.00 Drugs, Blological and Infusion Therapy 0 0 0 0 0 18.00 Analgesics 0 0 0 0 0 19.00 Sedatives / Hypnotics 0 0 0 0 0 20.00 Other - Specify 0 0 0 0 0 21.00 Durable Medical Equipment/Oxygen 0 0 0 0 22.00 Patient Transportation 0 0 0 0 23.00 Imaging Services 0 0 0 0 0 24.00 Labs and Diagnostics 0 0 0 0 25.00 Medical Supplies 0 0 0 0 25.00 Medical Supplies 0 0 0 0 26.00 Outpatient Services (including E/R Dept.) 0 0 0 0 27.00 Radiation Therapy 0 0 0 0 28.00 Chemotherapy 0 0 0 0 29.00 Other Program Costs 0 0 0 0 31.00 Other Program Costs 0 0 0 0 33.00 Other Program Costs 0 0 0 0 34.00 Total (sum of lines 1 thru 33) (2) 6,715 6,715 0 35.00 Total (sum of lines 1 thru 33) (2) 5,49 4.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of lines 1 thru 33) (2) 114,606 0 0 15.00 Total (sum of l	11.00	Spiritual Counseling	0	0	0	0	0	11. 00
14. 00 Home Heal th Ai de and Homemaker 0 0 0 0 14. 00 15. 00 HH Ai de & Homemaker - Cont. Home Care 0 0 0 0 0 0 0 15. 00 16. 00 Other 0 0 0 0 0 0 0 15. 00 17. 00 Drugs, Biological and Infusion Therapy 0 0 0 0 0 0 17. 00 18. 00 Anal gesics 0 0 0 0 0 0 0 18. 00 19. 00 Sedatives / Hypnotics 0 0 0 0 0 0 18. 00 20. 00 Other - Speci fy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td< td=""><td>12.00</td><td>Di etary Counsel i ng</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>12.00</td></td<>	12.00	Di etary Counsel i ng	0	0	0	0	0	12.00
14. 00 Home Heal th Ai de and Homemaker 0 0 0 0 14. 00 15. 00 HH Ai de & Homemaker - Cont. Home Care 0 0 0 0 0 0 0 15. 00 16. 00 Other 0 0 0 0 0 0 0 15. 00 17. 00 Drugs, Biological and Infusion Therapy 0 0 0 0 0 0 17. 00 18. 00 Anal gesics 0 0 0 0 0 0 0 18. 00 19. 00 Sedatives / Hypnotics 0 0 0 0 0 0 18. 00 20. 00 Other - Speci fy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td< td=""><td>13.00</td><td>Counseling - Other</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>13.00</td></td<>	13.00	Counseling - Other	0	0	0	0	0	13.00
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 Anal gesics 0 0 0 0 0 17.00 19.00 Sedatives / Hypnotics 0 0 0 0 0 18.00 20.00 Other - Specify 0 0 0 0 0 0 0 19.00 21.00 Durable Medical Equipment/Oxygen 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14.00		0	0	0	0	0	14.00
17.00 Drugs, Biological and Infusion Therapy 0 0 0 0 17.00 18.00 Anal gesics 0 0 0 0 0 18.00 19.00 Sedati ves / Hypnotics 0 0 0 0 0 19.00 20.00 Other - Speci fy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15. 00
17.00 Drugs, Biological and Infusion Therapy 0 0 0 0 17.00 18.00 Anal gesics 0 0 0 0 0 18.00 19.00 Sedati ves / Hypnotics 0 0 0 0 0 19.00 20.00 Other - Speci fy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16.00	Other	0	0	0	0	0	16. 00
18.00 Analgesics		Drugs, Biological and Infusion Therapy	0	0	0	0	0	17. 00
19.00 Sedatives / Hypnotics 0 0 0 0 0 19.00 20.00 Other - Specify 0 0 0 0 0 0 21.00 Durable Medical Equipment/Oxygen 0 0 0 0 22.00 Patient Transportation 0 0 0 0 23.00 Imaging Services 0 0 0 0 24.00 Labs and Diagnostics 0 0 0 0 25.00 Medical Supplies 0 0 0 0 26.00 Outpatient Services (including E/R Dept.) 0 0 0 0 27.00 Radiation Therapy 0 0 0 0 28.00 Other 0 0 0 0 29.00 Other 0 0 0 30.00 Bereavement Program Costs 0 0 0 31.00 Volunteer Program Costs 0 0 0 33.00 Total cost to be allocated 32,703 114,606 0 0 0 0 0 0 0 0 0	18.00	Anal gesi cs	0	0	0	0	0	18. 00
21.00 Durable Medical Equipment/Oxygen 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 0 23.00 24.00 Labs and Diagnostics 0 0 0 0 0 0 0 24.00 25.00 Medical Supplies 0 0 0 0 0 0 0 24.00 25.00 Medical Supplies 0 0 0 0 0 0 0 0 25.00 26.00 Outpatient Services (including E/R Dept.) 0 0 0 0 0 0 0 0 0 0 25.00 27.00 Radiation Therapy 0 0 0 0 0 0 0 0 0 27.00 28.00 Chemotherapy 0 0 0 0 0 0 0 0 0 0 0 0 0 <	19.00	Sedatives / Hypnotics	0	0	0	0	0	19. 00
22. 00 Pati ent Transportation 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 0 25. 00 26. 00 Outpati ent Services (including E/R Dept.) 0 0 0 0 0 0 0 0 25. 00 26. 00 Outpati ent Services (including E/R Dept.) 0 0 0 0 0 0 0 0 0 0 25. 00 26. 00 Outpati ent Services (including E/R Dept.) 0 0 0 0 0 0 0 25. 00 27. 00 Radiation Therapy 0 0 0 0 0 0 0 0 27. 00 28. 00 Chemotherapy 0 0 0 0 0 0 0 0 0 0 0 0 0	20.00	Other - Specify	0	0	0	0	0	20.00
23. 00 Imaging Services 0 0 0 0 0 23. 00 24. 00 Labs and Diagnostics 0 0 0 0 0 25. 00 Medical Supplies 0 0 0 0 26. 00 Outpatient Services (including E/R Dept.) 0 0 0 27. 00 Radiation Therapy 0 0 0 0 28. 00 Chemotherapy 0 0 0 0 29. 00 Other 0 0 0 30. 00 Bereavement Program Costs 0 0 0 31. 00 Volunteer Program Costs 0 0 0 32. 00 Fundraising 0 0 0 33. 00 Other Program Costs 0 0 0 34. 00 Total (sum of lines 1 thru 33) (2) 6,715 6,715 0 35. 00 Total cost to be allocated 32,703 114,606 0	21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21. 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 0 0 25. 00 26. 00 Outpatient Services (including E/R Dept.) 0 0 0 0 0 0 0 0 26. 00 27. 00 Radiation Therapy 0 0 0 0 0 0 0 0 0 26. 00 28. 00 Chemotherapy 0 0 0 0 0 0 0 0 28. 00 29. 00 Other 0 0 0 0 0 0 0 0 0 29. 00 30. 00 Bereavement Program Costs 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <	22. 00	Patient Transportation	0	0	0	0	0	22. 00
24.00 Labs and Diagnostics 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 0 26.00 27.00 Radiation Therapy 0 0 0 0 0 0 0 0 27.00 28.00 Chemotherapy 0 0 0 0 0 0 0 28.00 29.00 Other 0 0 0 0 0 0 0 29.00 30.00 Bereavement Program Costs 0 0 0 0 0 0 0 0 0 0 0 0 30.00 31.00 Volunteer Program Costs 0 0 0 0 0 0 0 0 0 0 0 0 32.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23.00		0	0	0	0	0	23. 00
25. 00 Medical Supplies 0 0 0 0 0 0 25. 00 26. 00 0 0 0 0 25. 00 26. 00 0 0 0 0 0 0 0 0 25. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24.00	Labs and Diagnostics	0	0	0	0	0	24. 00
27. 00 Radiation Therapy 0 0 0 0 27. 00 28. 00 Chemotherapy 0 0 0 0 0 28. 00 29. 00 Other 0 0 0 0 0 0 29. 00 30. 00 Bereavement Program Costs 0 0 0 0 0 0 30. 00 31. 00 Vol unteer Program Costs 0 0 0 0 0 31. 00 32. 00 Fundraising 0 0 0 0 0 0 33. 00 33. 00 Other Program Costs 0 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	25.00	Medical Supplies	0	0	0	0	0	25. 00
28. 00 Chemotherapy 0 0 0 0 0 0 28. 00 29. 00 Other 0 0 0 0 0 0 29. 00 30. 00 Bereavement Program Costs 0 0 0 0 0 0 30. 00 31. 00 Volunteer Program Costs 0 0 0 0 0 0 31. 00 32. 00 Fundraising 0 0 0 0 0 0 0 32. 00 33. 00 Other Program Costs 0 0 0 0 0 0 0 32. 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	26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26. 00
29. 00 Other 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 Fundrai sing 0 0 0 0 0 0 32. 00 33. 00 Other Program Costs 0 0 0 0 0 0 32. 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	27.00	Radi ati on Therapy	0	0	0	0	0	27. 00
30.00 Bereavement Program Costs 0 0 0 0 0 30.00 31.00 31.00 Volunteer Program Costs 0 0 0 0 0 31.00 32.00 Fundraising 0 0 0 0 0 0 32.00 33.00 Other Program Costs 0 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	28.00	Chemotherapy	0	0	0	0	0	28. 00
31.00 Volunteer Program Costs 0 0 0 0 0 31.00 32.00 Fundraising 0 0 0 0 0 0 32.00 33.00 Other Program Costs 0 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	29.00	Other	0	0	0	0	0	29. 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	30.00	Bereavement Program Costs	0	0	0	0	0	30.00
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	31.00		0	0	0	0	ol	31. 00
33.00 Other Program Costs 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			0	0	0	0	ol	
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			0	0	0	0	ol	
35.00 Total cost to be allocated 32,703 114,606 0 0 1,751 35.00			6, 715	6, 715	0	0	549	34.00
	35.00					0	1, 751	35. 00
$\frac{30.00}{100}$	36.00	Unit Cost Multiplier (see instructions)	4. 870141	17. 067163	0.000000	0. 000000	3. 189435	36. 00

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STATISTICAL BASIS

							5/26/2015 1:45	5 pm
						Hospi ce I		
	Cost Center Description	HOUSEKEEPING -	HOUSEKEEPI NG -	DI ETARY		CAFETERI A	NURSI NG	
	·	RI LEY	METHODI ST	(MEALS		(FTE' S)	ADMI NI STRATI ON	
		(RI LEY	(MH SQUARE	SERVED)				
		SQUAREFEET)	FEET)				(DI RECT	
							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	Physi ci an Servi ces	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	o	0		0	o	ol	8. 00
9.00	Speech/ Language Pathology	o	0		0	o	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	Di etary Counsel i ng	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	o	0		0	0	0	17. 00
18.00	Anal gesi cs	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	I maging 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	Fundrai si ng	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	
35.00	Total cost to be allocated	0	19, 721		0	20, 735	217, 334	
36. 00	Unit Cost Multiplier (see instructions)	0. 000000	3. 198346	0.0000	00	351. 440678	9, 055. 583333	36. 00

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 Provi der CCN: 150056 STATISTICAL BASIS Hospi ce CCN:

						5/26/2015 1:4	5 pm
					Hospi ce I		
	·					OTHER GENERAL	
						SERVI CE	
	Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	PATI ENT	
	'	SERVICES &	(COSTED	RECORDS &		TRANSPORTATION	
		SUPPLY	REQUIS.)	LI BRARY	(TOTAL PATIENT		
		(COSTED REQ)	Í	(GROSS	DAYS)	(GROSS	
		`		CHARGES)	ĺ	CHARGES)	
		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	2. 00
3.00	Inpatient - Respite Care	o	0	1	0	l 0	3. 00
4.00	Physician Services	0	0	ď	0	0	4. 00
5. 00	Nursi ng 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	Ì	0	Ö	7. 00
8.00	Occupational Therapy	0	0	Ì		0	8. 00
9. 00	Speech/ Language Pathology	0	0	Ì		Ö	9. 00
10. 00	Medical Social Services	0	0	Ì		Ö	10.00
11. 00	Spiritual Counseling	0	0	Ì		0	11. 00
12. 00	Di etary Counsel i ng	0	0			0	12.00
13. 00	Counseling - Other	0	0			Ö	13. 00
14. 00	Home Health Aide and Homemaker	0	0			Ö	14. 00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	0	Ì	0	0	15. 00
16. 00	Other	0	0	Ì	0	Ö	16. 00
17. 00	Drugs, Biological and Infusion Therapy	0	0	Ì	0	l o	17. 00
18. 00	Anal gesi cs	0	0	Ì	0	Ö	18. 00
19. 00	Sedatives / Hypnotics	0	0	Ì	0	l o	19. 00
20. 00	Other - Specify	0	0	Ì	0	l o	20. 00
21. 00	Durable Medical Equipment/Oxygen	0	0	1	0	l o	21. 00
22. 00	Patient Transportation	0	0	1	0	l o	22. 00
23. 00	Imaging Services	0	0	1	0	l ő	23. 00
24. 00	Labs and Diagnostics	0	0	1	0	l ő	24. 00
25. 00	Medical Supplies	0	0	1	0	0	25. 00
26. 00	Outpatient Services (including E/R Dept.)	0	0	1	0	0	26. 00
27. 00	Radi ati on Therapy	0	0		0	0	27. 00
28. 00	Chemotherapy	0	0			Ö	28. 00
29. 00	Other	0	0			0	29. 00
30.00	Bereavement Program Costs	0	0			Ö	30.00
31. 00	Volunteer Program Costs		0			0	31.00
32. 00	Fundrai si ng	0	0			0	32. 00
33. 00	Other Program Costs		0			Ö	33. 00
34. 00	Total (sum of lines 1 thru 33) (2)	54, 185	656, 125	15, 357, 440		15, 357, 440	
35. 00	Total cost to be allocated	28, 092	190, 491	35, 230		6, 220	
	Unit Cost Multiplier (see instructions)	0. 518446	0. 290327				
55.50	12 1 2222 mai ti pi i oi (000 i iioti aoti oilo)	0.0.0110	0. 2,002,	0.00227		1 0.000100	1 20.00

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Provi der CCN: 150056 STATISTICAL BASIS Hospi ce CCN:

						5/26/2015 1:4	5 pm
					Hospi ce I		
		INTERNS &	RESI DENTS				
	Cost Center Description	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	PARAMED	
		Y & FRINGES	PRGM COSTS	PRGM	HEALTH	RADI OLOGY-METH	
		(ASSI GNED	(ASSI GNED	(ASSI GNED	SCI ENCES	ODI ST	
		TIME)	TIME)	TIME)	(PROGRAM COST)		
						TIME)	
		21. 00	22. 00	23. 00	23. 01	23. 02	
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	Physi cal 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	Di etary 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	Anal gesi cs	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	
22. 00	Patient Transportation	0	0	(0	0	22. 00
23.00	I maging Services	0	0	(0	0	23. 00
24. 00	Labs and Diagnostics	0	0	(0	0	
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	Fundrai si ng	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	0.000000	36. 00

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 150056 | Period: | Worksheet K-5 | From 01/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: 5/26/2015 1: 45 pm Provi der CCN: 150056 STATISTICAL BASIS Hospi ce CCN:

						5/26/2015 1:4	5 pm
					Hospi ce I		
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED LAB	PARAMED	
		RESPI RATORY	EMERGENCY	PASTORAL	SCI ENCE PRO	PHARMACY	
		THERAPY	(ASSI GNED	EDUCATI ON	(ASSI GNED	(COSTED	
		(ASSI GNED	TIME)	(TOTAL PATIENT	TIME)	REQUIS.)	
		TIME)		DAYS)			
		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	o	0	0	0	0	2.00
3.00	Inpatient - Respite Care	o	0	0	0	0	3. 00
4.00	Physi ci an Servi ces	o	0	0	0	0	4. 00
5.00	Nursing Care	o	0	0	0	0	5. 00
6.00	Nursing Care-Continuous Home Care	o	O	0	0	0	6. 00
7.00	Physical Therapy	o	O	0	0	0	7. 00
8.00	Occupational Therapy	o	O	0	0	0	8. 00
9.00	Speech/ Language Pathology	o	0	0	0	0	9. 00
10.00	Medical Social Services	o	O	0	0	0	10.00
11. 00	Spiritual Counseling	o	O	0	0	0	11. 00
12.00	Di etary Counseling	o	O	0	0	0	12. 00
13.00	Counseling - Other	o	O	0	0	0	13. 00
14.00	Home Health Aide and Homemaker	o	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	o	0	0	0	0	15. 00
16, 00	Other	ol	0	o	0	0	16. 00
17. 00	Drugs, Biological and Infusion Therapy	o	0	o	0	0	1
18. 00	Anal gesi cs	o	0	o	0	0	18. 00
19. 00	Sedatives / Hypnotics	o	0	o	0	0	19. 00
20.00	Other - Specify	o	0	o	0	0	•
21. 00	Durable Medical Equipment/Oxygen	o	0	0	0	0	21. 00
22. 00	Patient Transportation	o	0	0	0	0	22. 00
23. 00	I maging Services	ol	0	o	0	0	23. 00
24. 00	Labs and Diagnostics	ol	0	o	0	0	•
25. 00	Medical Supplies	ol	0	o	0	0	25. 00
26. 00	Outpatient Services (including E/R Dept.)	ol	0	o	0	0	26. 00
27. 00	Radiation Therapy	ol	0	o	0	0	•
28. 00	Chemotherapy	ol	0	o	0	0	28. 00
29. 00	Other	ol	0	o	0	0	29. 00
30. 00	Bereavement Program Costs	ol	0	o	0	0	30.00
31.00	Volunteer Program Costs	ol	0	o	0	0	31.00
32. 00	Fundrai si ng	ol	0	o	0	0	32.00
33. 00	Other Program Costs	ol	0	o	0	Ō	33. 00
34. 00	Total (sum of lines 1 thru 33) (2)	ol	0	ol ol	0	656, 125	1
35. 00	Total cost to be allocated	ol	0	ol ol	0	6, 992	1
36. 00	Unit Cost Multiplier (see instructions)	0. 000000	0. 000000	0. 000000	0. 000000		1
	· · · · · · · · · · · · · · · · · · ·	,		•		•	

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 Heal th Financial Systems
 INDIANA

 ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

						5/26/2015 1:45 pm
					Hospi ce I	
	Cost Center Description	PARAMED	PARAMED	PARAMED	PARAMED	
		MEDICAL ASSIST	SURGERY		H NEUROPHYSI OLOG	
			TECHNOLOGY	(ASSI GNED	Υ	
		(ASSI GNED	(ASSI GNED	TIME)	(ASSI GNED	
		TIME)	TIME)		TIME)	
		23. 08	23. 09	23. 10	23. 11	
1.00	Administrative and General	0	C)	0	1.00
2.00	Inpatient - General Care	0	C)	0	2.00
3.00	Inpatient - Respite Care	0	C)	0	3.00
4.00	Physi ci an Servi ces	0	C		0	4. 00
5.00	Nursing Care	0	C		0	5. 00
6.00	Nursing Care-Continuous Home Care	o	C		0	6.00
7.00	Physical Therapy	o	C		0	7.00
8.00	Occupational Therapy	o	C		0 0	8.00
9.00	Speech/ Language Pathology	o	C		0 0	9.00
10.00	Medical Social Services	o	C		0 0	10.00
11. 00	Spiritual Counseling	o	C		0 0	11.00
12.00	Di etary Counsel i ng	o	C		0 0	12.00
13. 00	Counseling - Other	o	C		0 0	13. 00
14. 00	Home Health Aide and Homemaker	o	C		0	14.00
15. 00	HH Aide & Homemaker - Cont. Home Care	0	C		0	15. 00
16. 00	Other	ol	Ċ		0	16. 00
17. 00	Drugs, Biological and Infusion Therapy	ol	Ċ		0	17. 00
18. 00	Anal gesi cs	o	C		0 0	18. 00
19. 00	Sedatives / Hypnotics	o	C		0 0	19.00
20. 00	Other - Specify	o	C		0 0	20.00
21. 00	Durable Medical Equipment/Oxygen	o	C		0 0	21.00
22. 00	Patient Transportation	ol	C		0 0	22. 00
23. 00	I maging Services	ol	C		0 0	23. 00
24. 00	Labs and Diagnostics	ol	C		0 0	24.00
25. 00	Medical Supplies	ol	C		0 0	25. 00
26. 00	Outpatient Services (including E/R Dept.)	ol	C		0 0	26, 00
27. 00	Radiation Therapy	ol	C		0 0	27. 00
28. 00	Chemotherapy	ol	C		0 0	28.00
29. 00	Other	o	C		0 0	29.00
30.00	Bereavement Program Costs	o	C		0 0	30.00
31.00	Volunteer Program Costs	ol	C		0 0	31.00
32.00	Fundrai si ng	ol	C		0 0	32.00
33.00	Other Program Costs	o	C		0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	o	C		0	34.00
35.00	Total cost to be allocated	o	C		0	35.00
36.00	Unit Cost Multiplier (see instructions)	0. 000000	0. 000000	0.00000	0. 000000	36. 00
36. 00	Unit Cost Multiplier (see instructions)	0. 000000	0. 000000	0.00000	0. 000000	36. 00

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76.07

76.08

76.97

0.000000

0.247208

0.841248

0 10.07

ol 10.08

0 10.97

0 11.00

10.07

10.08

10.97

CARDI OLOGY-RI LEY

CARDIAC REHABILITATION

11.00 Totals (sum of lines 1-10)

ECMO-ADULT

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1, 163, 106

13.00

13.00 Aggregate cost for other days (line 3 times line 12)

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Heal th	Financial Systems	INDIANA UNIVERSITY	' HEALTH	In Lie	u of Form CMS-2	2552-10	
CALCUL	ATION OF CAPITAL PAYMENT		Provider CCN: 150056	Peri od: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Pre 5/26/2015 1:4		
			Title XVIII	Hospi tal	PPS		
	PART I - FULLY PROSPECTIVE METHOD				1. 00		
	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				12, 410, 700	1. 01	
2.00	Capital DRG outlier payments				502, 412		
2. 01	Model 4 BPCI Capital DRG outlier payments				0	2. 01	
3.00	Total inpatient days divided by number of day	ys in the cost repo	rting period (see inst	ructions)	859. 43	3. 00	
4.00	Number of interns & residents (see instruction	ons)		ŕ	550. 05	4. 00	
5.00	Indirect medical education percentage (see in	nstructions)			19. 80	5. 00	
6.00	Indirect medical education adjustment (multip	oly line 5 by the s	um of lines 1 and 1.01)	2, 458, 524	6. 00	
7.00	Percentage of SSI recipient patient days to M	Medicare Part A pat	ient days (Worksheet E	, part A line	8. 43	7. 00	
	30) (see instructions)						
8.00	Percentage of Medicaid patient days to total	days (see instruct	i ons)		35. 73		
9.00	Sum of lines 7 and 8				44. 16		
10.00	Allowable disproportionate share percentage				9. 35		
11.00	Disproportionate share adjustment (line 10 ti		-		1, 160, 969		
12. 00	Total prospective capital payments (sum of li	nes I, I.UI, 2, 2.	UI, 6 and II)		16, 538, 691	12. 00	
					1. 00		
	PART II - PAYMENT UNDER REASONABLE COST						
1.00	Program inpatient routine capital cost (see i				0		
2.00	Program inpatient ancillary capital cost (see				0	2. 00	
3.00	Total inpatient program capital cost (line 1				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 instruct	tions)			0	1. 00	
2.00	Program inpatient capital costs for extraordi	nary circumstances	(see instructions)		0	2. 00	
3.00	Net program inpatient capital costs (line 1 m	,			0	3. 00	
4.00	Applicable exception percentage (see instruct				0. 00		
5.00	Capital cost for comparison to payments (line				0	5. 00	
6.00	Percentage adjustment for extraordinary circu	•	,		0. 00		
7.00	Adjustment to capital minimum payment level to		ircumstances (line 2 x	line 6)	0		
8.00	Capital minimum payment level (line 5 plus li				0		
9.00	Current year capital payments (from Part I, I			1 1: 0)	0	9.00	
10.00	Current year comparison of capital minimum pa				0	10. 00 11. 00	
11. 00	Carryover of accumulated capital minimum payr Worksheet L, Part III, line 14)	nent rever over cap	rtar payment (from pri	or year	U	11.00	
12.00	Net comparison of capital minimum payment lev				0	12. 00	
13. 00	Current year exception payment (if line 12 is	0					
14. 00	Carryover of accumulated capital minimum payr		ital payment for the f	ollowing period	0	14. 00	
	(if line 12 is negative, enter the amount on						
15.00	Current year allowable operating and capital		uctions)		0		
16.00	Current year operating and capital costs (see				0		
17.00	O Current year exception offset amount (see instructions) 0 17.00						

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0

0

2, 931, 567

812, 567

898, 405

1, 045, 947

812, 567

898, 405

3, 977, 514

438, 278

438, 278

0

1, 250, 845

1, 336, 683

3, 977, 514

30.00

31.00

32.00

30.00

31.00

32.00

and 31)

Administrative Costs

Total Facility Overhead (sum of lines 29 and

Total facility costs (sum of lines 22, 28

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Provider CCN: 150056 | Period: | Worksheet M-1 | From 01/01/2014 | Date/Time Prepared: | 5/26/2015 1: 45 pm HEALTH CENTER COSTS

						5/26/2015 1:4	5 pm
					FQHC I	Cost	
		Adjustments	Net Expense	es			
			for Allocati				
			(col. 5 + co	ol.			
			6)				
		6. 00	7. 00				
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physi ci an	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,	183			5. 00
6.00	Clinical Psychologist	0		o			6.00
7.00	Clinical Social Worker	0		o			7. 00
8.00	Laboratory Techni ci an	0	36, 2	289			8. 00
9.00	Other Facility Health Care Staff Costs	0	607, 2	241			9. 00
10.00	Subtotal (sum of lines 1 through 9)	0	2, 500,				10.00
11. 00	Physician Services Under Agreement	0	,	O			11.00
12. 00	Physician Supervision Under Agreement	0		0			12.00
13. 00	Other Costs Under Agreement	0		o			13. 00
14. 00	Subtotal (sum of lines 11 through 13)	0		o			14. 00
15. 00	Medical Supplies	0	103, 8	393			15. 00
16. 00	Transportation (Health Care Staff)	0	,	0			16. 00
17. 00	Depreciation-Medical Equipment	0		o			17. 00
18. 00	Professional Liability Insurance	0		o			18. 00
19. 00	Other Health Care Costs	0	36,	158			19. 00
20. 00	Allowable GME Costs	0	,	0			20.00
21. 00	Subtotal (sum of lines 15 through 20)	0	140, 3	851			21. 00
22. 00	Total Cost of Health Care Services (sum of	0	2, 640, 8				22. 00
	lines 10, 14, and 21)	_	_, _,,				
	COSTS OTHER THAN RHC/FQHC SERVICS			'			
23.00	Pharmacy	0		0			23. 00
24.00	Dental	0		o			24. 00
25.00	Optometry	0		o			25. 00
26.00	All other nonreimbursable costs	0		o			26. 00
27. 00	Nonallowable GME costs	0		o			27. 00
28. 00	Total Nonreimbursable Costs (sum of lines 23	0		o			28. 00
	through 27)						
	FACILITY OVERHEAD						1
29.00	Facility Costs	0	85, 8	338			29. 00
30.00	Administrative Costs	-327, 657	923,	188			30.00
31.00	Total Facility Overhead (sum of lines 29 and						31.00
	30)	•					
32.00	Total facility costs (sum of lines 22, 28	-327, 657	3, 649, 8	357			32. 00
	and 31)						

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Heal th	Financial Systems	INDIANA UNIVE	RSI TY	HEALTH		In Lie	eu of Form CMS-2	2552-10
ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES				Provi der		Peri od:	Worksheet M-2	
				Component		From 01/01/2014 To 12/31/2014	Date/Time Prep 5/26/2015 1:4	
						FQHC I	Cost	
	·	Number of FTE	Tota	l Visits	Producti vi ty	Minimum Visits	Greater of	
		Personnel			Standard (1)	(col. 1 x col. 3)	col. 2 or col. 4	
		1.00		2. 00	3.00	4. 00	5. 00	
	VISITS AND PRODUCTIVITY							
	Posi ti ons							
1.00	Physi ci an	5. 09		18, 986	1			1. 00
2.00	Physi ci an Assi stant	0.00		0	_,			2. 00
3.00	Nurse Practitioner	0. 64		3, 895	2, 10	1, 344		3. 00
4.00	Subtotal (sum of lines 1 through 3)	5. 73		22, 881		22, 722	22, 881	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
			•			<u>'</u>		
							1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO							
10.00	Total costs of health care services (from Wk			e 22)			2, 640, 831	10.00
11. 00	Total nonreimbursable costs (from Wkst. M-1,						0	11. 00
12.00	Cost of all services (excluding overhead) (s		and 1	1)			2, 640, 831	
13.00	Ratio of RHC/FQHC services (line 10 divided						1. 000000	
14. 00	Total facility overhead - (from Wkst. M-1, c						1, 009, 026	
15. 00						1, 054, 312		
16. 00	Total overhead (sum of lines 14 and 15)						2, 063, 338	
17. 00	Allowable GME overhead (see instructions)						0	17. 00
18. 00	Subtotal (see instructions)						2, 063, 338	
19. 00	Overhead applicable to RHC/FQHC services (Ii			۵)			2, 063, 338	
20. 00	Total allowable cost of RHC/FQHC services (s	um of lines 10	and 1	9)			4, 704, 169	20.00

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Heal th	Financial Systems INDIANA UNIVERSIT	Y HFAITH	Inlie	u of Form CMS-2	2552-10		
	ATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Peri od:					
		Provider CCN: 150056	From 01/01/2014				
		Component CCN: 151804	To 12/31/2014	Date/Time Pre 5/26/2015 1:4			
	Title XVIII FQHC I						
	DETERMINATION OF DATE FOR DUO (FOUR OFFILM OF			1. 00			
1. 00	DETERMINATION OF RATE FOR RHC/FQHC SERVICES Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, lin.	20)		4, 704, 169	1. 00		
2. 00	Cost of vaccines and their administration (from Wkst. M-4, lin	•		4, 704, 169	2.00		
3. 00	Total allowable cost excluding vaccine (line 1 minus line 2)	C 13)		4, 704, 169			
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, I	ine 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		
			Cal cul ati on	of Limit (1)			
			Prior to	On on After			
			January 1	January 1			
0.00	Denoviel to a month limit (form CNC Dub. 100 04 about a 0 C00	(1. 00	2. 00	0.00		
8. 00 9. 00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20. Rate for Program covered visits (see instructions)	6 or your contractor)	129. 02 129. 02	129. 02 129. 02	8. 00 9. 00		
7.00	CALCULATION OF SETTLEMENT		129.02	124.02	9.00		
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		155, 598	59, 607	11. 00		
12.00	Program covered visits for mental health services (from contra	ctor records)	0	0	12.00		
13.00	Program covered cost from mental health services (line 9 x line		0	0			
14. 00	Limit adjustment for mental health services (see instructions)		0	0			
15.00	Graduate Medical Education Pass Through Cost (see instructions			0			
16. 00 16. 01	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 Total program charges (see instructions)(from contractor's rec			215, 205 161, 892			
16. 01	Total program preventive charges (see instructions) (from provi	•		90			
16. 02	Total program preventive costs ((line 16.02/line 16.01) times			120			
16. 04	Total Program non-preventive costs ((line 16 minus lines 16.03			172, 068			
	(Titles V and XIX see instructions.)	,					
16. 05	Total program cost (see instructions)			172, 188			
17. 00	Primary payer amounts			0	17. 00		
18. 00	Less: Beneficiary deductible for RHC only (see instructions)	(from contractor		0	18. 00		
19. 00	records) Beneficiary coinsurance for RHC/FQHC services (see instruction	s) (from contractor		32, 378	19. 00		
20. 00	records) 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)		172, 100	21. 00		
	Total reimbursable Program cost (line 20 plus line 21)	1, 11116 10)		172, 188			
23. 00	Allowable bad debts (see instructions)			0			
23. 01	Adjusted reimbursable bad debts (see instructions)			0	23. 01		
24.00	, , , , , , , , , , , , , , , , , , ,				24. 00		
25. 00					25. 00		
25. 50					25. 50		
26. 00	Net reimbursable amount (see instructions)	172, 188					
26. 01 27. 00	Sequestration adjustment (see instructions) Interim payments	3, 444 168, 760					
28. 00	Tentative settlement (for contractor use only)		168, 760	28.00			
29. 00	Balance due component/program (line 26 minus lines 26.01, 27,	and 28)		-16			
30.00	Protested amounts (nonallowable cost report items) in accordan			0			
	chapter I, §115.2						

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		Component CCN: 151804		Date/Time Prep 5/26/2015 1:45	
			FQHC I	Cost	
				t 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 submit			0	2. 00
	the contractor for services rendered in the cost reporting "NONE" or enter a zero	period. IT none, write			
3. 00	List separately each retroactive lump sum adjustment amount	hasad on subsequent			3. 00
3.00	revision of the interim rate for the cost reporting period.				3.00
	payment. If none, write "NONE" or enter a zero. (1)	Ar 30 3how date or each			
	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 3. 52				0	3. 51 3. 52
3.52				0	3. 52
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) (trans			168, 760	4. 00
00	27)	. e. te nerneneet m e, iiiie		100, 700	11 00
	TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after des	k review. Also show date of	f		5. 00
	each payment. If none, write "NONE" or enter a zero. (1)				
	Program to Provider				
5. 01				0	5. 01
5. 02 5. 03				0	5. 02 5. 03
5.03	Provider to Program			U	5.03
5. 50	1 Tovi dei to i rogi aiii			0	5. 50
5. 51				o l	5. 51
5. 52				ol	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.	98)		o	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	
7. 00	Total Medicare program liability (see instructions)			168, 744	7. 00
			Contractor	NPR Date	
		0	Number 1.00	(Mo/Day/Yr) 2.00	
8. 00	Name of Contractor	U	1.00	2.00	8. 00
3.00	Induite of contractor		1	ı	0.00

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